Gender Identity and Liminality: an Exploration Among Young Women With Breast Cancer

Kathrynn Pounders, University of Texas at Austin, USA
Marlys Mason, Oklahoma State University, USA

This study explores disruption of gender identity among young women with breast cancer. Findings from in-depth interviews reveal these women face a liminal gender identity. Informants struggled with loss of important body markers of femininity and attempted to find alternative ways to enact gender expressions through consumption and marketplace performance.

[to cite]:


[url]:

http://www.acrwebsite.org/volumes/1023811/volumes/v45/NA-45

[copyright notice]:

This work is copyrighted by The Association for Consumer Research. For permission to copy or use this work in whole or in part, please contact the Copyright Clearance Center at http://www.copyright.com/.
TEXTUAL ABSTRACT

Individuals must consume and interact with socially constructed, cultural representations of the self and the body (Pavia and Mason 2004; Scaraboto and Fischer 2013; Thompson and Hirschman 1995; Thompson and Üstüner 2015). When consumers’ internalized views or outward performativity conflict with such representations, identity may be threatened or questioned. This study explores the challenges that young women with breast cancer experience as they navigate embodiment and the intersectionality of their illness and gender identity.

Consumer bodies that don’t conform to normative representations of what a woman should look like or how she should act may face exclusion in the marketplace. Heteronormative gender discourse suggests that the body is a significant constituent of gender identity, and that bodily schemas are significant in distinguishing between the heteronormative binaries of masculinity and femininity (Bourdieu 1986; 1997). Accordingly, gender discourses are significantly defined in bodies through habilitated behavioral tendencies and social schemas (Illouz 2012). Embodied identities that transgress from heteronormative gender discourse may confront challenges in consumption and acceptance (Coskuner-Balli and Thompson 2013). While consumers can contest identities through collective unifying actions and resignifying practices (Scaraboto and Fischer 2013; Thompson and Üstüner 2015), at the core of such acts exists a presumption of an empowered consumer who embraces the embodied aspects of identity. However, this is not the case for consumers facing illness and limitations emanating from the body.

Following the diagnosis of a life-threatening or disabling illness, consumer identities are abruptly and profoundly disrupted (Pavia and Mason 2004). With breast cancer, the visible alterations that occur to the body (e.g., mastectomy, hair loss) affect core cultural markers of gender (Young 2014), and thus have resounding repercussions for gender identity. Previous gender expressions, such as styling one’s hair or dressing to highlight a curvy body, are compromised due to the effects of treatment on body markers of gender and femininity. The need for control of the body and appearance is well-established (Thompson and Hirschman 1995). Thus, the context of breast cancer diagnosis and treatment represents a unique situation, as women have little to no control over changes to their body. Our understanding of the identity challenges that women face and how they manage these challenges in light of such an acute, abrupt disruption emanating from the body is limited.

Seventeen depth interviews were conducted with young women who had been diagnosed with breast cancer within the last five years. The phenomenological approach was followed for attaining an in-depth understanding of an individual’s lived experiences (McCracken, 1989; Thompson et al., 1989). Informants ranged from 23-41 years old and represented diagnosis stages 1-4. All women were currently undergoing treatment, including chemotherapy, radiation, and surgeries. The sample was diverse in terms of family status and education, and included those currently employed and unemployed; married, divorced and never married; with children and without. The interviews began with grand tour questions (McCracken 1988) about the informant’s cancer experience in general. Informants were then asked to discuss how the diagnosis and subsequent treatment impacted their identity.

Textual data was analyzed using an iterative part-to-whole method of the constant comparison (Spiggle, 1994). Researchers developed an understanding of the emic themes and concepts that emerged first in each interview and next across all interviews (Thompson, Locander and Pollio 1989). In an ongoing, recursive manner, the researchers consulted the literature to contextualize the narratives within gender identity.

A predominant theme that emerged among the informants was a liminal gender identity. More specifically, informants shared experiencing alterations of the body, changes in their motherhood identity, and constraints in their sexual identity. The alterations of the body dramatically transformed their gender identity, particularly in how they view themselves as a “woman.” Treatment for breast cancer in terms of chemotherapy and surgery led informants to experience tremendous disparity and unfamiliarity with their body. This resulted in a shattered sense of their sexual identity as well as physical limitation or inability to enact their role of being a mom. Thus, the disconnect of embodiment was so deeply experienced that it commonly shattered their sense of self and gender identity. Further, the majority of the informants reject this “new” version of herself. Although the informants express reaching the actualization of liminality, they have not reached aggregation (Schouten 1991; van Gennep 1960). Rather, they reject the revised self, which results in extreme dissonance and emotional turmoil. This is consistent with prior work that has shown periods of liminality are associated with shock, confusion, and disorientation (McCacken 1997; Schouten 1991), or at times a damaged sense (Turner 1967).

Another emergent theme was using specific consumption practices in marketplace performance to express female gender identity. Turner (1967, 1969) argues that during liminality, persons become structurally invisible (lost between and between) and socially ambiguous. The use of specific products to enact gender in public was a common theme, and is consistent with literature that has examined interactions in the marketplace as social performances affiliated with cultural roles and scripts (Üstüner and Thompson 2015). These women described wearing wigs, jewelry, and makeup during a liminal period to manage the expression of female gender identity when embodiment could no longer serve this purpose.

In sum, consumer research, studies have investigated bodies that do not conform to normative consumption spaces, idealized body images, and cultural representations of gender. However, these have tended to involve a relatively empowered or emancipated consumer who has come to terms with their embodiment. Our informants provide unique insights into the under examined area of liminality (Thomassen 2016; Turner 1967, 1969), and the reflexive realization that they no longer fit with cultural notions of gendered discourse and habitus (Bourdieu 2001). Findings from this study show that the intersecting facets of embodiment, illness, and gender created profound rippling effects in identity which the women had not yet reconstructed. Future research should explore the paths and means by which women alter, integrate and reconstruct identities that express gender outside cultural representations.
REFERENCES


