

**Female Breast Cancer: The Social Construction Of  
Beauty and Human Rights Violations**

**Debasree Lahiri**

**Assistant Professor**

**Department of Political Science**

**Guest Faculty, Human Rights and Duties Education Course**

**St. Xavier's College (Autonomous) Kolkata**

**India**

**Abstract:**

The dominance of men in a societies across the world seems to produce a relative lack of interest in the health of the woman and thus there is lesser awareness of women's health problems. Women's health as an important topic has been neglected in the past. Many of the studies done on disease and its prevention were focused on men. Today, however, women's health is taking on a higher position in society and people are realizing that while women have many of the same diseases as men, their symptoms and treatments may not always be the same.

Coming to terms with breast loss and its effect on body image, femininity and self esteem are major issues confronting women who have a breast lost to cancer. Furthermore, messages from the media, cosmetic industry and health care profession perpetuate the 'beauty myth' affecting the self-esteem of breast cancer patients.

This emphasis on the aesthetics often takes precedence the grief associated with losing a body part, that for many women is strongly linked to their self-concept and violation of their basic human rights, since historically, a woman's value has been determined in terms of her physical appearance and ability to mirror a socially constructed ideal of beauty that continues to be perpetuated within western, patriarchal society. As a result, a woman's body image, feelings of sexual attractiveness, and self esteem in general has been negatively influenced by these cultural ideals.

Therefore, in trying to attain these cultural "*norms*", many women participate in harmful practices that include everything from the act of starvation and bulimic behaviour in order to

decrease their size, to investing in cosmetic and reconstructive surgeries that aid in altering their natural form. This essay will argue that women with breast cancer, and breast cancer activism in general, are caught between the contradictory pulls toward visibility and invisibility. In the past, the invisibility was primarily the result of how the disease was treated by medical practitioners and by society as a whole. It was hidden by cultures that did not talk openly about women's health issues and that restricted women's control over their own healthcare. Although the traditional medical model and the patriarchal style of treatment that it encourages has been partially overcome as activists have made breast cancer and other women's health concerns more visible, women still face significant challenges. Despite the high visibility of the disease as a social cause, it seems that the social values that encouraged invisibility remain; even as pink products dominate store shelves, women suffering from the disease are still under intense pressure to hide any signs of it.

**Key Words:** Cultural norms, Female Breasts, human rights, femininity, patriarchal society  
Historically, a woman's worth has been determined in terms of her physical appearance and ability to mirror a socially fabricated epitome of beauty that continues to be disseminated within western, patriarchal society (Greene, 1996). As a result, a woman's body image, feelings of sexual attractiveness, and self esteem have been negatively predisposed by these cultural paradigms. Susan Bordo (1989) in her book, *Gender, Body, Knowledge: Feminist of Being and Knowing*, states that the female body is a medium of culture whereby:

*"Through the pursuit of an ever-changing, homogenizing, elusive ideal of femininity - a pursuit without a terminus, a resting point, requiring that women constantly attend to minute and often whimsical changes in fashion - female bodies become what Foucault calls "docile bodies" - female bodies whose forces and energies are habituated to external regulation, subjection, transformation, "improvement" ....at the farthest extremes, the practices of femininity may lead us to utter demoralization, debilitation and even death" (p.14).*

Therefore, to accomplish these cultural "norms", many women partake in harmful practices that include everything from starvation and bulimic performance in order to decrease their size, to capitalizing in cosmetic and reconstructive surgeries that aid in modifying their natural form. These changes are often focused at those parts of women's bodies that are uniquely feminine - that being rounded bellies, curvaceous hips and the size and shape of one's breasts.

In India traditional and religious practices continue to influence women's access to control and ownership of their bodies. Cross-cultural research on breast intensification, female circumcision, and foot binding stipulates insight into how body modification practices are internalized through observational erudition. These exhibits that women are faced with social pressures to imitate to physical ideals that often require modification of the body (Steinber, 2015).

Breasts are ultimate to our shared understanding of female sexuality and it is important to note that there is sexual significance of breasts. This association of female sexuality with the shape and size of the breasts has overwhelming insinuations for the way cancer of the female breast is perceived, responded to and apportioned with by the media, the public and by medical professionals and ultimately by the society. This "breast-fixated way of seeing what a woman is" has resulted in the sexualisation of breast cancer awareness campaigns that reflect the old axiom that sex sells (Forster, 2016) and thereby violation of dignity of women. Female Breasts not only epitomizes femaleness because of their associations with reproduction; but at the same time they were highly sexualised body fragments. This posed a significant challenge to nineteenth-century doctors who were tied up with ideas about modesty and female wholesomeness (Conrad, 2010).

Cancer as a disease is very much entrenched in cultural meaning than others (Conrad, 2010), but the pressures to obscure disease are not unique to breast cancer, nor are they unique to women's health. Coming to terms with breast loss and its effect on body image, femininity and self esteem are foremost issues antagonizing women who have a breast lost to cancer. Furthermore, messages from the media, cosmetic industry and health care profession perpetuate the 'beauty myth' affecting the self-esteem of breast cancer patients. Women with breast cancer face paradoxical demands i.e on one hand they must simultaneously struggle to be visible and to be imperceptible at the same time. Many women, both past and present, experience breast cancer as an onslaught on their femininity. However recently, women's bodies and diseases affecting them received little public attention. Doctors treated the female body as an inferior deviation on the male body or ignored it entirely and women without breast or breasts are considered inferior. When treated, women were frequently denied information about their health and given little control over their treatment (Olson, 2002).

Many writers and activists describe breast cancer as an exterior threat by linking cancer to environmental causes (Batt, 1994; McCormick, 2009; Mitchell, 2006; Sherman, 2000). When

this is done an empowering view of the body is presented and for these external threat, the body is a safe space that must be protected against harmful foreign materials. The body will only be able to resist disease if environmental causes are eliminated or if the body is strengthened and transformed into an impermeable defensive barrier. Although a disease may eventually affect the body, the preliminary space of battle is outside the body-the society and culture which becomes a battle field where women fights all alone.If this battle is won, there is no need to prepare the body itself for war and certainly no need to attack parts of the body in order to eradicate the disease. From this perception, the fight is between the body and an outside entity, with the body playing an active role in its own preservation. Taking an externalist view, also weakens the sense of irrevocability supplementing the disease. It does not imply an indispensable connection between being a woman and being susceptible to breast cancer, as the riddance of environmental causes of cancer would mean that the body would not contract the disease(Schulzke, 2011). Female Breast cancer is worth paying attention to because the disease and its treatment reduce women's appropriateness and preclude male admission to the female body.Sangeeta Mediratta's work on Frances Burney's account of her own mastectomy discloses that the removal cut to the very heart of her "feminine identity" as defined by early nineteenth-century culture.

In condemning the "breast-fixated way of seeing what a woman is" and arduous that people confront and see beauty in the damage done by the disease, it follows a rebellious and long-standing feature of breast cancer dialogue: that sexuality is the feature of womanhood most in need of protection.Due to our culture's construction of unworkable imageries on what women are supposed to look like and the penchant to ridicule women who do not reproduce these images in the form of detrimental stereotypes, many women who have lost a breast to cancer will experience a diminution in self-esteem and other unconstructive emotions. Both historically and at the contemporary time the breast cancer patient has and continues to be professed as "deformed, less sexually attractive, less feminine, and hence less commendable as an individual." this stereotype advanced from our culture's conjoining of a woman's identity to her attractiveness and worth and of her femininity to her breasts and body" (Kahane, 1990).

Therefore women devote time and money along with their self worth to resolve what product surgery or weight loss methods will help them to feel more acceptable, women who have lost their breast to cancer may feel the same pressure to search for a cure that produces social

acceptance. The prominence on the aesthetic traits of the breast cancer patient also marks the process of grieving the loss of a breast. Literature has shown that women emotionally ascribed to their breasts in a number of ways and how they feel about their breasts is seldom unbiased (Jenkins. 1994. Young. 1990. Kahane. 1991. Lorde. 1980) However women are constantly acquiring variegated messages from a society which advocates that breasts are objects only as they appeal to men. The medical profession is no exception when it comes to meeting the emotional and physical needs of women who are in a position where breast loss may be the only solution in searching for a cure of breast cancer. As recognized by Young (1990). "That she in an important sense is her breasts is denied. and thus. she is not allowed to be public and honest in her fear and grief. Then, when she has lost her breast the culture's message is clear and unambiguous that she must adjust by learning to hide her deformity" (p.204).

As Susan Brownmiller (1984) suggests, "breasts are an element of human beauty. Breasts are subject to cancerous lumps. Breasts are a source of female pride and sexual identification but they are also a source of competition, confusion, insecurity and shame" (p.40). Thereafter, women incessantly go through indecisive standpoints about their breasts and these feelings are tied to her distinctiveness as a woman. Once a woman is threatened with the loss of her breast these issues are amplified.

### ***The Enemy Within***

War metaphors pervade the disease magniloquence and create the sense that women's bodies are battlefields (Lerner, 1998, 2001). These metaphors are so common that it is difficult to speak about disease without using the language of conflict. Nevertheless, there is an important difference between the war metaphors as they describe the body with breast cancer and as they are used to discuss other diseases. In most other ailments, the battle lines dividing the person from the disease are clear and the nature of the combatants is well defined. However, this is not the case for breast cancer because its source is contested.

Apprehension of women's bodies kept breast cancer discussions concealed well into the 20th century. The dearth of information about breast health before the 1940s can be illuminated by the fact that this body part could not be discussed or exemplified in public mediums (Lerner, 2001, p. 56-8). During the post-war period, illustrations of the breasts and women being observed became far more common. However, the information was largely circumscribed to the doctors themselves; women remained patients who were told little aside from self-

examination techniques. Restraints on information prohibited women from receiving sufficient information about their treatment options and about coping with the disease. Without information, women facing treatment had little choice but to accept a doctor or a husband's decision (Gamarnikow, 1978). This paternalistic treatment was common for women suffering from other diseases as well (Wolf, 1996, p. 11), yet, as Rosenbaum explains, the treatment of breast cancer was exceptionally sensitive, given the part of the body affected:

*This emphasis on silence reflects both the stigma of having a potentially fatal disease and of having an illness whose treatment involves the alteration of such a value-laden body part. Hence, women with breast cancer are confronted with the implicit societal rules that they should control where, how, and to whom they speak about their illness (Rosenbaum & Roos, 2002, p. 155).*

#### Conclusion:

As breast cancer is linked to an essentialist view of the female body, the disease is habitually concealed by the conventional signs of femininity. This connotation makes it vulnerable to this co-optation; imagining the disease as the women's disease makes it easily linked with all symbols of femininity, even those that, like the colour pink, seem contrary to the spirit of activism that has been representative of the breast cancer social movement. The use of the colour pink and the pink ribbon as marketing tools, has deepened this association and has dissociated the signs of breast cancer from the body, thereby maintaining breast cancer's invisibility even as it has become a popular social cause. The challenge activists face is continuing to spread cognizance about the disease and building on successful research funding programs, yet at the same time acknowledging that the disease will remain obscure and survivors will continue to feel intense pressure to hide their bodies until activists can attack the social pressures that continue to hide conceal the disease and its consequences.

Volume IV,  
Issue XII  
December 2016

**IJELLH**  
International Journal of English  
Language, Literature and Humanities

**ISSN** INTERNATIONAL  
STANDARD  
SERIAL  
NUMBER  
INTERNATIONAL CENTRE  
**ISSN : 2321-7065**

Indexed, Peer Reviewed & Refereed Journal

## **Bibliography:**

1. Batt, S. (1994). *Patient No More: The Politics of Breast Cancer*. Charlottetown: Gynergy Books. Print.
2. Bordo, S. (1993). *Unbearable Weight: Feminism, Western Culture and the Body*, (1st ed.). London: University of California Press. Print.
3. Brownmiller, S. (1984). *Femininity*. New York: Linden Press.
4. Conrad, P. & Barker, K. (2010). The Social Construction of Illness: Key Insights and Policy Implications. *Journal of Health & Social Behaviour*, 51(1), 67-79.
5. Forster, A. (2014). "What a Woman Is": Breast Cancer, Sexuality and the Unreconstructed Self. Retrieved from <http://notchesblog.com/2014/08/05/what-a-woman-is-breast-cancer-sexuality-and-the-unreconstructed-self>.
6. Gamarnikow, E. (1978). Sexual Division of Labour: The Case of Nursing. In A. Kuhn, Ann Marie Wolpe (Ed.). *Feminism and Materialism: Women & Modes of Production* (Pp. 96-123). New York: Routledge.
7. Greene, S. (1996). *Breast Cancer: The Social Construction Of Beauty And Grieving* (M.A). McGill University, Montreal.
8. Kahane, D. (1990). *No Less A women*. New York: Fireside.
9. Lerner, B. H. (1998). Fighting the War on Breast Cancer: Debates over Early Detection, 1945 to the Present. *Annals of Internal Medicine*, 129(1), 74-78. Print.
10. Lerner, B. H. (2001). *The Breast Cancer Wars*. New York: Oxford University Press. Lorde, A. (1980). *The Cancer Journals*. San Francisco, CA: Spinster's/Aunt Lute.
11. Lorde, A. (1980). *The Cancer Journals*. San Francisco, CA: Spinster's/Aunt Lute.
12. McCormick, S. (2009). *No Family History: The Environmental Links to Breast Cancer*. Lanham: Rowman & Littlefield Publishers, Inc. Print.
13. Mitchell, P. (2006). Pink to Green. *Pink to Green*, 20(2), 5. Print.
14. Olson, J. (2002). *Bathseba's Breast: Women, Cancer & History*. Baltimore: Johns Hopkins University Press. Print.
15. Rosenbaum, M.E., Roos, GM. (2002). Women's Experiences of Breast Cancer. In A. S. Kasper, Susan J. Ferguson (Ed.). *Breast Cancer: Society Shapes an Epidemic*. New York: Palgrave Macmillan. Print.

16. Schulzke, M. (2011). Hidden bodies & the representation of breast cancer. *Women's Health & Urban Life*, 10(2), 38-55. Print.
17. Sherman, J. D. (2000). *Life's Delicate Balance: Causes & Prevention of Breast Cancer*. New York: Taylor & Francis. Print.
18. Steinberg, J. (2015). *1. The Social Construction of Beauty: Body Modification Examined Through the Lens of Social Learning Theory* (M.A). Pacifica Graduate Institute. Print.
19. Wolf, S. M. (1996). Introduction: Gender and Feminism in Bioethics. In S. M. Wolf (Ed.). *Feminism & Bioethics: Beyond Reproduction* (Pp. 282-317). New York: Oxford University Press. Print.
20. Young, I. (1990). *Throwing Like a Girl and Other Essays in Feminist Philosophy & Social Theory*. Bloomington: Indiana University Press. Print.