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Public Avowal of a Private Stigmatization
The Social-Psychological Correlates of Mastectomy

By

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Submitted to the Faculty of Graduate Studies in Partial Fulfillment of the Requirements for the Degree of Master of Science.

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ABSTRACT

A questionnaire was sent to ninety-five mastectomy women in Manitoba. This study was primarily concerned with the question of avowal, open discussion of mastectomy, versus non-avowal, infrequent discussion of mastectomy in relation to femininity attitudes, levels of acceptance among significant others and post-mastectomy social interactions. This study also attempted to determine if women who defined their breasts as being a major element of their femininity would find the loss of a breast destructive to their femininity. Limited support was found with respect to High Breast Salient women, women who considered their breasts to be an important aspect of their femininity, being Low Avowers, and Low Breast Salient women, women who did not consider their breasts to be an important aspect of their femininity, being High Avowers. Stastically significant results supported the attitude that women who can publicly avow their mastectomy perceived their social interactions to be less strained than those who did not acknowledge their mastectomy to others. This study shows limited support to the finding that women who define breasts as an important indicator of femininity consider the loss of their breast to be destructive to their femininity.

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INTRODUCTION

In our society, mastectomy is becoming an increasingly prevalent phenomena. In 1972, about 73,000 American women discovered they had breast cancer and approximately 32,000 women died of this disease (Costello, 1973, p. 71). For some unknown reason while the death rate remains stable, the incidence of breast cancer is on the increase. It is estimated that breast cancer will afflict some 90,000 women this year and kill another 30,000 ("Coping with Cancer", 1974, p. 74). In Canada, there were, 4,603 cases of breast cancer reported in 1972, 379 of these cases were found in Manitoba (Statistics Canada, 1972, p. 13). At the current rates, it is estimated that 1 in 15 women will develop breast cancer at some point in their life (Costello, 1973, pp. 70-71ff; "How to Examine Your Breasts and Save Your Life", 1975, p. 54).

To date, the medical profession has dealt almost exclusively with the medical aspects of mastectomy. However, there is increasing awareness among counsellors of a need for more information relative to the psychological problems of the patient, that is, the pre- and post-operative psychological needs. The patient with breast cancer must be treated for both aspects of her sickness, the disease itself and the illness it produces (Robbins, 1972, p. 179).

Most American women are terrified at the thought of ever having breast cancer and having to undergo breast surgery (Costello, 1973, pp. 70-71ff). In fact, mastectomy produces a serious subsequent illness in that the patient suffers many long term psychological problems. The initial impact of mastectomy is often emotionally intense and sometimes catastrophic. Many fears are aroused; frequently there is the initial fear of premature death since any type of cancer brings to mind the possibility of death. Everywhere one looks there are the alarming statistics of cancer related deaths. In Canada in 1972, some 39,658 people died of cancer (Statistics Canada, 1972, p. 16). Breast cancer alone is the leading cause of death among American women between the ages of 40 and 44 and is a major cause of death for other age groups, killing some 30,000 women a year (Costello, 1973, pp. 70-71ff). With these statistics in mind, it can be easily seen why a woman might fear death when confronted with cancer of the breast. However, if the cancer is diagnosed early the chances of survival are high. The survival rate for breast cancer is in the 90th percentile for early detected cases. However, to survive one must usually have the cancerous breast removed and this is the primary cause of the psychological disturbance. Once the fear of premature death has subsided,

there is the fear of mutilation and disfiguration (Rosemond, 1969, 1307-1309). Women realize that their breast will be gone forever and that they are permanently disfigured. Many are afraid to look in the mirror because they are afraid of what they will see: "Since the operation, I'd been unable to look at myself directly in the mirror - I always looked with my hand over the scar and pretended it wasn't really all that bad" (Cant and Cohen, 1975, pp.56-68).

Because of the breast removal, many women feel that they are no longer sexually attractive. Their mastectomy is seen as being destructive to their sexual attractiveness. Many feel that, "I am only half a woman now" (Holland, 1973, pp. 991-1021). One woman felt that she was no longer a "whole person" (Cant and Cohen, 1975, pp.56-68).

There is depression and disappointment because the loss of a breast also means the loss of a major "femininity symbol" ("Specialists Aim at More Than Cancer Survival", 1976, pp. 13-15). Because of these fears, many questions are asked: Will I be attractive to men? How will my husband respond? Will he act with revulsion to my body? Will it create a barrier between us? Will our sexual relations be affected? Will he pity or be ashamed of me? What will I tell my children? (Lester, 1972, pp. 16-21; Thompson, 1971, pp. 64-71).

There are many facets to the issue of identity and self feeling which must be discussed. These facets will in the end provide the conceptual tools for understanding why mastectomy creates such a traumatic emotional experience.

CHAPTER I

REVIEW OF LITERATURE

Self Theory

Although numerous conceptions of self have been proposed and argued for centuries, contemporary formulations find their origins in William James' contributions. Accordingly to James, the self is both known and knower (James, 1968, pp. 41-49). The self as "known" is the "me"; me is the sum total of all that a man can call his own (i.e. his clothes, his house, his wife, his children). According to James' conceptualization, there exists a "material me", a "social me", and a "spiritual me". One's body is the inner most part of one's "material me", but one's clothes, one's family and one's home are also reflections of one's self and if one of these is lost, part of the self is lost. A man's "social me" is the notice and recognition he gets from others. In other words, other people help to define and maintain one's definition of self. One's "spiritual me" consists of one's entire state of consciousness, thus there exists an awareness of other objects and persons in relation to the self.

The self as "knowner", the "I" or "pure ego" is that which at any given moment is conscious. This allows an

individual to distinguish those objects and persons which belong to him and those which do not. The "I" can remember those things from the past which must be retained because they constitute the "me" (i.e. the "known"). Therefore, according to James (1950, p. 291), a man's "self is the sum total of all that he can call his body and his psychic powers, his clothes and his house, his wife and children, his ancestors and friends, his reputation and his work, his land and horses, yacht and bank account".

"Others"

James' theoretical work laid the foundation for many of today's theorists' conceptionalizations of self or identity. One important way of characterizing any given concept of self or identity is with respect to how consistent it is with others' views, thus the self exists only in relation to other selves (Gergen, 1971, pp. 305-307; Mead, 1934, p. 138). According to Cooley (1968d, pp. 87-91; 1968a, pp. 153-155; 1968b, pp. 217-219), the most important determinent of self or identity is from the responses of others. A person has no separate existence, he is bound into the whole of which he is a member. By a process elucidated by C.H. Cooley (1968d, p. 90), the "looking glass self", one is able to see "our face, figure and dress in the glass, so in imagination we perceive in another's

mind some thought of our appearance, manner and aims, deeds, characteristics, friends and so on and are variously affected by it". The self has three principle elements: the imagination of our appearance to the other person, the imagination of others' judgment of that appearance and some sort of self feeling such as pride or mortification. One always imagines and in imagining one shares the judgments of the others' mind.

The judgments of other minds can be shared because in any society there exist explicit definitions of shared symbolic meanings as to what is meant by certain words, behaviors, settings and appearances (Roach and Eicher, 1973, pp. 185-190; Gergen, 1968, pp. 27-29; Mead, 1934, pp. 30-33). When this identification process occurs, each individual will know what the other individual, the other, is portraying and/or talking about. This placement or identification of persons enables communication to occur and continue because the participants are able to predict the behaviors of the others.

"Expression Given" and "Expression Given Off"

According to Goffman (1959, p. 2), persons can be identified from two forms of communication, "expression given" and "expression given off". "Expression given"

includes all verbal forms of communication, "I am a mother", "I am a school teacher". These statements allow persons to make claims as to what and where a person is in social terms, that is, identity is announced. Since members of a society hold common definitions as to what a mother is or a school teacher is, the interaction process can proceed because the participants know what the other is proclaiming: "I am convinced that you are what you claim to be and that things are indeed as we seem to think they are".

"Expression given off" includes all non-verbal forms of communication such as gestures, manners, clothes, hairstyle and so on. These non-verbal forms of communication, or "identity kits" are often used for the announcement and placement of identities (Goffman, 1961, p. 20).

People can and do intentionally employ these methods of communication to identify the people with whom they are interacting. A garage mechanic, for example, can be identified by his greasy overalls and his mechanical ability around cars.

These methods of communication, "expression given" and "expression given off" are used to identify and to place others. Therefore, when A meets B, A judges B in terms of the "expression given" ("I am a nurse") and "expression given off" (the white hat, shoes and uniform), B in turn

accepts this identify announcement, thereby allowing the interaction process to proceed. Concomitantly, by not challenging the identity "claims" of the other, ego consents to proceed with the interaction predicated on the shared and accepted definitions.

"Expression given" or the verbal assertions of the individual are easily manipulated, that is, people can say one thing and be another (Goffman, 1959, p. 7). "Expression given off" or the ungovernable aspects of one's self can be used by the other as a check on one's "expression given" or verbal assertions. Therefore, "expressions given off" are often very explicit as to where a person is in social terms.

The Social Situation

For identity placement to occur, it is necessary to include a presentation of the entire "social situation". The presentation of the entire social situation includes the assemblance of decor, furniture, room size and so on (Stone and Faberman, 1970, pp. 145-158). Interaction is made easier when the participants define the social situation similarily. Therefore, the social situation communicates to others where and what each of the participants are in shared social terms. People assembled at a race track are participating in a social situation. The clothes worn, the horses, the race track and so on all help to define the social situation. Social situations are usually defined in sufficient detail that people participating in that social situation know what is expected of themselves and others, and because of this, others are readily identified or placed.

The elements of a social situation are often very stringently defined so that others are identified properly. To insure that the social situations are understood, fronts (i.e. furniture, buildings, decor, etc.) are often controlled, arranged, and assembled. This manipulation of the elements of the situation insure that the human conduct

of the other is predictable. What, in fact, occurs is a "staging" process (Stone and Faberman, 1970, pp. 147-150; Goffman, 1959, pp. 10-13). This staging allows individuals to make implicit or explicit claims to be a person of a particular kind. A woman dressed in a flowing gown and standing in her formal living room is claiming to others formality and she is demanding also that she be treated this way. Therefore, when one makes an identity claim, one is demanding that others value and treat him according to the claims he has made. Because of the existence of well defined social situations, people know how to make claims about themselves and in turn, others know what is being claimed. Therefore, the interaction process proceeds because each knows what the other is claiming, thus behavior becomes predictable.

"Fronts"

As indicated, the elements of the situation are typically manipulated. This is often achieved by assembling "fronts" (i.e. clothes, furniture, manners, etc.) so that the social situation is explicitly defined, thus allowing persons to be placed or identified (Goffman, 1959, pp. 22-23). In North American society, there exists a highly stratified system of rules and customs which causes people to dress,

express themselves, and behave according to "their station". Therefore, certain clothes, expressions, and behaviors indicate to others one's identity (Lang and Lang, 1965, pp. 322-346). One's identity can be expressed in terms of fronts which consist of the setting and one's personal fronts (Goffman, 1959, pp. 22-24).

The setting consists of one's furniture, ornaments, house, car, plants, and so on. These items contribute to the definition of the social situation and thus the identity of an individual. These items portray to others one's identity. Without these props, one's identity would be difficult to portray. Gross and Stone (1964, pp. 1-15) through examining instances of embarrassment, have attempted to conceptualize some of the elements of situations that must be controlled, arranged and assembled in the staging process. Embarrassing instances make role or identity performance difficult, if not impossible, because elements of the situation have not been assembled correctly, have been disarranged, fumbled or have escaped control. For example, one of the elements of the situation that makes a lawyer feel confident in his work is his office. When a client approaches a lawyer in the street, the lawyer may feel embarrassed because one of the elements of the situation, his office, is not assembled. The lawyer's office enhances his role performance and without it his performance as a

lawyer is made difficult. As a result embarrassment will often occur. This shows how closely role or identity performance and the definition of the situation are linked.

One's personal front involves clothing, race, sex, age, gestures, hair style, facial expressions, manners, occupation and so on. Some of these fronts are mobile and transitory (i.e. race, sex, etc.). Personal fronts can be divided into two categories, manners and appearance (Goffman, 1959, pp. 22-24).

Manners or behavior may further identify a person. When a person is observed laughing while reading a story, others assume that this person is finding the story humorous; although the person could well be a sadist laughing at a very cruel act of torture. Identity interpretation is always necessary because it makes the interaction between the interactants possible. Each of the participants knows what to expect or predict about the other. When others see a person laughing at a story, they assume the story to be funny, so they respond accordingly (i.e. join in with laughter).

There are other instances where people are judged by their behavior. Recently, there has been increasing awareness of body language, to indicate messages to others ("Convincing Body Talk, 1975, pp. 38-39). A woman licking

her lips may be assumed to be sexually inviting. There is evidence today that body movements do influence how one is identified, for example, in one study, it was found that subjects rated the bodily communicators with open body positions as more likeable ("Convincing Body Talk", 1975, pp. 38-39).

As discussed previously, persons are also identified according to their appearance (Goffman, 1959, p. 94). Appearance gives a person an identity because appearance establishes two processes, "apposition" and "opposition": a bringing together and a setting apart (Stone, 1962, p. 94). To situate or to identify a person is to bring him together with other objects and at the same time, to set him apart from other objects. Therefore, to have an identity is to join together with some and depart from others, to be placed in context. For example, one's race allows one to be placed with some and to be separated from others. In other words, a person is not born with an identity, rather it is conferred as a result of being clothed, situated, named, and otherwise marked off from the surrounding environment by others in that environment (Wylie, 1968, pp. 745-750; Stone, 1962, p. 94).

Clothes

Another aspect of appearance, and therefore, identity placement, is clothes. According to Flugel (1930, p. 15) "apart from face and hand ... it is from their clothes that we form a first impression of our fellow creatures".

Clothes function to conceal or display parts of the body, to differentiate one individual from another through decoration and adornment and to protect the body from harm (Ryan, 1966, pp. 40-56; Bush and London, 1965, pp. 64-72). In other words, clothing constitutes an intimate part of one's self presentation. According to William James (1892, pp. 175-178) "it is as much a part of the self as the body - the material me".

Since clothes are regarded as an expression of one's self, their selection will depend on how one perceives one's self. For example, the woman who considers herself a "femme fatale" will choose quite different clothes from the woman who considers herself an efficient businesswoman (Zweig, 1965, pp. 111-117).

Hartman (1949, pp. 295-298), considers clothes to be valuable only to the degree that they enhance the experiences of the person who wears them. In other words, the worth of

any article of clothing is proportionate to its contribution to some sort of extension, differentiation or enrichment of the self. The perceived self with a given piece of clothing must become a better self than it is without. If the article of clothing does not do this, it fails to fulfill its function. For a number of reasons, some articles of clothing remain largely peripheral to the self, that is, their absence or presence makes no difference to the wearer. Perhaps a woman does not care what style of shoes she wears as long as they are comfortable. There are, however, some articles of clothes which are the very core of the self. Perhaps a woman chooses to wear tailored suits because they help to convey efficiency to others, make her feel efficient and thus she acts efficiently.

Therefore, the way in which a person dresses will influence one's self concept. A professor may select a suit to wear to class because it portrays to him the role he has assumed. A nun's robe has often been said to signify sweetness, gentleness and dignity, thus a nun's robe is a constant reminder to her to be nice and to live up to people's expectations.

Clothing furnishes a stimulus to others; clothes are also used to elicite a response from others (Hartman, 1949, pp. 295-298). Clothes create a stimulus in that people use

them to announce or give identity to themselves. Since clothes are such an important part of one's identity, they indicate to others one's identity and contribute a major part of one's "identity kit". When one's identity is announced, a response from others can be elicited. Therefore, through clothes each person continually has an exhibition of cues for the response of others, thereby making the interaction process easier because people are placed and identified (Roach and Eicher, 1973, p. 183; Ryan, 1966, pp. 70-73). If cues are ambiguous or inconsistent with the way either participant defines the situation, interaction may be difficult. In the theatrical world, there must be compatability between the design of the costume and the actor's role. The actor's costume is in fact a symbol or representation of that role; an actor wishing to represent Bugs Bunny will wear a Bugs Bunny costume. The actor will feel at ease in the role because the costume is appropriate to the role he is portraying. Just as the actor wishes to wear the appropriate clothing for a role being played, so does a person, because the appropriate identity will be conveyed to others and others will interpret the identity. Therefore, to insure successful interaction there should be continuity between a person's identity and a person's style of dress.

It appears that "the apparel oft proclaims the man" (Raymond and Unger, 1972, pp. 75-82). Because of consistent stereotypes, clothes have been used to identify a person's level of self esteem (Dickey, 1970, p. 1080-B; Humphrey, Klassen and Creekmore, 1971, pp. 246-250), competence (Rees, Williams and Giles, 1974, pp. 1-8), conservatism (Greene and Giles, 1973, p. 676), conventionality, intelligence, religion and unimaginativeness (Hamid, 1969, pp. 191-194; Harms, 1938, pp. 239-350). It also seems possible that judgments about many other variables such as social status, occupation, wealth and sexual behavior are largely based on clothing styles, particularly when the amount of personal interaction is restricted (Coursey, 1973, pp. 1259-1264).

According to Stone (1962, p. 94), there are four categories within which to place and/or announce the identities communicated by clothing; names and nicknames, titles, such as occupational and marital titles; relational categories such as customer, movie goer, jazz lover, and to this last category, social status and values and attitudes can be added (Bickman, 1974, pp. 48-51; Ryan, 1966, pp. 14-24).

Clothes can indicate to others where one comes from, in other words, to what community one belongs. The mental patient wears a uniform which conveys an identity to others (Baker, 1955, pp. 94-98). On admission to a mental hospital,

a person's possessions are taken away, a process of property depossession occurs, one's wallet, comb, cards of identification and clothes are taken away. According to Goffman (1961, p. 14), the self or one's identity is "mortified"; that is, the old identity dies because the loss of an identity kit can prevent one's identity from being presented to others. As a result, the person entering a mental institution, no longer has the identity that he had before, he now has the identity of a mental patient. This new identity is achieved by presenting the person with another identity kit. This institutionally imposed identity kit is essentially the same as all the other persons in the mental institution. Because of the uniform worn by mental patients, others know what to expect in terms of behavior from these identified as patients, rather than staff.

Clothes can also convey names and nicknames, for example, men who wear feminine looking clothing such as bright flowered shirts, tight pants and shoulder bags are often seen (interpreted) as being gay. Just as men who wear feminine clothing are seen as being feminine, so are women who wear feminine clothing considered feminine.

Clothes indicate titles such as occupation. The uniform, in particular, indicates one's identity. Specific clothes have been used throughout history to indicate

authority and identity or legitimate group membership (Langer, 1965, pp. 124-127). The policeman's uniform also conveys an identity. This uniform is intended to convey strength, power, authority, and feelings of respect. Because of this, others know how to act and respond when seeing a policeman's uniform. Studies have been done to determine whether others are acting and responding to a given role (i.e. the policeman), the symbol of that role (i.e. the uniform) or from the inherent power of authority (Bickman, 1974, p. 51). In one set of experiments, the uniform and the situation significantly affected levels of obedience among men and women, young and old. In these experiments, pedestrians were more obedient to a man dressed in a guard's uniform than to a man dressed in a milkman's uniform or civilian clothing. In other words, these pedestrians were more obedient to a perceived high authority figure symbolized by clothing. From these experiments, it is clear that the perception of power is related to the type of uniform.

There are also other uniforms in society which identify and subsequently given an identity to persons. The doctor's white lab coat identifies that person as a doctor. The lab coat, in fact, gives the doctor an identity which demands respect, confers prestige, and also enables the wearer to get others to undress so that an examination can occur. The

doctor is, in fact, being identified according to the uniform, the white lab coat. This white lab coat indicates to others that this person is a doctor and that examining unclothed patients is proper in the course of a doctor's job.

Clothing also conveys social status, by giving clues to the wearer's social status. One study was conducted wherein six experimenters, three males and three females varied their social status according to the clothes they wore (Bickman, 1974, pp. 49-50). The high status males wore suits and ties; low status males were dressed in work clothes. High status females wore neat dresses and either carried or wore dress coats; low status females wore inexpensive skirts and blouses and had an unkempt appearance. The experimenters went into phone booths, left a dime and returned when the booth was occupied to retrieve their dime. Seventy per cent of the people returned the dime to the well dressed person and only thirty-eight per cent returned the dime to the poorly dressed person. This study suggests that perceived high status people (i.e. well dressed) are treated differently than low status people. There are also other studies which give support to the finding that clothes are utilized by people to evaluate the status of others (Harris, 1974, pp. 561-571; Hoult, 1968, pp. 250-257; Form and Stone, 1957, pp. 504-515; Goffman, 1951, pp. 294-304; Vener and Hoffer, 1965, pp. 76-81).

Correlates of Attractiveness

As seen, clothes can indicate to others, one's identity. Just as the policeman can be identified by his appearance, so can the attractive female. The policeman's uniform may signify authority, but a female's uniform (i.e. her figure and clothes) may also signify such things as sexual availability, occupation, attractiveness and so on. Femininity is a "master status", that is, it is a major aspect of a woman's identity and in North American society, femininity is primarily evaluated on appearance. Femininity is not defined in terms of what a female does, but it is rather attributed in terms of her appearance (Udry, 1971, chapter 4). In other words, femininity is not determined by how well a woman can do the dishes or perform on the job, but rather femininity is determined by her appearance. One's appearance depends on one's physical attributes and the clothes one wears. A woman who has the right physical attributes and who wears the right clothes to accent these physical attributes is considered to be and can be expected to feel feminine. In contrast to femininity, a male's masculinity does not depend on his physical attributes as much, rather his masculinity is equated with performance.

In our society, there exist widely held definitions of what certain physical attributes and clothes indicate about

a woman's femininity. One important indicator of a woman's femininity is her attractiveness and there exists a widely held definition of what constitutes attractiveness. This definition includes all aspects of a female's appearance from her hair style all the way to the color and length of her fingernails.

In North America, attractiveness has become a widely used indicator of identity. Attractive people receive notice and attention because attractiveness is a highly valued characteristic. Attractiveness is an idea and from an early age, children are made aware of who is attractive and who is not attractive. Researchers have investigated the impact of attractiveness upon relationships between persons (Bersheid and Walster, 1972, pp. 42-46). The results of this research suggest that beauty has an important influence on one's life and this influence starts surprisingly early. At the nursery school age, it appears that the physically attractive are already stereotyped. Young children already dislike fat bodies. It is suggested that physical attractiveness becomes a major factor in the social development of the child. It has been found that a child's level of attractiveness may affect the way adults handle a matter such as discipline or misconduct. Dion (Bersheid and Walster, 1972, pp. 42-46) found that in the school situation, people expected the unattractive child to commit

similar disturbances in the future and where the culprit of a disturbance was not known, the unattractive child was often accused. It was also found that people believe unattractive children to be characteristically more dishonest than their attractive classmates. Clifford's (Bersheid and Walster, 1972, pp. 42-46) study looked at the influence that attractiveness had on the honour role. She found that students' appearance influenced the teacher's evaluation of the child's intellectual potential.

As indicated, a child's physical attractiveness may affect a variety of early social and educational experiences. Attractiveness goes on to be one of the most important factors in determining popularity among college age adults (Bersheid and Walster, 1972, pp. 42-46). This is not necessarily a contradiction because it is commonly assumed that attractive people have certain desirable characteristics (Bersheid and Walster, 1972, pp. 42-46; "Beauty is Good", 1973, p. 24). According to many studies, attractiveness is felt to be associated with people who are more sensitive, kind, poised, modest and outgoing. It is also felt that attractive people hold better jobs, have more successful marriages, have more adequate and enjoyable sex lives and have happier and more fulfilling lives in general. It appears that people associate certain positive personality characteristics with attractive people. Therefore, it

appears that attractive people embody an ideal personality and that he or she has "all of life's prizes", material benefits and happiness.

Female Attractiveness and Femininity

Attractiveness is a particularly important part of a woman's identity. Attractiveness is highly valued because it indicates to others a certain desirable cluster of personality traits and lifestyle preferences. Women viewed as "being attractive" are generally assumed to have sex more often, to have enjoyed sex (both masturbation and intercourse) and having a desire for sex more often. Thus, it appears that the attractive woman is sexually warmer - "practice makes perfect" (Bersheid and Walster, 1972, pp. 42-46). Attractive women are seen as often being more intelligent, liberated and exciting because of the notion that an attractive woman's place is in the bedroom and not in the kitchen.

Being attractive and thus feminine, makes the interaction with others easier because the terms of interaction are likely to be more in her favor. The female who is attractive knows that she is attractive and the males she interacts with know that she is attractive (i.e. blonds have more fun). Women and men know who is attractive and who is not, because

there exist very definite size specifications of the ideal female figure. In our culture, the ideal body proportion resembles a "tyrannical should" - one should be 5 feet 5 inches, 122 pounds, 34.83 in the bust, etc. (Jouard and Secord, 1955, pp. 243-246).

Many women, as opposed to males, are unhappy and disturbed with their appearance because their bodily dimensions do not measure up to the restrictive "tyrannical should" (Creekmore, 1974, p. 129). Women desire this standard because a woman's status and security are frequently felt to be related to her perceived and demonstrated attractiveness to males irrespective of her values, interest, skills, etc. Therefore, self hate, guilt and insecurity can be produced when this "tyrannical should" is not fulfilled. This accounts for the widespread efforts among women in North America to mould and sculpture their bodies towards the ideal by the use of corsetry, dieting, exercise and camouflage. In many women's magazines, there are articles pertaining to the remodelling or rejuvenation of the female body - "How to Look Feel and Be Sexually Appealing"; "Foods That Make You Healthy, Beautiful and Sexy"; "The Secrets of Looking Better, Feeling Healthier, Younger and Sexier" (Harper's Bazaar, September 1974, July 1974, April 1974).

Most women's bodies do not measure up to the "tyrannical should", but as indicated previously, clothes can be used to both display and conceal the human body. Therefore, if a woman's body does not measure up to the ideal, clothes may be used to modify body form, hide discrepancies, or create the illusion of the ideal (Roach, 1973, p. 104; Wax, 1965, pp. 36-45). Thus, a woman can use hair color to change the color of her hair when she feels that it is too gray or bland. The commonly used pantyhose gives color to the perceived undesirability of white legs. The padded derriere, a relatively rare practice in North America, is yet another example of American women trying to achieve the ideal of feminine form. Fashions have often originated to cover some physical defect (i.e. Queen Alexander adopted a jewelled collar to hid a disfiguring birthmark on her neck, Charles VII adopted long coats to cover his ill shaped legs) (Hurlock, 1973, pp. 346-357; Schwartz, 1965, pp. 164-174).

Breasts

One physical aspect of the female body which is extremely important in identifying a woman as "being attractive" and thus feminine are her breasts. Breasts, in our society, are regarded as one of the most distinctive, as well as instinctively attractive features of women. Since breasts are in fact regarded as the most obvious sign of femininity, their presence is needed to confer femininity. A woman not only has to have breasts, but they should be of a certain minimum size. The size of one's breasts determines the level of one's femininity; small breasts being regarded as indicators of low femininity, and large breasts signifying high femininity. Clearly the playmate image has increasingly become the standard by which American women judge themselves and are judged by others (Morrison and Holden, 1973, pp. 564-583).

In the past sixty years or so, this emphasis on the breasts has increased in North America to such a point where it has been described by foreign observers as a "breast fetish" (Gorer, 1948, pp. 54ff; Dingwall, 1958, pp. 165ff). There are several types of evidence available to show the existence of a breast fetish in our society. Perhaps the clearest indicator of the breast fetish is to be found in men's magazines. Many of these magazines are devoted to

the display of well endowed bare breasted women and carrying such illustrated features as "Annual Big Bust Issues"; "The Bosom"; "Forty Inch Club" and so on. In addition, according to Kinsey (1948, p. 515), there "is reason to believe that more males in our culture are physically aroused by the contemplated of the female breast than by the sight of the female genitalia". Thus, the breasts have assumed a special importance as erotic criteria because of the way female eroticism has been defined. It has become clear that the size of a woman's breasts is regarded as an indicator of her degree of sexuality. That is, beyond the bed, breast size has become associated with a woman's willingness, ability and desirability as a sexual and marriage partner (Morrison and Holden, 1973, p. 20).

The breast fetish is also prevalent in women's magazines, which over the past few decades have contained an increasing array of methods and devices for enhancing breasts, particularly means for making them larger. In Cosmopolitan, an outwardly women's liberation magazine, there are the advertisements for Mark Eden's breast development programs and Frederick's padded push-up bras. Perhaps we should be speaking of the "big breast fetish", (Morrison and Holden, 1973, pp. 564-583).

Bra advertisements stress the design feature of being able to lift up and separate. Other bras are advertised

to make the bust appear firmer. The uplifted bustline, provided by other bras, will make her appear younger and larger. Bra advertisements also stress the ability of a particular bra to increase the bust measurement and to shape the "immature figure" - "if nature didn't Warner's will" ("advertisement A", 1968). Not only do the socially shared norms regarding breasts furnish definitions of the ideal figure for women, they also create the ideal figure for pubescent females. Training bras start little girls toward the great American bosom before they have stopped playing with dolls. It has been reported that nine year olds spend more than two million dollars annually on bras (Stern, 1970, p. 89).

For the female adolescent, the breasts are considered an important part of her appearance which must measure up to her peers' expectations. Since breasts have assumed such elaborate sexual connotations, their development is of extreme importance to the adolescent female. Frequently, an adolescent girl worries about the development of her breasts because she knows that she has to have them (Vaughn, 1970, pp. 344-368). How well "stacked" an adolescent girl is becomes a factor in her status among her peers (Rothchild, 1973, pp. 68-72). In the high school years, girls are well aware of and deeply interested in how they compare with their peers. Locker room comparisons can be exciting if

one measures up to being "stacked", but are embarrassing if one falls short of the normative measurements, real or imagined.

The adolescent female learns early that her breasts are regarded as her level of sexual attractiveness and thus ability to attract male attention. Often a woman with an ample bust receives attention and notice because her breasts are assumed to indicate desirable sexual connotations.

Because breast size is such an important indicator of a woman's level of sexual attractiveness, some women will have their breasts enlarged by silicone injections. At one time, only showgirls or strippers had their breasts enlarged, but today anyone's next door neighbour might have her breasts enlarged by silicone injections. Because of the desirability of an adequate bustline, women will go so far as to pay eight hundred dollars to have this operation done, not to mention the medical chances that she takes (i.e. there are some researchers who feel that silicone injections may increase the chances of cancer). A woman who has her breasts enlarged is seeking to meet one of society's criteria for being feminine and sexually attractive, i.e. large breasts indicate high femininity.

From the foregoing discussion, it is evident that one's appearance plays an important part in one's identity conception and identity portrayal to others. Because a

woman's breasts are part of her appearance, they are an important part of her identity conception and identity portrayal. Breasts can make a woman feel feminine and sexually attractive; essential components of her identity conception. Breasts also indicate to others a woman's femininity and sexual appeal; her identity portrayal.

Mastectomy

Because breasts are widely regarded as strong indicators of a woman's femininity and sexuality, the discovery of a lump in her breast can cause psychological trauma. The discovery of a lump indicates the possibility of breast cancer and the initial subsequent fear of losing a breast - her breast - the indicator of her femininity and her sexual attractiveness.

A woman who has a breast removed loses a critical identity symbol of her femininity and her sexual attractiveness. As mentioned, a woman's level of femininity is determined by the size of her breasts, large breasts - high femininity and small breasts - low femininity. Therefore, it may be argued that no breasts means lost femininity.

Most women are aware of the importance of breasts in North America and when one or both are lost they fear the physical, psychological and social consequences.

The Physical Aspects of Mastectomy

The physical aspects of breast cancer are relatively well understood today. In the 1800's, the typical physician regarded breast cancer as incurable and recommended against surgery (Nobile, 1973, pp. 103-111). It was not until Professor William S. Halsted, of the John Hopkins School of Medicine, invented the classical radical mastectomy - a painstaking fifteen step procedure that amputated the breast and the underlying tissue down to the ribs - that recurrence rates began to fall (Nobile, 1973, pp. 103-111). All of the major and minor pectoral muscles and axillary lymph nodes had to be removed because of the frequency of local invasion and metastases. Halsted (Nobile, 1973, pp. 103-111) was getting a survival rate of twenty-five per cent over a five year period. By 1950, the radical mastectomy patient received a fifty per cent chance of survival for five years.

Today, prompt action in response to tumor of the breast can make a crucial difference for as many as ninety per cent of women whose tumors are treated at an early stage of development will be long term survivors. Women who have breast cancer can prolong their lives by having a medical check-up at least once a year, supplemented by one of medicine's most valuable tools - a monthly self breast

examination ("Better Safe ... ", 1974, pp. 57; "How To Examine Your Breast And Save Your Life", 1975, pp. 54-55; "Coping With Cancer", 1974, pp. 74-75; Costello, 1973, pp. 70-71ff). Still a woman with breast cancer most often survives because of the removal of the cancerous breast. There are now three types of operation where the cancerous breast is removed (Costello, 1973, pp. 70-71ff; Nobile, 1973, pp. 103-111). There is the radical mastectomy, the removal of the breast; the lymph nodes under the arm and sometimes those under the chest muscle, plus the removal of the major muscles of the chest wall, the pectoral muscles. The modified or partial mastectomy involves the removal of the breast and the lymph nodes, but the pectoral muscles are not removed. The third breast removal operation, a simply mastectomy, involves removing the breast only.

The Psychological and Sociological Consequences of Mastectomy

There exists a definite contrast between the attitudes of doctors who are dealing with the physical aspects of mastectomy and the women who have had mastectomies. Among the medical profession, there is commonly found the attitude that "there is nothing else to be done, it has to be removed" (a doctor's comment). There is recorded an instance of a girl who at the age of nineteen had both cancer free breasts removed as a preventative measure ("Removal of breast for

high risks urged", 1975). Her two sisters had developed breast cancer at an unusually early age, twenty-two and twenty-nine, while her mother had it at age forty-eight. In addition, several aunts and cousins had breast cancer while in their forties and fifties. This attitude suggests that the doctor is concerned primarily with the physical health and well being of the patient. However, the mastectomy patient has a psychological side and in order to be "cured" her psychological health and well being must also be considered. The majority of women see a mastectomy as a totally shattering emotional experience "I am no longer a whole person" (Cant and Cohen, 1975, pp. 56-58). Therefore, a woman goes through more than just surgery; she must live with psychological and sociological consequences; she has no breast. A woman who loses a breast has many psychological fears. Many feel that they are no longer a whole person (Cant and Cohen, 1975, pp. 56-58), and many consider themselves half a woman (Holland, 1973, pp. 991-1021). Some feel that the loss of a breast is also a loss of their femininity ("Specialists Aim at More Than Cancer Survival", 1966, pp. 13-15). Others feel that the loss of a breast is an insult to their sexual attractiveness: "I will no longer be attractive to men", "My husband will react with revulsion to my body", "My sexual relationship with my husband will be affected".

The woman who has had a mastectomy also has fears about social relationships with others. Often women are afraid to tell others for fear that others will pity or be ashamed of them.

Private Stigmatization

The interaction process proceeds when people encounter usual and expected behaviors, i.e. "usual persons". However, there are instances where whole and usual persons are reduced by physical change. Perhaps the whole and usual person suffers the loss of an arm or leg.

According to Goffman (1965, p. 11), such a person is a "discredited person" or a "stigmatized person". This person is, in fact, singled out from others, the normal others. The normal others find it difficult to interact with the "stigmatized" person because they are used to interacting with "normal" others. As a result, they feel discomfort and embarrassment follows. When the normal others feel discomfort and embarrassment the stigmatized person feels the same, resulting in all of the participants in the interaction process not knowing what to expect of the others. Therefore, the interaction process becomes strained and is often halted.

What in fact occurs is a circular effect, "I feel discomfort because of your discomfort and you feel discomfort because of my discomfort". For example, a person with an armful of papers drops them. What does a nearby observer do? Unhesitantly, most people would help pick the papers up. But what if the person who dropped the papers is stigmatized, perhaps he has no fingers? Most people would hesitate and question whether they should help pick the papers up or keep on walking. What has occurred is a discrepancy between what the person looks like and what the person should look like. Therefore, the interaction process becomes strained because the person does not expect to see a man without any fingers trying to pick up an armful of papers. The interaction process can proceed with reduced strain if the stigmatized person is used to (comfortable with) the stigmatization. For example, the stigmatized person might say, "You should try picking up an armful of papers without any fingers, ha, ha". The stigmatized person acknowledges his stigma by announcing the acceptance of it to others making it possible for the interaction to proceed by reducing the others' discomfort before it can mature.

There is yet another type of stigma, which is theoretically more intriguing. In this stigma, no one else knows that the person is stigmatized. The stigmatized person is in fact, maintaining undisclosed information about

self (Goffman, 1965, p. 11). This type of stigma can be called "private stigmatization". A person who hides a scar from previous surgery or a person who hides a past mental hospital or prison record from others possesses private stigmatization because he is maintaining undisclosed information about the self. It should be noted that such stigma need not be stigma to others, but that the perceived personal defect need only be felt to be a defect by oneself, i.e. definition of the situation (Thomas, 1968, pp. 315-321). Facial hair to some women is seen as a perceived personal defect. There are instances where everyone has the same of something, i.e. a vaccination scar from small pox. Few see this as of any consequence because almost everyone has one. However, there are a few people who see such a scar as a perceived personal defect even though others can accept it. The person suffering from private stigmatization often learns to "pass" in order that their stigmatization can be maintained as a secret. People with private stigmatization can pass because no one else generally sees their stigmatization. The private stigmatization can be hidden by clothing (i.e. a scar). A mental hospital record can be kept secret because these records are inaccessible to the public.

Private Stigmatization - Mastectomy

In the interaction process, the stigmatized person's identity varies greatly according to whether or not those present know of the stigmatization. The painfulness of a sudden stigmatization does not come solely from the individual's confusion about his identity, but from his knowing all too well what he has become (Goffman, 1965, p. 132). A woman who has a mastectomy becomes a woman with no breast or breasts. However, she also feels a loss of physical and sexual attractiveness and a resultant loss of femininity. The latter loss is due in large measure to our society's attitude towards breasts.

A woman with a mastectomy can keep her stigmatization from others, because she can pass. This woman can pass because the disfigurement can be concealed by special bras which are weighted and tailored to give a woman balance and a natural appearance (Thompson, 1971, pp. 64-71).

As previously mentioned, clothes are an important part of one's identity because they establish one's identity (Ryan, 1966, pp. 83-85). The extent to which impression formation is based on dress is a function of the distinctiveness of the clothes as well as the clarity of the stereotype connected with that dressing style (Coursey, 1973, pp. 1259-1264). Thus, the riot equipped policeman, the white coat and stethoscope of the doctor and the

clothes of the counter culture probably override most other factors in judging the wearer.

Just as clothes are important means for establishing one's identity, one's identity also determines what clothes one chooses to wear to portray one's identity. According to Murphy (1947, p. 99) "clothing is largely a means of making real the role that is to be played in life". Flowing gowns make the role of the gracious hostess easier. Corduroy pants makes the girl who is ready for hiking or boating a rougher and readier participant in the activity.

Just as clothes make a hostess feel gracious and a backpacker rugged, so do clothes make a woman feel feminine. Clothes are an important part of a woman's femininity, that is, clothes can make a woman feel feminine. Women's magazines are full of advertisements which claim that clothes can make one feel feminine "Isn't it nice to feel feminine again" ("advertisement B", 1966; p. 83) and because of this assumption, many women select clothes which make them feel feminine.

As indicated, clothes can make a woman feel and look feminine and sexually attractive. A woman who has had a mastectomy may not feel feminine or sexually attractive, but to others she can appear feminine because of her clothes. Her clothes allow her to conceal her mastectomy, thereby maintaining her image of femininity and sexual attractiveness.

Yet, she has to live with the constant fear that someone will discover her private stigmatization thereby discrediting her. By concealing her mastectomy, a woman is claiming that "I am normal", "I am physically attractive", "I am feminine" and so on. When someone discovers that she has had a mastectomy, she may feel discredited, no longer having an identity which says that she is normal, physically and sexually attractive and feminine. She fears that her identity may not be supported by others. As a result of this misrepresentation, interaction may possibly be strained because of embarrassment and discomfort on the part of the participants.

Because of this ever-present fear of discovery, a person suffering from a private stigmatization may act differently than would otherwise be expected. Others interpret this behavior with hesitation because they do not know of the private stigmatization. In turn, the stigmatized person finds others' behavior odd; therefore, a feeling of discomfort occurs because this person thinks that the others know of the private stigmatization. As a result, there is a disruption in the interaction process because there has been a discrepancy between the visual and actual identity of the individual. Visual identity is what others see and actual identity is what truly does exist. In the case of mastectomy, the woman can hide the private stigmatization

to others, that is, her visual identity indicates that no mastectomy exists. However, this woman is aware that a mastectomy has occured, this is the woman's actual identity, thus one may act oddly to others and others, in turn, cannot interpret this behavior, as a result interaction does not proceed smoothly.

Public Avowal

A woman with a mastectomy is able to pass because she can present a false front to others. This false front can be maintained by the use of a prothesis and articles of clothing. A woman with a mastectomy, who makes claims of having no mastectomy often creates a kind of alienation from herself and a special kind of wariness of others. This kind of alienation of self occurs because there exists a discrepancy between a fostered appearance - no mastectomy and reality - a mastectomy. Her wariness of others is created by the fear that others will discover a flaw (i.e. her mastectomy) in self portrayal. An event may occur which will contradict her previous public avowal - "I do not have a mastectomy". When such an event occurs (i.e. having to get changed in front of other women to go for a swim), embarrassment will occur because the participants no longer know what to expect from the other.

A woman who can publicly avow her mastectomy is claiming who she is in reality. She will likely no longer experience a kind of alienation of herself and a wariness of others. This public avowal is likely a sign of her acceptance of her mastectomy and a sign of mental health for she has now publicized her "discredited" self. The publication of herself will prevent embarrassment with others because her mastectomy can no longer contradict, discredit, or otherwise throw doubt on herself. Therefore, a kind of social equilibrium is maintained because each knows what to expect of the other.

The public avowal of one's mastectomy may be difficult for some women and one way to make a public avowal is to be a member of a mastectomy organization. Such organizations consist of women who have had mastectomies.

In the United States, Therese Lasser started a mastectomy rehabilitation program called "Reach For Recovery" (Lasser, 1972). This organization believes that the psychological aspects of mastectomy are due to our bosom orientated society. The aims of this organization are to meet the needs of the mastectomy patient in terms of her psychological and cosmetic needs. Reach means: "reach to confidence in yourself, reach to strength and vitality, reach to renewed physical and emotional health". (Lasser, 1972, p. 48). One can reach confidence in herself when she

realizes that she has not lost her femininity or sexual attractiveness. Reaching will enable a woman to see a new and more positive life and reaching will enable her to realize that she has no physical disability.

Above all, Reach For Recovery encourages every patient to increase her sociability. It is felt that sociability will enrich one's personality and will eliminate one's anxiety. In other words, being with others will allow and enhance the acceptance of one's mastectomy.

Such organizations as Alcoholics Anonymous and others are formed in a belief that only similar others can provide hope and understanding. These organizations work on the premise that similar others are more emphatic to one another. At these organizational meetings, people can publicly avow to others their fears, wants, hesitations and desires. In return, others, because of a similar problem, can provide understanding. It gives a feeling of relief and comfort to realize that there are others who have a similar problem. In everyday life, associations are made between people of similar values, beliefs and attitudes, the reason being that people who are similar tend to associate with one another because there exists mutual understanding.

There exist throughout North America organizations and clubs for women who have lost one or both breasts. These organizations and clubs exist in part because of our bosom orientated society. A woman's breasts are regarded as an important indicator of femininity. However, if women can define their femininity in terms of other characteristics, perhaps the loss of a breast would not be as devastating. Women who do define their femininity more broadly may find it easier to discuss their mastectomy with others. The Reach For Recovery program operates on the premise that sociability is essential in eliminating the fears of a woman who has lost one or both breasts. It seems reasonable from the preceding discussion to expect a woman who can publicly avow (i.e. casually tell others) her mastectomy to show acceptance of the fact that her breast loss is not devastating to her femininity. The following hypotheses reflect some of the breast - femininity attitudes which might be linked to women accepting their mastectomy and their ability to accept others' awareness of their breast loss.

General Hypothesis:

PUBLIC AVOWAL OF MASTECTOMY IS RELATED TO FEMININITY ATTITUDES, LEVELS OF ACCEPTANCE AMONG SIGNIFICANT OTHERS, AND POST-MASTECTOMY SOCIAL INTERACTION.

Research Hypotheses:

1. Women who publicly avow their mastectomy do not define their breasts as a major element of their femininity.

2. Where significant others are perceived as being accepting of the stigma, public avowal of the stigma will be more likely to occur than where significant others are perceived as being unaccepting.

3. Those mastectomy patients who avow their mastectomy perceive their social interactions to be less strained than those who don't publicly acknowledge their mastectomy.

4. Membership in a mastectomy organization is related to public avowal of the mastectomy.

5. Women who define their breasts as being a major element of their femininity will experience mastectomy as being more destructive of their femininity than women who do not so define their breasts.

Summary

Goffman's work emphasizes the importance of others in defining an individual's identity (Glasser & Strauss, 1970, p. 342). Others, from the church committee to the golf club, serve to define who, what and where an individual is in social terms. When an individual enters the presence of others, others seek to acquire defining information about the individual. Individuals in turn engineer impressions with various degrees of convincingness, by a presentation of the entire social situation. The presentation of the entire social situation includes the assemblance of manners, clothes, decor, furniture, room size and so on (Stone & Faberman, 1962, pp. 145-158). Interaction is made easier when the participants define the social situation similarily. Therefore, the social situation communicates to others where and what each of the participants are in shared social terms.

Goffman's fundamental thesis rests on the assumption that "all rational human beings share, without necessarily knowing that they do, a desire for public order and a kind of social equilibrium" ("Exploring a Shadow World", January 1969, p. 42). There exists a mutual trust among the members of society. The pedestrian assumes that the car driver has no motive for running him down. In other words, members

of society participate in following strict rules to maintain a kind of social equilibrium. In general, people behave so as to maintain this equilibrium, while this disruption is not catastrophic, people do become uncomfortable in social interaction. This adherence to rules allows for the predictability of social behavior, in turn, allowing for social interaction.

There are instances where misrepresentation occurs (Goffman, 1959, pp. 43-46). When one presents a false front there exists a contradiction between appearance and reality. Any front employed must be maintained at all times, to be consistent. A false front can be detected when an individual accidently conveys improper behavior (i.e. trips, stumbles, confusion, wears improper clothing, and so on). In other words, a personal front is a delicate, fragile thing, that can be shattered by a minor mishap (i.e. slip showing beneath a dress or an open zipper). When a front is shattered the participants in the interaction no longer know what to expect from each other. When this occurs, the participants usually feel uncomfortable and embarrassment often occurs.

Women who have mastectomies can, by the use of a prothesis and clothes, convey an appearance of being normal, the existence of two breasts. This false front

creates a contradiction between appearance, no mastectomy, and reality, a mastectomy. This contradiction may create discomfort and embarrassment in the interaction process because each of the participants do not know what to expect of the other. A woman who can publicly avow, acknowledge, her mastectomy is claiming who she is in realty "I have had a mastectomy". The publication of her true self will prevent embarrassment with others because her mastectomy can no longer contradict or discredit her appearance. Therefore, a kind of social equilibrium is maintained because each knows what to expect of the other.

CHAPTER II

METHODOLOGY

This study necessitated the development of an instrument which would be appropriate to the hypotheses being researched. Prior to the actual research, a pilot questionnaire was developed. An officer of the Mastectomy Organization and an advisory nurse to the organization offered suggestions regarding the fears and questions that many women ask concerning mastectomy. The researcher also attended several of the Mastectomy Organization meetings. At these meetings, women talked openly about their mastectomies. After these interviews and meetings, the questionnaire was revised. The questionnaire was again reviewed by the director of the Mastectomy Organization and the advisory nurse to the organization. On their advice further changes were made in the length of the questionnaire and the questionnaire itself.

The Research Sample

It was originally intended to collect data from a random sample of mastectomy patients. The random sample would have been selected from a computer tape at the Manitoba Cancer Research Foundation. All subjects would

be guaranteed complete anonymity and confidentiality. To ensure this, it was suggested that the Manitoba Cancer Research Foundation would mail and collect all questionnaires thereby guaranteeing all subjects complete anonymity and confidentiality. This request for a sample was rejected by The Department of Medicine Ethics Research Committee on the grounds that it would be unethical to provide the sample.

When it became evident that the Manitoba Cancer Foundation would not provide a sample, other possibilities were explored. After consideration of many possibilities, it was decided to work through the Mastectomy Organization. The director of this organization selected from the membership a list of women who she felt would be open to such a questionnaire and willing to fill it out. A sample of 45 was obtained.

It was decided that a larger sample was needed to ensure an adequate number of questionnaires being returned. A doctor offered his mastectomy patients for subjects. He selected the sample according to those who would not likely be offended by such a questionnaire. His mastectomy patients created a sample size of 50.

The final sample consisted of 95 subjects ranging in age from 26 to 65. A questionnaire and introductory letter were sent to each subject. The introductory letter explained the purpose of the research and assured the subject

complete anonymity and confidentiality. A stampled self addressed envelope was also enclosed with the questionnaire and introductory letter.

After a three-week interval, 63 questionnaires had been returned. After initial assessment of the questionnaire, it was found that 2 questionnaires had to be eliminated because of age (86) and an obvious failure to understand some of the questions. The elimination of these questionnaires resulted in a sample of 61, 64% of the distributed questionnaires. Considering the nature of the area of enquiry, it was felt that this return rate was quite good. The age breakdown of these subjects is given in Tables 1 and 2.

The Questionnaire

The questionnaire was designed to gather as much information as possible related to a woman's public avowal or acknowledgement of her mastectomy.

The questionnaire was divided into four sections. The first section asked questions which were concerned with general information. Questions regarding age, marital status, type of mastectomy were asked. The second section dealt with the fears of the mastectomy patient. The list of fears were primarily about her relationships with other people and fears about her appearance. The third section dealt with

TABLE 1. Age Distribution at the Time of Breast Removal

Age	Number of Subjects N = 51
under 20	0
20 - 25	0
26 - 30	2
31 - 35	3
36 - 40	6
41 - 45	10
46 - 50	11
51 - 55	9
56 - 60	7
over 60	11

2 no answer

TABLE 2. Present Age Distribution of the Mastectomy Sample

Age	Number of Subjects N = 61
under 20	0
20 - 25	0
26 - 30	1
31 - 35	2
36 - 40	7
41 - 45	8
46 - 50	7
51 - 55	8
56 - 60	13
over 60	15

the attidues that a woman has to her mastectomy. The attitudes ranged from society's concern with breasts to Betty Ford's public announcement of her mastectomy. The fourth section asked questions which pertained to the Mastectomy Organization in Winnipeg. Questions regarding the method of contact and the emotional support provided were asked. The introductory letter and questionnaire are included in Appendix A and B.

The Research Procedure

The actual administration of the instrument was straight forward. The Mastectomy Organization gave the researcher a list of 45 mastectomy patients belonging to their organization. The researcher then mailed out a questionnaire, an introductory letter, and a pre-stamped self addressed envelope to each subject. The doctor who volunteered his mastectomy patients did his own mailing of 50 questionnaires. He received a list of the members of the Mastectomy Organization from the researcher so that there would be no duplication of subjects. The doctor sent out a questionnaire, an introductory letter, and a pre-stamped self addressed envelope to all subjects. No effort was made to distinguish between the subjects from the Mastectomy Organization and the subjects from the doctor, although in retrospect, this should have been done.

Summary

The sample consisted of 45 women belonging to a Mastectomy Organization and 50 mastectomy patients of a doctor, giving a total potential sample size of 95. Each subject was mailed a questionnaire, an introductory letter and a pre-stamped self addressed envelope. For various unknown reasons, 32 questionnaires were not returned and 2 subjects were eliminated from the sample, resulting in a sample size of 61.

CHAPTER III

RESULTS

The first section of this chapter describes the analysis of the questionnaire and the factors comprising the definition of avowal. The second section presents findings related to the hypotheses. The third and final section discusses the results.

Analysis of Data

Chi-Square. The format of the questionnaire permitted subjects to check off their responses to the items. The attitude section of the questionnaire allowed for five categories of responses: strongly agree, agree, uncertain, disagree and strongly disagree. However, in the analysis of the data, only three categories of responses were utilized. "Strongly agree", "agree" were collapsed to "agree" and "strongly disagree", "disagree" were collapsed to "disagree". The "uncertain" category remained as "uncertain". However, the "uncertain" category was eliminated when there were less than ten subjects in that category (See Table 3).

The reason for collapsing the categories were: (1) the use of only two or three categories of response assured

TABLE 3. "Uncertain" Category Retained and Eliminated

attitudes where the "uncertain" category was eliminated	attitudes where the "uncertain" category was retained
1	2
3	6
4	7
5	11
8	20
9	21
10	
12	
13	
14	
15	
16	
17	
18	
19	
22	
24	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	

that the expected frequencies in each cell would be greater than five, thereby making the use of the chi-square statistic possible; (2) there was no need to distinguish between the degrees of agreement and disagreement. According to Siegel (1956, p. 178), the collapsing of categories is justified if the resulting categories have expected frequencies greater than five and no cell has an expected frequency of less than one.

In this study, the researcher hoped to infer that the relationships found in the sample actually existed in the population represented by the sample. The chi-square test of statistical significance was selected because it shows the distribution of cases which would have happened if no associated existed between two variables in the population. For this reason, the non-parametric chi-square test was appropriate to this study.

T-test. The researcher wanted to compare the means on the Avowal Index between two groups, the mastectomy organization members and non-mastectomy organization members. A t-test was selected because it would indicate if a statistical significant difference existed between the two groups.

Spearman's Correlation Coefficient. Because some of the data are at least an ordinal scale, several variables under study could be ranked in an ordered series. For this reason the non-parametric Spearman's Correlation Coefficient was appropriate and applied where association between two variables was being assessed.

Development of Indices

It would have been difficult and confusing to report the responses to every individual question. Furthermore, a large number of questions were related to each specific hypothesis. Therefore, indices were developed where possible; hypotheses I and III. Indices were not developed for hypotheses II, IV and V because there was an insufficient number of attitudinal items with which to construct these indices.

Not all the questions which were designed to test the hypotheses were used in the indices. Only attitude statements of the questionnaire were used to develop the indices. The number of attitude statements used in the development of each index varied, depending on the number of attitudes which were directly related to the hypothesis. In some instances, a few of the same attitudes were used in different indices. This was necessary because of the limited number of attitudes. (See Table 4).

TABLE 4. Indices

Avowal Index	Breasts Equal Femininity Index	Strained Interaction Index
2	4	6
3	7	17
5	11	19
8	15	21
9	18	24
13	22	25
16	23	31
17[a]	26	34
19[a]	29	
21[a]	32[b]	
24[a]	33[b]	
25[a]		
28		
30		
31		
34		

a attitudes retained in the Strained Interaction Index but removed from Avowal Index for Spearman's Correlation Analysis.

b attitudes are those attitudes also found in the Avowal Index.

Avowal Index. For purposes of testing the hypotheses, a woman who avows was defined as a woman who freely admits to others that she has had a mastectomy.

Sixteen attitude statements were selected to develop the Avowal Index. The attitude statements were selected according to whether or not they would indicate a woman's level of avowal of her mastectomy (See Table 4, and Appendix B). These attitude statements were scored from 1 to 5.

An attitude response scored 5 would indicate a low avower. The maximum score that could be obtained was 80, and the minimum score that anyone could obtain was 16. On the basis of the distribution of scores, it was decided to divide the subjects into thirds (See Table 5). The lower thirty-three per cent (women who obtained scores of 54 or less) were labeled as Low Avowers. These women had a low avowal score; it was assumed that they discussed their mastectomy with few others. The upper thirty-three per cent (women who obtained scores of 60 or more) were labeled as High Avowers. These women had a high avowal score; it was assumed on the basis of these attitudes that they discussed their mastectomy with many others. The middle thirty-three per cent (women who obtained scores between 55 and 59) were labeled as Intermediate Avowers. These women had a middle range avowal score; it was assumed that they were neither High Avowers or Low Avowers.

TABLE 5. Avowal Index

Code	Number N=61	Cumulative %	
0	1	1.6	
32	1	3.3	
40	1	4.9	
44	1	6.6	
48	2	9.8	
49	1	11.5	
50	3	16.4	
51	4	23.0	
52	2	26.2	
53	2	29.5	
54	2	32.8	
			33.0%
55	2	36.1	
56	4	42.6	
57	3	47.5	
58	6	57.4	
59	2	60.7	
60	4	67.2	
			66.0%
61	7	78.7	
62	7	90.2	
63	2	93.4	
64	2	96.7	
65	2	100.0	

Breasts Equal Femininity Index. This index was established to assess each subject in terms of how important breasts were in her definition of femininity. Eleven attitude statements were selected because they indicated how a woman defined her breasts in terms of her femininity (See Table 4, and Appendix B). These attitude statements were scored from 1 to 5.

An attitude response scored 5 would indicate high subscription to the belief that breasts are an important indicator of femininity and an attitude response scored 1 would indicate that breasts are not necessarily important as the sole indicator of femininity. The maximum score that could be obtained was 55 and the minimum score that anyone could obtain was 11. On the basis of the distribution scores, the subjects were again divided into thirds (See Table 6). The lower thirty-three per cent (women who obtained scores of 22 or less) were labeled as Low Breast Salient women. These women had a low score on this index and it was assumed that their breasts were probably not a crucial element of their femininity. The upper thirty-three per cent (women who obtained scores of 31 or better) were labeled as High Breast Salient women. These women had a high score on this index and it was assumed that their breasts were likely an important indicator of their femininity. The middle thirty-three per cent (women who

TABLE 6. Breasts Equal Femininity Index

Code	Number N-61	Cumulative %	
0	1	1.6	
6	1	3.3	
10	1	4.9	
13	1	6.6	
14	1	8.2	
15	3	13.1	
18	4	19.7	
19	2	23.0	
21	1	24.6	
22	2	27.9	
			33.0%
23	7	39.3	
24	2	42.6	
26	4	49.2	
27	3	54.1	
28	1	55.7	
29	3	60.7	
30	1	62.3	
			66.0%
31	5	70.5	
32	3	75.4	
33	3	80.3	
34	1	82.0	
35	2	85.2	
36	2	88.5	
38	1	90.2	
39	1	91.8	
42	1	93.4	
47	1	95.1	
50	1	96.7	
51	1	98.4	
55	1	100.0	

obtained scores between 23 and 30) were labelled as Intermediate Breast Salient women.

Strained Interaction Index. This index was established to determine if the loss of a breast resulted in strained interaction with others. Eight attitude statements were selected to develop the Strained Interaction Index. These attitude statements were selected according to whether or not they would indicate if the loss of a breast resulted in strained interaction (See Table 4, and Appendix B). These attitude items were scored from 1 to 5.

An attitude with a score of 5 tended to indicate strained interaction with others and an attitude with a score of 1 tended to indicate little strained interaction with others. The maximum score that could be obtained was 40 and the minimum score that could be obtained was 8. On the basis of the distribution of scores, it was again decided to divide the subjects into three groups (See Table 7). The lower thirty-three per cent (women who obtained scores of 15 or less) were labeled as women who experienced little strained interaction with others as a result of their mastectomy. The upper thirty-three per cent (women who obtained scores of 20 or better) were women who experienced strained interaction with others as a result of their mastectomy. The middle thirty-three

TABLE 7. Strained Interaction Index

Code	Number N=61	Cumulative %	
1	1	1.6	
10	3	6.6	
11	1	8.2	
12	2	11.5	
13	5	19.7	
14	4	26.2	
15	3	31.1	33.0%
16	2	34.4	
17	7	45.9	
18	9	60.7	
19	3	65.6	66.0%
20	4	72.1	
21	4	78.7	
22	2	82.0	
24	1	83.6	
25	4	90.2	
26	2	93.4	
27	2	96.7	
28	1	98.4	
32	1	100.0	

per cent (women who obtained scores between 16 and 19) were women who had mixed feelings about the loss of a breast creating strained interaction with others.

Further Analysis

Spearman Correlation Coefficients were computed to test hypotheses I and III. For hypothesis I, it was necessary to obtain a measure of association between the Avowal Index and the Breasts Equal Femininity Index. For hypothesis III, it was necessary to obtain a measure of association between the Avowal Index (minus five attitudes, See Table 4) and the Strained Interaction Index.

The chi-square test of statistical significance was administered by hypothesis II. Question 12 of the questionnaire was selected for the purpose of measuring which significant others were seen as accepting the woman's breast loss. This question required the respondant to indicate those persons who she perceived as being supportive of her during and after the mastectomy (See Appendix B). Only two of the possible seven choices were used in the analysis. They were the responses "my husband" and "my children". These were then cross-tabulated with the Avowal Index. The purpose of this cross-tabulation was to determine whether the acceptance from significant others had a sufficient effect on women publicly avowing their mastectomy.

To test hypothesis IV a t-test was administered. Differences in avowal scores between members of a mastectomy organization and non-members of a mastectomy organization were compared.

The chi-square test was used to test hypothesis V. Attitudes which indicated that breasts are an important indicator of femininity were cross-tabulated with attitudes which stated that the loss of a breast creates a loss of femininity. Attitudes 1, 4, 15 and 29 stated that breasts are an important indicator of femininity and attitudes 18, 26 and 32 stated that the loss of a breast would create a loss of femininity. It would be expected that those women who felt breasts to be an important indicator of femininity would consider the loss of their breast to be destructive and devastating to their femininity. The researcher also expected that those women who do not consider breasts to be an important indicator of femininity would not feel that the loss of a breast would create a diminished femininity.

Results

Hypothesis I. Women who publicly avow their mastectomy do not define their breasts as a major element of their femininity.

Avowal Index and the Breast Equal Femininity Index

The hypothesis was not supported at the .05 level of significance ($p = .0887$). However, it should be noted that there was a trend toward support of the hypothesis (See Table 8). Of the subjects who were Low Avowers, 50.0% tended to be High Breast Salient women. In other words, a woman who has difficulty in publicly avowing her mastectomy feels that her breasts are a major indicator of her femininity. In contract, only 23.1% of the High Avowers designated their breasts as being a major indicator of their femininity. A higher number of subjects than expected, 30.0% who were Low Avowers tended to be Low Breast Salient women. This is perhaps why the chi-square did not achieve significance. In contract 38.5%, less than expected, of the subjects who were High Avowers equated their breasts as not being a major element of their femininity. In other words, women who can publicly avow their mastectomy do not equate their breasts as being a major indicator of their femininity.

TABLE 8. Avowal Index by Breasts Equal Femininity Index

Avowal Index	Breasts Equal Femininity Index							
	Low		Intermediate		High		TOTAL	
	%	(N)	%	(N)	%	(N)	%	(N)
Low	30.0	(1)	20.0	(4)	50.0	(10)	100	(20)
Intermediate	6.7	(6)	46.7	(7)	46.7	(7)	100	(15)
High	38.5	(10)	38.5	(10)	23.1	(6)	100	(26)
TOTAL	27.9	(17)	34.4	(21)	37.7	(23)	100	(61)

$\chi^2 = 8.08068$ $p = > .01$ and $< .05$

As expected, there is a trend towards High Avowers being Low Breast Salient women and Low Avowers as being High Breast Salient women. Women who can publicly avow their mastectomy are women who do not tend to equate their breasts as being a major or the singular element of their femininity.

Some of the attitudes used in the Breasts Equal Femininity Index proved to be interesting in themselves, attitude 18 (When a woman loses a breast, she also loses a sign of her femininity) and attitude 33 (I still feel that the loss of my breast is a loss of my femininity). Attitude 18, when cross-tabulated with the Avowal Index produced a significance level of $p = .0037$ (See Table 9). The table indicates that 80.0% of the subjects were Low Avowers who agreed with the attitude that women who lose a breast also lose a symbol of their femininity. Of the High Avowers, 77.4% disagreed with attitude 18. In contrast, 20.0% of the High Avowers agreed with the attitude that women who lose a breast also lose a sign of their femininity.

Attitude 33, when cross-tabulated with the Avowal Index produced a significance level of $p = .0444$ (See Table 10). A high number of the Low Avowers, 83.3% agreed with the statement that when a woman loses a breast, she also loses an indicator of her femininity. In contrast, 30.6% of the Low Avowers disagreed with this attitude. There were 69.4%

TABLE 9. Attitude 18 (When a woman loses a breast, she also loses a sign of her femininity) By Avowal Index

Attitude 18	Avowal Index					
	Low		High		TOTAL	
	%	(N)	%	(N)	%	(N)
Agree	80.0%	(8)	20.0	(2)	100	(10)
Disagree	22.6	(7)	77.4	(24)	100	(31)
TOTAL	36.6	(15)	63.4	(26)	100	(41)

$\chi^2 = 8.41237$ $\underline{P} = < .05$

TABLE 10. Attitude 33 (I still feel that the loss of my breast is a loss of my femininity) by Avowal Index.

Attitude 33	Avowal Index					
	LOW		HIGH		TOTAL	
	%	(N)	%	(N)	%	(N)
Agree	83.3	(5)	16.7	(1)	100	(6)
Disagree	30.6	(11)	69.4	(25)	100	(36)
TOTAL	38.1	(16)	61.9	(26)	100	(42)

$\chi^2 = 4.04267$ $\underline{p} = < .0444$

of the High Avowers who disagreed with attitude 33. Only one respondent, 16.7% of the High Avowers agreed with this attitude.

It is apparent from attitudes 18 and 33 that the highest percentage of women (80.0% and 83.3%) who perceived their breasts as being a major indicator of their femininity were Low Avowers and the highest percentage of women (77.4% and 69.4%) who did not so designate their breasts were High Avowers.

When a Spearman's Correlation Coefficient was calculated, the hypothesis was not supported at the .05 level of significance. However, there is again a trend toward the support of the hypothesis (See Table 11). A Spearman Correlation Coefficient of -0.2017 was produced. This negative correlation indicates that the two indices involved, Avowal and Breasts Equal Femininity are negatively related. As the Avowal Index score decreases the Breast Equal Femininity Index score tends to increase.

Hypothesis II. Where others are perceived as being accepting of the stigma, public avowal of the stigma will be more likely to occur than when others are perceived as being unaccepting.

TABLE 11. Spearman Correlation Coefficients between Indices.

	Avowal Index	Strained Interaction Index	Breasts Equal Femininity Index
Avowal Index		(-0.3159) .007	(-0.2017) .060
Strained Interaction Index			(0.5234) .001

Significant Others

The chi-square test of statistical significance was administered to test hypothesis II. The two responses, "my husband" and "my children" of question 12 were cross tabulated with the Avowal Index. The results indicate that the acceptance of a mastectomy from significant others does not appear to have an effect on a woman's public avowal of her mastectomy. The hypothesis was not supported at the .05 level of significance.

Hypothesis III. Those mastectomy patients who avow their mastectomy perceive their social interactions to be less strained than those who don't publicly acknowledge their mastectomy.

Avowal Index and the Strained Interaction Index

The hypothesis was supported at the .05 level of significance (See Table 12). An acceptable level of significance was not obtained ($p = .1017$) in the uncollapsed table, but attained significance ($p = .0499$) when the table was collapsed to eliminate the Intermediate Avowers and those who had mixed feelings about the loss of a breast creating strained interaction.

TABLE 12. Avowal Index by Strained Interaction Index.

Avowal Index	Strained Interaction Index					
	LOW		HIGH		TOTAL	
	%	(N)	%	(N)	%	(N)
Low	31.0	(9)	69.0	(20)	100	(29)
High	59.4	(19)	40.6	(13)	100	(32)
TOTAL	45.9	(28)	54.1	(33)	100	(61)

$\chi^2 = 3.84552$ $p = < .05$

The table shows that 69.0% of the women who were Low Avowers were women with a mastectomy who tended to experience strained interaction with others. In other words, women who do not publicly avow their mastectomy seem to find it difficult to interact with others. In contrast, only 40.6% of the women who were High Avowers tended to experience strained interaction with others.

Of the Low Avowers, 31.0% were women with a mastectomy who did not report experiencing strained interaction with others. In contrast, 59.4% of the subjects were High Avowers who tended to find little strain in their interaction with others.

As would be expected, this evidence suggests that High Avowers found little strain in their interaction with others and Low Avowers found more strain in their interaction with others.

None of the tests used in conjunction with the Strained Interaction Index proved to be statistically significant. However, attitude 21 (I feel that women who have had a mastectomy are generally afraid that someone will discover their mastectomy), showed a trend in the direction predicted by the hypothesis. The results indicate that 33.3% of the subjects who were High Avowers agreed with the belief that their interaction with others was not strained. A low 28.6% of the subjects who were High Avowers were uncertain whether

they found their interactions with others to be strained. A high 68.2% of the High Avowers disagreed with this attitude. These women did not find difficulty in interacting with others.

The results indicate that 66.7% of the Low Avowers tended to agree with the belief that their interactions with others were strained. Table 13 also indicates that 71.4% of the Low Avowers answered uncertain to attitude 21. It could be assumed that if women are uncertain about telling others about their mastectomy, they will find interaction with others difficult. In contrast, 31.3% of the Low Avowers tended to find it difficult to interact with others.

When a Spearman Correlation was done, the hypothesis was supported at the .05 level of significance (See Table 11). A Spearman Correlation Coefficient of -0.3159 was produced. There appears to be a negative relationship between a woman's level of avowal and her ease in interacting with others. Because 5 attitudes were common to the Avowal Index, it was necessary to remove them from one of the indices. They were removed from the Avowal Index because there was a sufficient number of remaining attitudes to conduct a correlation.

TABLE 13. Attitude 21 (I feel that women who have had a mastectomy are generally afraid that someone will discover their mastectomy) by Avowal Index.

Attitude 21	Avowal Index					
	Low		High		TOTAL	
	%	(N)	%	(N)	%	(N)
Agree	66.7	(4)	33.3	(2)	100	(6)
Uncertain	71.4	(5)	28.6	(2)	100	(7)
Disagree	31.3	(10)	68.8	(22)	100	(32)
TOTAL	42.2	(19)	57.8	(26)	100	(45)

$\chi^2 = 5.49650$ $p = <.05$

Hypothesis IV. Membership in a mastectomy organization is related to public avowal of the mastectomy.

Mastectomy Membership and Non-Mastectomy Membership

The hypothesis was not supported at the .05 level of significance. To test this hypothesis, a t-test was conducted to compare the avowal scores of mastectomy organization members and non-mastectomy organization members. Even though the t-score did not attain significance, there were some interesting findings. The mastectomy organization members' mean avowal score was 56.31 and the non-mastectomy organization members' mean avowal score was 56.23. From these means, there appears to be no difference. However, the standard deviation was significantly greater (12.391) among the non-members than the members (5.402) indicating that there were more extremes in the avowal scores among non-members. This suggests that the non-members and members do not come from the same population.

Hypothesis V. Women who define their breasts as being a major element of their femininity will experience mastectomy as being more destructive of their femininity than women who do not so define their breasts.

Breasts A Symbol of Femininity

The hypothesis was not supported at the .05 level of significance. However, the results show limited support in the direction predicted. The following combination of cross-tabulated attitudes proved to be statistically significant: attitudes 4 and 18 ($p = .0261$), attitudes 32 and 4 ($p = .0261$), attitudes 29 and 18 ($p = .0187$) and attitudes 29 and 32 ($p = .0350$) (See Tables 14 to 17).

When attitude 4 (Breasts are an important indicator of femininity) was cross-tabulated with attitude 18 (When a woman loses a breast, she also loses a sign of her femininity), the resulting table showed a statistical significance of $p = .0065$ (See Table 14). The results, as was predicted show 43.3% of the women who agreed with the attitude that breasts are an important indicator of femininity, also felt that the loss of a breast would constitute a loss of femininity. A high 95.2% of the women who disagreed with the attitude that breasts are an important indicator of femininity also felt that the loss of a breast

TABLE 14. Attitude 4 (Breasts are an important indicator of femininity) by Attitude 18 (When a woman loses a breast, she also loses a sign of her femininity).

Attitude 4	Attitude 18					
	Agree		Disagree		TOTAL	
	%	(N)	%	(N)	%	(N)
Agree	43.3	(13)	56.7	(17)	100	(30)
Disagree	4.8	(1)	95.2	(20)	100	(21)
TOTAL	27.5	(14)	72.5	(37)	100	(51)

$\chi^2 = 7.39295$ $p = <.05$

would not create a loss of femininity. To these women, breasts are not an important indicator of femininity and, therefore, the loss of a breast would not constitute a loss of femininity. However, Table 14, indicated an inconsistency in the expected results. It was surprising to find that so many of the women, 56.7% considered breasts to be an important indicator of femininity, but they also felt that the loss of a breast did not create a loss of femininity.

When attitude 4 (Breasts are an important indicator of femininity) was cross-tabulated with attitude 32 (When I lost my breast, I felt that I had also lost a sign of my femininity) the resulting table showed a significance of $< .0261$ (See Table 15). However, the statistical significance level does not support the hypothesis. The results show that 50.0% of the women who agreed with the attitude that breasts are an important indicator of femininity also felt that the loss of a breast would create a loss of femininity. Table 15 also indicates that 85.0% of the women who disagreed with the attitude that breasts are an important indicator of femininity also felt that the loss of a breast would not create a loss of femininity. But, 50.0% of the women who agreed with the attitude that breasts are an important indicator of femininity disagreed with the attitude that the loss of a breast created a loss

TABLE 15. Attitude 4 (Breasts are an important indicator of femininity) by Attitude 32 (When I lost my breast, I felt that I had lost a sign of my femininity.)

Attitude 4	Attitude 32					
	Agree		Disagree		TOTAL	
	%	(N)	%	(N)	%	(N)
Agree	50.0	(15)	50.0	(15)	100	(30)
Disagree	15.0	(3)	85.0	(17)	100	(20)
TOTAL	36.0	(18)	54.0	(32)	100	(50)

$\chi^2 = 4.95153$ $\quad p = < .05$

of femininity. These women felt that breasts are an important indicator of femininity, but that the loss of a breast does not create a loss of their femininity. This is an interesting contrast which will be discussed later.

Attitude 29 (I feel that males think breasts are an important indicator of femininity) and Attitude 18 (When a woman loses a breast, she also loses a sign of her femininity) were cross-tabulated, the resulting table showed a significance of $\underline{p} = .0187$ (See Table 16). The results showed that 40.0% of the women who agreed with the attitude that males think breasts are an important indicator of femininity also feel that the loss of a breast would create a loss of femininity. All of the women who disagreed with the attitude that males think breasts are an indicator of femininity also felt that the loss of a breast would not create a loss of femininity. But, an unpredicted 60.0% of the women who agreed with the attitude that males think breasts are an indicator of femininity disagreed with the attitude that the loss of a breast created a loss of femininity.

Attitude 29 (I feel that males think breasts are an important indicator of femininity) and Attitude 32 (When I lost my breast, I felt that I had also lost a sign of my femininity) were cross-tabulated, the resulting table showed a significance of $\underline{p} = .0350$ (See Table 17). The

TABLE 16. Attitude 29 (I feel that males think breasts are an important indicator of femininity) by Attitude 18 (When a woman loses her breast, she also loses a sign of her femininity.)

Attitude 18	Attitude 29					
	Agree		Disagree		TOTAL	
	%	(N)	%	(N)	%	(N)
Agree	40.0	(14)	60.0	(21)	100	(35)
Disagree	0.0	(0)	100.0	(13)	100	(13)
TOTAL	29.2	(14)	70.8	(34)	100	(48)

$\chi^2 = 5.53270$ $\underline{p} = < .05$

TABLE 17. Attitude 29 (I feel that males think breasts are an important indicator of femininity) by Attitude 32 (When I lost my breast, I felt that I had also lost a sign of my femininity).

Attitude 32	Attitude 29					
	Agree		Disagree		TOTAL	
	%	(N)	%	(N)	%	(N)
Agree	45.7	(16)	54.3	(19)	100	(35)
Disagree	7.7	(1)	92.3	(12)	100	(13)
TOTAL	35.4	(17)	64.6	(31)	100	(48)

$\chi^2 = 4.44418$ $p = < .05$

table shows that 45.7% of the women who agreed with the attitude that males think breasts are an important indicator of femininity also felt that the loss of a breast would create a loss of femininity. Again, a large number of subjects, 92.3% who disagreed with the attitude, also felt that the loss of a breast would not create a loss of femininity. But 54.3% of the women who agreed with the attitude that males think breasts are an important indicator of femininity disagreed with the attitude that the loss of a breast created a loss of femininity.

In all of the above cross-tabulations, there appears to be an interesting inconsistency. All the tables show a large percentage of women who believe that breasts are an important indicator of femininity, but that the loss of a breast does not cause a loss of femininity. This interesting contradiction will be discussed later.

CHAPTER IV

DISCUSSION

The discussion of results will focus on three main areas: Breasts and Femininity, Strained Interaction, and Loss of Femininity. Each of these areas will be discussed in terms of the significant results and/or trends.

Breasts and Femininity

Two indices were used to test for avowal differences with regard to women designating their breasts as being an indicator of their femininity. These were the attitudes pertaining to avowal which made up the Avowal Index and those attitudes pertaining to breasts being an indicator of femininity which made up the Breasts Equal Femininity Index.

The two indices were divided into three categories, low, intermediate and high scores and were cross-tabulated to obtain a chi-square test of significance. With respect to these indices, no statistically significant results were found ($p = .0887$). However, there appears to be a trend indicated by the results. The results indicate that 50.0% of the Low Avowers adhered to the attitude that breasts are an indicator of femininity, High Breast Salient

women. These Low Avowers are women who infrequently discuss their mastectomy with others and have the attitude that their breasts constitute a major aspect of their femininity. The results also show that High Avowers tended to subscribe to the attitude that breasts are not an important indicator of femininity, Low Breast Salient women. To these women, femininity is likely a composite of other characteristics. Perhaps, their femininity is also perceived as being derived from mannerisms, style of dress and other such factors.

Even though the indices produced no statistically significant results, there were two attitudes cross-tabulated with the avowal score which attained statistical significance. These two attitudes were: "When a woman loses a breast, she also loses a sign of her femininity" (Attitude 18) and "I still feel that the loss of my breast is a loss of my femininity" (Attitude 33). The responses to these attitudes indicate that women who see their breasts as major indicators of their femininity are generally Low Avowers. This belief could be a result of socialization, cultural norms and/or their husband's attitude towards breasts. If a woman had defined her breasts as a major indicator of her femininity, the loss of one or both might well create a desire to hide the loss from others. By not publicly avowing a mastectomy, women are claiming to others that they are feminine: "I have two breasts". According

to their definition of femininity, two breasts must exist. In order to maintain their femininity in front of others, they must maintain the secret of having lost a breast. Women can often "pass" with the use of a prothesis and appropriate clothing. However, in order to maintain their femininity, they cannot tell others about the mastectomy for fear of detracting from the "performance".

Women who do not feel that their breasts are necessarily a major or singular indicator of femininity tended to be High Avowers. Perhaps, these women have defined their femininity in terms of other physical or behavioral characteristics. Some of these women might have included their manners or dress in the definition of their femininity. When women consider other characteristics to be important indicators of their femininity, they do not see the loss of a breast as constituting a loss of their femininity. In telling others of their mastectomy, these women apparently do not feel that they are making a declaration about the loss of their femininity. Their femininity is still very much intact, as displayed by their manners and dress. When women can feel that the loss of their breast is not a threat to their femininity, they can avow to others the loss of their breast. Such women need not feel uncomfortable or embarrassed when telling others or when others find out accidently.

The two indices, Avowal and Breasts Equal Femininity were used to see if an association existed between these two variables. The results obtained were not statistically significant; however, there is again a trend towards the support of the hypothesis. The trend indicates that High Avowers tended to be Low Breast Salient women and Low Avowers tended to be High Breast Salient women.

These results indicate that women who publicly announce their mastectomy may be less likely to see their breasts as being a major indicator of their femininity. Obviously, there must have been other important aspects to their femininity or since their mastectomy, they have redefined their femininity. The definition of their femininity could be derived from such physical characteristics as legs, hair length and weight or behavioral characteristics such as emotions, style of walk and hand movements.

When women feel secure about their definition of their femininity they are able to publicly announce their mastectomies. They can announce their mastectomies because they need not feel that they are announcing a loss of femininity. Their femininity is such an intricate part of them that the loss of one breast or both will not result in a loss of their femininity.

The results also indicate that the women who infrequently announce their mastectomies are more likely

to see their breasts as being a major indicator of their femininity. These women have perhaps always defined their femininity largely in terms of their breasts. Perhaps from an early age, this attitude was prevalent among family members. The attitude is certainly prevalent in our society. Perhaps they married men who definitely felt that breasts denote femininity.

When such women lose a breast, they also lose a sign of their femininity. When these women lose a breast, feelings of insecurity about their femininity develop because according to their definition, the loss of a breast necessarily constitutes a destruction of femininity. These women find it difficult to announce their mastectomy, because at the same time they are announcing a loss of femininity.

Summary. The hypothesis that breasts equal femininity could not be supported because the level of significance was not at the .05 level for the chi-sqaure test or the Spearman Correlation Coefficient. However, in both tests, the hypothesis was given qualified support in the form of trends in the direction predicted.

Strained Interaction

Two indices were used to test for the level of avowal differences in relation to strained interaction with others. These were the attitudes pertaining to avowal which made up the Avowal Index and the attitudes pertaining to interaction which made up the Strained Interaction Index.

These two indices were cross-tabulated to calculate a chi-square test of significance. The results proved to be statistically significant (Table 12). The results indicate that 69.0% of the Low Avowers experienced strained interaction with others, whereas, high avowal was not associated with experiencing strained interaction with others (59.4%).

It appears that women who can publicly avow their mastectomy find little difficulty in interacting with others. In contrast, women who do not discuss their mastectomy with others, tend to find their interaction with others strained. This difficulty or uneasiness in interaction likely occurs because the woman with the mastectomy is taking pains to hide the existence of the breast removal. People who employ elevated shoes to make them appear taller or wear a hair piece to give the illusion of a full head of hair, have to live with the constant fear that someone will discover their elevated shoes or hair piece.

When Attitude 21 (I feel that women who have had a mastectomy are generally afraid that someone will discover their mastectomy) was cross-tabulated with the Avowal Index, the results proved to be statistically significant. The responses to the attitude indicate that Low Avowers found it difficult to interact with others. Interaction becomes difficult because these women have private stigmatizations, a mastectomy. These women will try to keep their mastectomy from others. In order to keep the mastectomy secret, clothes and a properly weighted prothesis are employed. Such women can pass but there will exist the constant fear that someone will discover their mastectomy. Perhaps, a friend wishes to join her in a dressing room or she must get undressed to go swimming. Therefore, when women do not admit to their mastectomy, they are claiming that they are normal "I have two breasts". However, in order to maintain this claim, these women must show others, by their appearance that they have two breasts. Because of the constant fear of disclosure, these women may experience difficulty in interacting with others.

It was found, as expected, that High Avowers did not report experiencing difficulty in interacting with others. Interaction does not become difficult with others because no private stigmatization, a mastectomy, exists. These women have employed clothing and a prothesis to enhance

their appearance, but not to "hide" their mastectomy. The prothesis is being used only for cosmetic reasons. Since others know of their mastectomy, there is not the fear of disclosure and because there is no fear of disclosure, there is no difficulty in interacting with others.

The indices, Avowal and Strained Interaction, were used to see if an association existed between these two indices. The results obtained were statistically significant. High Avowers tended to find little strain in interaction with others and Low Avowers tended to find strain in interaction with others.

These results indicate that women who publicly announce their mastectomy do not find their interactions with others uncomfortable. Perhaps, the disclosure of mastectomy enables the participants in the interaction to act freely. There exists no fear on the part of the woman who has had a mastectomy that others will find out, because they have been told. Interactions are made easier when the participants know about the other.

Summary. The hypothesis regarding strained interaction with respect to avowal was supported because the level of significance exceeded the .05 level for the chi-square test.

Loss of Femininity

Attitudes pertaining to breasts being an important indicator of femininity were cross-tabulated with attitudes pertaining to the loss of a breast creating a loss of femininity. The chi-squares were statistically significant.

For Attitudes 4 by 18 and 4 by 32, (See Tables 14 and 15, pp. 88 and pp. 90), the results indicate that 43.3% and 50.0% respectively, of the women who adhered to the belief that breasts are an important indicator of femininity also felt that the loss of a breast creates a loss of femininity. Obviously, these women adhere to the cultural belief that breasts are an important indicator of femininity. Since these women see their breasts as an indicator of femininity, the loss of a breast creates a loss of femininity. North American society is very breast conscious and from an early age, women are made aware of their importance in being sexually attractive and feminine. It is therefore, understandable for women to equate their breasts with their femininity. Unfortunately, this equating breasts with femininity results in emotional trauma when a breast has to be removed due to breast cancer. The emotional upset is perhaps caused because her breast, her sign of femininity, is lost.

The results also indicate that 95.2% and 85.0% respectively, of the women who adhered to the belief that breasts are not an important indicator of femininity and also felt that the loss of a breast does not create a loss of femininity. Obviously, these women have equated their femininity with other important physical and behavioral characteristics. Perhaps, these women feel that their clothes or their ability to run a household are also important components of their femininity. Since these women do not see their breasts as being an important indicator of femininity, the loss of a breast does not create a loss of femininity. These women have obviously not adhered to North America's "breast fetish". The attitude that breasts are not an exclusive indicator of femininity will enable women to accept their breast loss because they need not fear the loss of their femininity.

For Attitudes 29 by 18 and 29 by 32, (See Tables 16 and 17, p. 92, and p. 93), the results indicate that 40.0% and 45.7% respectively, of the women who adhered to the belief that males think breasts are an important indicator of femininity, felt that the loss of a breast creates a loss of femininity. Since these women think males consider breasts to be an important indicator of femininity, they see the loss of a breast as constituting a loss of femininity. Women's accounts of their mastectomy have included such

statements as "I feel less of a woman", "I am only half a woman now". For these women, the loss of a breast is devastating because the loss of their breast indicates a loss of their femininity.

The results also indicate that 100.0% and 92.3% of the women who did not adhere to the belief that males consider breasts to be an important indicator of femininity and the loss of a breast would create a loss of femininity. These women realize that men consider women to be feminine and sexually attractive for other reasons besides their breasts. Some men consider a woman's walk or the shape of her legs to be an indicator of her femininity and her sexual attractiveness. Women who feel that men do not think breasts are an important indicator of femininity will be better able to adjust to a mastectomy than women who feel that men think breasts are an important indicator of femininity.

An interesting contradiction was found in all of the above noted cross-tabulations. (See Tables 14, 15, 16 and 17). In each test, 54.3% to 60.0% of the women who agreed with the attitude that breasts are an important indicator of femininity also disagreed with the attitude that the loss of a breast results in a loss of femininity. One would have predicted that if a woman felt that breasts are an important indicator of femininity, she would also consider

the loss of a breast to be a loss of femininity. This paradox can possibly be explained. Women can believe that breasts are an important indicator of femininity, after all it is a widely held societal attitude. From an early age, women are made aware of the importance of breasts in terms of their femininity and sexual attractiveness. Breasts are important, but even more important are the size of the breasts. In our society, many women are made to feel inadequate in terms of their femininity and sexual attractiveness because their size does not meet the desired bust size. This over-concern with the female bustline presents traumatic implications for the woman who is going to have or has had a mastectomy.

If a typical woman was asked if she considered breasts to be an important indicator of femininity, she would probably respond in agreement. She would also likely agree to the statement that if she lost a breast, she would also lose a major indicator of her femininity. These responses would be expected because they are consistent with prevailing attitudes towards the importance and significance of breasts. Women who have had a mastectomy also agree with the attitude that breasts are an important indicator of femininity, but these women may find it difficult to say that the loss of a breast creates the loss of femininity, because the issue for them is no longer abstract, but highly personal. Women

may find this difficult to say because they are then claiming, "I have lost my femininity because I have lost my breast". In order to maintain feelings of femininity and sexual attractiveness, these women must deny that the loss of a breast creates the loss of femininity.

These results can also be interpreted another way. Perhaps, these women see their breasts as being an important indicator of their femininity. However, they can deny the fact that the loss of a breast has created a loss of their femininity because there are other important indicators of their femininity. These other indicators can take over to maintain femininity when the loss of a breast occurs.

Summary. The hypothesis that breasts are an important indicator of femininity and that the loss of a breast creates a loss of femininity was supported at the .05 level of significance. However, the results were not significant in the direction that was predicted.

Additional Findings

All the questionnaires sent out included a covering letter which insured the confidentiality and anonymity of the subjects. However, even though these assurances were made, many of the questionnaires were returned with return addresses, telephone numbers and enclosed letters. With the return addresses and telephone numbers, many women indicated that they would be willing to answer further questions on a personal level. There were fifteen letters returned with the questionnaires. These letters consisted of the personal feelings and reflections of women who had experienced the loss of one breast and in some cases, the loss of two breasts.

The initial and most prominent fear of all these women was the fear of death due to cancer. Many patients, and their friends, have some very strange ideas about cancer, what it is, and what it can mean.

Some felt that it was contagious, or that breast cancer and cervical cancer were connected. Unfortunately, one of the most disturbing attitudes about cancer is that it is synonymous with death. Many women responded to the "I feared" and "I was afraid that" section by writing in the margin "I feared death". Breast cancer can be lethal, but with early diagnosis and prompt action, women need not fear a premature death.

After the fear of death subsided, many feared that others would pity them. These women did not want to be pitied because they felt that they were the same as they were before - "I am still the same person that I was". In order to eliminate feelings of pity, it was felt that mastectomies should be discussed with an "open positive" approach. In regard to this, one woman talked of the necessity of an "open life", by this, she meant the necessity of telling others, not only family but also friends and neighbours. Many felt that the public discussion of mastectomies would clear up many false, pre-conceived ideas of post-mastectomy operative care. These women felt that post-operative fears could be eliminated by having a woman with the same "plight" come for a visit before the mastectomy surgery. These visits would help eliminate some of the physical, feminine and sexual fears: "days before surgery are hell". Again, the idea of knowledge and understanding appears to have been wanted by these women because they didn't want to remain ignorant of what would happen. Many women stressed that the feelings of love and respect they received from their husbands helped them to make their "mastectomy ordeal endurable".

Another common thread found in many letters was that a mastectomy in any woman's life was an ordeal, but it would be even more of an ordeal for a young woman. It was felt that:

it would be difficult for a young woman because she is caught up in our society's preoccupation with physical appearance and sexuality. As one woman so succinctly put it; "unfortunately society stresses physical appearance and sexuality in everything from toothpaste on". The loss of a breast, however, would create psychological problems to any woman, no matter what her age, if she had the attitude that her bust was her main claim to femininity and physical attractiveness. One woman felt that the only way to handle the loss of a breast was "remember that your breasts are only a small part of your being a total woman".

CHAPTER V

CONCLUSIONS

This study attempted to identify variations between Low Avowers and High Avowers in relation to femininity attitudes, levels of acceptance among significant others and post-mastectomy social interactions. An attempt was also made to determine if women who defined their breasts as being a major element of their femininity would find the loss of a breast destructive to their femininity. It was felt that women who publicly acknowledged their mastectomies would not see their breasts as a singular element of their femininity or would they find their social interactions with others strained. It was also suspected that if significant others were accepting of one's mastectomy, public avowal would be more likely to occur. It was expected that women who defined their femininity solely in terms of their breasts would find the loss of a breast creating a loss of femininity.

Summary of Findings

The results suggest limited support of hypothesis I. It appears that High Breast Salient women were Low Avowers and Low Breast Salient women were High Avowers. Thus,

women who considered their breasts to be a major element of their femininity tended to be women who did not publicly acknowledge their mastectomy to others. Women who did not regard their breasts as being a major indicator of their femininity tended to be women who could avow their mastectomy to others.

It was predicted that women who could publicly avow their mastectomy perceived their social interactions to be less strained than those who did not publicly acknowledge their mastectomy to others. The results of this study support this attitude.

The results of hypothesis V appeared to indicate the most important findings. It was expected that women who defined breasts as an important indicator of femininity would also consider the loss of their breast to be a loss of their femininity. The results show a trend for supporting this attitude. The results suggest that women who did not define breasts as a significant indicator of femininity would not consider the loss of a breast to be destructive to their femininity. However, it was not predicted that a large percentage of the subjects would adhere to the attitude that breasts are an important indicator of femininity and not condone the belief that a loss of a breast would be devastating to their femininity.

This paradox has many implications. It indicates that a psychological debate must exist in the mind of a woman who is going to have a mastectomy or has had a mastectomy. A woman realizes the importance of her breasts defining her femininity and sexuality. Therefore, the loss of a breast creates a frightening dilemma. Whereas, she once believed that breasts are an important indicator of femininity, she can no longer accept the belief that "her" breasts are a critically essential indicator of her femininity.

It appears that in order for women to accept a mastectomy, their definition of femininity and their female sexuality must be redefined. They must no longer see their breasts as a singular indicator of their femininity. Other behavioral and physical characteristics must be redefined and incorporated into their definition of femininity to make for the lost symbol of femininity. In other words, women's femininity must consist of a composite of characteristics, otherwise the loss of one characteristic may cause a feeling of a loss of total femininity.

It appears that women must change their attitudes towards the importance of their breasts. But this can prove to be difficult unless significant others, like one's husband or children also change their attitude towards breasts. It is essential that significant others also change their attitudes because significant others help to define and maintain one's definition of self.

Limitations of the Study

Assuming that the responses of the subjects reflect attitudes of women who have had a mastectomy, this study has identified some areas of variation between Low Avowers and High Avowers in relation to femininity attitudes and post-mastectomy interaction. The findings also identified variations of femininity loss between women who defined their breasts as being a major element of their femininity and women who did not consider their breasts as a singular element of their femininity.

The major methodological limitation of this study was that the sample selected consisted primarily of women who could cope with answering a questionnaire pertaining to their mastectomy. It would have been highly desirable to have had a random sample of recent mastectomy patients from Manitoba. A random sample could not be obtained because of refusal from the Faculty of Medicine Ethics Committee. However, the hypotheses being tested were primarily concerned with the issue of avowal versus non-avowal. These hypotheses, it can be argued, can be tested without a random sample being used. It is important to remember that this research is not a survey of mastectomy women's attitudes in general, rather this research is concerned with the issue of avowal versus non-avowal.

However, a random sample would have eliminated several problems. A larger sample of subjects would have been desirable. This larger sample would have provided a greater variety of responses. Secondly, in relation to the first, notable differences might have been found between mastectomy organization members. Thirdly, women responding to the questionnaire were not women who had had a recent mastectomy. A women with a recent mastectomy is not as likely to forget her initial responses and early reactions.

A second limitation of the study is one which is inherent in the type of instrument which was used, the questionnaire. Some people like to respond to every questionnaire that is given to them, while others who could provide excellent responses, do not bother to respond. Therefore, a bias exists in the sample because the researcher has responses only from the questionnaires returned. The researcher has no way of getting the non-responses because of the assurance of anonymity and confidentiality to the subjects.

It was evident that some of the questions may have been confusing to the subjects, and furthermore, that subjects may have interpreted some questions differently than the researcher. The ambiguity in some questions could have been eliminated by personal interviews. Personal interviews would have enabled the researcher to explain ambiguous

questions and to probe deeper into the woman's personal feelings and attitudes towards her mastectomy. Some very insightful information could possibly have been obtained.

A third limitation is that the testing of attitudes gives very little information about actual behavior. However, it is debatable whether subjects would be as honest in answering questions relating to behavior as in answering attitudinal questions. Also, in answering attitudinal questions, it is difficult to get at the underlying influences of that attitude. Again, personal interviews might have been used to eliminate the testing of attitudes rather than actual behavior.

Suggestions for Further Research

This study raises some important questions concerning women who have had a mastectomy. In order to adequately test the results found in this study, it would be necessary to have a random sample of recent Manitoba mastectomy patients. This would also allow a comparison between the attitudes of younger and older mastectomy patients. It could be predicted that the younger women experiencing a mastectomy might have more insecure feelings about her femininity and sexuality. Perhaps, an older woman is more

secure and established in her feelings of femininity and sexuality.

Secondly, this study was based on findings obtained from a questionnaire. Questionnaires are not always accurate because they only provide surface feelings and attitudes. To get at underlying feelings and attitudes, it would be desirable to employ an interview schedule.

Thirdly, it is evident that how a woman feels about her femininity and sexuality before mastectomy surgery will play an important part in a woman's attitude towards her femininity and sexuality after mastectomy surgery. This gives implications to the area of counselling mastectomy patients. It appears that how a woman defines her femininity and sexuality will determine how she will accept her mastectomy. It would be advisable for counsellors to determine how a woman defines her femininity and sexuality. This definition will enable the counsellor to select a way to assist the woman in her mastectomy acceptance.

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APPENDIX A

Enclosed with this letter you will find a questionnaire dealing with mastectomy. Your name was selected by the Mastectomy Organization as a person who would be interested in assisting with this research.

I am presently working on my master's thesis at the University of Manitoba. The purpose of this research is to learn more about the problems which women who have had a mastectomy experience. While much is known about the physical aspects of mastectomy, very little is known about the psychological problems. Through looking at the psychological problems, it is hoped to provide information which will be of use in preparing women to adjust to a mastectomy.

I realize that this may be a very sensitive area, but I also appreciate that if others are to be helped, information about your problems of learning to live with a mastectomy will be very important. Because of the practical importance of this research, I respectfully request your cooperation in filling out the enclosed questionnaire.

It is extremely important from a research standpoint to have your questionnaire completed and returned. The data will be analyzed as a group and will be reported as a group.

You are guaranteed complete confidentiality and anonymity. This research has been cleared by the Mastectomy Organization indicating that they are satisfied that every effort has been made to protect the confidentiality of those who have been selected for the sample.

Your cooperation will be greatly appreciated and will assuredly contribute much in the way of helping others who are to face the problem that you have experienced.

Yours sincerely,

Miss Sandra Peever.

APPENDIX B

QUESTIONNAIRE

The following questionnaire is concerned with the general attitudes of women who have had a mastectomy.

Directions:

Please check off the correct answer in the space provided. ( )

Please check off only one answer for each question.

1. How old are you?

___ under 20 ___ 20-25 ___ 26-30 ___31-35 ___36-40

___ 41-45 ___ 46-50 ___ 51-55 ___56-60 ___ over 60

2. What is your marital status?

___ married ___ separated ___ divorced

___ single ___ widowed ___ other _____

3. What type of mastectomy did you have?

___ radical mastectomy - the removal of the breast, lymph nodes and the major muscles of the chest wall.

___ partial or modified mastectomy - the removal of the affected breast and lymph nodes.

___ simple mastectomy - the removal of the affected breast only.

4. How many breasts have you had removed?

___ one breast

___ two breasts at the same time

___ two breasts at two different times.

5. How old were you when you had your first breast removed?

___under 20 ___20-25 ___26-30 ___31-35 ___36-40

___41-45 ___46-50 ___51-55 ___56-60 ___over 60.

6. What was your marital status at the time of your first mastectomy?

___married ___separated ___divorced

___single ___widowed ___other _____

7. If you are separated or divorced, do you feel that your mastectomy was one of the causes of your separation or divorce?

___ not separated or divorced

___ no, it occured before the mastectomy

___ it was a primary cause

___ it was one of the causes

___ I don't think that it was a cause

___ I know that it was not a cause.

8. If you are presently dating, do you feel afraid of telling the men you date that you have had a mastectomy?

___ I am not dating

___ always

___ depends on how serious the relationship gets

___ I'll tell him when I have to.

9. Do you wear many of the same clothes that you wore previous to your mastectomy?

___ all the time ___ nearly all of the time

___ none of the time.

10. When you go to be fitted for a bra, do you feel uncomfortable because of your mastectomy?

___ not at all ___ sometimes ___ always

___ does not apply.

11. When you learned of your possible mastectomy, who did you contact <u>first</u>?

___ my husband ___ my mother ___ my father

___ my children ___ a female friend

___ a male friend ___ a minister ___ other, specify

_____

12. When the mastectomy was done, who provided you with the most support?

___ my husband ___ my mother ___ my father

___ my children ___ a female friend

___ a male friend ___ a minister ___ other, specify

_____

13. Has your husband been a support to you?

___ I am not married

___ yes, right from the start

___ not at the beginning but he did later

___ not at all.

Directions:

Please check off the correct response to the following statements.

Note: in this section, you may check more than one response.

1. After my mastectomy, I had fears about my relationships with other people. They were:

I FEARED: __ the loss of affection from my husband

__ that my friends would find out

__ the loss of affection from my family and friends

__ that others would pity me

__ that my husband would not find me sexually attractive

__ that others would not see me as a whole woman

__ that I was no longer being feminine.

2. After my mastectomy, I had fears about my appearance. They were:

I WAS AFRAID THAT:

__ I would not be able to wear many of the same clothes that I had worn before

__ other people would be able to tell that I had a mastectomy

__ I would have to wear loose fitting clothing around the bust

__ I would not be able to wear a bathing suit

__ I would not be able to wear tight and close fitting clothes

__ my clothes would not be able to hide my mastectomy

__ I could not look at my scar

__ my husband would be revulsed by my scar.

Directions:

The statements which follow are expressions of attitudes related to mastectomy. Indicate how you feel about each of the following statements by circling the appropriate response.

SA = strongly agree A = agree U = uncertain D = disagree SD = strongly disagree

1. Our society is too concerned with breasts. SA A U D SD
2. A woman with a mastectomy should not wear a bikini. SA A U D SD
3. There are not enough feminine looking clothes on the market for women who have had a mastectomy. SA A U D SD
4. Breasts are an important indicator of femininity. SA A U D SD
5. A woman with a mastectomy should wear clothes that de-emphasize the bust. SA A U D SD
6. Men are not understanding of a woman who has had a mastectomy. SA A U D SD
7. Men don't find women who have had a mastectomy sexually attractive. SA A U D SD
8. People can tell when a woman has had a mastectomy. SA A U D SD
9. A woman with a mastectomy looks best in expensive clothes. SA A U D SD

10. Women's magazines should discuss some of the unpleasant sides of mastectomy. SA A U D SD
11. Men don't feel that women who have had a mastectomy are feminine. SA A U D SD
12. Most males are very breast conscious. SA A U D SD
13. A woman with a mastectomy has few clothes from which to choose. SA A U D SD
14. Girls who are well endowed with an ample bust line are awarded instant popularity. SA A U D SD
15. Generally, the majority of males and females find breasts to be an indicator of femininity. SA A U D SD
16. A woman with a mastectomy should wear her clothes loosely around the bust. SA A U D SD
17. Women who have had a mastectomy are generally afraid that someone will discover their mastectomy. SA A U D SD
18. When a woman loses a breast, she also loses a sign of her femininity. SA A U D SD
19. Women should be able to discuss their mastectomy with anyone. SA A U D SD
20. A woman with a mastectomy should consider having her breast rebuilt. SA A U D SD

21. I feel that women who have had a mastectomy are generally afraid that someone will discover their mastectomy. SA A U D SD

22. After my mastectomy, I felt less of a woman. SA A U D SD

23. I still feel that I am less of a woman. SA A U D SD

24. I can discuss my mastectomy with almost anyone. SA A U D SD

25. I find it easier to talk with someone who knows that I have had a mastectomy. SA A U D SD

26. I feel that women consider breasts to be an important indicator of femininity. SA A U D SD

27. I feel that women consider breasts to be an essential part of their appearance. SA A U D SD

28. My clothes make me feel confident because they hide my mastectomy. SA A U D SD

29. I feel that males think breasts are an important indicator of femininity. SA A U D SD

30. There should be a special line of clothing on the market for women who have had a mastectomy. SA A U D SD

31. I often feel the necessity to talk with someone who has had a mastectomy. SA A U D SD

32. When I lost my breast, I felt that I had also lost a sign of my femininity. SA A U D SD

33. I still feel that the loss of my breast is a loss of my femininity. SA A U D SD

34. I don't feel that Betty Ford and Happy Rockerfeller should have publicly announced their mastectomies. SA A U D SD

35. When I had my mastectomy, I felt that I could not carry on my normal activities (i.e. social activities, work). SA A U D SD

Directions:

Please answer the following questions if you have had a mastectomy since June 1974.

1. Is there presently a mastectomy organization in your community?

___ yes ___ no ___ uncertain

If yes, please answer the remaining questions:

2. Previous to your mastectomy, were you aware of a mastectomy organization?

___ yes ___ no

3. Did the mastectomy organization contact you?

___ yes ___ no

4. How did the mastectomy organization contact you?

___ mail ___ telephone ___ home visit

___ hospital visit ___ other, specify _____

5. How did this organization help you (you may check more than one answer)?

___ emotional support

___ a comfort knowing that there were others like me

___ I was provided with further medical facts

___ they encouraged me with my exercise program

___ they suggested clothes for me to wear

___ other, specify _____

6. Do you feel that it would be of benefit for the mastectomy organization to contact the woman before the actual mastectomy?

___ definitely ___ perhaps ___ definitely not

7. Did the mastectomy organization make you feel more accepting about your mastectomy?

___ yes ___ somewhat ___ uncertain ___ no

8. Were your visited by a member of the mastectomy organization after you left the hospital?

___ many times ___ frequently ___ very seldom ___ never