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The US Breast Cancer Body in the Rising Age of the Mastectomy

Abstract

This article discusses changes in women's bodies as a result of their breast cancer treatment and how they experience those changes. It draws on the lived experiences of five US women from my documentary *The Good Breast* (2016). All have lost one or two breasts and had different forms of breast reconstruction, from implants to latissimus dorsi breast reconstructions that use one's own tissue and fat. In what follows I explore how the rise of the mastectomy has produced various forms of a female body that looks for a kind of rebirth in the loss of the breast.

Keywords: female body, breast cancer, experience, *The Good Breast*

ISSN: 1867-1519

The Rise of the Mastectomy

Until 1880 breast cancer was a terminal disease. William Halsted's radical mastectomy, which he started to perform in 1892 at the Johns Hopkins University Hospital, was celebrated as a *cure* to breast cancer, with 50 percent of women who underwent the procedure finding themselves cancer-free three years later. While I do not diminish Halsted's importance—not only his innovative breast cancer surgery but his many other important inventions and surgeries—I do draw a historical connection between male surgeons like Halsted and others after him (such as Dr. Edward Lewison) and the misogynist gesture expressed in the radical removal of a woman's breasts.

As Siddharta Mukherjee has written about Halsted's attitude toward the physical and mental devastation caused by his methods,

> "Halsted accepted all these consequences as if they were the inevitable war wounds in an all-out battle. 'The patient was a young lady whom I was loath to disfigure,' he wrote with genuine concern, describing an operation extending all the way into the neck." (65)

The history of the cure to breast cancer—and indeed the very history of the term "cure"—is fascinating and complex. Halsted's statistics claimed that the radical mastectomy, while a disfiguring procedure, prolonged women's lives for at least three years without reoccurrence of the cancer, in what was labeled the "three-year-cure." Other surgeons, extending the logic behind Halsted's operation, went even further in resecting major parts of the chest wall in an attempt to improve outcomes. The claim of a "cure" was debated in the 1930s and 1940s, and it is still an open question to what extent Halsted may have manipulated these statistics.

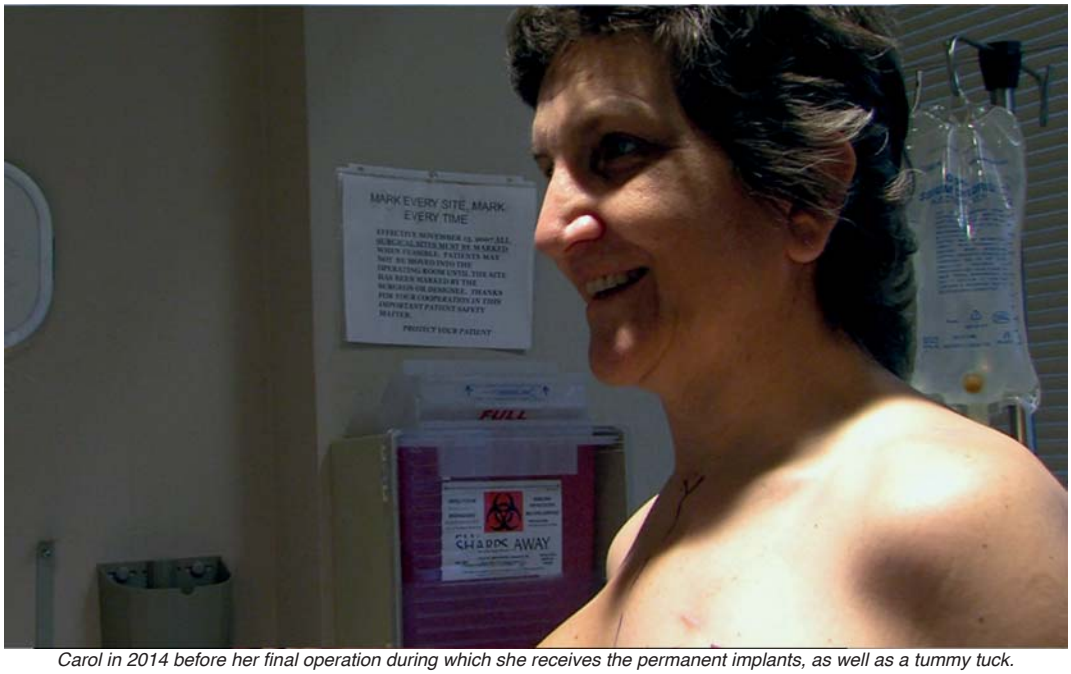
As increasingly extensive surgery was found to impose much suffering without additional benefit to patients, a shift in thinking about breast cancer occurred. Other procedures and tests after Halsted's era have helped advance the cure through preventative measures: the Pap smear test invented in the 1940s, and the practice of regular mammography screening, which was established in the 1960s and which helped to promote the idea of "women taking preventative action," to this day one of the most widely-promoted slogans in women's care-of-self discourse. With current genetic testing possibilities, prevention not only includes screening and routine self-examination, but goes as far as the prophylactic mastectomy that many women choose based on a positive test result for the BRCA1 or BRCA2, the so-called breast cancer genes. These mutations are risk factors for breast cancer but not a guarantee that the disease will ever develop. In some cases, women with BRCA mutations have questioned whether the presence of a BRCA mutation in their fetus is sufficient justification for termination.

Today, once breast cancer is diagnosed there are three common modalities employed to treat it: surgical removal (lumpectomy or mastectomy), radiological treatment, and chemo- or hormonal therapy. Taken individually, these measures cannot be said to constitute *one* therapy or cure to breast-cancer; rather, they are complementary procedures that are increasingly being individually tailored to treat specific biological characteristics of women's illnesses. Generally speaking, a woman is characterized as cancer-free after five years without the reoccurrence of either the same or any other cancer, although recurrences or new primaries can occur anytime in a women's lifetime. Certain "early stage" breast cancers such as DCIS (ductal carcinoma in situ) can be "cured" in that they are not likely to spread or reoccur anyway, but there is also on ongoing debate about whether these cancers should best remain untreated, as some of them may be indolent; and there is an emerging awareness that some may not even exhibit behavior that qualifies as "cancer." In other words, some of these conditions would never progress to a life-threatening condition, making treatment appear unnecessary at best and risky at worst. Nonetheless, as the diagnosis of the disease continues to rise, so does the incidence of such measures.

In contrast to other surgical procedures in the U.S., which have trended toward less rather than more invasive surgery due at least in part to the rise in robotic, laser, and endoscopic technologies, prophylactic mastectomy rates have increased over the last decade, including sharp increases in women opting for bilateral mastectomy in cases where cancer is limited to one breast (Kaufman). This enigmatic rise has taken place despite the clear evidence that, except in cases of carriers of certain genetic mutations such as those in the BRAC1 gene (Ford et al. 695), mastectomies do not guarantee survival benefits (Hawley et al.). Kaufman reports that this increase "is not well understood," while pointing to "physician recommendation, patient concern about recurrence, increased use of breast magnetic resonance imaging (MRI), and desire for symmetry" as the "main reasons women opt to undergo bilateral mastectomy."

Whatever the explanations may be, the rise in mastectomies is having an effect on women, their bodies, and how they experience them. In what follows I tell the stories of five different women and how they have lived with their decision to lose their breasts. Their motivations and results shall reveal the fact that the breast, unlike any other organ I can think of, does not follow any statistics in terms of how its loss is perceived and lived. Rather, it shows how it is able to link directly to a woman's most personal body identity.

Carol: An Amazon Warrior



Carol in 2014 before her final operation during which she receives the permanent implants, as well as a tummy tuck.

Carol McGinnis was a wild young woman, who had her first child at age 16. She lost her mother to breast cancer and remains angry that her mother never gave her the chance to properly say goodbye. Through her own experience with breast cancer, she realizes it was impossible her mother didn't know she was going to die—her own experience with the illness has brought her closer to understanding her mother's illness.

Carol had six children with two husbands before she met Eric Ward, ten years her junior, playing Halo online. Carol and Eric were "leaders" in the game, calling themselves AmaZaan and Alpha Shadow. Before she underwent chemotherapy for stage III cancer, Carol had long, thick hair that she had grown out for the full five years she and her husband, Eric, have been together. Eric has admitted that Carol's hair is his fetish—he wouldn't let her cut it before she had cancer and he kept Carol's hair when she had to shave it for chemo. They expect Carol's hair, when it grows back, to represent a "rebirth" in their relationship—"Like a phoenix rising from the ashes." Carol and Eric's sex life has remained active throughout treatment—they joke about their "chemo-sutra" sessions and can't keep their hands off each other.

Carol's twin daughters, Octavia and Echo, have been most involved in her treatment. They are like the yin and yang of their mother's cancer story—Octavia, who is studying to be a marine biologist specializing in sharks, has her mother's Amazon warrior grit. Echo, who is a Montessori-school teacher, has her mom's down-to-earth-ness and sensitivity. They both have beautiful, thick hair—Octavia's is short and Echo's is long.

When Carol found a large lump in her breast, which had developed rapidly after her last mammogram, Dr. Schnaper put Carol on a neo-adjuvant chemotherapy treatment, meaning she received chemo before surgery. Throughout her chemo treatment, which Carol described as "torturous," Carol's tumor shrunk noticeably—although not enough to keep her from undergoing a double mastectomy and radiation.

Throughout her grueling treatment, Carol's attitude remains positive—although not in a way that diminishes the seriousness of her case. She is strong in the face of mortality, and although her prognosis is unknown, she remains protective of Eric and of her family, guiding them through their insecurities around her illness' progression. She surpasses every obstacle with dignity: more positive lymph nodes than were originally expected; her development of lymphadema; the rosacea on her left breast. A week before going in for her final implant exchange, Eric and Carol decide that she will have a tummy tuck. She discloses this information only after the fact, and only told Octavia, not Echo. She says she did it for Eric and for herself. She also wanted to protect Echo, who is overweight, from "getting the wrong message." The tummy tuck and her breast implants turn Carol into a sex bomb (with breasts that are bigger now than they originally were). Her transformation has also highlighted that now that she can control the size and symmetry of her breasts, she wants to get them "just right," something she admits would never have occurred to her before the reconstruction process began.

Elizabeth: The Homemaker

Elizabeth Hammond, an accountant who is devoutly religious and home-schools her six children in Westminster, Maryland, was diagnosed with breast cancer when she went for her annual mammogram the day before her fiftieth birthday. The pathology reported a stage IIB *ductal carcinoma in situ* (DCIS). Her largest tumor was 6 mm and she had two of them. Elizabeth had two lumpectomies in December 2010, as two out of five of her lymph nodes tested positive. She started chemotherapy shortly after her surgeries in January 2011. In between her third and fourth treatment, Elizabeth sought the advice of plastic surgeon Dr. Gedge Rosson, who specializes in the DIEP flap breast reconstruction, in which blood vessels (deep inferior epigastric perforators) along with the skin and fat connected to them are removed from the lower abdomen and transferred to the chest to reconstruct the breast.

Elizabeth's mastectomy was performed on May 6, 2011, when Dr. Rosson first put in her tissue expanders to help decide whether or not a DIEP flap could be feasible. Her reconstruction was done in stages to make sure there was no tumor close to the chest wall; a total of five MRIs and biopsies and their path reports ensured that a DIEP flap could be done, and it was performed on July 25, 2011. A half a year later, in December of 2011 Dr. Rosson grafted Elizabeth's nipple. After a one-year healing process Elizabeth decided to have abdominal modifications (liposuction)

and nipple alteration. In April 2013 she had her areola and nipple tattooed by tattoo-specialist Vinnie Meyers, who was recently coined the “Michelangelo of nipple tattoos” by Vice magazine, which constituted, in Elizabeth’s own words, the “icing on the cake.”

While Elizabeth did not increase her overall breast size, she says her breasts have improved dramatically because they are “fuller on top.” This allows her to show more cleavage than before and she feels that she is able to fit into her clothes better. While waiting for her nipple reconstruction, Elizabeth decided to have liposuction done to her flanks, putting back a contour into her waist line; but with this procedure a fold was created on her waist “where the front was pulled down and the back wasn’t. It kind of made a strange fold.” Elizabeth explains that because the surgeon took out a lot flesh from the abdomen, it rearranged her body in the wrong way. She felt uncomfortable when sitting down. When modifying the fold the surgeon additionally liposucted her hips and upper thighs. She had always wanted to have this additional cosmetic procedure, but would not have done it only for the aesthetics of it. However, with the breast reconstruction spanning over a year, she felt it was an opportune moment to do it. Today there are still holes and depressions in her thighs that Elizabeth wants smoothed out. She is also unsatisfied with a “dog ear” at the end of her scar; additionally, her right hip feels flattened out, but on her left hip there is still extra skin, which she would eventually like to have removed. Finally, her abdominal scars on her hips require more work. She undergoes yet another cosmetic intervention to fix these features in the Fall of 2014, three years after her original diagnosis.

Elizabeth Hammond photographed by Sandra Geroux on the set of *The Good Breast*, May 17 2013

Elizabeth interprets this onslaught of cosmetic alterations in moral and even religious

terms: “I feel I am so much of a better person after being through this. I feel just like Jesus Christ, seriously, I am more of a conqueror. I have overcome so many things that I would not even have realized.” Like what, I ask her. “Such as being willing to be vulnerable to people. I say what I really think. I am an influence for positive overcoming. Being able to encourage other people that they can get through a trial. Be those financial problems, marital or health problems… there is always something that I can draw on from my experience.”

Elizabeth says she is now truly satisfied, and more than ever before, with who she is. Her breast cancer was a process and a trial to help her become a more beautiful human being, not only physically (although she definitely finds her body more attractive than it was before), but her relationships are a fuller and richer experience; “I like the new person better.”

Doris: The Victim

Doris had a botched lumpectomy by another surgeon a couple of years ago that left her disfigured. When asked by Dr. Schnaper why she wanted a double mastectomy, she responded, “It’s a mix.” She wanted the peace of mind to not have to worry about mammograms in the future, but also, as a “girly girl,” she wanted new breasts in order to feel more feminine.

Doris says the premium she places on looking attractive comes from her Italian mother, who believes a woman has a duty to look good for her man. Doris has been with Randy, her boyfriend, for two years. She sees her breast reconstruction as another way to please him—even going so far as to say her reconstructed nipples will “obviously” not be for her pleasure, but for his.

The daughter of a Korean War veteran and an Italian mother, Doris grew up in a strict family. Her father was physically abusive and tyrannical about her chores, white-gloving picture frames to make sure they were clean. She revealed to me that her grandfather sexually abused her from age 6 until she got her first period at age 11. Doris has never dealt with her traumatic past in a professional setting. Becoming a character in a documentary film has been a trigger for her to make the connection between her body image issues and her abusive past.

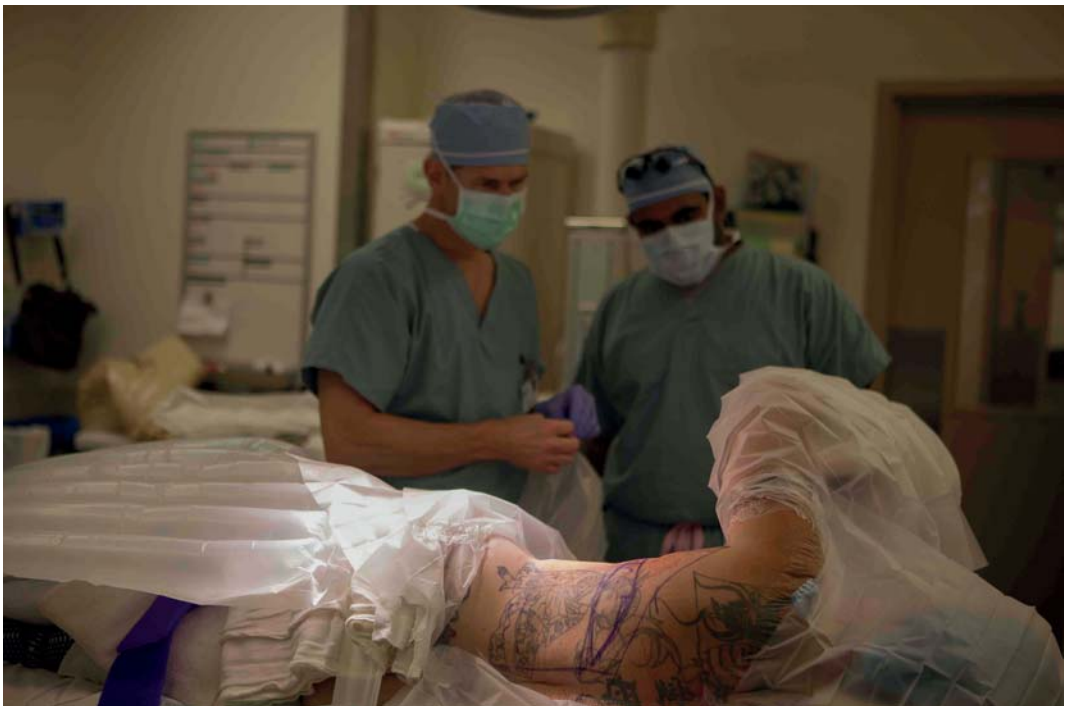
Doris tried for the largest breasts possible, but Dr. Slezak had to work with Doris on accepting the fact that her skin was too damaged from the radiation treatment to hold such a large size. Doris was heartbroken about this, and it almost ruined her vacation in Ft. Lauderdale, Florida, where she and Randy went for New Year’s Eve. After a consultation with noted nipple tattoo artist Vinnie Myers, Doris’s dissatisfaction with her new breasts comes to a head—she admits to Randy the thing she wants “more than anything” is cleavage.

Doris’s implant becomes infected twice, and she has to have it removed. With just one breast Doris feels lost—she says she would accept a 30-percent chance of dying just to have her breasts back. She visits plastic surgeon Dr. Gedge Rosson, who specializes in the DIEP Flap, which she sees as her last best hope, a way to be proud of her body again. But Doris is in

generally poor health—she takes dozens of prescriptions and is allergic to dozens more.

Just before her DIEP Flap, Randy leaves Doris, taking some of her money that he says she owed him for having taken care of her during her treatment and reconstruction. After the breakup, Doris moves between the substandard environments of her son, Sandro, in a low-rent Baltimore neighborhood, her daughter's McMansion in Pennsylvania, and her mother's ranch home in Annapolis.

Dr. Rosson performs the DIEP flap, and Doris wakes up after the 12-hour surgery in despair and confusion. Her first worry was, "Does my left breast now look like a football?" because her scar was so prominent. After two days at home, Doris's breast transplant over her radiated skin becomes severely infected, and she loses it in an emergency procedure with a different doctor. This is most likely where she contracts MRSA—a life-threatening bacterial infection. She blames Dr. Rosson's nurse practitioner, Laura Gavin, believing that Laura didn't admit her fast enough and that her infections could have been avoided. At one point she considers that she perhaps does not need "Dr. Rosson's bag of tricks" and will have the one breast removed and her chest tattooed as an acknowledgement of her history of breast loss, thereby liberating herself from the weight of the breast altogether. But as time goes by, Doris cannot resist seeing another surgeon, Dr. Bonawitz, who is able to make her a breast from her latissimus dorsi muscles. Doris suffered for a long time, but eventually got what she wanted.



Doris during the Latissimus Dorsi procedure in 2014.

Debra: The Ingenue

Debra is a white, middle-class nurse in her early 50s. She has a 14-year-old son, Brian, who sails competitively (representing the United States at an international regatta). Debra had a mastectomy and reconstructive breast surgery after being diagnosed with DCIS (stage 0 breast cancer)—an experience from which she has not recovered emotionally. At first, Debra hoped that breast cancer and her mastectomy had given her a new life opportunity to show more cleavage—but ultimately her fragility and her fractured self never gave her the chance to celebrate her transformation.

Every time I interviewed Debra, she cried. Despite the insistence of her plastic surgeon, Dr. Slezak, that her breast reconstruction was "one of the best [she's] ever done," she decided to correct it further with a nipple-sharing procedure, because one nipple rubbed against her T-shirt when she jogged. Dr. Slezak had the slightly larger nipple from her healthy breast "recycled" into the nipple on the new breast.

Debra Nelson discussing her nipple-exchange with plastic surgeon Dr. Sheri Slezak, film still, January 18, 2013

In the process of trying to find healing, Debra has turned to fashion—saying that she feels like more of a woman when she looks "put together." When a young designer asks her to be in a fashion show for breast cancer survivors, the experience helps her. She views fashion as a way of controlling her life. When I filmed her with Nancy Brinker, founder of the Susan G. Koman foundation at a luncheon in Palm Beach, she was excited and inspired by her story. She also won, with a breast cancer essay, a competition to be the honorary batgirl for the Orioles' breast cancer awareness game, where she threw out the first pitch. In one of her last interviews, however, Debra admits, while folding laundry, that her faith in the pink ribbon movement has faded, and that she sees it now as more of a commercial marketing effort than a real community that could ever

replace the support system of doctors and other patients who truly care for her.

When Debra learns of recent research that suggests that DCIS is not cancer (studies Dr. Schnaper concurs with), her identity as cancer survivor comes into question, and she begins to wonder if her suffering has been in vain. She also questions the fundamental and philosophically irresolvable question: "What if I had never had a mammogram? Or what if the recommendations to not have regular mammograms had come out five years ago, instead of today?"

During her self-imposed checkups with her oncologist, Dr. Donegan, she reveals that the loss of her breast triggers the idea of loss elsewhere in her life—her unhappy marriage, the loss of her fertility, and that she never was able to have a daughter.

Katie: The Rebel

Katherine Martinez (Katie) is a PhD student working in Cancer Prevention and Treatment Demonstration at the Department of Epidemiology at Johns Hopkins Bloomberg School of Public Health. In 2009, at the young age of 27, Katie was diagnosed with a 1.7 cm invasive ductal carcinoma throughout her breast. After a successful chemo treatment, her lymph nodes were clear of cancer, yet her tumor had a high proliferation index, and was moving very fast. At the time of her diagnosis, Katie was married to a man and trying to get pregnant. She had to undergo several lumpectomies (the margins kept on coming back positive) and four difficult chemo treatments, which led to yellowing of her skin and abrupt menopause. In addition, she experienced nausea and depression during the entire treatment.

After this experience, Katie elected to have a double mastectomy and breast reconstruction. Further, she divorced and realized she was gay. Katie reports to have experienced a sexual reawakening in a newly found masculinity that gave her a new sense of beauty and self-esteem. In a way, by negating her heterosexual femininity, she was able to regain strength and find new love as a lesbian. She remembers how her illness influenced her relationship in a negative way: "I had a husband and he was physically present but he was, like, addicted to the video game *World of Warcraft*. It was like his escape route, when I was sick, he would put on his headphones and play that. I spent a lot of time laying in bed watching movies and he never came in and watched a movie with me or anything, so it was pretty lonely."

Katie talks about her femininity as a heterosexual woman before her cancer diagnosis and a gay woman afterward: "I don't think femininity is something that is determined by parts, but instead it's in your brain. And the way you see yourself and the way you interact with the world. I was always in a way better position dealing with these things. I have always been pretty confident, sexually independent. I have not felt shame about my body in my lifetime, where there are other women who have felt that way before they get cancer and it just adds to it. I have had partners that have not cared or not been grossed out. To be honest, for my own sense of confidence I wear

a bra if I am having sex. It gives me an allusion that everything is normal. I can look down and be like, right, that's what it looks like. It hasn't affected me too much, but I do think it has an impact on a lot of people." Recently, at the age of 34, Katie went into menopause and realized that she won't be able to have children anymore, which she admits affects her sense of femininity: "I know that having children does not make or break a woman, sometimes it just feels unfair that I never got the opportunity all because of a 1.7 cm tumor. For being so small, it really upended my life."

Katie has been cancer-free for seven years now, which technically signifies that she is cured of the disease. As a result of her breast cancer she gained a new self and a new happiness that she finds in a certain negation of a traditional femininity that she left behind. She refuses the title of "breast cancer survivor," and instead prefers to think of herself as a cancer survivor. "If I hadn't gotten cancer I wouldn't be as happy as I am now. If I hadn't gotten cancer what would've happened is that I would've gotten pregnant with his kid, and I would have never come to Hopkins, never would've got a PhD, and I would still be living in a subdivision in San Jose, and I would be miserable. But I don't like to say that cancer is the best thing that happened to me. Because cancer is never the best thing that happens to anyone. The trajectory of getting cancer and then not being able to have a baby, then wanting to pursue other things ultimately made me a lot happier now. But it also destroyed my marriage, because I couldn't settle for anything less than what I really wanted. After you have confronted death it's really hard to go back to mediocrity."

Katherine Martinez, The Scar Project, photographed by David Jay 2011

By negating the term "breast cancer survivor" Katie points to the mastectomy as a gendered stigma, and the "femininity trap" that it produces. It forces women under the sign of the breast and closes off political questions such as that posed by the anthropologist Lochlann Jain, "can women

not show their chests in public because they are women, or because they have breasts?" Jain bases her answer on her experience of a mastectomy without breast reconstruction, recounting how she took off her shirt during a yoga class in small-town Canada: "Look or don't, I used to have another body that you couldn't by law look at, but now I have this body that you can, because its breasts have been taken off and in that place remains a flat space that is sort of coded male but really is very different…. And anyway, why should males get to hoard masculinity and shirtlessness to themselves?"

Shelia: The Saint

Shelia comes from a middle class African-American Baltimore family. Her family is religious and hardworking, and Shelia seems to be the black sheep, with dark stains on her past, including alcohol, drug addiction, and homelessness. Shelia, 53, is effusively warm, and through her illness her faith has grown stronger. But Shelia's cancer is very advanced. She had a double mastectomy and underwent aggressive chemotherapy, but her cancer had already metastasized. Her plastic surgeon could not finish his work because Shelia's cancer had entered her bones and liver. Additionally, her aggressive radiation treatment created a hole in her chest wall—a complication that caused her to be admitted to the hospital's intermediate care unit.

Still, Shelia wants to better herself through her illness. With renewed faith and stubborn optimism, Shelia refuses to give up on herself—and her suffering only makes her appreciate her life more. She enthusiastically joins a Baptist church in Baltimore—the Empowerment Temple, whose charismatic pastor, Jamal Bryant, a former MC, gives inspiring and at times even sexually-charged sermons. I heard from a Baltimore taxi driver that women who sit in the front row when he preaches sometimes don't wear underwear.

Shelia was a religious person before her diagnosis, but she faced her mortality with a renewed and strengthened faith in the midst of her caring family. Breast cancer runs in Shelia's family, her mom died of it, and several aunts. The night before her mastectomy the family gathers to talk about the past and the future. The younger family members are scared. Pastor Parker utters a special prayer for Shelia's upcoming mastectomy, but clarifies that only the Lord decides if Shelia will survive or not. The family members refer to Shelia as a saint. But she counters with modesty: "A saint is someone who walks with Jesus. I am not saint. I wish I was."

Shelia Westry during a prayer the night before her mastectomy September May 24, 2012

Shelia's sisters and family are always by her side—during her mastectomy, the waiting room is filled with her family members, who tell the story of their own mother and grandmother dying of breast cancer. Despite what one of her doctors called her "insane optimism," Shelia died away seven months into treatment. During her funeral, which I filmed, some her Shelia's friends—former drug addicts themselves—remember her selflessness and saintliness, and speak of her as always giving to others.

The stories of these five women remind us that the *rise of the mastectomy*, a procedure in many cases not medically indicated but instead chosen for reasons that have to do with the restauration of a woman's sense of self and sense of identity and thus cannot be explained in strictly medical terms, has significant effects on the women who endure it. Bodies recovering from surgery are always bodies that are forced to reckon with the changes those procedures imposed. In the case of women who have opted to lose their breast, that reckoning is often far more consequential than they could possibly have foreseen. But without "judging" these women's choices, what I found is that through the mastectomy they came out changed, for good and for bad.

To go back to the medical history of the mastectomy that I laid out at the beginning of the article, it seems as though — even if we are one-hundred years more "advanced" — the questions and themes around the breast and breast cancer have not really changed. Halsted believed in a cure that disfigured women's bodies with the radical mastectomy. According to the oncological breast surgeon Dr. Schnaper, the lead character from *The Good Breast*, mortality rates have not changed since the 1970s. It is more the perception that we have control over our bodies that has changed the landscape of breast cancer significantly. In a pivotal scene in the film the doctor explains the concept of lead-time bias and how it fools women into the belief that mammography

can save their lives:

> "Two women have the exact same type of cancer, but one is diagnosed at the moment that the cancer spread into other parts of the body, while the other one is diagnosed with a mammogram five years prior to its spread as ductal carcinoma in situ. But after five years her cancer suddenly shows in a different part of her body. While the second woman might believe that she lived five years longer, she did not. In fact it might be said that she had five more years of anguish living with the knowledge that her cancer might spread at a certain time."

Dr. Schnaper in the operating room explaining the concept of lead time bias, 2014

While raising questions about the utility of advanced screening, the provocative breast surgeon also shows how today's breast cancer discourse has been merged with makeover discourse at large. The promises are not a "cure" of a disease, but the opportunity to take control of one's life. In this regard I like to think of the breast cancer industry as one example of a patriarchal discourse that does not merely sell *itself*, but that offers the promise that every patient, especially in our patient driven medical market, can and should become her own commander, and can transform herself into something *else*. Through this opportunity of what makeover discourse has often called "rebirth" [1] we are not just "cured" but we are reconnecting with the "us" we always were: Doris victimized her body with endless surgeries to get the "perfect" breast that she always wanted and felt she deserved. Carol the amazon warrior treated her body like a battlefield with no sympathy for herself, and no looking back. Elizabeth gave herself the beautiful breasts she needed to fulfill her ideal of the perfect wife. Debra was reborn into the trauma of her loss of childhood, and many lost opportunities including not having a daughter. Katherine morphed into the masculine body that she always wanted to have prior to her cancer diagnosis, while Shelia transcended into the ultimate rebirth of reuniting herself with God. We stand before a process that

the biomedical industry promotes as the cure, but that in some ways exemplifies the logic of the cosmetic industry at large, which entices us with promises of a better, *truer* self.

Endnotes

[1] See, for instance, Bernadette Wegenstein, *The Cosmetic Gaze: Body Modification and the Construction of Beauty (*Cambridge, Mass: MIT Press, 2012), especially chapter one.

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Suggested Citation:

Wegenstein, Bernadette. “The US Breast Cancer Body in the Rising Age of the Mastectomy.” forum for interamerican research 10.2 (Nov 2017): 12-28. Available at: www.interamerica.de