THE ROLE OF THE BREAST AND THE UTERUS IN A WOMAN'S FEMININE SELF-CONCEPT: A CROSS-CULTURAL INVESTIGATION

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ABSTRACT

The present study investigated the role of the breast and the uterus in the feminine self-concept of black and white South African women.

It was hypothesised that the loss of the breast would be more traumatic for the white woman than for the black woman. This rested on the belief that the role of the female breast as an erotic stimulus for the male and an assurance of femininity for the female appears to be more pronounced in Western society than in African societies. In addition, it was suggested that the loss of the uterus would be more traumatic for the black woman than for the white woman as the meaning of the uterus appears to go beyond that of a childbearing organ, in so far as it is linked to the issue of sexual desirability.

Two groups of black women undergoing mastectomy and hysterectomy and two groups of white women undergoing similar operations were assessed pre- and postoperatively. Women completed the Berscheid, Walster and Bohrnstedt Body Image Scale (1972) which elicited data on body image, self-concept and satisfaction with intimate relationships. The observed data were analysed using analyses of convariance.

No significant differences between the black and white

women's responses to mastectomy and hysterectomy emerged. The findings were discussed in the light of the methodological difficulties encountered in this study. Criticisms of the study were made and suggestions for further research put forward.

To my family and friends

in gratitude

for their forbearance - and encouragement

I declare that this dissertation is my own, unaided work. It is being submitted for the degree of Master of Arts in Clinical Psychology in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other University.

Hillary Kemp

19 day of July, 1984.

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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND AND RATIONALE

> The female biological role concerns reproduction and the subsequent continuation of the species. An integral part of reproduction is sexual intercourse. Thus, a woman's sexual desirability contributes to her ability to carry out her biological function, as does the health of the reproductive organs. In Western culture, despite a tendency to downgrade and denigrate the female biological role, a woman tends to find her identity through her 'femininity'. This 'femininity' is composed of a combination of factors. Foremost among these are such things as physical attractiveness (which is felt to determine sexual desirability to a great extent) and the ability to bear children. Therefore, women's breasts, genitals, and reproductive organs are probably essential to her adaptation and self-evaluation as a woman (Polivy, 1974, p. 417).

1.2 THE BREAST

The archetypal woman has been represented as a Mother Goddess from the beginning of time. The ancient Babylonians called her 'the mother with the faithful breast', and in artistic representations the breasts were often impressively emphasized by multiplication. The great Diana of Ephesus is usually depicted with as many as

sixteen breasts while the Mexican Goddess of the Agave has four hundred (Lederer, 1968). The ancient Minoans represented their Mother Goddess with an elaborate flounced skirt and exposed breasts, and carved in one of their temples 'I have breasts, therefore I am' (Ayalah and Weinstock, 1980). Some of the most beautiful icons of the Goddess show her with the infant at the breast, whether she be the Egyptian Isis, her equivalent in Asia Minor, Peru or contemporary Africa, or the innumerable virgins with child of Christian art (James, 1960).

In strong contrast to the archetypal Mother Goddess are the most formidable and unnatural women of all history - the Amazons. They are encountered at the beginning of Greek history, and according to myth, they at one time ruled over much of Asia Minor and North Africa. They survived essentially without men and marriage, devoting their energies instead to governing and war. These fierce warriors were dreaded by the Greeks who regarded them as enemies without mercy. According to tradition, Amazon women amputated their right breast so that it would not interfere with their handling of a bow and lance (Lederer, 1968).

In our own time, in spite of a cultural taboo against breast exposure in Western society, the environment is pervaded by images of breasts.

> We are confronted everywhere with pictures of partially dressed seductive women ... whose breasts, tailored for love, are explicitly not meant for the loving nourishment of children (Mead, 1949, p. 79).

Mead contrasts this powerfully with primitive societies where there is no cultural ideal of beautiful breasts and no mystification of the body. 'The body is hardly covered at all and most of the major bodily changes are present to the child's eye' (p. 146).

Thus Mead (1949), after comparing the values assigned to the breast in both American and primitive society, concluded that the breast had become so idealized in America that it was a primary source of a woman's identification with the female sexual role rather than the maternal role.

Jourard and Secord (1955) supported the observation that the Western society is breast- and appearance-orientated society and investigated the role played by the size of body parts in self-concept. They found in a sample of American female students that smaller body parts than the mean sizes actually measured were a subjective ideal for all subjects, with the exception of the breast where large size was considered more desirable. Jourard and Secord (1955) questioned why a woman should have positive feelings towards her body when it corresponded with the cultural ideal.

They suggested that -

> A woman's status and security are in some cases highly conditioned by her perceived and demonstrated attractiveness to males - irrespective of her skills, interests, values, etc; hence if she does not feel or appear 'beautiful', she feels a loss of self-esteem (p. 246).

The ideal breast size has varied over the past few decades. Prior to and during the fifties, large breasts were regarded as desirable. During the sixties, influenced by models of the time, small breasts became fashionable. Following this period, societal changes placed less emphasis on breast size as an indication of attractiveness. This de-emphasis on the breast resulted largely from the growth of the woman's movement which rejected the association of breasts and female worth. More recent trends appear to reinstate the breast as an idealized part of a woman's self image.

Given the importance attached to breasts in contributing to a woman's self image, the loss of a breast may well have far-reaching consequences. One of the most pervasive assumptions about breast removal is that it is an assault on a woman's femininity. This assumption has been supported by numerous studies carried out in Western breast-conscious societies (Bard and Sutherland, 1955; Fitzpatrick, 1970; Gyllensköld, 1976; Katz, Weiner, Gallagher and Hellman, 1970; Renneker and Cutler, 1952).

Goldsmith and Alday (1971) have reported that of the several fears raised by mastectomy in women, the most important are fears associated with the loss of the breast, concern over sexual desirability and interpersonal and sexual relations. Polivy (1977), in addition, has suggested that mastectomy has a potentially profound negative effect on a woman's body image and self-concept.

1.3 THE UTERUS

While it is the mother as breast that sustains and nourishes life, it is the mother as belly that is the 'mater genetrix, mater omnium', the All-mother and the mother of us all. In Egyptian hieroglyphics femininity is depicted by the water jar, symbol of the uterus, the organ of procreation. The menarche is seen as heralding the possibility of motherhood. In addition, the regular return of the menses acts as a monthly reminder of the woman's unique role. The menstrual flow is also a visible indicator that the uterus is alive and well.

In Western culture the menarche is granted little formal recognition. In many societies, however, the radical significance of the female's entry into the adult world is viewed as a 'rite of passage' (Washbourn, 1979, p. 9). Southern African ethnographics describe the ritual responses with which menarche is met. Such rituals cul-

minate in initiation ceremonies marked by song and dance, bringing the initiate into the adult world (Hunter, 1979; Krige, 1974).

A review of the historical beliefs about the uterus reveals that the functions and significance of the uterus in the well-being of women has been a source of constant concern from earliest times. An ancient Egyptian papyrus (1900 B.C.) ascribes inexplicable symptoms experienced by women when they become ill t' 'the starvation of the uterus' or 'its upwa' dislocation with a consequent crowding of the or..s' (Veith, 1965, p. 3).

The Greek root 'hyster', meaning womb, is well know for its etymologic association with 'hysteria', literally meaning the 'wandering of the womb'. The Shorter English Oxford Dictionary (1933) defines hysteria as 'A functional disturbance of the nervous system, characterized by anaesthesia, hyperaesthesia, convulsions, etc., and usually attended with emotional disturbances'. In line with traditional beliefs, it is further stated that women are more prone to the disorder than men.

The word 'hysteria' was first used in the writing of Hippocrates (500 B.C.), who considered it an affliction limited solely to women and brought on by the wandering of the uterus through the body.

'Hysteria' was thought to occur in women who were deprived of sexual relations for a prolonged period. According to Hippocrates, the womb -

> ... dries up and loses weight and, in its search for moisture, rises toward the hypochondrium, thus impeding the flow of breath which was supposed normally to descend into the abdominal cavity (Veith, 1965, p. 10).

All manner of symptoms might then develop, symptoms which are considered hysterical manifestations in modern psychiatry. The main treatment that was recommended was that the woman, if unmarried, should marry at the earliest opportunity and engage in sexual intercourse.

While a wandering uterus is an impossibility in an anatomical and physiological context, this is not the case in so far as modern surgical techniques are concerned. Hysterectomy, or the surgical removal of the uterus, is responsible for the uterus wandering from the body altogether. Many empirical studies have shown that the effect of this procedure on the mind is far-reaching.

1.4 EMPIRICAL STUDIES

A large number of studies investigating the psychological correlates of both mastectomy and hysterectomy spotlight the significant place occupied by the breast and the uterus in feminine identity. The mastectomy studies generally support the finding that breast amputation is

experienced as an assault on a woman's feminine self-concept (Bard and Sutherland, 1955; Goldsmith and Alday, 1971; Gyllensköld, 1976; Katz et al., 1970; Polivy, 1977; Renneker and Cutler, 1952).

The literature on hysterectomy, however, appears to be more controversial. Many studies attest to the symbolic significance of the uterus and the consequent psychological risk to which hysterectomy exposes the woman (Barker, 1968; Drellich and Bieber, 1958; Hollender, 1960; Melody, 1962; Moore and Tolley, 1976).

Other studies do not lend support to this finding (Dodds, Potgieter, Turner and Scheepers, 1961; Hyde, 1979; Patterson and Craig, 1963). Patterson and Craig (1963) suggest that the integrity of the body is dependent upon external appearance and is not influenced by changes in the interior. Consequently, a visible organ such as the breast would be expected to be more vulnerable to threat. However, no studies appear to have included both surgical procedures.

1.5 BLACK WOMEN'S REACTIONS

Few studies investigating the impact of either mastectomy or hysterectomy have examined cultural groups other than Western women. However, informal discussions with African women, men, doctors and nurses suggest that cultural factors may well play a role in a woman's reaction

to the loss of her breast or to the loss of her uterus. While breasts are commonly regarded as organs of seduction in Western society, it would seem that the breast in traditional African culture may be primarily an organ for nursing the young (Ngubane, 1977). In African culture, breasts appear to be strongly related to a woman's role as a mother and not to her sexual desirability. Although the uterus is also central to procreation, its meaning for the black woman seems to go beyond its childbearing function. The apparent anxiety of the black woman in relation to hysterectomy which is generally recognized (Motlane, 1982) suggests that the removal of the uterus poses a greater threat to a black woman's feelings of femininity. It is suspected by African women that the loss of the uterus threatens the African man and detracts from his desire for her which may lead to a loss of self-esteem on the part of the hysterectomized woman.

1.6 SUMMARY

It appears that the loss of the breast or the uterus may have somewhat different implications for black as compared to white women. While both groups of women may react negatively to these losses, it is possible that the loss of the breast may be more difficult for white women to accept than their black counterparts. Additionally, the loss of the uterus may be more difficult for the black woman to accept than the white woman. The present study examines the impact of these losses

on the feminine self-concept of black and white South African women.

CHAPTER 2

REVIEW OF THE LITERATURE ON MASTECTOMY

> We can better understand ... if we consider the emotional meaning of the breasts within a woman's total personality. Breasts are among her most prized physical possessions ... Remove a woman's breasts and she has lost her badge of femininity (Renneker and Cutler, 1952, p. 834).

While mastectomy can be seen as a life-saving operation, there is a price to be paid in the loss of a breast and permanent disfigurement (Harrell, 1972). This may well be considered a high price within the value system of Western society. The literature on the psycho-emotional aspects of mastectomy pinpoints the significant role that the breast plays in a woman's self-concept. Not only are the breasts an integral part of the female body image but they are loaded with symbolic significance as representations of femininity itself. In sculpture and painting throughout the ages breasts focus on feminine beauty and female fruitfulness and motherhood. In Western culture well-shaped breasts contribute to the feminine ideal and provide an important sexual stimulus for the male.

Both benign and malignant breast disease have become

increasingly more prevalent over the last two hundred years. Breast cancer is the leading cause of death in American women between forty and forty-four years of age (Polivy, 1975). Stanway and Stanway (1982) report that one in fourteen American women will get breast cancer. In contrast, there is a relatively low frequency of breast cancer in the blacks of Southern Africa. Isaacson (1982) cites Oettle (1964), who maintains that it is less than one-quarter of that found in American whites. Burkett (1971), also cited by Isaacson (1982), maintains that both malignant and benign lesions of the breast are much less common in under-developed countries where women not only have constantly recurring pregnancies but feed their babies for longer periods. In fact, Stanway and Stanway (1982) point to the decline in breast feeding among Western women as a contributory possible cause of breast cancer.

2.1 DENIAL IN MASTECTOMY PATIENTS

The most common initial symptom of breast cancer is a breast lump. Delay in consulting a doctor when a breast lump has been detected is frequent, although there are indications that this is diminishing (Hinton, 1973; Polivy, 1977). The connection between the discovery of a lump and the possibility of breast cancer is often denied because of the overwhelming threat posed to the integrity of the personality. Denial appears to be a frequently used defence mechanism in mastectomy patients

and has received a good deal of attention in the literature. It would seem that this defence operates to protect the woman from intolerable anxiety in relation to losing a breast, as well as the fear of the disease itself (Bard and Waxenberg, 1957; Gold, 1964; Katz et al., 1970; Peck, 1974; Polivy, 1975; Schoenberg and Carr, 1970).

2.2 EMOTIONAL REACTIONS TO MASTECTOMY

The emotional reactions to mastectomy have been studied for more than a quarter of a century. While exacting experimental design and control groups are often lacking, these studies have focused on the mastectomized woman's emotional state, her feelings about her lost breast and the remaining one, the attitudes and reactions of her spouse and family and the influence of these on her feelings about herself.

Studies on the emotional effects of mastectomy (Harrell, 1972; Kurtz, 1969; Patterson and Craig, 1963) describe four common sequelae, namely, depression, diminished sense of femininity and womanliness, lowered self-esteem and the fear imposed by the potentially life-threatening cancer.

In the majority of studies of mastectomized women, emphasis is laid on the psychological trauma evoked by the loss of the breast, in addition to the anxieties

related to a potentially fatal disease (Polivy, 1975). In some cases it has been found that the more immediate threat to a woman's feminine identity and integrity constitutes a greater danger than the more remote threat to her survival (Goldsmith and Alday, 1971; Katz et al., 1970).

According to Schoenberg and Carr (1970), the loss of a breast may be experienced as the death of a body part and may symbolize or be psychologically comparable to the loss of a significant person. Post-mastectomy depression is striking in its similarity to mourning. Rosen (1950), in agreement with Schoenberg and Carr (1970), found that depression following mastectomy reflected an inability to cope with the loss of a body part. Roberts, Furnival and Forest (1972) have also reported a large incidence of depression following mastectomy. Ervin (1973), in confirmation of these studies, suggested that emotional suffering outweights any physical suffering in mastectomy cases.

Further support for the emotional impact of mastectomy comes from Renneker and Cutler (1952). In a pioneering study of psychological adjustment to breast cancer, the dual psychological stress of coping with a potentially life-threatening disease, as well as mutilation to the breast, was examined. Depression tinged with feelings of shame and worthlessness were noted as frequent reactions.

Renneker and Cutler (1952) linked this depression to mourning for the lost breast which aroused a sense of damage to feminine respect. As they express it:

> To threaten the breast is to shake the very core of her feminine orientation. Psychologically it has the same qualitative meaning as the loss of the penis to the man (p. 834).

The authors maintain that the initial central problem of adjustment is to a mutilated self and that the threat to life only becomes an adjustment problem after this has been dealt with.

Bard and Sutherland (1955) stress the importance of the breast in a woman's psychic and physiological maturation. With the development of the breast early in puberty most Western girls become aware of their breast as a criterion of their acceptability as women.

Benedek, Poznanski and Mason (1979), in a study on adolescent girls' reactions to breast development, describe the intensity with which girls focus on the development of their breasts. These authors further amplify the anxiety and embarrassment which may result from either excessive or inadequate development.

For those women who weigh their worth and acceptability as women in terms of body attractiveness, mastectomy

will represent an intolerable narcisstic insult. Bard and Sutherland (1955) cite numerous examples of women whose major fear of the operation related to being defemininized, desexualized and disfigured. However, while emphasizing the significance of the breast in feminine psychology, they nevertheless conclude that there is a variety of possible adaptations to mastectomy.

Bard and Sutherland (1955) maintain that a woman's response will be determined by a complex interaction between physiological, psychological and cultural factors.

Bard and Sutherland (1955) believe that the mother-daughter relationship during puberty will have an important influence on the way in which the female integrates her breasts into her body image and self-concept.

For some women, the breast is psychologically integrated into a framework of self-esteem so as to assure good feminine functioning. In other cases the breast is integrated as a defence against feelings of worthlessness as a woman. Bard and Sutherland (1955) state that these resolutions and defences are operative throughout a woman's life and that this will influence her reaction towards breast loss.

This conclusion is supported by the writings of Fitz-

patrick (1970) which maintain that a woman's response to breast loss will be strongly tied to her concept of her own femininity. While women often react to mastectomy as a 'mutilating assault on femininity', Fitzpatrick (1970) believes that this response is encouraged by a sex symbol orientated society.

Katz et al. (1970), in support of Bard and Sutherland (1955) and Fitzpatrick (1970), report that the cosmetic issue of breast loss appears to be more threatening than the malignancy itself. However, Katz et al. (1970) speculated as to whether this perception is due to displacement, reassurance from the physician as to the potential danger of the illness, or the failure of denial as a defence against the loss of a highly cathected and visible part of the body. Katz et al.'s (1970) speculation is interesting in the light of the views of Goldsmith and Alday (1971). Goldsmith and Alday (1971) have reported that some women react to possible loss of a breast with such overwhelming concern and depression that they speculate a possible displacement of the fear of death on to the loss of femininity.

2.3 THE INFLUENCE OF AGE ON REACTION TO MASTECTOMY

There is a number of references in the mastectomy literature to the belief that women who have fulfilled their feminine role through marriage and child-bearing and are post-climacteric adjust more easily to breast

loss. Renneker and Cutler (1952) claim that the psychological trauma following mastectomy tends to be greater in direct proportion to a patient's youth and to the degree of feminine achievement that she experiences. A survey conducted for the American Cancer Society by the Gallup Organization (1973) indicated that younger, middle class women found breast loss more threatening than older women. Fifty-one per cent. of the entire sample of 1 007 women said that breast removal would lead them to lose their sense of being women. Single women (61 per cent.) and those eighteen to thirty-four years old (66 per cent.) indicated this even more strongly.

Contrary to the above finding, Goin and Goin (1981) maintain that the importance of the breasts does not decrease with age. They conducted a study of older breast reconstruction patients in which they found that older women are often ashamed of their feelings of loss after mastectomy. These women considered their grief response to the loss of the breast as inappropriate for their age when such things should no longer matter.

2.4 MASTECTOMY AND THE REMAINING BREAST

Goin and Goin (1981) cite the studies of Leis (1971) and Lewison (1970) which investigated the importance of the remaining breast in women who have had unilateral mastectomies. It would seem that often the remaining breast has a positive and negative value to the patient. It

remains as a symbol of femininity, motherliness and sexuality and as such is a source of strong psychological support. On the other hand, however, it may be regarded as a useless and non-functioning body part which few women are happy to expose juxtaposed to their mastectomy deformity. Few women allow it to be touched during sexual relations. If the remaining breast is large, the woman often feels lopsided and unbalanced (Goin and Goin, 1981).

2.5 MASTECTOMY AND THE MAN'S PERSPECTIVE

Wellisch, Jamieson and Pasnau (1978) studied the psychological aspect of mastectomy from the man's point of view. Wellisch et al. (1978), in a sample of predominantly affluent urban Caucasians, found that the husband's attitude and approach to his wife's mastectomy influenced her post-operative adjustment. This was particularly the case when the husband was involved in decisions about the treatment of the breast cancer, visited the hospital frequently, resumed sexual relations early after the mastectomy and was willing to look at the woman's operative site after the surgery. One striking finding of this study was, however, that nearly two years after the mastectomy only 80 per cent. of the husbands had seen their wives naked.

Only a few studies seem to indicate that the emotional effects of mastectomy are not as far-reaching as the

general mastectomy literature suggests. Craig, Comstock and Geiser (1974) found a similar physical and psycho-emotional adjustment in a mastectomy group and a control group. A study by Worden and Weisman (1977) did not support the prevalence of the post-mastectomy syndrome and its reputed relation to the symbolic and sexual significance of the breasts.

Goin and Goin (1981) criticize both these studies on the basis that subjects were interviewed five years or more after mastectomy. They suggest that one would expect to find that many subjects had achieved a reasonable level of adjustment after that period of time. They further criticize Worden and Weisman's (1977) decision to ignore questions relating to body image distortions and disturbances in their female subjects after mastectomy. According to Goin and Goin (1981), patients do not reveal information about sexuality or body image distortions unless specifically asked.

> It is unfortunate that these investigators deliberately refrained from asking such questions, since they were in a position to uncover information about women with breast cancer which could have been compared with that from patients with other cancers, whose treatment we would expect to have a lesser impact upon body image (p. 170).

2.6 MASTECTOMY AND BODY IMAGE

The literature on mastectomy and body image supports

the contention that there is a relationship between body image, general self-concept and physical health. Of particular interest, in the light of research on body image, is the finding that the primary source of anxiety for mastectomy patients is the loss of the breast and consequent feelings of mutilation and defeminization. It is therefore surprising that only one study has investigated the effect of this radical alteration of the body on the body image and self-concept of women (Polivy, 1977). In this study Polivy (1977) attempted to measure changes in body image, self-concept and total self-image in mastectomy patients as well as in biopsy and surgical groups. She found that mastectomy subjects evidenced a decline in body image and self-concept in a six to eleven month period after the operation. There was no change in these variables immediately after the operation, possibly due to denial. Over time, denial appears to be broken down by the reality of the loss and is reflected in the woman's self-concept.

2.7 POST-MASTECTOMY BREAST PHANTOMS

As early as 1872, Mitchell, when writing about phantom limbs, maintained that this phenomenon was not confined to lost limbs but also to 'the amputated breast which is often felt as if present' (p. 360). Kolb (1954) described the phantom experience as a wish-fulfilling hallucination.

In spite of the frequency of mastectomies and the theoretical interest in the phantom phenomenon, only a few studies on the phantom breast have been reported (Ackerly, 1955; Bressler, Cohen and Magnusson, 1956; Crone-Munzebrock, 1950; Jarvis, 1967). The proportion of post-mastectomy patients who reported phantom breast sensations was essentially identical in the Ackerly (1955) and Jarvis (1967) studies, i.e. 23 per cent. and 22 per cent. respectively. The remaining two studies, however, reported proportions between two and three times greater, 53 per cent. (Crone-Munzebrock, 1950) and 64 per cent. (Bressler et al., 1956). Jarvis (1967) suggests that a possible reason for the discrepancy in the findings may lie in the fact that almost all post-mastectomy women have breast phantoms at one time or another but hesitate to report such a seemingly foolish phenomenon.

It was not until the study of Bressler et al. (1955, 1956) that an attempt was made to understand the phenomenon from a psychological point of view. Their view is particularly interesting in the light of the present study. The authors maintained that the breast played a significant psychological role in the body image. At the same time they considered it insignificant from a neuro-physiological point of view. Ontogenetically the breast is an early development. However, phylogenetically it is a late development in so far as the breast only appears during puberty as a 'functioning organ' in the life of the female.

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The breast is poorly supplied with afferent nerves and has limited mobility, unlike the legs and the arms. This detracts from its neuro-physiological significance in the body image. Studies indicate that the neurological pattern of the body image is formed by the age of six or seven. This, according to Bressler et al. (1955, 1956), explains why children who have limbs amputated before this age do not develop phantoms. It follows, then, that the breast phantom phenomenon cannot be understood on the basis of neurological factors. In this situation, psychological factors are needed to provide an explanation and Bressler et al. (1955, 1956) perceive the breast phantom as an attempt to protect the integrity of the body image. They are in agreement with Kolb (1954) who views the phantom phenomenon as an expression of grief for the loss of the breast.

Gyllensköld (1976) regards the phantom breast sensations as an adaptive mechanism.

> Since the operation entails an abrupt removal of the breast and since the body image cannot be expected to alter as rapidly, it seems reasonable that after the operation a woman may have the sensation that her breast is still there although she knows she has lost it (p. 297).

The author suggests that those women who do not have breast phantom experiences are defending against the psychological pain of losing a breast. She links this to the inability to mourn the breast loss as an expression