

Article

Body Image and Survivors' Identity: An Analysis of Selected Breast Cancer Narratives

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Abstract: Medical Humanities offers an interdisciplinary approach towards the arts and their application to medical studies. Breast cancer narratives have a prominent base in this field of study. This paper aims to conduct a comprehensive analysis of the breast cancer narratives. *Let Me Get This Off My Chest: A Breast Cancer Survivor Over-Shares* by Margaret Lesh and *Had I Known: A Memoir of Survival* by Joan Lunden in order to gain insight into the effects of body image disfiguration on the psychosocial wellbeing of breast cancer survivors and to trace the social constructs of femininity as a significant cause that jeopardizes their identity as well as quality of life. The paper begins with a chapter introducing the core chapters and provides a brief overview of Medical Humanities as a field of study, as well as Breast cancer narratives. The following chapters analyse how body image disfigurement becomes detrimental to the survivors' quality of life. Furthermore, this project outlines the role of breast cancer narratives in expanding the scope of awareness about the condition among patients. It examines how these narratives may contradict socially constructed notions of femininity by providing a platform for communication.

Keywords: Body image; Medical Humanities; Femininity; Breast Cancer Narratives; Embodiment

Introduction

Cancer narrative is a developing literary genre that grows in popularity as published accounts by people who have personal experience with cancer and the hardships that accompany it, altogether gaining traction. The importance of this genre lies in the narration of first-person narratives, which can convey profoundly personal truths and insights. Cancer Narratives fall under the umbrella of the field of Medical

Humanities. Medical Humanities refers to the interdisciplinary field of humanities, science, and the arts, and their application to medical studies. Aside from instilling a moral attitude in medical science and philosophical awareness in the field, the medical humanities strive for a variety of other objectives, such as bridging the gap between science and human experiences. (Cole et al. 25).

Breast Cancer Narratives holds a prominent role in the medical humanities, focusing on the importance of addressing women's psychological distress as well as physical strain. Cancer is the most significant cause of illness and death on the globe, among which breast cancer is the most frequent malignancy in women, impacting an estimated 2.1 million people worldwide each year, according to 2020 statistics research. Fortunately, the survival rate is increasing due to increased knowledge of the illness and advances in early diagnosis technology and treatments (Brunet et al.). However, the lengthy treatment process can result in body image issues, anxiety about recurrence, and psychological discomfort. This paper aims to investigate these struggles further, drawing references from the memoirs of Margaret Lesh and Joan Lunden.

Margaret Lesh is a freelance court reporter whose memoir, *Let Me Get This Off My Chest*, delves into a treatment path through the eyes of a two-time breast cancer survivor. She shares the complete records of her life as a cancer patient from the moment of diagnosis until her recovery and how it impacted her personal as well as professional life through the heartfelt collections of essays compiled in this memoir. Joan Lunden's *Had I Known* also serves a similar purpose. Joan Lunden, a popular journalist and former Good Morning America anchor, speaks candidly about her struggle with breast cancer, her drive to learn about it and teach others about it, and the profound effect it had on her life in this daring and very personal memoir. Lunden also shares the troubles she faced after radiation and chemotherapy. Her constant fear of others' recognition of her disease and assessment of her deformity is visible in this work. Both of these memoirs serve as primary texts in this thesis, establishing the arguments.

Body Image And Survivors' Quality of Life

This chapter is an endeavour to summarise the psycho-social experiences of Breast Cancer survivors, on account of their Body Image disturbances. A person's psychological health is just as crucial as their physical health (Breast Cancer and Mental Health), emphasising the importance of considering the psychological distress of breast cancer survivors. The chapter also investigates the possibility of post-treatment changes in body image that diminish women's self-esteem, impacting their quality of life. The observations elucidated are based on the firsthand experiences of Margaret Lesh and Joan Lunden, as shared through their memoirs, *Let Me Get This Off My Chest* and *Had I Known*, respectively.

A vital component of femininity is considered to be one's body image (Thakur et al.). The concept of body image denotes one's thoughts, feelings and perception of their own body's aesthetics or sexual desirability (Brunet et al.). About the female body specifically, the breasts have certain social connotations associated with femininity,

maternity and sexuality (Thakur et al.). They are crucial in bringing about completion while establishing one's overall identity. Their social relevance characterises different phases of their lives, contributing to their overall well-being.

Breast cancer has become more prevalent over time. The advancement in diagnosis and treatment has increased the likelihood of survival for patients to some extent. However, several internal and external physical alterations are involved in the treatment that contribute to the drastic effects and transformations in patients' lives, forcing them to grapple with both the physical and psychological aspects of the healing process. These changes have a cumulative effect on women's sexuality and perceptions of their bodies due to hair loss, partial or complete breast removal under the medical procedure of mastectomy, tamoxifen hot flashes, discrepancies between actual and desired body weight, weight gain, and physical deconditioning due to damage to body tissues, hormonal imbalance causing early menopause, scarring, and reconstructive surgery (Brunet et al.). These physical changes may impair patients' self-esteem, leading to significant psychological problems such as anxiety, sadness, depression, social withdrawal, sexual health and intimacy issues, and an overall decline in their quality of life (Brunet et al.).

Research shows that breast cancer's physical effects are closely tied to emotional distress, including depression, anxiety, and body image concerns (Brunet et al.). Key factors causing physical changes in patients include chemotherapy, radiotherapy, surgery, and high-dose medications, with chemotherapy often resulting in irreversible hair loss that impacts self-image. Mastectomy and lumpectomy are common and effective for early-stage breast cancer. However, negative self-perceptions from these treatments can harm self-esteem, making them vulnerable to the development of mental health difficulties.

Body image, or the perception of bodily appearance in women, has been comprehensively analysed and surveyed to understand their perceptions, attitudes, and ideas (Brunet et al.). It is related to the perception that one's self-view can be influenced by either how one thinks about one's own body or how others perceive one's body. Specific bodily changes caused by cancer treatment shake the patients deeply, making them feel imperfect, insecure, inferior, lopsided, or otherwise unappealing to others as they deal with treatment-related events. These modifications even served as a persistent reminder to the survivors of their triggering events, which frequently included unpleasant or invasive experiences. These tragic pasts frequently prohibited individuals from living a peaceful life free of the worry of contracting the same ailment again. These frequent reminders of the disease are something dreadful in their lives. Margaret Lesh explicitly states this in *Let Me Get This Off My Chest* as: "I knew I had breast cancer and wanted the cancer removed; what I did not need was the constant reminder of the disease." (43). Lunden also observed her alterations following the chemotherapy and surgery as a reminder that screamed "CANCER PATIENT". (270).

The most likely and influential treatment-related events that have been identified include: (1) losing a breast, specifically the diseased one, (2) discrepancies between

actual and desired body weight, weight gain and physical deconditioning, (3) scarring, (4) hair loss, (5) hormonal imbalance, (6) reconstructive surgery.

Breast loss continues to be a cause of distress for breast cancer patients throughout time, and it plays a significant part in distorting their body image and leaving a noticeable difference in them (Brunet et al.). In this scenario, removing one's breast, which is a vital body part, can make a woman feel as if she is losing themselves piece by piece. For some patients, the evident body difference after surgery is difficult to bear; they find it unfeminine or unappealing. They realise, like Lesh did, that "My body will be forever changed" (183). Patients who have entirely lost their hair, like those who have lost their breasts, are more likely to fear being recognised as sick. Today, people are seeking remedies for their deformities, and various options, such as wigs, hair transplant treatments, and hair extensions, are available to them. In that regard, hair loss may be regarded as transient in comparison to other side effects, as hair regrowth is possible once chemotherapy is completed. Alternatively, many of these remedies are freely accessible to patients. All of these can shield them from immediate dangers. However, the ultimate Reality of relying on artificial measures to compensate for their disability is a sobering Reality for at least some patients and survivors. Along with their own experiences, Margaret Lesh and Joan Lunden share the stories of cancer patients and survivors they know, and how they went through multiple rounds of chemotherapy, losing all of their hair and leaving their bodies wrecked and ravaged. Like Joan Lunden, Margaret recommends trimming the hair just before it begins to fall out. She states: "You know, so it does not all fall out in long chunks." (72). Lunden's reaction to her hair falling out during chemotherapy was:

Although I had lost my hair, eye-brows, and eyelashes once already, it is still shocking to see hair of any type fall out in clumps when it is supposed to be permanent on your body. (251)

With the advancements in the field of medicine and treatment facilities, it is anticipated that solutions for treatment-related side effects will emerge. Patients who have had a mastectomy or breast removal now have the option of reconstructive surgery. Breast reconstruction is the surgical placement of breasts. However, many patients were unable to contend with their artificial breasts when their expectations of the new breast were not met. This, too, is subjective; it is influenced by people's attitudes and perceptions. Lesh's comments on her post-surgery appearance are odd; the acquisition of a new breast did not meet her expectations, as it was slightly asymmetrical. Moreover, the most horrifying incident, a detachable nipple falling, is hilariously handled in the work. Her revulsion to a foreign part linked to her is apparent in her referring to the new breast as "Frankenboob". Margaret mentioned something that mirrors the way post-treatment occurrences disrupt their peaceful lives in the short story she wrote five days before her bilateral mastectomy:

She considered the improbability of her husband still finding her attractive with her ashy complexion and extra weight. Hell, she had no hair and was missing parts.....Love-making would never be quite the same again. She still could not look at herself (189).

Women described how disparaging remarks about their appearance and put-downs from family members left them subject to self-criticism (Chrisler and Robledo 11). Some women rely on empathy and compassion from people in their social network, and receiving unconditional acceptance might help them feel better about their bodies. In the case of Margaret Lesh and Joan Lunden, their progression is marked by numerous references to how well their spouses treat them. When their spouses embrace their vulnerabilities and abnormalities, they are relieved of some of their negative self-perceptions. This is not the case for some other women who can identify with Margaret's character in her short story:

She held the wet paper towels, dropping them in the kitchen trash, catching sight of herself in the mirror. She brought a hand up, touching her face. The gauntness in combination with her hair stubble caught her off guard. *How can he love me like this?* (190).

However, there can be instances in which their psychological inclinations keep them away from others. Breast cancer survivors' psychological state after dealing with treatment-related disruptions and abnormalities may cause them to consider withdrawing from treatment options.

As a result, the negativity or positivity spiral highlights how women's body image can influence every aspect of their lives. Their negative body image spiral or self-dissatisfaction and insecurity would eventually have an impact on their profession and relationships, undermining their self-confidence and self-worth and ultimately jeopardising their overall well-being. This is similar to one of Margaret's concerns:

During the period of my lumpectomy and radiation back in 1999-2000, I was off work for approximately four months. What I found during that time was that the physical recovery was maybe half; the other half was mental. I had to overcome my fear of moving on. There were a multitude of fears- the fear of going back into the world, of having this invisible sign hanging around my neck that read: "This person had breast cancer." (86).

This paper focuses on the impact of body image disfigurement on the psychosocial well-being of breast cancer survivors. It outlines risk factors and treatment options for breast cancer, explores women's relationships with their body image, and examines how treatment-related changes can negatively affect this perception and overall well-being.

Femininity As a Social Construct

Simone de Beauvoir's recognised statement that 'one is not born, but rather becomes a woman' is indicative of the social constructionist position on the woman's body, emphasises that a woman experiences her body, sexuality, and feminine identity as a social being located in a specific cultural setting with its dominant values and norms. This viewpoint accepts the physicality of the body as matter or substance, as given, and proceeds to explore the formation of identity in gendered terms within its

societal setting (Thapan 5). This chapter attempts to investigate femininity as a socio-culturally constructed concept.

According to American journalist Ambrose Bierce, there is a cultural tendency to categorise women primarily based on their physical appearance. The generality of women's physical appearance as an indicator of their identity is examined in this chapter through the lens of embodiment theory. This chapter defines the term "Embodiment". It explores the relationship between the body and the self, as well as the concept of body image and how it is shaped by society and culture, particularly in the case of women. Using the viewpoints from Meenakshi Thapan's "Embodiment: Essays on Gender and Identity." Moreover, this societally constructed gendered identity is questioned, with arguments drawn from Lois McNay's "Foucault and Feminism: Power, Gender, and the Self", and concludes by connecting the concept of socially constructed femininity as a significant cause of the psychological disturbances experienced by breast cancer survivors.

In psychology, Embodiment refers to an agent's reliance on their own body for cognition. (Haosheng, 2014). In other words, this term refers to the effect the body has on shaping the mind. The French Phenomenological philosopher Maurice Merleau-Ponty is credited with introducing the term 'Embodiment' in his work, bringing attention to the body as the living, beating centre of human experience, or the 'lived body', rather than as a lump of matter. He defined the lived body as a social agent; thus, the body mediates all our perceptions, experiences, and interactions with others. Furthermore, the body is never separated from the world but instead immersed in it, viewed and touched by others (Chrisler and Robledo 8-9). The body is regarded as a sign or code significant insofar as it speaks about a social Reality other than itself. It emphasises the body as a representation of encoded social meanings, serving as an image of society or even a metaphor for it (Thapan 108-110).

A similar perspective was held by Foucault, who emphasised how others see, assess, and react to the body. As a result, people's assessments of their bodies are influenced by others, and assumptions about a person's gender, race, ethnicity, class, age, attractiveness, and even natural abilities can permanently shape that person's perception (Chrisler and Robledo 9). The research has concentrated on how femininity is culturally constituted in various socio-cultural contexts. It is challenging for women to achieve a comfortable embodiment since many view their bodies as objects of sexuality or objects of beauty and are subjected to constant assessment and judgment. The majority of women are aware that they are continually being assessed because these judgements are accepted as usual and do not require explanation, which leads to issues like fashion police, slut bashing, and harassment on the streets (Chrisler and Robledo 9).

The self and the body are inextricably linked; the self cannot exist apart from the body. This makes the body a crucial component of each person's sense of self. At the same time, our sense of self-worth is significantly shaped by how other people perceive our bodies (Chrisler and Robledo 4). The way that people view other people's bodies triggers stereotypes in them, which can result in approaches being approved or

disapproved. Individuals are even treated and appraised differently based on information gleaned from observations of their physical appearance. This highlights difficulties associated with ageism, sizeism, lookism, and racism, among others (Chrisler and Robledo 5).

Given that they are expected to be constrained by the social norms of femininity, women are constantly given directives regarding their bodies' appearance, functionality, and behaviour. The idea that their bodies should be feminine, attractive, pure, modest, thin, with idealised bends and curves in the correct places, as well as youthful, mature, stylishly dressed, in control of their bearings, posture, and appetites, healthy, fit, and able-bodied, is instilled in them from an early age. (Chrisler and Robledo 11). Somehow, these norms become aspirational for them, and they strive to acquire those traits in order to conform to gender and cultural norms, avoid stigma, establish and sustain a romantic or sexual connection, and ultimately achieve social status.

People's perceptions and feelings regarding their bodies and physical functions help to shape their body image. Body image encompasses internal, subjective representations of physical appearance, sensations, health, disease, and internal processes, among others (Chrisler and Robledo 10). Thus, body image is crucial in fostering identity, confidence, and self-worth. This is where the queries surface: Is there individuality in femininity? This sets an atmosphere for a gender-based identity crisis. For those who have survived breast cancer, it appears to be even more crucial. At this point, I intend to extrapolate and draw a connection between the social norms that shape the ideals of femininity and the underlying reasons for the psychological and sociological issues that breast cancer patients and survivors experience.

It is known that most women find it difficult to live up to the socially constructed ideals of femininity. When it comes to people with breast cancer, everything gets more intense. In addition to their frail health, they had to struggle much more to regain their normalcy in appearance in order to conform to society's expectations of what it meant to be a woman. Specifically, the established beliefs that women's appearance constitutes their identity happen to be the most bothersome aspect of their lives, and they are finding it difficult to comply with the expectations of femininity placed on them by society and culture in order to gain acceptance and be a part of the community.

The breast cancer accounts *Let Me Get This Off My Chest: A Breast Cancer Survivor Over-Shares* by Margaret Lesh and *Had I Known: A Memoir of Survival* by Joan Lunden serve as testaments to the struggle of women, especially breast cancer survivors, to regain what is considered "normalcy" in appearance. Both Lesh and Lunden relate to the feeling of striving to conceal their deformity from the world by employing artificial means to restore their previous body image.

Joan Lunden openly expresses her fear of others' perceptions of her dwindling body image as losing femininity. Her remarks reveal her anxiety about losing hair and how others may interpret her baldness:

I was still anxious about anyone seeing me bald. Moreover, I do mean anyone, including me. Whenever I looked at myself in the mirror, I felt half the time like I was looking at a total stranger. Perhaps that is why it was so challenging for me to let Jeff see me at first. If I looked that strange and unrecognisable to me, what must I look to him? (123)

Her internalised societal conceptions that led her to fear she was losing her femininity as well as her body image became apparent when she said:

For a lot of women, hearing that we have breast cancer somehow makes us feel like we are less feminine than we used to be: less sexy, less strong and vibrant, less appealing, less pretty....(64)

Margaret Lesh made a decision; taking into account her psychological well-being and peaceful existence, she selected reconstruction surgery: "I decided to go for reconstruction. I thought, psychologically, it would be easier to have something on my chest..."(100). Lesh accepted the artificial breasts as part of her quest to regain some sense of 'normalcy and structure,' but the fact that she refers to them as 'Frankenboobs' illustrates her sense of something that is not part of her. One of her chapter titles, "Back to Normalish," refers to her previous job life before the diagnosis. This can also be linked to the distortion in her appearance that triggered her internalised consciousness to believe that she is no longer an ordinary woman with a deformed body, and her sense of responsibility to return to a regular life routine, as well as her appearance, is rooted in her social consciousness.

Self-worth Beyond Appearance

This chapter highlights the frequently followed coping techniques used by many people living with breast cancer to cope with their altered appearance. It also highlights the need for a shift in cognitions regarding body acceptance, appreciation, beauty conceptualisation, and the filtering of appearance-related information.

Clinical factors such as stage of cancer and adjuvant therapy have a significant impact on the patient's impression of body image and coping techniques. The most widely used strategies are sorted into two categories: behavioural and psychological strategies. The approaches found in the behavioural category are: (1) Engaging in physical activity, (2) Self-monitoring caloric intake and focusing on nutrient-rich foods, (3) occasional indulgences and concealing of appearance changes (Brunet et al.). There are psychosocial aspects that have troubled them as a result of their distorted body image. The strategies that fall under this category include: (1) being self-compassionate, (2) rejecting socio-cultural appearance pressures, (3) being around non-judgmental and accepting people, and (4) moving beyond physical appearance. (Brunet et al.)

Women recognised the importance of cultivating a self-compassionate attitude in promoting positive perceptions, attitudes, and feelings toward their bodies. The necessity and efficiency of these methods are most evident in the experiences of Margaret Lesh and Joan Lunden. They sought to overcome their self-aversion and came to appreciate their worth and strength in seeking a better cure for their ailment, which distinguished them as role models for other sufferers. By sharing their story, they are

building a community and offering support and compassion to anyone who has been traumatised by the disease, which has helped each of them reclaim their love and confidence in themselves.

The literature can be an effective platform for addressing important information about breast cancer and the medical conditions and challenges that come with it. There is a chasm between the terrifying unknown and the essential knowledge that every breast cancer patient desires and requires at every Step of her journey. Breast cancer accounts could effectively bridge this gap by highlighting the experiences of breast cancer survivors and thereby educating and informing them about the basic directions to be followed throughout their journey as cancer warriors. *Let Me Get This Off My Chest* by Margaret Lesh and *Had I Known* by Joan Lunden, the two key breast cancer narratives that served as the core text for this project, are memoirs of these authors, who fought and survived breast cancer. They become information facilitators for those who struggle with their newly confronted condition as a breast cancer patient by sharing their journey since diagnosis, without eliminating even the minute changes in their body and their effects on their personal lives. These accounts took on a distinct tone, departing from the typical assumption of being solemn, sombre, and unwavering in their depiction of their plight. Instead, they addressed their issues without making them frightening to the readers, and at times, their casual tone combined with humour could make the reader grin. Their compassion for the other sufferers drove them to produce these powerful narratives, which brought the patients together, building a community among them. Their experiences, advice, cautions, and candid views enlightened, reassured, and even injected hope for a fear-free future.

Margaret Lesh, a freelance court reporter and author, wrote the memoir *Let Me Get This Off My Chest*. This memoir is a courteous, non-threatening description of her suspicious findings that lead to the diagnosis of the disease through a mammogram. The entire story revolves around Lesh's struggle through various phases of cancer since her diagnosis, including the condition of a double mastectomy and reconstruction surgery. Margaret discusses her difficulties dealing with the agony and terror linked to the things that reminded her of being a breast cancer patient. Margaret's story emphasised the need for social support as a crucial coping technique for breast cancer patients. She advises not only patients to follow specific recommendations regarding their sickness and its effective treatment, but also others, notably their caregivers, on how to treat them during their treatment journey, what should be stated, and what should not be said, and so forth.

Margaret discussed her dreadful feelings after chemotherapy, radiation, and mastectomy, and her battle to conceal her deformities is presented unvarnished. Her reliance on wigs and outfits with unique attachments demonstrates her desire to conceal her changes and present herself as 'Normalish' in public. She expressed her mental pain, comprised of a slew of concerns, when she stated that her physical healing was only half done and the rest was mental rejuvenation, from the anxiety of moving on and shedding the label of a breast cancer patient. She had incorporated her link with other people living with cancer, and her conclusion upon discovering connections with

each other was that she had unintentionally become a member of "the club" that no one desires to join. This sense of community and encouragement generated by their relationships is a significant motivator for them to fight harder and more effectively.

Margaret wraps up her narrative with a short story she wrote a few days before her bilateral mastectomy. The woman character, who has breast cancer, is motivated by her anxiety about life after the treatments. This increases the effectiveness of literature as a platform for communicating their feelings and experiences, which serves as an outlet for their tension. *Let Me Get This Off My Chest* analyses how breast cancer affected her outlook on life, delivering honest insights into the lives of a cancer patient with practical recommendations peppered throughout.

Had I Known is a highly personal and poignant account of anguish, endurance, and resilience that chronicles Joan Lunden's experience and the plan she devised and executed to face her cancer and treatment. Joan, an American journalist and former Good Morning America host, discussed how cancer stunned and weakened her personal and public life. While Joan's path was difficult, it profoundly altered her in unanticipated ways, allowing her to redefine herself, her beliefs, her health, and, most significantly, her compassion for her fellow creatures: I was pretty sure my insights would be thought-provoking; however, my real goal was to be the voice for thousands of other women just like me (284).

Joan Lunden constantly emphasised the need to raise awareness regarding breast cancer and how it affects women everywhere. The disease's heterogeneous nature, variants, and intensity may differ between people, necessitating the consultation of numerous experts for diagnosis and treatment. She argues that she is bringing awareness to everyone, not to scare people, but rather to jolt them out of their oblivious state of false confidence that "it could never happen to me" (30). She addressed common misconceptions about the ages of patients, stating that the elderly are more vulnerable to the disease. She also emphasises that a family history of cancer is not always required to increase the risk of developing cancer. She exhibited the most likely causes of this problem. She advised a strict routine of 'eating healthily' as a vital step towards securing a healthy life and the strength to combat breast cancer like a 'warrior'. She frequently expressed her anguish at losing the pleasant, calm, and adventurous experiences that had earned her fame in her career. She was initially terrified of her popularity because of the thought that, when it comes to her disease, how others would treat her once they discovered it. She stated unequivocally that she did not want to be viewed as a "sick cancer patient."

This work is quite informative because she has conducted extensive research on this condition of cancer, the treatment processes commonly employed, and its adverse effects, making the material more akin to a 'crash course' on breast cancer. She describes the triple-negative cancer she had and the recurring propensity that terrified her the most. She warns women with dense breasts that mammography may not be a good enough screening tool for them, and she recommends ultrasonography for a more accurate diagnosis. Her information is centred on survey data, which shows that 40%

of women have dense tissues, but 95% are unaware of this condition, which can change throughout their lives.

Joan describes each stage of her treatment—diagnosis, radiation, hot flashes, chemotherapy, and so on—as well as her persistent anxiety about adverse consequences. She, like other women, experienced psychological pain as a result of scarring, baldness, loss of brows and eyelashes, and physical disfigurement. How she dealt with these unpleasant events, resulting in numerous beneficial outcomes, made her an ideal role model for others, who urged women in similar situations to fight like she did. She chose to reveal her baldness, which had previously embarrassed her, on the cover of *People* magazine to be a voice for thousands of other women who have breast cancer. She overcomes her conflict between wanting to help others and being humiliated to let everyone notice her baldness. She embodied many other mothers and wives who are concerned about becoming dependent on others as a result of the sickness, and causing misery to their partners and children. Being bald on the cover could be interpreted as a symbol of ultimate strength and power in the face of cancer. If any woman who was avoiding treatment because she was afraid of losing her hair and possibly her breasts got this message and changed her mind to prioritise health over appearance, Joan's efforts would have been worthwhile. As a result, she achieved her goal by convincing everyone that they can still be strong; she made them realise the importance of health over appearance. This is evident in her words:

It was important to me to give the thousands of women out there going through this battle a voice, to show them that just because you lose your hair during chemo, you can still be strong, vibrant, and normal (190).

This can be considered revolutionary, as it challenges the social concept of femininity. Lunden inflamed a spirit in every woman who is disfigured to resist the accepted notions of ideal femininity. Through this memoir, she was able to draw the attention of thousands of breast cancer patients over generations, making them aware of the need to fight against these constraints, and bringing them together as part of forming a community to support each other and encourage them to strengthen their positive attitude towards themselves and prioritise their self-worth beyond appearance. This would not only question previously held beliefs and conventions but would also empower women in a way that would benefit their peaceful lives.

Conclusion

This project explores the psychosocial experiences of breast cancer patients that are associated with the treatment-related deterioration of their body image. Furthermore, this study also outlines the primary socio-cultural influences that contribute to the generalisation and fixation of conceptions of ideal femininity. Survivors' memoirs played a role in providing a comprehensive account of their experiences as patients. Apart from providing a forum for them to express their mental turmoil, these literary works also serve to support and encourage other patients to combat the condition, as well as to consider and appreciate their self-worth beyond appearance. An in-depth analysis of the first-hand experience of breast cancer shared

in the memoirs of Margaret Lesh and Joan Lunden provides the evidence base for this research.

Body image issues may not be the most pressing concern at the beginning of a cancer journey, but they can have a significant impact on the survivor's quality of life in the long run. If these issues are not addressed, the survivor's femininity may be jeopardised. In response to these societal constructs, a growing body positivity movement has emerged, striving to challenge beauty norms while encouraging self-acceptance and self-love among cancer survivors. Recognising and challenging these conceptions are critical steps in promoting a more inclusive and realistic vision of femininity, as well as the positive self-image of breast cancer patients.

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