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Final Research Report

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Introduction

In 2011, the American Cancer Society Inc. (2011) reported that over 230,000 American women were diagnosed with breast cancer that year. For women who have been diagnosed with and/or treated for breast cancer, it can be difficult to adjust to the changes in their bodies in a positive way. The purpose of this study was to generate a discussion about how a woman's body image and feelings about her own femininity may be affected by breast cancer. Through media, various industries (including beauty, health, and fitness), tell men and women how femininity is defined by setting ideals and regulations about women's bodies, and specifically, their breasts. This results in very strict societal attitudes in connection with women's breasts which largely reproduce the heterosexist notions that construct ideas about beauty and femininity. As young girls, ideas connected to beauty, femininity and women's bodies are implanted into our minds; thus, we learn to value feminine attributes with respect to our behaviour and our appearance. Arguably the most "feminine" parts of a woman's body, namely, her breasts, play a large role with respect to a woman's self-image since they symbolize womanhood that is either sexual or nurturing. This is problematic, especially for women who are fighting and who have survived breast cancer because these ideas ignore the individual experiences of women and their relationship to their own bodies. A society that values men's attitudes and perspectives in relation to women's breasts is evidence that it, in turn, devalues women's own experiences as women.

To understand the ways in which diagnosis of breast cancer patients self-relate to their own bodies and decide on available treatment strategies, a review of literature was completed which examined ideas surrounding femininity, breasts, and women's health as it relates to breast cancer. In addition, primary research was conducted through semi-structured interviews by

utilizing a feminist methodology in order to obtain the individual standpoint from several women who have been affected by breast cancer.

Literature Review

This paper reports on an intersectional review of literature in order to explore the existing knowledge surrounding topics of femininity, women's bodies, breasts, and breast cancer. The various forms of literature included quantitative and qualitative studies, as well as personal narratives and popular media articles.

To begin, a noteworthy concept of by Simone de Beauvoir (1952) suggests that "woman" has no significant meaning on its own, other than how it is secondary to man; however, a woman who accepts and abides by the notions of femininity is able to achieve a true and distinct womanhood. Judith Butler (1997) expands on Beauvoir's concept, saying that being simply a female has no real value until she has adapted herself to the elements that have been culturally and historically equated with woman by performing gendered qualities relating to appearance and behaviour. In addition, this presumed feminine behaviour is reinforced and monitored by men and other women. Sandra Lee Bartky (1990) takes these ideas further and claims that through Foucault's concept of the Panopticon and its creation of "docile bodies", women learn to self-discipline themselves to follow the rules in order to conform to the dominant culture. Since women's appearance is so closely connected to the idea of femininity, women are too often preoccupied with superficial physical traits such as the hairlessness of her body or the roundness of her breasts.

Iris Young (2005), relates breasts to female identity and self-image as a result of the cultural construction of breasts that stem from patriarchal ideas. She highlights that in connection with femininity and discourses about female gender, breasts, and what is understood

in relation to their function, are often presented into dichotomized groups: motherhood and sexuality. Oftentimes, debates surrounding breasts result in a discussion about whether they exist for a woman's sexual partner or for her child. What become left out of this argument, Young (2005) says, are women's feelings about their own breasts. This patriarchal control over women's bodies is even evident within feminist body protests, namely SlutWalk, and FEMEN. According to Theresa O'Keefe (2014), gendered body protests use female bodies to focus on issues that are related to the policing of female bodies, however, they have been found to be organized based on heteronormative and dominant-cultured ideals because they replicate the objectification of women's bodies that is associated with the male gaze. For example, SlutWalk further reinforces the concept of "sluts" rather than dismantling it, while FEMEN allows only young, white and, and able-bodied women to participate in their topless protests (O'Keefe, 2014). Although they claim to be feminist, both movements imply that only certain bodies are worth fighting for.

Despite the fact that a diagnosis of breast cancer is devastating in itself, blogger Dana Donofree (2015), describes how breast cancer impacted her sex life, body image, and intimate relationships. In addition, she discusses how she felt her body had been "mutilated" after her mastectomy (Donofree, 2015: par. 9-10). Because women's bodies are so strictly monitored by both men and women, it is unfortunate to note that while mastectomy minimizes the risk of recurring cancer, it can also have some negative effects in connection with body image.

Although North American mastectomy surgeries have been on the rise over the years (Serletti, et al, 2011), a 2011 review of literature on the topic found that mastectomies can cause women to suffer from psychological and social problems, anxiety, depression, and negative body image (Harcourt & Ramsey, 2011). To improve one's body image post-mastectomy, breast cancer

patients may choose to have breast reconstruction surgery, however, a longitudinal study found that patients' psychosocial functioning improved over time whether they underwent reconstruction or not (Metcalf, et al., 2015). That being said, patients with breast reconstruction did report higher levels of cancer-related stress, likely due to the fact that a recurrence of cancer can be more difficult to locate in a reconstructed breast. In addition, breast reconstruction may be accompanied by other complications such as infection, implant rupture, or hardening of the breast and scar tissue (Sinno, et al., 2013). The decision concerning breast reconstruction is complicated since it is relevant to both body image and physical health, among other things.

Lastly, breast cancer awareness through popular media was reviewed in order to understand how the disease is framed through magazines, and fundraising campaigns.

Documentary *Pink Ribbons, Inc.* highlights various aspects of the Susan G. Komen for the Cure breast cancer campaign, including the seemingly happy-go-lucky breast cancer culture it has created (Pool, 2011). It is pink, and pretty, and feminine; thus, rendering invisible the struggle, fear and pain associated with breast cancer. On the other hand, a popular news story emerged in 2013, when actress Angelina Jolie announced she would undergo a preventative double-mastectomy after finding out she had a BRCA gene mutation, which put her at a higher risk of getting breast cancer (Gregory, 2015). Since Angelina Jolie has gone public about her preventative surgery, awareness has increased as well as the amount of preventative mastectomies being performed (Gregory, 2015).

Methodology

This study, which examines how one's body image and sense of femininity is affected by the diagnosis and treatment of breast cancer, is aimed to produce ideas that will generate a discussion among women about female issues. The work process incorporates a feminist

methodology which utilizes feminist values to consider the diverse perspectives of women; to minimize harm and control; and to be of value to women (Devault, 1996). Moreover, feminist epistemology, a study of the existing knowledge, is used to challenge the ideas that have been produced by the dominant knowledge creators (Phipps, 2016).

According to Patricia Hill Collins, we are all knowledge-makers, and thus, everybody contributes to the knowledge (Sprague, 2005). By providing a space for a narrative of personal experience, the qualitative research is conducted through semi-structured interviews in order to contribute to the knowledge that is already known. The interviews give participants a chance to discuss any elements that have been left out of the popular discourse as they allow participants an opportunity to share thoughts and ideas from their own standpoint with respect to breast cancer, body image, and femininity. In this case, the standpoint of individual women offers rich and diverse understandings of femininity and self-image in connection with breasts.

A convenience sample of five women between the ages of 46 and 58 ($M = 50.4$), who have been diagnosed with and treated for breast cancer were invited and consented to participate in the study. (See “Appendix A” for signed consent forms.) All women were white, middle class, and lived within the same geographical area. Although this sample provided the study with such a homogenous group, a clear limitation, it can also be noted that there are some diversities among the women related to marital status, children, breast cancer stage/type, and treatment received. Additionally, a sixth woman who has not been diagnosed with breast cancer agreed to participate. Her perspective, having not been diagnosed, was relevant to this study because she recently learned that some of her family members tested positive for a hereditary BRCA gene mutation. By involving an outsider’s standpoint, we can capture the narrative of a

person who is actively contemplating what a potential positive test result may mean for her.

Table 1.0 gives a more detailed report on participant information.

Interviews were conducted at a time and place of the participants' choosing in order to reduce the researcher's control over the research process. This approach worked effectively because it gave participants a chance to challenge the constructed knowledge about women's bodies by letting us know what they understand to be true.

Table 1.0 Participant Information (n = 6)						
Name*	Age	Age at Diagnosis	Marital Status	Number of Children	Breast Cancer Stage	Treatments Received
Iris	47	39	Married	2	3	Chemotherapy, tamoxifen, unilateral mastectomy, future reconstruction
Gina	58	49	Married	2	3	Chemotherapy, radiation, lumpectomy, lymph nodes removed
Monica	52	51	Separated	2	2	Chemotherapy, lumpectomy, double mastectomy, reconstruction (in progress)
Christie	49	41	Divorced	0	1	Radiation, tamoxifen, lumpectomy, hysterectomy, letrozole
Kathleen	46	45	Married	2	1	Chemotherapy, double mastectomy, future hysterectomy, possible future reconstruction
Judy	25	n/a	Single	0	n/a	n/a
*pseudonyms have been used to protect the identity of study participants						

Data Analysis

The data was analyzed through the development of themes. By paying attention to emerging themes, the researcher is able to make note of commonalities between each of the

respondents. Moreover, it also allows the researcher to observe responses that are unique as a result of individual experience. The process of data analysis included the following steps:

- a) Written notes were taken during each interview (See “Appendix B” for interview notes);
- b) Field notes were added to each of the written notes immediately following each interview;
- c) Once all interviews were completed, an electronic list was created on a word processor to record answers given to each question by each participant (See “Appendix C” for the electronic list);
- d) Themes and frequencies were noted on the electronic list in order to identify commonalities;
- e) A subsequent review of the electronic list was completed in order to ensure the language was understood correctly and properly coded/categorized;
- f) Written notes were added to the printed word processing document to highlight themes and quotes; and
- g) Questions were grouped into categories for discussion of the written findings.

I reviewed the word processing document several times in order to ensure the answers were properly coded/categorized. This required a lot of attention, because participants often used different language when describing similar things. I decided to categorize my findings related to the questions I asked because they are related to the themes revealed in my review of literature.

Findings

Femininity.

In order to get an understanding of the participants' perception of femininity, I asked them to simply explain its concept. This was a difficult question for almost all respondents, and they all took some time to think about how to frame their answers. Many responses centred on appearance, while only few incorporated mindset. For example, common associations to femininity included: hair, makeup, clothes, accessories, nails, breasts, and words like "pretty" and "beauty". One participant gave the visual example of a bride as being feminine.

Respondents shared various sources from which we learn about femininity. The most common source reported was through various media. In addition, participants indicated they learned to be feminine at home and school, from teachers, and parents. Their responses are consistent with Butler's implication that we adapt to femininity because culturally and historically, women who display feminine traits have more value in society (1997). It is likely that our teachers and parents are simply molding young girls into socially acceptable females, without consciously realizing it.

*"We are taught that little girls wear dresses and have neat hair."
Monica*

I further asked each participant how important it was for them to be feminine, and received mixed responses ranging from "not that important" to "extremely important". For the most part, I determined that femininity is important to these women, depending on the situation in which they find themselves. For example, Christie feels like it important to look and act feminine during the week while she works at her office job because she is in the public sphere, where people can see her. When Christie is at home, however, she says that it is not important to make an effort to look feminine because she is alone and she would rather feel comfortable. Gina, on the other hand, says that being feminine is important to her in her role as a mother, grandmother, and simply as a woman. It is interesting to connect the responses from these two

women to Barky's idea that we self-discipline ourselves to follow the rules, and conform to the expectations that are placed on us (1990). We can note that Gina wants to be seen as a feminine role model for her children and grandchildren, while Christie relinquishes personal comfort in order to fit in while in public.

Women's bodies/breasts.

When asked about media influences in connection with women's bodies, and more specifically, their breasts, most of the responses were negative. Most participants felt as though women's bodies are portrayed in an unrealistic manner. Many responses indicated that young women get the message that they need to be skinny in order to look like the women they see on television and in magazines. Although most participants said that the media portrayals of women's bodies and women's breasts have no direct influence on them personally, they are still unhappy with the photo-shopped images and unrealistic messages that are communicated to men and women. Gina feels that the "Barbie doll" image causes girls to become anorexic so that they can look like their role models. In addition, Monica stated that she actively reviews women the media in order to learn about and follow beauty trends with regard to hair, clothes, and makeup. That being said, two participants pointed out that they are happy to see more diverse body types (i.e. larger women) in the media.

Most of the participants feel as though breasts are related to femininity. While Christie feels that all women's breasts, no matter what size or shape, are feminine, others indicate that there are ways to make them "more feminine". For example, some expressed the importance of wearing a supportive bra, to keep their breasts from sagging. I found it interesting to hear that Kathleen never thought of connecting women's breasts with the concept of femininity until hers were removed by mastectomy.

“Wearing a good bra makes you feel good because it looks good. It keeps them where they’re supposed to be.”

Judy

I asked participants to tell me about common themes they recall from discussions about women’s breasts. Similar to when they were asked about femininity, the most common answers were related to appearance. For instance, size, perkiness, and symmetry were common responses to this question. Another common response had to do with the discussion of natural breasts vs. implants. Judy commented that women who show “too much” of their breasts are at risk of being called a slut, while women who “don’t show enough” of their breasts are thought of as prudish. It surprised me to learn that most of these responses were related to the appearance of women’s breasts, and in turn, their importance to men. Author Iris Young also pointed out that it is a common phenomenon for women’s voices to be left out of the discourse concerning their own bodies (2005). Christie was the only one who provided a response that did include a woman’s consideration of her own body by highlighting how women with very large breasts sometimes complain of a sore back.

Relationship with breasts.

When participants were asked to share how they self-relate to their own breasts, the responses reported various levels of confidence. While Christie does not feel bothered by the asymmetry in her breasts that resulted from her lumpectomy, she says that she worries that others perceive them to be deformed. Gina confided that she is more confident with her breasts today than she was 27 years ago prior to having a breast reduction. I felt Iris’ response to this question to be quite powerful. She described her chest as a “battle wound” and as a “badge of honour”. She describes her experience with breast cancer as a battle that she fought and won. On the other

hand, Judy, who has not been diagnosed with cancer, reported that she does not often think about her breasts.

“I’m angry at the pain.”
Monica

Judy anticipates that a diagnosis of breast cancer would make a woman feel as though her body let her down. This is a similar expectation that I, the researcher, have as well. However, in contrast, it was interesting to find that four out of the five cancer-surviving participants reported that primarily, their diagnosis made them more attentive to their physical health symptoms. I was surprised to discover these findings, since the literature I read on the topic discussed more social impacts. Similarly, Kathleen reported that the diagnosis makes her feel like less of a woman. In fact, since her breasts have been removed, she refuses to look at herself naked.

In addition to the diagnosis, respondents reported how treatment has changed their relationships with their bodies with respect to their appearance and some physical after-effects. Some complaints included: difficulty accepting asymmetry of breasts, scars, and hair loss. Monica reported her hair loss was upsetting for some of her family members. Surprisingly, she was the only person who mentioned how her family reacted to her physical symptoms. Gina felt that it was very important to keep her breasts and although she has a hole from the lumpectomy, she is mainly happy to still have her breasts.

Breast cancer treatment.

The breast cancer survivors in this study reported mostly that they did not have any challenges in deciding which form(s) of treatment to choose, however, two of them reported feeling as though they did not have any options to choose from. That being said, a common response with respect to treatment was that it is a personal choice regardless of the presence of a romantic life partner, and regardless of a doctor’s recommendations. Choosing a treatment that

would minimize time away from their jobs was important for two women, while hair loss was another factor considered while exploring treatment options. Monica felt very strongly about describing her experience with breast cancer treatment as more of a mental challenge than a physical one. Christie, who reports looking asymmetrical as a result of her lumpectomy explored the option of having her breast reconstructed through an injection of fat cells, later decided that it was not needed. She felt it was a good idea at one time so that they would appear to be “normal”, however, changed her mind at the thought of having to go through more medical procedures, unnecessarily. On the other hand, Judy predicted the following challenges: breast feeding, risk of surgery, chance of recurrence, employment, partner’s feelings, and age.

*“A deformed boob is better than having breast cancer.”
Christie*

When asked what was helpful in deciding a treatment plan, I noted that all except one of the breast cancer survivors put a lot of trust in the medical professionals that were working with them. Christie did most of her research on her own via the internet since her cancer was overlooked for 16 months, which caused distrust with the doctors. In addition, she chose to receive her treatment from a hospital in a different city, a nearly 200 kilometre drive each way. Online research was also a common source of information. Participants also spoke of the social workers, the Windsor Regional Cancer Centre, and friends as being helpful sources of comfort and information.

Some responses indicated that they were intimidated by the information they were finding with regard to breast cancer treatments. While Kathleen felt that information was too often “sugar-coated”, Monica says that she is at times afraid of her plastic surgeon because of her intimidating and sometimes unhelpful persona. Additionally, Christie was asked to participate in

a study which would choose a random form of chemotherapy as her treatment. Being asked to have her treatment chosen on her behalf at random resulted in further distrust with her doctor.

I asked the women if they ever compare themselves to others who have chosen different forms of treatment. Out of the two that answered “yes”, one was confident in the choices she made, while the other often asks herself “what if I [chose something different]?” Three women reported that they do not compare themselves to others; however, I had a personal struggle in recording some of these responses because I felt that respondents may want to answer this question in a manner that pleased the researcher. In other words, respondents may not want to disclose that they are comparing themselves or judging others.

“You have no choice in getting breast cancer. The only choice you get is how you decide to deal with it.”

Monica

Awareness.

With respect to Angelina Jolie’s publicity regarding her preventative double-mastectomy, all six study participants feel that this was a positive step in breast cancer awareness. Participants felt that her celebrity status helps to influence more people to consider proper breast health. The literature reviewed in connection with Angelina Jolie suggests that preventative mastectomies have increased as a result of her story because it is being framed as a more acceptable option (Gregory, 2015). In fact, Monica disclosed that Angelina Jolie’s story specifically influenced her decision to undergo a double mastectomy. Iris wishes that more famous people would speak out because they have a greater impact on a much larger scale.

Although most of the participants felt as though popular breast cancer awareness campaigns are positive, there were some concerns as well. Two of the respondents are directly involved in participating in the CIBC Run for the Cure campaign all year around, while others

say that they will donate to it and/or other organizations like it. On the other hand, some of the women were concerned with the motives of certain organizations that are benefitting from huge profits. In addition, one participant mentioned her concern that ovarian cancer does not get the same recognition as breast cancer does, possibly because it is less visible, and “not sexy enough”. I feel like this idea is consistent with Theresa O’Keefe’s article wherein she highlights protest movements that only allow conventionally attractive bodies to participate, suggesting that only certain bodies are worth fighting for (2014). Since breasts are largely considered sexual objects for men, it is an easier platform for which to create an awareness campaign.

Conclusion

Overall, this research study helped to reveal how breast cancer affects women in diverse ways. The majority of this study’s participants reported feeling more mindful of their bodies with respect to health concerns and symptoms. I learned that some women feel as though their womanhood has been compromised, while others have had an easier time learning to accept their bodies after breast cancer has changed them. As stated earlier, such a homogenous group of study participants can often act as a limitation, because it doesn’t account for intersectional factors such as different races, age groups, or social classes, etc. That being said, even within this study of women who share similar characteristics, we can still see how each woman experiences life with breast cancer differently. I have learned also that simply reading articles about breast cancer does not allow for a full understanding of life with the disease, because you only get to see the point of view from their respective authors. Having the chance to speak with this group of women to provoke a meaningful discussion about their sense of womanhood was a very powerful experience for me, and I am extremely grateful to have had this opportunity to allow these women to share their personal narratives with me.

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