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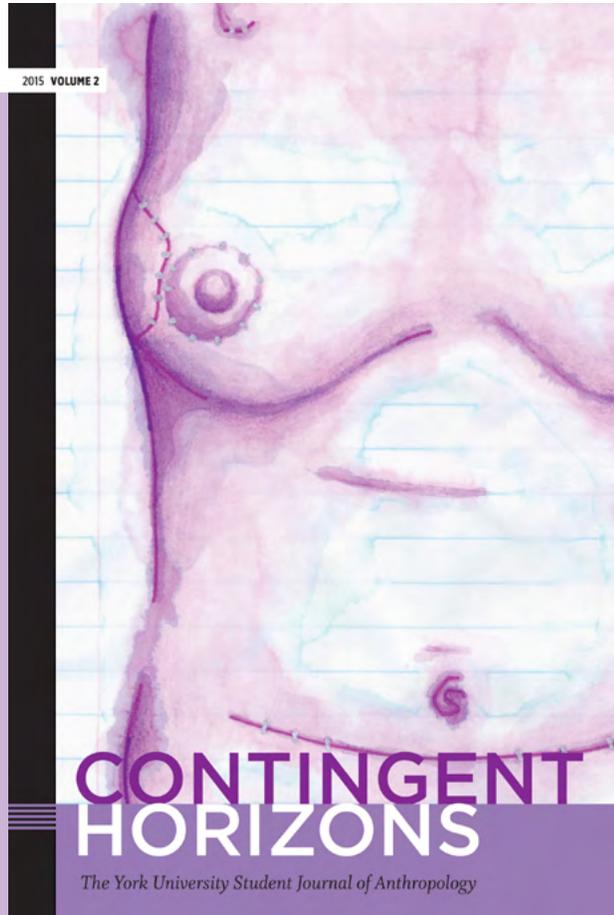
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Cancer, Appearance, and Identity

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Cancer, Appearance, and Identity

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This article examines the relationship between cancer, appearance, and sense of self. Through engagement with participants who have had cancer I will explore how the physical impact of the disease and treatment on the body affects women's identity. I utilize interviews, photo-elicitation, and personal narratives as my primary methods. This research contributes to a greater understanding of the embodied experience of cancer and the influence of bodily changes on identity.

KEY WORDS appearance, beauty, cancer, embodiment, identity, sense of self

Our feelings need voice in order to be recognized, respected, and of use. I do not wish my anger and pain and fear about cancer to fossilize into yet another silence, nor to rob me of whatever strength can lie at the core of this experience, openly acknowledged and examined ... Imposed silence about any area of our lives is a tool for separation and powerlessness.

—Audre Lorde, *The Cancer Journals*

My relationship to the hegemonic beauty ideals produced by the mainstream Western media is complicated to say the least. With the onset of puberty I became critically aware of the pressures women face to look a certain way (see for example Wolf 1990; Brumberg 1997; Furman 1997; Edmonds 2010). As a result I grew severely self-conscious of my appearance and this eventually developed into body dysmorphic disorder. Most of the time I feel oppressed and controlled by contemporary Western ideals of beauty and have consequently made it my goal to openly fight back by unpacking and critiquing gender expectations from a feminist activist perspective. However, the frustrating reality for me is that I experience the greatest relief from such standards when I believe I most closely resemble them (either that or when I am a recluse, hidden from public view and anticipated scrutiny). Christine Obbo calls this a *double-bind* (1990:290), and significantly Lila Abu-Lughod suggests double-binds can be productive sites of intervention for they subvert persistent and problematic notions of homogeneity and coherence (1991:476).

Drawing as creative meditation and documentation

CHRISTABEL HOMEWOOD

In a meditative reflexive state I made several drawings in my field notebook following a particularly enlightening interview with one of my key interlocutors. One of these drawings can be seen on the cover of this journal. During this interview the participant felt inspired to show me the scars on her body while discussing her cancer treatment, various surgeries, and sense of self. Seeing this participant's small, scared breasts with reconstructed nipples and tattooed areolae was a highly transformative experience for me. I was astonished by her beauty.

Michael Taussig (2011) posits that moments of astonishment, which are not necessarily always traumatic, result in subjective transformation as we develop new normative frameworks that reorder and alter past memories and through which we come to perceive and understand the world around us. Creating a drawing of this astonishing moment, in order to assist in reflecting upon how witnessing it transformed me, reinforced Taussig's proposition on a very personal level. The trust in that moment, the intimacy, the challenges and promises it communicated, inspired my thinking on beauty and perfection, allowing me to understand the relationship between sense of self and appearance in a new way. Witnessing the aftermath of what this woman's body had been put through, the overwhelming respect and love she had for her physical self, and the extent to which she felt empowered by the lessons she learned from her experience with life-threatening illness, caused me to reconsider my understanding of cancer and human resilience.

Creative meditation has always been a highly productive exercise for me. For as long as I can remember I have found the physical act of using my hands to create — whether that be to draw, paint, sculpt, build, sew, knit, cook, braid hair, etc. — to be a calming and grounding process. Engaging in creative expression of this sort enables me to stop over-thinking, to stop asking questions or seeking answers, and to simply wonder and see what flows forth from my subconscious when I am not asking my mind for anything in particular. Focusing on what my hands are doing rather than the order of my thoughts allows for intuition to take over and offer up brilliant insight.

References

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2011 *I Swear I Saw This: Drawings in Fieldwork Notebooks, Namely My Own*.
Chicago: University of Chicago Press.

I have often been told that what I struggle to accept about my own body is ‘trivial’ or ‘only in my head.’ Whether or not that is accurate, such comments have caused me to contemplate what it must be like to experience unwanted and perhaps permanent changes to one’s appearance, to witness one’s body moving further and further away from that limited and limiting ideal, one’s physical appearance slipping out from under whatever control one had learned to have over it (in some ways similar to my experience of puberty and adolescence but with different threats and opportunities). In conceiving of this project, with the aim of pursuing a topic related to my aforementioned interests and with hopes of gaining knowledge that would inspire future work, I began thinking of family and friends who have experienced serious illness — cancer in particular — and what effects the physical transformations to their outward body may have had on their sense of self.

This paper focuses on the relationship between cancer, appearance, and identity. Specifically, I am interested in how the physical impact of cancer and cancer treatment on the body affect women’s sense of self. Given the expectations of women in our society to conform to and uphold contemporary Western images of beauty (for example: fertility, agility, fitness, slimness, large breasts, long hair, smooth skin), what do appearance and gender mean to women who have undergone chemotherapy, radiation, and/or surgery? These procedures often result in fluctuations in weight, hair loss, dry skin, brittle nails, skin discolouration, burns, scarring, the surgical modification or removal of parts of the body, and the loss of energy, agility, mobility, and cognitive function.

I endeavor to explore whether or not participants’ sense of self is linked to body image, and how they conceive of and value their bodies during and after treatment. If identity is linked to appearance then what happens to a person when cancer treatments alter the physical body in ways that do not adhere to the hegemonic ideals that inform a particular kind of belonging — specifically, a conventional (albeit not unproblematic) belonging — that is negotiated with broader socio-economic tensions, rather than one’s pathology? What happens to their sense of self, how they define themselves, who they see themselves as, their sense of worth? Does ‘living up’ to gendered ideals of beauty and tending to their outward appearance while undergoing or recovering from treatment help make life meaningful? Or do participants think that the requirement of women to look a certain way — no matter what they may be going through — speaks to greater issues of gender inequality? Is the preoccupation with outward appearance important or oppressive for participants? Or both?

Methodology

I utilized social connections to make contact with the organizers of a local cancer survivor support group offered by a hospice in Aurora, Ontario. The hospice is sponsored by government funds and intensive fundraising on the part of hospice staff and volunteers, making this particular ten week program, which has been run biannually since 2009, free for anyone with or having had cancer. The group meets weekly with a psychotherapist to share their stories, discuss issues important to them, and learn strategies for addressing stress, grief, trauma, and other challenges.

After informing the Director of Programs & Communication, Adele, of my research goals, and gaining her enthusiastic approval, she kindly elected to distribute a call for

participants via email to 'graduates' of the program which contained a recruitment letter from myself explaining the project, what would be required should they wish to be involved, and expressing that I would truly appreciate the opportunity to meet with them, learn from them, and explore this important subject with them.

Based on my own relationship with my body and experience of being a woman in Canada, I am drawn to learn about how other women understand and engage with Western ideals of beauty, but that is not to say that I do not recognize that men (and every sex other than 'male' or 'female') also face expectations to uphold normative gendered looks. For this reason my invitation to participate was sent to a number of women who had been present and engaged at support group meetings (it is worth noting that of the 50 or so graduates only two are men).

Initially my access to potential participants was mediated by Adele. The power difference between Adele as gatekeeper and myself as researcher was underscored when I received no replies several days after providing her with my letter. I began to worry that my email had been lost or blocked, or that she had forgotten to send it on, or that perhaps there was no interest. Any concerns I had were alleviated almost a week later when Adele informed me that she had only just contacted participants. The following day I had a response from a graduate who was keen to participate. However, I did not receive more than the one reply, and since I had been hoping for three to five participants, I requested permission from Adele to send a follow-up message and asked her if it would be possible to include the women registered in the autumn session. She agreed and within a few days of the second request for participants having been disseminated I was contacted by four more women expressing sincere interest in contributing. Such circumstances reinforced how essential dedication and cooperation between myself and various other individuals was to the project, and how this text is not solely my own production but that of everyone involved. Thankfully we all believed in the benefits of addressing the subject and were committed to working together.

My primary field site was the abstract and imagined creative and reflexive space in which participants developed an understanding of the subjectivity (sense of self) that lived between their cancer and their physical embodiment in the world (their appearance). Therefore, as this project was based on the personal narratives of participants, my principle method for data collection was semi-structured interviews. Prior to commencing interviews participants were given a detailed explanation of the research problem, my goals for the project, what would be required of them, their rights, and reaffirmation that their anonymity would be maintained. I obtained informed consent from all participants.

My aim was to conduct interviews at participants' own homes, for it was my objective that by meeting in a space that was comfortable for them, and in which they felt safe and perhaps empowered, we might foster relaxed and trusting relationships conducive to engaged conversations and the sharing of personal memories and experiences. This proved to be an appropriate decision, for not only were participants able to speak more freely than they may have done in a public setting, but I also came to learn that meeting outside of their homes would have been exhausting for several of the women still recovering from treatment. These individuals were able to spend more focused time with me than they would have done if we had met elsewhere. One participant, who had

been frustrated by several interruptions to our conversation, expressed that we should have arranged to meet someplace else. However, this likely would have prevented her from offering to show me her breasts in order to better explain her various surgeries — a moment which I found highly transformative. Witnessing the aftermath of what this woman’s body had been through and reflecting upon her positive emotional response to her appearance confronted my conception of perfection and standards of beauty. Furthermore, observing the love and respect she has for her body, how grateful she is for the wisdom she has gained from her experience with serious illness, and hearing about how abundant and meaningful her life is also challenged my preconceived notions of cancer and the resultant impacts on body and self. I came to understand that cancer is not always a death sentence that haunts a person forever. This woman’s ability to actively search for and find what she calls “benefits” throughout her journey with cancer has given me greater insight into the complexity of the human condition, our versatility and ability to thrive, and how subjective, contingent, unexpected, and complex the process of making a meaningful life can be.

Michael Taussig suggests that witnessing something astonishing and reflecting upon our emotional response can transform us in positive ways if we become more aware of how and what we know, our own rationality and values (belief systems and moral judgments), and how such things influence our actions and reception in the world (2011). I have certainly found this to be the case as the insight I gained from that moment of astonishment and self-discovery influenced how I interpreted the data collected, for instead of approaching the subject of cancer and appearance with pessimism as others have done (see Lorde 1980 and Jain 2007), I was able to take a considerably more optimistic and empathetic position.

My strategy during these interviews was to start with a few fixed questions regarding the type of cancer the participant had been diagnosed with, the treatment they underwent, and what side effects and bodily alternations they experienced. That led to unstructured conversations regarding their embodied experience of cancer and the impact of physical changes on their identity. I later followed-up with informal interviews by email or phone in order to build an archive of data to review and code for references to physical appearance and definitions of self, providing me with evidence related to my original research problem.

I believe that my being a woman was a key factor in developing the rapport with participants that facilitated the sharing of sensitive information. Participants were able to disclose intimate details of their cancer experience with the expectation that, while I may not have had cancer, I could relate to the embodied experience of being a woman (however essentializing that perception may be). In order to develop trust and feelings of safety that would support this depth of engagement I encouraged what Gerald D. Berreman calls “safe conversations” (1972). For example, before discussing cancer, appearance, and identity, I asked participants about their families, acknowledged and played with their pets, or inquired about upcoming trips abroad (if I knew they had travel plans). In doing so we were able to learn more about one another, laugh, and connect. This connection was affirmed when upon my departure from their homes participants warmly extended a hand, or more often requested a hug, and expressed looking forward to continuing the conversation.

As these women had been so open with me about their experiences and feelings I felt it necessary to expose myself and become vulnerable in return. At the end of each interview I elaborated on why I had become interested in this subject, how I have been impacted by beauty ideals, and my own history with body dysmorphic disorder. I have often found that this sort of reciprocal disclosure of personal or private information has greatly benefitted my relationships with other women and it was thus my hope that it would promote a similar kind of trust between myself and participants, while also challenging the power dynamic between interviewer and interviewee where one person does most of the asking (or taking) and the other the telling (or giving).

In addition to engaging in such conversations with the aim of developing and maintaining rapport, I was also very aware of how participants might respond to what Erving Goffman would call my “sign vehicles” —how participants’ impressions of me (based on their interpretation of my appearance, speech, emotions, disposition, values, and beliefs, etc.) would determine what and how much they divulged during the interview (2004). Being cognisant of my sign vehicles enabled me to negotiate my subject position and assisted in my impression management and ability to navigate the field. I was aware of my facial expressions, body language, tone of voice, and choice of words for I wanted to communicate, visually and verbally, my interest and compassion for what participants had to say. For example, when faced with unexpected or uncomfortable situations I deliberately neutralized my emotional reactions, monitoring my facial expressions, body language, and tone of voice in order to prevent participants from misreading my feelings and becoming uncomfortable and perhaps reserved.

Furthermore, in order to support participants in feeling relaxed during interviews I did not use an audio recording device for I anticipated that this might compromise the desired dynamic by creating a more formal atmosphere in which participants may have felt uncomfortable speaking freely. Instead I utilized my field notebook and endeavoured to review and augment my notes immediately after each meeting. During my first interview, and part of the second, I attempted to take jot notes so as to focus as little as possible on the act of writing; however, it became apparent that the women noticed what I wrote down and what I did not, and when some of them began to say things like, “I don’t know if this is relevant” or “This might be significant,” I decided to transcribe as much as I could for it seemed to greatly encourage participants in their communication with me. What they had to say was important and I was concerned that feeling self-conscious would prevent them from mentioning things they suspected I might not deem ‘worthy.’ Their experiences were personal and I did not want to invalidate what they were so bravely and generously sharing.

Interviewing can be a significant feminist strategy for research “if it makes women’s voices *audible*” (Reinharz 1992:48). However, it was not my intention to take the “authoritative stance of ‘giving voice’ to the other” (Clifford 1988:491). My hope was for dialogue to result in a co-produced text that would give authority to participants’ lived experience and function as a platform for their voices to be heard (see Patricia Hill-Collins 1986).

In order to further account for my ethnographic authority I made use of direct quotations as a means of making participants’ presence and significance evident, and as a method for creating a polyphonic text open to multiple interpretations (Clifford 1988:486–488, 491). It is important to note that the views of participants are not reflective



or representative of every individual's experience of cancer and cancer treatment. However, I do not see this as a problem since anthropology has moved beyond trying to represent social totalities, bounded communities, and fixed populations (see Gupta & Ferguson 1992; Marcus 1995). Instead, this research aims to offer insight into the particular reality of my consultants, and the final text, what Biehl and Locke (2010) would call a micro-ethnography, identifies the contours of issues that shape the experience of recovery for women coming out of cancer and focusing on the complex of appearance and identity. By looking at these specific examples I'm able to make more general observations that I hope will elucidate our understanding of cancer, appearance, and identity and not essentialize or silence other voices (see McMurry 2005).

Another way in which theory informed my practice in the field, resulting in a highly productive methodology, was my use of photo elicitation as a research method; this complimented my emphasis upon self-image and the embodied experience of appearance. I found that asking participants to view and reflect on photographs of themselves encouraged them to discuss how they conceptualized their bodies. In her ethnography on beauty and aging in the United States, Frida Kerner Furman found that photo elicitation encouraged participants to talk about "their appearance as portrayed by the photo and in their recollections" by gaining some distance from it and so reducing the extent to which they felt self-conscious examining and discussing their bodies (1997:10). I found this appealing, for not only does the method facilitate discussion, but it supports participants in addressing what they consider to be important, highlighting what is meaningful for them, and reducing the extent to which I might limit the course of the interview (Furman 1997:10).

Reviewing photographs of participants taken at different stages in their lives—as children, young women, before, during, and after cancer, and treatment—was a productive exercise, not only in observing how participants responded to images of themselves, listening to commentary on their appearance, and learning about their ideals of beauty, but in most cases the physical act of moving closer together in order to better view a photograph at the same time created a sense of intimacy that seemed to build the trust required for this depth of engagement.

Given the subject I believe these methods were appropriate means of data collection, yet they also reflect the constraints of this non-traditional field site. For instance, opportunities for participant observation were limited. As I did not want my presence at support group meetings to interfere with how individuals interacted at these sessions, or with what they gained from them, I did not request permission to be present.

While these methods are suited to the collection of data from personal narratives, I remained conscious of how they might have caused participants to reflect critically on their own subjective experiences, and that touching upon sensitive subject matter could cause emotional distress. Ethically I had to consider that I could be making people uncomfortable for the purposes of research; however, it was my intent that by acknowledging this subject, participants would feel validated, affirmed, and important.

I took great care to be respectful in my analysis of the data for I was concerned about causing emotional or psychological harm. Maintaining ethnographic distance or neutrality was impossible, for I am invested in the subject and with my participants, and I would argue that attempting to do so would have been irresponsible and unethical—it is important to be sensitive to how participants themselves will be affected (see Nash 1976; Mahmood 2008; and Gibb 2005). This type of ethnographic research collapses the categories of activist, researcher, and fellow human being. That said, I have aimed to remain critical of what I bring to the field—my beliefs, values, and biases—so that this representation of the subject might be as true to the participants as possible while still striving for the feminist goal to “rediscover, revalue, and bring to public view women’s experiences that have been obscured, occluded, or devalued because they have been seen as socially insignificant or morally irrelevant” (Furman 1997:6).

Despite my best efforts to be culturally relativistic, reflexive, and compassionate, an inevitable imbalance of power between myself and participants remains, for ultimately it is through the lens of my subject position that my interpretations and understandings have evolved, it is from my field notes and memory of interviews that many quotations were reconstructed, and whether consciously or unconsciously it was my comprehension of the data that determined what content was included or excluded. However, in order to again strive for the co-production of knowledge and a balanced text, I reviewed my research with participants and included their feedback in the final draft (see Clifford 1988).

In the end, with all of these ethical and moral concerns and considerations, I can only strive to do my best with the tools that I have for, as Nancy Scheper-Hughes notes,

Seeing, listening, touching, recording can be, if done with care and sensitivity, acts of solidarity. Above all, they are the work of recognition. Not to look, not to touch, not to record can be the hostile act, an act of indifference and of turning away. [1995:418]

The Participants

Each participant was asked to choose their own pseudonym, and the order in which their names appear reflects the order in which the interviews took place. Not all participants were born and raised in Canada but all currently reside within the Greater Toronto Area. All quotes are either pulled from email correspondence between myself and participants or reconstructed from my memory of one-on-one interviews and the notes I took during those interviews. All quotes have been reviewed by participants. It was important to include participants' own voices in the text as it is from their experiences that we can all learn a little more about the human condition.

NORICA

Norica was diagnosed with breast cancer in 2012 at the age of 38. Within a period of eight months she received chemotherapy, underwent a single mastectomy, and was treated with radiation. At the time that we met she was considering a double mastectomy and breast reconstruction sometime in the future after regaining her health.

While discussing the physical changes to her appearance caused by cancer treatment Norica explained, "I wanted to look like 'me' for my children. I still wanted to look like the mother they knew — considering that huge physical attributes were going to change. I was going to wear makeup, scarves, bigger earrings. I did not feel as attractive without hair, but with the wig I felt good. Getting dressed and putting on my wig or scarf, and makeup, and having the girls choose my earrings every morning, did give me a boost. The girls loved watching me wrap my scarves. The scarves were fun. I built in as many positives as I could. I wanted to look good because I hate making other people upset."

Norica, like the other participants, chose a wig that closely resembled her hair colour and style before chemotherapy. During treatment a woman had approached Norica at a social function to tell her how great her hair looked. Norica had replied, "Thank you so much, it's a wig, but you just gave me the biggest compliment. You actually thought this was my hair. That means I did a really good wig pick."

Norica described her ideals of beauty in the following way, "Someone with soft eyes, no hard edge, who looks very spirited, has a soft and curvy figure — because it's more feminine — but isn't too huge. Someone with a healthy, fit looking figure, and I tend to think that long hair is more feminine, but I have seen women with short hair who look feminine." She continued, "I feel that I am pretty feminine, and when I get dressed up I dress feminine. My breasts were not really a symbol of femininity for me, even though I had big boobs and lots of cleavage." She later elaborated, "I was sad about losing the breast because it was like, 'They're my breasts.' All those memories: when I first developed; when I transitioned from a B cup to a C cup; when I first started dating my husband; breast feeding my children. I would lay awake at night and hold my breast and these memories would come to me."

Reflecting upon how the physical effects of cancer impacted her sense of self Norica explained, "As I'm getting further away from treatment I am thinking less about what I look like to my girls. I'm sick and tired of looking in the mirror and feeling so deficient. The weight thing is bothering me. I am in full out menopause so I'm not losing weight the way I used to. I look in the mirror now and I see me

with cancer. My hair is at an awkward stage. I don't feel like I'm getting back to normal. When I look at me on the outside I miss who I was because I'm not healthy like I was. My eyes look different, I look downtrodden. It's probably because I can't differentiate between what I see on the outside and how I feel on the inside . . . My appearance affects my identity. My identity isn't what it used to be. My identity is the whole package and my appearance is part of that. The appearance of me being wobbly on my bike is not 'me.' I used to ride a racer. I know what I look like to other people. I'm overweight but I've always been physically active. I feel clumsy. I think chemo brain is preventing me from being able to react fast enough. The outside of me doesn't look like who I am. Now other people may look at me and think, 'Oh look, she's overweight and has trouble riding a bike.' That's not the case. It bothers me that people automatically assume that people who are overweight — not obese — are unhealthy. How they connect weight with health. I hate that I have to tell people that I can't do things. It's like, 'Here we go again, bullshit about the cancer thing.' I am sad that I've lost certain ways of looking and being."

TH

Ruth was diagnosed with breast cancer in 2013 at the age of 49. She received radiation treatments and chose a single mastectomy with reconstruction over a lumpectomy.¹ She had hoped to augment both breasts at the same time, but due to a severe infection she was only able receive the one implant. When we met, she was just beginning to feel well enough to start arranging for reconstructive surgery.

Ruth indicated that during treatment she was not panicked about her appearance, but she was concerned about being attractive to her husband and did worry about how people might, and did, react when she did not wear her temporary prosthesis in public. "I do enjoy looking feminine, but I have always had small breasts — smaller than an AA cup — so my breasts were never really a strong symbol of femininity or womanhood for me, except during intimacy. I am surprised by how much I do miss the breast, the sensations in particular. If it wasn't for the cultural standards I wouldn't have the reconstruction. Culturally, people freak out." She later elaborated, "I wear the prosthesis at work because I think it would be too distracting if I didn't. There were a few days, when our washer was broken, that I went to work without it, but I felt I needed to cover up for the sake of the others." She further explained, "Another reason for having the reconstruction is that the prosthesis does not breathe. It's a silicone breast and when I exercise sweat builds up behind it in the folds of my scar tissue. Sometimes it burns (still healing from radiation, too, I guess). It's quite unpleasant because behind the prosthesis it doesn't dry very easily. So I don't wear it when I typically exercise, but that leaves out some exercise I might like to do with a group that is not my family."

Most of the compliments that Ruth received about her appearance prior to cancer did not influence how she viewed her body, for she did not always believe that people were being truthful with her. However, she remembers one time in particular when her husband gave her a compliment that she appreciated. She was lamenting the loss of her breast and her husband consoled her by saying, "Well, if you've gotta have one breast, at least it's a good one."

While discussing the changes to her appearance during and since cancer treatment she explained, “I feel confident when I feel I look good. Wearing makeup, having my hair done, and wearing nice clothes has been important to me. I believe it’s more professional. I suppose it’s what I see in the media, the cultural standards.” She later elaborated, “I’ve steadily gained weight since I was first suspicious of the lump in my breast [February 2013]. I’ve gained 20-plus pounds and none of my nice new clothes fit. I’m not thrilled about this. It was a very expensive new wardrobe! But I’m not stressing about it too much. I realize that I need to work on regaining my health and strength. Being physically fit and strong has always been grounding for me, even in difficult times . . . I’ve always thought I had a nice behind. That hasn’t changed other than getting a little bigger. And my face was pretty and feminine most of the time before cancer too. So I don’t feel less feminine without the breast. I may feel less feminine because I’ve gained weight and the year of treatment shows on my face and in my new gray hair. But I feel confident. And that’s a good thing.”

ELIZABETH

Elizabeth was diagnosed with breast cancer in 2008 at the age of 55. She underwent a single mastectomy followed by chemotherapy. Elizabeth chose not to have reconstruction and instead uses a prosthesis. She did not want another surgery to further prolong her recovery and delay her from returning to activities she enjoyed.

Elizabeth took up ballroom dancing in 2005 and was just beginning to get used to, and enjoy, wearing slightly more revealing costumes by the time she received her diagnosis. “When you dress up and you do a dance routine it’s okay to show cleavage. It did make me feel beautiful, and of course, I lost that. That has been one of the difficulties I have had to cope with. I have had to change my wardrobe to accommodate.” When discussing the impact that the mastectomy had on her sense of self she said, “You lose your whole breast, not just part of it, so suddenly you don’t look like what you did look like. Even though you could have reconstruction, which I haven’t had, even with reconstruction it would never look the same.” She continued, “For the first while, I can’t say how long, it was tough to look in the mirror full on. Once I was dressed, and had my actual prosthesis, that made a huge difference . . . I mean, who would want to go out socially [without the prosthesis]? I guess some people do, but I could never see myself doing that.” When I asked her why that was she answered, “It’s a sense of confidence. I wanted me to look like me, I guess.” She later explained, “The prosthesis was important for me to feel more balanced by matching the weight of the prosthesis with the remaining breast—it put less strain on the muscles on the side with the breast (I hope that makes sense) and it also made me feel more put together, more feminine, more like I was used to seeing.”

Elizabeth showed me a photograph of herself that had been taken in flowering woodland on her husband’s family property when she was in her early twenties. “When you had mentioned getting pictures, I immediately thought of this picture. It was always a favourite of my husband. As you can see I was quite blonde — when

my hair went into the ‘mouse’ category I absolutely hated that. My whole complexion changed. I looked different. Before treatment I had my own hair, rather than dyed hair, and when it fell out what was left underneath was all blonde! I had been dying my hair with henna after it grew back in, because it’s less toxic, but I was not happy with the colours I was getting. I’ve just had it dyed this dusty blonde. I love the colour. This is really me.” She elaborated, “I think for me, ‘looking like me’ is not so much about the physical changes, i.e. loss of breast, but more about my perception of my whole persona. With the chemo and subsequent hormone therapy, my skin has aged a lot and I think that bothers me more than anything.”

The week that Elizabeth stopped wearing her wig she was approached by a woman in a bookstore who said, “Oh, I just love your hair! I’ve been trying to get up nerve to go that short. You look absolutely amazing with it that short.” Elizabeth said to me, “I don’t think I told her. I remember telling other people after that the reason why it was so short. I always felt kind of funny . . . how would people take it? ‘Oh well the reason you’ve got hair that short is because you’ve had cancer.’ I was worried about making people feel really uncomfortable.” She added, “I think part of it is also that you just don’t always want to be talking about cancer.”

I asked Elizabeth if feeling good about her appearance during treatment helped her to feel better or more positive and she said, “Oh, for sure. I went to the Look Good Feel Better workshop. I had lost my hair but not my eyebrows. I learned how to put makeup on and how to fake that I had eyelashes.” In correspondence she said, “Wigs, prosthesis, reconstruction offers are helpful options to consider. Wearing a wig was great for me as I got to have a ‘good hair day’ everyday! The makeup tips were very helpful while on chemo as it helped to make me feel pretty. I have actually continued to wear more makeup since that time as I now like to wear it more often than I used to.”

SARAH

Sarah was diagnosed with ovarian cancer in 2013 at the age of 76. She underwent a laparoscopy after which she received chemotherapy.² As a result of cancer treatment she developed peripheral neuropathy and her pre-existing arthritis has worsened, effecting her mobility, agility, and balance.

While looking at the photographs she had prepared to show me she recalled feeling good about her self-image, “Oh, I felt good. I’ve always enjoyed being healthy.” Several minutes later, while discussing how she felt about the physical changes to her appearance caused by cancer treatment, she said, “I knew I would be losing weight and I was determined to do this makeup thing. I wanted hair that looked okay, I wanted the clothes I had to look good so I was choosing the smallest things I could find.” She paused and said in a contemplative tone, “Self-image was very important to me.” She explained, “It gradually transpired to me that I’m very feminine. The things that appealed to me were blouses as much as tee-shirts, skirts as much as . . . everybody wears pants now but when there was a choice I would’ve taken a skirt. And until the point where I nearly ruined by feet I wore very high heels. I liked looking at people, like Elizabeth Taylor, that were feminine, so I just wanted to be as feminine as I could. It’s not a Marilyn Monroe look — it’s not a

sexy look — it's more of a healthy look." She went on, "I hope that the way I look is projecting the image of who I am — that I like to be involved in things. I don't want to look like someone who can't say what they think . . . Women with breast cancer have it worse, even though it's more likely to be cured, because with ovarian cancer nobody knows you've had your ovaries out, but our image is based on what our face looks like, what our hair looks like, and what our boobs look like. If you lose one of those major parts, you have a whole different persona that you're sending out — you're presenting a whole different image to the world." I asked Sarah how changes to her appearance during cancer treatment impacted her sense of self and she said, "Losing hair, losing weight, losing mobility, having to take a cane! You feel so discouraged . . . I couldn't stand up straight. I was mortified by that. I would not be seen outside with a walker, it was bad enough having to take a cane. My self-image does not see me with a walker. Those are images that speak of decrepit and I do not see myself as decrepit." She explained, "After the surgery I looked in the mirror and I saw an old, decrepit lady and it was so hard look at . . . to see me change overnight from somebody who was vibrant and active and involved in all these clubs, painting and drawing in major shows, having many, many friends in all kinds of different directions, into somebody who could hardly get from the bed to the bathroom and looked like an old lady. I was skinny and weak. It's the image of where you're headed!"

When I asked her if wearing the wig and makeup made her feel better she said, "Oh yeah! You'd look in the mirror and you didn't look that bad! I felt so ill at ease with a wig on. I forced myself to go to the local supermarket with it on to judge how people reacted to it. To my surprise no one seemed to notice. I thought, 'Good, at least I know it looks normal, that I look like a person, it doesn't look like a wig. It was a good wig.'" She continued, "I've always been amazed at women who can walk out the door with a bald head. I find it distressing to see. I know they're going through cancer and they don't look good. It's a very, very bold statement for a woman." Sarah did not like the neutral coloured scarves offered at the Look Good Feel Better session she attended. "Instead I went to the drugstore and chose a really cute scarf, in shocking pink and purple, because if I'm going to be wearing a scarf, it's so obviously apparent that I'm bald, that I'm going to wear a bright scarf as if I'm enjoying it." She added, "The instructors at Look Good Feel Better said, 'No matter what you're going to be pale so pump up the makeup.' They told us not to be afraid to do so because that's what you're projecting. If you want to let people think you're trying, and feel good, let them see that you look good."

GAYA

Gaya was diagnosed with breast cancer in 2011 at the age of 48. She had two lumpectomies before being treated with chemotherapy. After a year and a half of chemo she underwent a double mastectomy with immediate DIEP flap reconstruction.³

As a teenager Gaya felt that the way she looked prevented people from acknowledging her intellectual abilities. "In high school I was 'the beautiful one' and my best friend was 'the smart one.' We were like a team. But I remember getting really

upset and saying, 'I want to be the smart one.' I was upset that I should take 'the beautiful crown' and her 'the smart crown.' I kept thinking, 'I am as smart and I have all this to offer too.' It really bothered me.

While discussing how she felt about her appearance before cancer and treatment Gaya said, "My breasts were just a part of my body. I was not ashamed of them, not proud of them." She explained her reasons for having reconstruction, "It kind of softened the idea. I was scared, actually, of having two big scars — I was scared of the change. The reason people do reconstruction, usually, definitely for myself, is it's about self-image. I just didn't want to see those big scars. I've seen other women with the scars and I thought this is just a constant reminder of the catastrophe. But, you know, I still have scars." She went on, "My original thoughts were, 'Eh, I've gone through all this shit but at least they'll get rid of my tummy and I'll get nice boobs.' That's how you connect to it in the beginning. For many women my age the nipple is heading south, it's not looking forward, it's not in the centre — you know, after breastfeeding. So you think 'There's got to be a benefit,' and you hold on to that. At the end of all this I might just come out looking better, and to that degree it feels good. I don't wear a bra, it's nice. I didn't want implants because they always feel foreign, and although they give sexier breasts — a bit like the porno boobs — they don't move. These [showing me her breasts], they move. You can connect to it as 'renewed,' 'restored.' So in the end of all this I will end up with better looking breasts than I had and a flat tummy. Hey, who doesn't want that at the age of 50?"

Gaya addressed her sense of self post-mastectomy and said, "I'm not sure that feeling less feminine has to do with surgery. It has to do with my age and menopause. This would've happened regardless. I was already on a personal journey of letting go of anything to do with sexuality in terms of identifying as feminine. It was a burden for me to be masculine or feminine, one or the other. Now it's more about just being who I am regardless of feminine or masculine."

In addition, Gaya described the experience of losing her hair during chemotherapy and explained, "You're like a billboard — everyone who comes to meet you has to deal with their own mortality, whether they are conscious of it or not, and that can bring many different reactions. People that are centred, and in a good place themselves, will be able to bring compassion and love. People who have a lot of fear of their own mortality will bring anger. I actually had it said to me, 'Get out of here, I can't deal with this.' Some people felt sorry for me ... I bought a wig two weeks before chemo treatment started. Mainly because I thought it would be hard for the girls [her daughters] to face a bald head. Not so much for me. But I never ended up wearing it because my feeling that it was gonna be hard for the girls was nonsense. They accepted it because I accepted it. It's very interesting, there are two sides to it. The reason that you lose the hair is sad. But the actual loss of hair is actually refreshing. Not needing to look after it or take care of it. There's freedom and some kind of truthfulness about it. It's a bit like being a nudist, you know? This is me. I was always admiring women that kind of did it, that went really, really short. I saw it as strength. For me it was this way of experiencing it." She elaborated, "My self-image is not built so much on how I look. Of course it's important,

because when you look better you feel better, but for me I work from the inside out, not the outside in. It wasn't important for me to look like I looked before because I am not like before. On the one hand you don't want to shock everyone with your bald head, but on the other hand I did not feel the need to hide it. Of course I felt pressure from the outside to take care of others. I felt pressure, but I'm a bit of a rebel. It's like 'No, you know what, really?' People ask how you're doing like, 'Oh you're back? You look good, you're back? Good, you're not sick? Can we now go back to life?' Which is a shame because there is so much learning and beautiful awareness that is coming out of dealing with death, but no one wants to take the course, it's not a popular course."

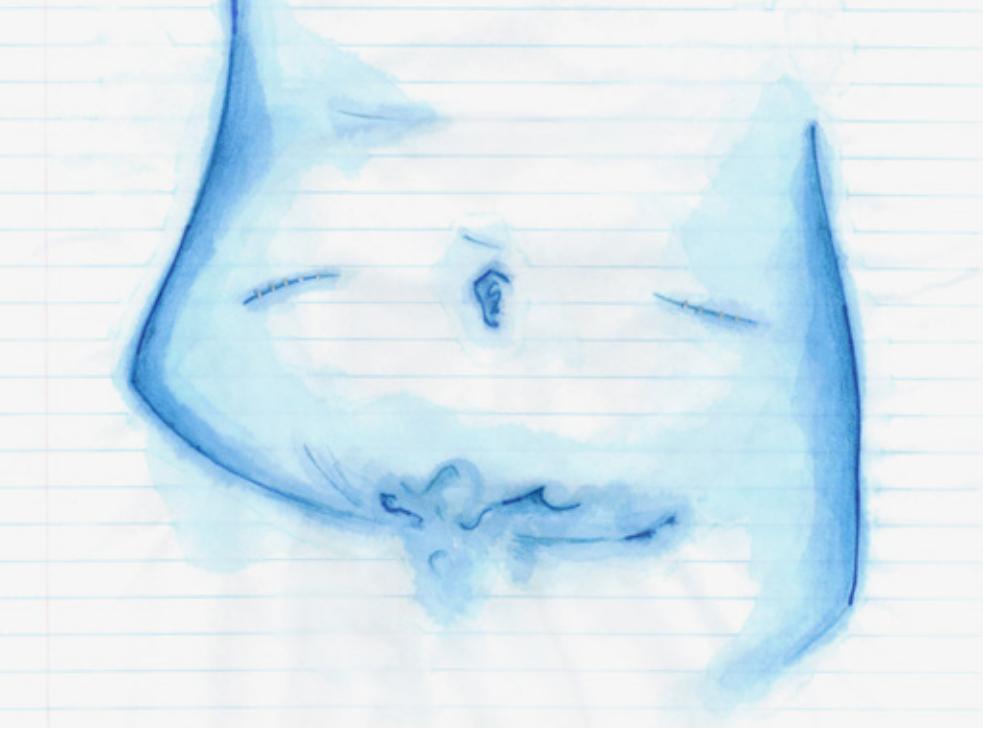
Analysis and Conclusions

Bodily appearance affects social identifications and self-definition and, therefore, how an individual experiences an altered body ... Personal identity means the way an individual defines, locates, and differentiates self from others ... The concept of identity implicitly takes into account the ways people *wish* to define themselves ... Human existence essentially means embodiment ... Mind and consciousness depend on being in a body ... Illness threatens a person's sense of integrity of self and the body and of self and the world ... They risk becoming socially identified and self-defined exclusively by their impaired bodies ... What unity means can only be defined subjectively.

—Kathy Charmaz, *The Body, Identity, and Self: Adapting to Impairment*

The shift from a predominant focus on inner qualities to widespread preoccupation with external attributes that occurred in Western society during the nineteenth century resulted in a general obsession with 'perfecting' the body as a primary means of self-expression (Brumberg 1997). The increased association between appearance and identity encouraged the maintenance of a socially acceptable image that would enable a sense of belonging and, for many of us, worked to turn our bodies into our central project (Brumberg 1997). Ideals that prescribe what the body 'should look like' are linked to social values, and while certain aspects of our appearance have at times been more significant than at others and the reasons for tending to our appearance have evolved, the outer body is still the canvas on which we attempt to paint a picture of 'who we are' (see for example: Brumberg 1997; Furman 1997; Edmonds 2008; Popenoe 2005; Charmaz 1995).

Norica, Ruth, Elizabeth, Sarah, and Gaya are aware of how their bodies are read by others as indicative of their character and in different ways have worked to maintain an appearance that reflects who they are and how they want to be perceived. For example, they are conscious of how their bodies communicate: their personality; their values (moral/ethical and spiritual/religious); abilities (physical and intellectual); interests (social and personal); position in society ('insider' or 'outsider'); and their various roles (e.g. grandmother, mother, wife, professional). Their desire to look a certain way (or not to



look a certain way) and to be understood and appreciated on their own terms caused them to manage their appearances so as to be meaningful for them. For Norica, Ruth, Elizabeth, and Sarah looking “feminine” (the “appropriate” gender for their sex and which most participants associate with normative female looks) is significant to their expressions of self. Gaya, on the other hand, is not necessarily concerned with upholding hegemonic ideals of sex and gender but rather with not having her character and abilities misinterpreted by others who make superficial judgments based on her appearance. That said, prior to cancer all five women had developed appearances with which they were relatively comfortable and which signified their belonging in various social arenas.

Furman explains that for many individuals “there is a psychological need for continuity in one’s self-identity throughout the lifecycle” (1997:108). The desire to “look like me” that most participants expressed suggests the need to confirm “a link between their present experience and their past behaviour and image ... affirming their membership in a continuing social community by conforming to social expectations regarding acceptable self-presentation” (Furman 1997:110). Othon Alexandrakis suggests that “holding onto the good” can be moments of self-authoring that involve looking back in order to look forwards, selecting something from a history rewritten to give cogent form, content, and direction to the future (email to author, March 17, 2014).⁴ Norica, Ruth, Elizabeth, and Sarah expressed this need for continuity. They are attached to their pre-cancer appearance/identity and do not wish to be solely defined by cancer. Taking steps to “look like me” (their appearance/identity having been threatened by the physical effects of cancer treatment), or to manage their appearance in ways that were meaningful to them during and after treatment, also suggests a desire to experience a sense of control at a time of great uncertainty. Furman notes that “total categories rob those who are labeled of their subjectivity, of their freedom of self-definition” (Furman 1997:108). Therefore, by tending to their appearances these women could influence the social labels signified by how they looked and which get read by others as reflective of their character, as well as negotiate an identity (a sense of self) with which they were comfortable.

In addition to recognizing that tending to their appearances enabled a sense of belonging, utilizing the body to express personal identity, and taking steps to feel good about how they looked for their own self-esteem, participants also expressed that they managed their appearances during cancer treatment, to varying degrees, so as not to upset or distress others (e.g. grandchildren, children, spouses, friends, people in general). They worked to preserve the appearance/identity that those who know them were used to and comfortable with, adhering to the gendered expectation of women —“feminine” women, rather —as nurturers and caregivers. Furman suggests that “women’s identity, in this and other ways, is geared towards pleasing others” (Furman 1997:45). Attending to appearance in order to assure acceptance supports Michael Foucault’s theory that power not only works on us but through us when we internalize hegemonic discourses and discipline ourselves accordingly so as not to be forsaken as “other”(1972; 1977; 1975a; 1975b).

That participants were able to control their appearance and identity and retain a sense of femininity by wearing a wig, having their makeup done, using a prosthesis, undergoing reconstructive surgery, and/or maintaining a certain weight, shows gender, and beauty for that matter, to be a performance, rather than natural or inherent qualities, that is inspired by ‘the simulacra’ (a copy of a copy of a copy of some ‘ideal’ female and femininity that has never and will never exist) and caters to the perceived desires of a heterosexual ‘male gaze’ (Butler 1988; Baudrillard 1984; Mulvey 1975). Maintaining a ‘feminine’ appearance enabled participants to feel normal, attractive, appreciated, accepted, and often helped them feel more positive. However, Furman laments that “because women’s worth is so frequently associated with their physical attractiveness . . . physical changes [such as those caused by cancer treatment] . . . call into question women’s social value and consequently raise ethical concerns” (Furman 1997:104). While I do not support the link between a woman’s physical attractiveness, femininity, and value, for my consultants Norica, Ruth, Elizabeth, Sarah, and to some extent Gaya, tending to their appearance by living up to ideals of beauty and femininity (often dovetailing with personal health narratives—conveyed by the desire to maintain their pre-cancer appearance) made their bodies meaningful in pleasurable ways, quite the opposite to how the effects of cancer caused them to experience their bodies. They were able to enjoy their bodies and not just suffer in them.

Rebecca Popenoe suggests that “even in the absence of glossy magazine pictures of fashion models, or any images of what women ‘should’ look like . . . body ideals are still very important” and that “the pictures of trim and trained, collagen’d and Botox’d bodies could disappear from our visual world, and it is not likely . . . that we would cease striving to get our bodies to look a certain way” (2005:10, 21). Yet, unlike some feminist theorists who address this subject (see Naomi Wolf), Popenoe recognizes that living up to gendered ideals of beauty may in fact be meaningful and gratifying and not necessarily entirely oppressive, which I believe to be the case for Norica, Ruth, Elizabeth, Sarah, and Gaya (for even though Gaya resents being seen or valued exclusively as ‘the pretty one,’ she does feel better when she believes that she looks good, although what ‘looking good’ is to her differs in many ways from cultural norms).

While feminist writer and civil rights activist Audre Lorde does recognize that “each woman responds to the crisis that breast cancer brings to her life out of a whole pattern, which is the design of who she is and how her life has been lived,” she argues that women

should take the activist position of making their experience with cancer visible. Lorde rejects the idea of women trying to feel better by tending to their appearances, and dismisses that such an approach can be productive:

To imply to a woman that, yes, she can be the 'same' as before surgery, with the skillful application of a little puff of lambswool and/or silicone gel, is to place an emphasis upon prosthesis which encourages her not to deal with herself as physically and emotionally real, even though altered and traumatized. This emphasis upon the cosmetic after surgery reinforces this society's stereotype of women, that we are only what we look or appear, so this is the only aspect of our existence we need to address ... The attitude towards prosthesis after breast cancer is an index of this society's attitudes towards women in general as decoration and externally defined sex objects ... Prosthesis offer the empty comfort that 'Nobody will know the difference.' But it is the very difference which I wish to affirm, because I have lived it, and survived it, and wish to share that strength with other women. [Lorde 1980:58–62]

Lochlann S. Jain furthers this argument:

The focus on pink and breasts and comfort may be, quite simply, a convenient way to displace sheer terror: after all, what would it mean to really acknowledge — really acknowledge — the fact that 41,000 people each year die of a disease from which one literally rots from the inside out with no cure while so many known causes continue to be pumped into the environment? ... The point is not simply to eradicate the shame that has for centuries accompanied the disease, but also to acknowledge the ugliness of the disease and of the suffering it causes and to let that suffering be okay, not because it is okay but because that is what we have. I draw a space in which cancer can be brought out of the closet in a way that it is not about comforting ourselves and each other, and that is not about righteous anger but, rather, is a space of mourning and a space that allows for the agency and material humanity of suffering and death ... I grapple with these issues in disentangling the alliances between breasts and gender and how their disengagements have been marked and framed through various modes representing beauty, shock, and shame. [Jain 2007:505–507]

I do not support the shaming of bodies in any way, or the association between particular body types and gender ideals, and although I agree that a space for mourning needs to be permitted and accepted, I am left wondering: for those women who have not had a similar education to Lorde and Jain, but find themselves in the really difficult situation of having cancer, what helps them cope? Much of what these scholars contribute is insightful and productive—my apprehension is not with their ethical positions against 'the system,' I agree with them there—but I think the issue is one of access to knowledge and how we must grasp at and grapple with what we know in order to find meaning (see Swindler 2001; Scheper-Hughes 2000:225). For Norica, Ruth, Elizabeth, Sarah,

and even Gaya, tending to their appearances, often in ways that upheld hegemonic discourses of gender and beauty, made their bodies and lives meaningful in positive ways that were beneficial and empowering. While Lorde and Jain may have found aspects of their cancer journey to be sexist and oppressive, not every woman has the same experience of cancer or attributes the same meaning to those experiences. Must feminism, subjectivity, agency and wigs, makeup, prosthesis, breast reconstruction, or even pink (being a signifier of “femininity” and the colour of the breast cancer ribbon) be mutually exclusive? If living up to gendered body ideals is meaningful for some women, then is judging and condemning their choices as “trivial” justifiable? Beauty ideals can be limited and limiting, as can gender expectations, but every person has a unique experience of cancer. Therefore, should we not recognize every woman’s approach to finding meaning, hope, and strength? I would also argue that Norica, Ruth, Elizabeth, Sarah, and Gaya—who did, in certain ways and to varying degrees, “cover up” their cancer through the utilization of makeup, wigs, prosthesis, and reconstructive surgery—are still aware of how they have changed as individuals and what they have learned. Although there may be some measure of privacy or self-consciousness about their bodies, they are willing and proud to share their strength with others, for they have shared it with me, they will share it with all who read this paper, and I’m sure with many others whom they know or will meet along the way.

It is not reasonable to expect every woman to have the same response to cancer, or ethical to place the requirement upon them of having to be a crusading activist and moral pioneer (Rapp 2000). There can be agency in inaction (or different types of action). By not deliberately making their cancer visible in order to actively raise public awareness and fight for the cause, Norica, Ruth, Elizabeth, Sarah, and Gaya—who were separated from their everyday lives by cancer and entered the dangerous yet powerful liminal space of serious illness—were able to re-join their meaningful, enjoyable worlds where they were not solely defined by having cancer, or constantly reminded of their cancer experience, and where life was, and continues to be, worth living with those whom they love (see Turner 1977). These women are not disempowered.

Cancer can be understood as a moment of rupture where the body becomes “other,” and thus attending to one’s appearance in ways that are meaningful to the individual can be a means of recolonizing and recoding their bodies as “me.” In this way, attempts to reinscribe something familiar are not moments of victimhood, but rather agentive acts for these women who are actively evaluating, reclaiming, and maintaining their identity. This performance of gender and beauty is actually the work of persons who are more aware of who they are, what matters to them, and how they want to live their lives. From the liminal place of cancer they emerge with a heightened reflexive sense of self. Through reincorporation they become masters of their own identities and bring about a finality that they can live with. Wearing makeup or a wig, using a prosthesis, or having reconstructive surgery can be acts of self-authoring in pursuit of freedom.

NORICA I’m tired of feeling like I’m trapped inside my own body. It’s time for me to reclaim or rebuild or undo all the stuff that’s been done to it . . . I’m not that concerned about esthetics. I’m more concerned that I look tired, that I don’t

have that spark. It's missing in my eyes ... I think if I step back and think about everything — when I was a kid growing up, the magazines, health and all that — I think people buy into the idea that we are supposed to look a certain way, but when something hits, when it comes right down to it, it's health, not appearance, that matters.

TH I believe my self-esteem is better now than it was before treatment. I feel like I am allowed to be older and that beauty is less of a requirement. But I guess I'm a bit conflicted because I do use expensive anti-aging creams — I don't want more wrinkles than I already have. But being attractive was very important to me before and now I feel like my appearance is less central in my appreciation of self. Although I do feel better when I look good, after cancer and cancer treatment I am able to feel confident and competent and powerful without feeling like I look beautiful. I feel more grounded now and less concerned with my body and I'm more in touch with other parts of myself." She later elaborated, "I'm no longer as concerned about wearing the nicest expensive business clothes and having my hair styled perfectly or makeup on perfectly. I'm not as concerned about my appearance in general. And I'm *certainly* not concerned about how attractive I am to men in general. This is a phase in my life where I get to focus on the inside of me. I'll address getting my strength back from a similar place ... how I feel. I want to feel strong and flexible and fit. Not sure how it will look when I reach that feeling, and I don't really care ... When I disclose my cancer I feel proud and accomplished. And I hope that if someone has a story they will know that they can share it with me. When I share about my cancer I feel like people should applaud me. That was some tough shit to get through. And it's not over until the reconstruction is done and all these side effects from radical surgery sort themselves out (with a little help from the therapies).

ELIZABETH It was rather strange not to have two breasts, but for me, having them both was not a defining factor of who I am as a person. Would I rather not to have lost the breast at all, absolutely, but again keeping it was not a viable option. My attitude was more about moving forward and not dwelling over what had happened. I might say that I am connected more to my body now, as I try to focus on having my 'inner beauty' shine forth.

SARAH I cannot tell you how good it feels to feel well. I never even thought about it before in my life. To feel hungry and want to eat, to feel well after I've eaten, to feel so good about walking, to go to the gym for this cardio stretch and tone and enjoy it and want to swing my arms as hard as I can swing them. I feel so good. Just a few months ago I couldn't have done this! I feel so happy my body is my body. I'm happy with my hair. It's whiter than it was but I love it. I love the curls in it, I was lucky to get it like that. I certainly have more wrinkles but I still wear the makeup." She later expressed, "I do not feel ashamed about having cancer. Almost the opposite. I now feel I have a much greater understanding of facing death and

illness and suffering. I would be much more comfortable visiting someone who is very sick now. I have been there and I have some idea of what they are dealing with. It has added a whole segment to my life.

GAYA I do not feel less or more feminine after surgery. It was more a restoring to how things used to be, but I was already on the journey of moving away from looks in order to feel good about myself. That's why I was comfortable keeping my hair short and not colouring it. I was happy to renounce, like, 'I don't need this anymore, thank God.' It was a burden before, all that stuff that is easy and natural to do when you're younger. On the other hand, after cancer, your eyes sparkle. It's like, 'Okay, we gonna take your hair, and give you some pounds, but you gonna get really wise. Simple.' I feel bad for people who have gone through life threatening illness and did not change. All that for nothing ... I now know for sure that I'm not my body, I just live inside. I've been watching parts of it cut off and I'm still here. It's a temporary house. You don't own it but you can stay in here through this lifetime. I have so much more respect for it. In the beginning I felt a sense of betrayal — this is not a safe home if this happened. Now I'm thinking I have more respect for the body, the way I recovered and healed. I'm definitely more honest with it. There is more acceptance of its abilities and disabilities. I'm really happy to have it. I see the separation between who I am and what my body is. I knew that's how it should be, from my studies of yoga, but now I'm really experiencing it. It would be great if people would listen, really listen, to someone who is going through illness. First, because they could better help that person, and second, they could learn for themselves. It's almost like you can learn from someone else's adversities and travels — you can enrich your own life.

Concluding remarks

Meeting Norica, Ruth, Elizabeth, Sarah, and Gaya and discussing cancer, appearance, and identity with them has been a transformative experience. I have learned so much from all of them about the time of illness, the different ways that people cope with the trauma of cancer, the connection between how we look and our sense of self, and I have come to understand my relationship to beauty and gender ideals in new ways. I have developed a greater appreciation for my own body and the bodies of others. I am so grateful for all that these women have shared.

My review of the literature suggests that the locus of cancer and appearance has yet to be adequately acknowledged or explored within anthropology. This is surprising given the prevalence of: international organizations such as Look Good Feel Better and Gilda's Club; the information provided by cancer societies on the physical side effects of cancer treatments and products and methods meant to assist in minimizing them; the countless books, websites, and blogs offering advice on how to care for one's body and manage one's physical appearance during treatment. Perhaps this is because beauty is considered a "trivial aspect of the human condition" and thus "anthropology has rarely theorized human beauty as a distinct domain of social and psychological experience" (Edmonds

2010:17, 2008:151; see also Wolf 1990:9). Those considered to be women's discourses are often "trivialized, devalued, and dismissed" (Furman 1997:34). However, for Norica, Ruth, Elizabeth, Sarah, Gaya, and myself, the embodied experience of our outward appearance has not been insignificant, and I can attest that ideals of beauty and gender have a real impact on people's lives.

My goal has been to acknowledge and affirm the lived realities of participants during their battle with cancer and offer them an opportunity to tell their stories of the daily experiences of living with serious illness and how the physical effects of treatments on the body inform their sense of self. I strive to contribute to the literature on cancer by broadening the conversation to include what many may dismiss as trivial — appearance and beauty.

Acknowledgements

I would like to dedicate my first publication to everyone who has or has had cancer; to anyone who has struggled with body image; to advocates who unpack and challenge oppressive hegemonic discourses of beauty and gender; and to all the truly inspiring professors and instructors that have encouraged and believed in me, in particular Othon Alexandrakis, William Kenneth Little, Teresa Holmes, Allyson Mitchell, Ken Carpenter, Maren Hancock, Siobhan McCollum, Sara Grandinetti, Elle Flanders, Scott Waters, and Logan McDonald.

Notes

- 1 A lumpectomy differs from a biopsy in that a biopsy involves the extraction of a small sampling of tissues for examination, whereas a lumpectomy requires the removal of a lump or malignant tumour. A lumpectomy, in comparison to a mastectomy (the partial or complete removal of one or both breasts — oftentimes the skin in addition to the tissue), is commonly considered to be a means of "breast conservation."
- 2 Laparoscopy is an operation performed through small incisions, typically with the aid of a camera, in the abdomen or pelvic region. In Sarah's case this type of surgery was required in order to remove both her ovaries (the medical term being oophorectomy or ovariectomy). Laparoscopy allows for complex surgery with minimal cutting and reduced recovery time.
- 3 In Gaya's case fat and the connected blood vessels called deep inferior epigastric perforators (DIEP) were surgically removed from her lower abdomen and transferred to her chest in order to reconstruct her breasts without using silicone implants. In Gaya's words, "They kept all this skin but they gut out the breast and use the flesh from the stomach to stuff up your new breasts. They did get rid of the nipples. My nipples are not the original ones." When the fat required for this type of breast reconstruction is removed from the abdomen a tummy tuck is often performed at the same time. For Gaya this whole procedure required twelve consecutive hours of surgery.
- 4 Assistant professor of anthropology at York University.

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