

From Pink to Ink:

Understanding the decision-making process
of women who dressed their post-mastectomy
scars with decorative tattoos

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**Master Thesis
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Acknowledgments

I would like to pay my special regards to the fifteen women who trusted me with their inspiring stories and experiences. Without them, this study wouldn't have been possible. Next, I would also like to thank my supervisor, Dr. Michaël Berghman, for his guidance, understanding, and expert feedback. I also wish to express my deepest gratitude to my partner, Aaron, for his support and for putting up with me through the difficult moments. Finally, I wish to thank my father-in-law, Luc, who always believed in me and was like a father to me during the eight years that we knew each other. Thank you, wherever you are.

From Pink to Ink: Understanding the decision-making process of women who dressed their post-mastectomy scars with decorative tattoos

Breast cancer is the most recurring type of cancer among women and an increasing number of women opting for a mastectomy: a medical operation in which one or both breasts are removed with the intention of treating or averting breast cancer. However, there is an emerging population of cancer survivors in European nations that rather than attempting to reconstruct their breasts to resemble as much as possible 'normal' breasts, have turned to dress their scars with decorative tattoos. Thus, by means of semi-structured interviews and a phenomenological standpoint, this research set itself the goal to understand *why do women who have undergone a mastectomy choose to dress their scars with decorative tattoos instead of attempting to regain 'normalcy' through breast reconstruction or 3D areola tattoos?* The results obtained from the interviews with fifteen women showed that the disillusionment with one part of the other of breast restoration techniques has led these women to find an alternative form of healing that allows them not only to close a painful chapter of their life but also to regain control over their bodies after a period of time in which agency was taken away from them. Decorative post-mastectomy tattoos allow these women to grant their bodies with new meanings and produce their own interpretation of their feminine body and identity. At a practical level, this study hopes to improve the support systems of these women by possibly providing professionals in the medical field, tattoo artists, and family members of cancer survivors with a deeper understanding of their motivations and decision-making processes for choosing an alternative restorative route - such as decorative tattoos - after their mastectomy. At an intellectual level, however, this study aims to narrow a gap in the academic field concerning the relationship between mastectomies and alternative methods of healing such as decorative tattoos, as well as to broaden the understanding regarding meaning-making and the 'normal' feminine body.

Wordcount: 11320

Keywords: *Alternative femininity, Decorative mastectomy tattoos, Gender embodiment, Social stigmatization*

Possible Journals for Publication: *Gender & Society, Journal of Gender Studies, or The Journal of Popular Culture*

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1. Introduction

Cancer is one of the scariest words a person can hear when discussing health in our day and age. This is unsurprising since, according to the World Health Organization (2018), cancer is the second most prominent cause of death worldwide. Among women, however, breast cancer is not only the most regularly occurring type of cancer, but it is also responsible for approximately five hundred thousand female deaths per year (Bray, et al., 2018). Interestingly, with the exception of Lebanon, Australia, and New Zealand, the top ten nations with the highest breast cancer recurrence are predominantly European¹ (Bray, et al., 2018). According to Rubin and Tanenbaum (2011), in these Western nations a contradicting and complex discourse has developed regarding the relationship between the disease and survivors. Namely, awareness is promoted, while afflicted women are asked to keep the disease and accompanying hardship concealed, hence, positioning health and survival as public and suffering as personal (Lorde, 1997; Rubin & Tanenbaum, 2011). In addition to these conflicting circumstances, there is the implication that women who ‘fought’ breast cancer and ‘won’, need to infer positive meanings from the experience, form a resilient survivor community, and need to ‘rebuild’ their bodies through medical means (Rubin & Tanenbaum, 2011). This latter aspect is particularly relevant due to the increasing number of women opting for a mastectomy: a medical operation in which one or both breasts are removed with the intention of treating or averting breast cancer (Pietrangelo, 2017; Piot-Ziegler, et al., 2010).

According to Piot-Ziegler, et al. (2010), being subjected to a mastectomy prompts a distressing experience of the body and identity deconstruction on women. After all, breasts have historically been an embodied and conspicuous signifier of womanhood (Rubin & Tanenbaum, 2011). Additionally, the loss of a body part, especially one so meaningful, is undoubtedly linked to the notions of stigma and stigmatization. Goffman (1990) argues that individuals with visible and disrupting stigmas often resort to some form of stigma management or ‘covering’ in order to reduce tension when interacting with others (social identity) and to achieve - to some extent - a sense of normalcy (personal identity). Consequently, and as a means to regain some of this

¹ Belgium, Luxembourg, the Netherlands, France (including its South Pacific territories), United Kingdom, Italy, and Ireland.

gendered identity and sense of normalcy, a vast number of women choose to undergo breast or areola reconstruction² (Rubin & Tanenbaum, 2011). A solution that some have argued aligns with the idea that women should keep silent about their illness and conceal the hardship it entails - or what Goffman (1990) regards as 'phantom acceptance'.

However, there is an emerging population of cancer survivors in the West that appears to cover their scars with decorative tattoos. An outlet which gives survivors the freedom to choose their own designs and express their creativity (Osborn & Cohen, 2018), this might suggest a dismissal of this phantom normalcy. Nonetheless, tattoos also possess a history of stigmatization and deviancy due to its past connection to the working-class and criminality (Fisher, 2002; Kosut, 2000; Thompson, 2015). In other words, women who covered their mastectomy scars with sizable decorative tattoos seem to paradoxically utilize a form of stigma - albeit increasingly accepted in the West - to overwrite the negative connotations of another stigmatizing situation. Thus, this study wishes to understand *why do women who have undergone a mastectomy choose to dress their scars with decorative tattoos instead of attempting to regain 'normalcy' through breast reconstruction or 3D areola tattoos?*

There is an urgency regarding the investigation of practices surrounding the breast cancer epidemic and its disruptive nature on survivors' identity. Thus, at a practical level, this study hopes to improve the support systems of these women by possibly providing professionals in the medical field, tattoo artists, and family members of cancer survivors with a deeper understanding of their motivations and decision-making processes for choosing an alternative restorative route - such as decorative tattoos - after their mastectomy. At an intellectual level, however, this study aims to narrow a gap in the academic field concerning the relationship between mastectomies and alternative methods of healing such as decorative tattoos, as well as to broaden the understanding regarding meaning-making and the 'normal' feminine body. Furthermore, when studying the subject, scholars have done so solely from an anecdotal and American perspective (Allen, 2017; Kang & Jones, 2007; Langellier, 2001), or with a focus on the medical perspective (Langellier, 2001; Osborn & Cohen, 2018). Therefore, there is a clear need to expand the knowledge on decorative tattoos as a phenomenon that is not exclusive to the United States, and

² This includes medical areola tattoos and the merging of areola reconstruction with medical areola tattoos.

doing so in a way that highlights the experiences of women and the challenges they face in a field that tends to be downplay the relevance of subjectivity for a more positivist stance (Bunniss & Kelly, 2010).

This paper first introduces the three theoretical pillars of this research: social stigmatization, gender embodiment, and the role of tattoos in contemporary Western culture. Following this theoretical section, the paper introduces the specifics of how the data was collected and processed (including a brief description of the participants). Next, the result and discussion section will present the thematic patterns discovered during the analysis and compare them to previous findings in the literature. Finally, the conclusion provides a summary of the findings, as well as the recommendations and implications for future research.

2. Theoretical Foundations

2.1 Social Stigmatization

According to Goffman (1990), society creates the ways of classifying individuals and the aggregated qualities deemed to be ‘natural’ and ‘normal’ for each category. If individuals appear to transgress these qualities - and categories - they are assumed as ‘different’ from the norm or what they ought to be (Goffman, 1990). This often results in the devaluation of that person as ‘tainted’ or ‘incomplete’ in the collective consciousness of people in a society. More recently, Link and Phelan (2001) came forward with a more encyclopedic and clear conceptualization of Goffman’s stigma which they divided into four main components: 1) the attribution of a label to human differences, 2) the attachment of negative characteristics to some labels (e.g., negative stereotypes), 3) the process of separation of ‘us’ and ‘them’, and 4) the loss of status or discrimination that occurs as a result of the aforementioned components since the value of the individual that bears these characteristics is lowered in the eyes of the stigmatizer. According to Link and Phelan (2001), having a devalued status can lead to unequal social interaction in wider society. In the case of breast cancer or mastectomies, this may translate into being pitied by friends and family, the loss of romantic relationships, and even the loss of working opportunities (Ernst et. al., 2017; Piot-Ziegler, et al., 2010).

Given the negative impact of the process, it is also argued that stigmatized individuals utilize ‘information management’ strategies in order to avert becoming ineligible for traditional social roles and activities (Goffman, 1990; Kaufman & Johnson, 2004) like in the aforementioned case of breast cancer and mastectomy survivors. According to Goffman (1990), stigma management is a product of common stereotyping practices of society’s regulatory expectations concerning people’s behavior and attributes. Therefore, arguably stigma management operates mainly in the public sphere (Goffman, 1990). Furthermore, the process of stigmatization is not solely about the imposition of a label on passive subjects by society, it is instead an active process in which people constantly attempt to mask their stigma - a process known as ‘*passing*’ - or by ‘*covering*’ it (Goffman, 1990; Kaufman & Johnson, 2004). This latter technique refers to the reduction of social tension by the stigmatized individual, who tries to

make their situation easier for others by deliberately removing explicit attention from the stigmatized area or ailment (Goffman, 1990). Covering, thus, ‘involves the individual in a concern over the standards incidentally associated with [her] stigma (Goffman, 1990, p.102)’.

The presence of stigma management strategies points out to the fact that individuals with a stigma are constantly encouraged to accomplish a ‘good adjustment’, by which stigmatized individuals optimistically embrace themselves and their situation but still restrain themselves from a position that may make non-stigmatized individuals uncomfortable (Goffman, 1990; Kaufman & Johnson, 2004). At a societal level, it is believed that individuals who adopt this - mainstream - perspective, conclude that attempting good adjustment is the best option for stigmatized individuals, since this tactic not only spares the feelings of the ‘normals’, but it also leads the stigmatized believe that they are truly accepted (Goffman, 1990; Kaufman & Johnson, 2004). Intrinsically linked to this notion of ‘good adjustment’, is what Goffman (1990) regards as ‘phantom acceptance’ or the way by which non-disabled individuals with the power to shape the discourse of that which is ‘normal’ and ‘natural’ regulate those with stigmas:

‘The stigmatized individual is asked to act so as to imply neither that his burden is heavy nor that bearing it has made him different from us; at the same time he must keep himself at that remove from us which ensures our painlessly being able to confirm this belief about him. Put differently, he is advised to reciprocate naturally with an acceptance of himself and us, an acceptance of him that we have not quite extended him in the first place. A phantom acceptance is thus allowed to provide the base for a phantom normalcy (p. 122)’.

2.1.1 Stigmatization, Cancer & Mastectomies

A crucial stepping-stone in the journey of women with breast cancer or carriers of the BRCA gene is the decision to sustain surgical resection as a way to prevent or remove traces of the ailment. According to Waljee et. al. (2011), the decision to undergo surgery is intricate and is likely to possess a lasting effect on women’s perceptions of themselves, social interactions, and

their contentment with their medical management. This is particularly true for women who have decided to undergo a mastectomy due to the maiming and impactful consequences of this procedure (Waljee et. al., 2011). Furthermore, individuals with illnesses such as cancer are often subjected to health-related stigmatization, in which the individual is coupled with the negative features of her condition (Ernst et. al., 2017). Ernst et. al. (2017) maintain that in a variety of cases, the ramifications of cancer-related stigma are even more upsetting to some patients than the cancer itself due to the amalgam of social seclusion and intense cognitive issues. Thus, stigmatization may result in a dwindling quality of life.

In the case of breast cancer patients, stigmatization may be prompted by the deconstruction of a preconceived female identity or sexual implications. In their study, Ernst et. al. (2017) discovered that (perceived) stigmatization (measured as ‘isolation’, ‘social rejection’, ‘internalized shame’, and ‘financial insecurity’) has a clear impact on the individual’s quality of life (measured as ‘cognitive functioning’, ‘social functioning’, ‘emotional functioning’, ‘role functioning’, and ‘physical functioning’). Moreover, while stigmatization influenced only some areas of the quality of life of patients with other types of cancer³, stigmatization influenced all five areas of the quality of life of individuals with breast cancer (Ernst et. al., 2017). This speaks volumes regarding the psychological conditions in which women with breast cancer are expected to make life-changing decisions and the consequences that - they believe - they will suffer depending on their choice.

Likewise, Waljee et. al. (2011) state that previous to getting their surgical procedure women tended to overestimate the degree of stigma that they would suffer from the actual degree of stigma reported by women after the procedure. This mis-alignment of information is perhaps due to the paradoxical situation in which women with breast cancer fight their ailment since they live in a society that while promoting breast cancer awareness also encourages them to disguise their disease and afflictions (Rubin & Tanenbaum, 2011), circumstances which are in line with Goffman’s conceptions of ‘good adjustment’ and ‘phantom acceptance’. In our current society, the process of breast cancer has been reduced to a situation from which survivors are supposed to extract valuable meanings, undergo medical procedures in order to regain normalcy, and

³ Ernst et. al. (2017) also took into account individuals with colon, prostate, and lung cancer.

establish resilient survivor communities (Rubin & Tanenbaum, 2011). Nonetheless, research involving the relationship between stigmatization, breast cancer, and mastectomies is scarce.

2.2 Embodiment & Gender

According to Davis (1997), theories of embodiment combine hypotheses about the body as well as studies of the specificities of embodied acts and experiences. Moreover, embodiment theory requires the exploration of the relationship between the material and the figurative, between images of the body and embodiment as practice in a consolidated historical and socio-cultural context (Davis, 1997). In relation to this study, this exploration refers to the relationship between the body and what it means to be a woman in contemporary society. Likewise, Martin (1998) argues that gender is not something that solely pertains to the body through performance, but instead it becomes an intricate part of the individual - both mentally and physically.

According to Butler (1988), gender is an identity which is subtly and progressively constructed by means of the 'repetition of acts'. It is, thus, not simply a stable source of gendered acts. The importance of repetition therefore also implies that alternative gender performance is conceivable, as a divergent type of repeating is feasible. Or, as stated by Butler (1988), 'in the breaking or subversive repetition of [the act] style (p. 520)'. Meanwhile, Piot-Ziegler et al. (2010) state that the body and the image that goes along with it is not solely based on personal development and background, but also in their interactions and bonds with others, reinforcing Butler's (1988) claims concerning the socially constructed nature - and instability - of gender. Nonetheless, Butler (1988) is not opposed to the idea that there is certain natural and innate attributes of the body, she instead rethinks the socially constructed notion of gender as a process through which cultural meanings become attached to bodily distinctions. For instance, how implications of female gender identity - or what it means to be 'woman' - are 'naturally' associated with the mere existence of breasts. That is to say that breasts - among other bodily attributes - stand as a symbol of femininity and womanhood.

Butler (1988) argues that as a source of potential, the image of the body in society is not determined by some kind of internal essence and its expression in society must be understood as bound to a particular array of historical circumstances and conventions. In other words, the process of embodiment suggests an agency, one that involves materializing into the corporeal realm incorporeal possibilities (Butler, 1988). The aforementioned historical aspect of 'woman' is quite relevant in Butler's (1988) writings since she argues that to 'be woman' is to have undergone a complex process to become one. To 'be woman' is to oblige the body to submit to a historical construction of the notion 'woman', to subjugate the body into embracing a strict contextual possibility, to turn the body into a gendered cultural symbol (Butler, 1988).

According to Foucault (1981), towards the end of the 1700s humans came to be understood as both objects and subjects of knowledge, where men imputed a particular identity onto women, consigning them to the domain of emotions, domesticity, and (object of-) desire. In the restricting qualifications of womanhood of twentieth-century society, women function inside the discourse of patriarchy and of consumerism (Foucault, 1981), a culture-ideology that - due to its objectification tendencies - plays a big role in the displacement of internal and personal ideas of ownership and identity of the body towards exterior and visible gendered signals (Fisher, 2002). Butler (1988) argues that there is a phenomenon of accumulation of gender standards that creates the belief of 'natural sex, or a real woman, or any number of prevalent and compelling social fictions which appear as the natural configuration of bodies into sexes which exist in a binary relation to one another (p. 524)'. When one of these binary performances is transgressed a series of punishments both overt and covert are initiated, while a proper performance reinforces the idea that there is - in fact - a 'natural' gender (Butler, 1988).

Put more plainly by Valentine (2019), individuals in Western cultures are taught that gender is limited to two dimensions: masculine and feminine. Individuals are socialized into the idea that a 'real woman' is heterosexual, feminine, and female-bodied, while a 'real man' is heterosexual, masculine, and male-bodied. Much like Butler (1988), Valentine (2019) also claims that a departure or alteration from these norms can have negative consequences for the departee, since her violation is seen as unnatural, stigmatizing, and threatening. The connection between gender notions and biological sex features are apparent in people's association of a

penis with ‘man’ and breasts and vagina with ‘woman’, whereas - in contemporary society - we know that being born with particular genitalia does not necessarily translate into one’s gender identity (Valentine, 2019).

2.2.1 The role of mastectomies in female identity

According to Piot-Ziegler, et al. (2010), being subjected to a mastectomy incites a painful and shocking experience of the body on women, resulting in a form of identity deconstruction. A prominent emotion that emerges with a mastectomy is that of dissonance, which is brought about when comparing the resulting ‘distorted’ body against the former ‘untainted’ body. This occurs because a mastectomy is not a mere body transformation, but is instead followed by experiences of abnormality, mutilation, and the social and symbolic modification of a woman’s gendered identity (Lorde, 1997; Piot-Ziegler, et al., 2010; Rubin & Tanenbaum, 2011). In their study, Piot-Ziegler, et al. (2010) discovered that - as a disruptive surgical procedure - a mastectomy jeopardizes women’s body image along with their understanding of their sexuality due to its impact on the bodily components that are fundamental to their female identity and humanity.

For many women, breast restoration - either via reconstruction or implants - has become an almost automatic response after breast cancer survival (Rubin & Tanenbaum, 2011). This may be due to an effort not only - as Goffman would say - of ‘passing’ or ‘covering’, but as a way to reclaim a part of their feminine status or identity. According to Rubin and Tanenbaum (2011), amidst the predominant Western culture, female bodies are depicted in media outlets as objects of desire with the aim to satisfy the male gaze. Therefore, it is to be expected for women to feel inclined to mask the remnants of cancer, especially those of the breast. Rubin and Tanenbaum (2011) maintain that the loss of breasts is commonly interpreted through a patriarchal lens, one that presumes that a woman’s main affective issues are always linked to her heterosexual male partners. Furthermore, the cosmetic crisis brought upon by breast cancer and its ramifications⁴ is often given a disproportionate amount of attention, despite being a health condition (Rubin &

⁴ Ramifications such as the loss of the nipple, disfigurement or asymmetry regarding the breast, or scars on the breast or on the body (in the case of a DIEP Flap procedure).

Tanenbaum, 2011). This is because breast cancer puts at risk women's beauty⁵ and identity and, even though, compelling allegations have been made regarding the mental advantages of breast restoration techniques among medical professionals, there is little research comparing the differences and similarities between women without and with breast restoration post-mastectomy (Rubin & Tanenbaum, 2011). According to a 2007 study conducted by Parker et al in the United States, which attempted this comparison between post-mastectomy patients with different forms of restorative techniques⁶, women who had solely undergone breast conserving therapy (i.e., lumpectomy) rather than a more invasive and poignant procedure, were the most satisfied with their appearance and quality of life among the participants. This is perhaps due to the fact that breast conserving techniques tend to impact to a lesser extent the original breast and nipple, potentially leaving women's gendered identity unchanged or -at least - less affected.

2.2.2 Mastectomies & Cyborg Theory

In her book 'Simians, cyborgs, and women: The reinvention of nature', Haraway (1991) questions the adamant boundaries of gender through the metaphor of a 'cyborg' since this term may provide a better representation of the fluidity of sex and sexual embodiment. According to Haraway (1991), society and the people in it are accountable for the creation of boundaries and it is not until recently that female embodiment is necessarily considered to be 'natural' or given; in fact, gender may not be regarded as a global identity anymore - despite its extensive historical depth and magnitude. Cyborg theory, Haraway (1991) argues, is about stories of survival, in which 'othered' individuals utilize the tools once used to label them as such in new and more constructive ways.

Through Haraway and the 'cyborg', Gough (2004; 2005) recounted her own experience with breast cancer and her subsequent mastectomy. According to Gough (2004; 2005), after her surgery her doctor announced the success of the operation and began a discourse of restitution and - due to the complexity and lengthiness of the flap reconstructive surgery - she chose a

⁵ Here the notion of 'beauty' should be understood as a concept and image that operates within the contemporary understandings of gender and the 'female' body.

⁶ The study took into consideration women's 'quality of life' and their mental and social acclimation after the procedure(s).

silicone implant. Gough (2004; 2005) believed that once completed this surgery would 'normalize' her body and she would be - once again - able to enact traditional and trite femininity to herself and others. However, this was not the case. Gough (2004; 2005) deemed this new breast as a 'cyberboob' and the subsequent manufactured nipples - or, as put by Gough (2005), 'the fine details of gender significations with symbols of insignificance (p. 259)' - as idle 'cybernipples'. The changes in the interpretation of the body brought about by medical means (i.e., mastectomies) enable a redefinition of womanhood into new and less confined female subjectivities (Gough, 2004; Gough, 2005).

2.3 The contemporary role of tattoos in the West

According to Blanchard (1991), there are four main functions to tattooing. First, there is an identificatory function. For instance, the Greeks believed tattoos to be an inferior practice⁷ and, hence, utilized them for marking marginalized individuals in their society (Fisher, 2002). Second, there is a ritualistic function in which individuals get tattooed as a rite of passage (Blanchard, 1991). Third, a preventive or apotropaic function, where the tattoo is viewed as a mark of protection and carrier of good luck. Finally, an aesthetic or ornamental function. Nonetheless, these functions are usually related to one another and a tattoo may simultaneously serve more than one function (Blanchard, 1991).

The popularity and further propagation of tattoos in Western society is believed to be associated with Europe's colonization of the Americas and the East where tattoos had a prominent place in communal society, thus, becoming one of the most obvious marks of the exotic 'Other' (Atkinson, 2003; Blanchard, 1991). Accordingly, the meanings, standards, and connections individuals possess with their skin - and the modification of the skin - are cultural and they may be partly responsible for the formation of normative stereotypes (Goffman, 1990; Larsen, Patterson & Markham, 2014). These stereotypes allow individuals to make hasten assessments of others without dealing or processing the considerable amount of complex

⁷ According to Fisher (2002), the reason behind the conception of tattoos as 'inferior' was due to the common use of this practice by other rival and - according to the Greeks - barbaric cultures.

information carried by the people they encounter; hence, linking ‘simple’ characteristics (i.e., tattoos) to judgments regarding an individual’s nature (Larsen, Patterson & Markham, 2014).

According to Fisher (2002), modern Western nations are crammed with paradoxes regarding the body due to an avalanche of body-related imagery that has framed the body - and hence identity - as something that needs to be revamped through capitalism and consumerism. Namely, the commodification of the body in the West has put into question who actually ‘owns’ the body due to a shift on the notion of ‘the self’ from internal to external and, in essence, paving the way for extrinsic types of marking - like tattoos - to be regarded as a vehicle to wield ownership over one's body and identity (Fisher, 2002). Moreover, Fisher (2002) argues that heavily regulated and oppressed bodies tend not only to group with others in similar circumstances, but are also more likely to mark their bodies as means of reclaiming control over said body. Fisher (2002), thus, suggests that due to the commodification of the body in Western cultures, the need to regain control over the body with tattoos has spread to a wider population.

When seeing contemporary tattoos as a commodity within a consumerist society, it is imperative to clarify that the act of consuming a tattoo is often a largely ritualistic and organized process (Kosut, 2006). In line with theories of embodiment, Kosut (2000) states that narratives communicated through tattoos are exceptional since they are disclosed *through* the body, a body which is contingent to its context, corporeality, and gender. Furthermore, and unlike other sorts of body adornment, tattoos have a permanence which makes them powerful vehicles of meaning since they involve a lasting modification of the body (Kosut, 2006; Langellier, 2001). According to Kosut (2006), tattoos ‘invite [an active] level of engagement because they become a permanent addition to the body/self (p. 1042)’. As a consequence, tattoos cannot be so easily equated to the consumption of other more traditional goods (Kosut, 2006).

2.3.1 Women & Tattoos

According to Thompson (2015), when individuals begin modifying their bodies with tattoos their social interactions may change as well; for instance, job opportunities may decrease or family members may disapprove. However, Thompson (2015) argues that for women the

transformation of social interactions also carries a particular gender dimension since, through their tattoos, women engage in a form of gender transgression by putting into question the traditional notions of ‘ideal beauty’ that women are supposed to pursue. This is not to say that there is not a gender dimension for men when it comes to tattoos. However, the sanctioning of tattooed men is different since they are not believed to be transgressing a traditional notion of masculinity with their tattoos. On the contrary, tattoos have been historically associated with hyper-masculine subcultures (i.e, criminals, sailors, etc). Therefore, according to Thompson (2015), tattoos on men ‘serve to strengthen their masculine identity (p.4)’.

Even when the stigma regarding tattoos is lessening, women who choose to tattoo themselves in a manner which is not in line with patriarchal beauty standards either through the tattoo’s theme, placement, or volume can be subjected to stigmatization and deemed as deviant due to the common association of tattoos with masculinity (Thompson, 2015). A tattoo on a woman is not regarded as transgressive only if it follows certain characteristics. The tattoo needs to be small, easy to hide, and have a feminine theme; meanwhile, tattoos that are sizable and visible can lead to social punishment for breaking gender expectations (Thompson, 2015).

Nonetheless, tattooed women believe that their body art strengthens their individual sense of uniqueness (Larsen, Patterson & Markham, 2014). According to Thompson (2015), a majority of women characterized their tattoos as appealing, as well as a tool that allows them to ‘[accentuate] their bodies in ways that made them feel more in line with how they saw themselves (p. 64)’. Tattoos not only signify a reclamation of the body, but a manner of defiance or alternative to normative femininity (Thompson, 2015). Likewise, Strübel and Jones (2017) maintain that tattoos deconstruct notions of femininity by putting into question the link between masculinity and tattoos. Through the use of tattoos, women deconstruct the accepted cultural affiliation between femininity and vulnerability, creating alternatives to the restrictive notions of ‘woman’ (Strübel & Jones, 2017). In doing so, tattoos grant women the ability to reject objectification, victimization, and commodification in a society in which their bodies are labeled as ‘other’ (Strübel & Jones, 2017).

According to Strübel and Jones (2017), conforming to social pressure is linked to the level of internalization of gender ideals and the way in which individuals compare and judge

themselves to these ideals as a way to appraise their own worth. This process is particularly detrimental for women because they generally adopt an outsider's perspective of their own body - due to gender socialization and sexual objectification - that benefits the male gaze. However, Blanchard (1991) maintains that the aesthetic aspect of tattoos allows women to use their body art as a way to command other's. This is in spite of the fact that for many the collection or accumulation of tattoos derives from the need for self-expression given the affability and flexibility that this form of body modification provides in that respect (Thompson, 2015). Nonetheless, through the placement of the tattoo women are able to redirect or control the gaze over their bodies (Kosut, 2000).

3. Data & Methods

In order to better understand the motivations and decision-making practices of female breast cancer survivors who have chosen to dress their scars with decorative tattoos instead of attempting to regain ‘normalcy’ through breast or nipple reconstruction, this research employed a qualitative and inductive approach since the formulation of theory from observations and findings is the desired outcome (Bryman, 2012). Moreover, this study was developed from a phenomenological standpoint. In other words, by emerging herself in the interviewees’ unique outlook, the researcher examined and interpreted how these women make sense of their social world (Butler, 1988; Bryman, 2012). Subsequently, the data necessary for the analysis was gathered through semi-structured interviews⁸ from fifteen women. The design of semi-structured interviews was regarded as felicitous for a research with a fundamental concern in the interviewees’ standpoint, as well as the harvesting of valuable and detailed information (Bryman, 2012). In addition, due to the nature of the study, the interviewees were chosen via *purposive sampling*: the individuals were selected ‘in a strategic way so that those sampled are relevant to the research questions that are being posed’ (Bryman, 2012, p.418).

3.1 Data: Collection & Processing

In order to access these women, the researcher screened social media - particularly Instagram - for tattoo artists and tattoo shops that specialize in mastectomy tattoos or scar cover-ups by means of the hashtags #mastectomytattoo, #mastectomy, #breastcancer, #cancersucks, #breasttattoo, #scarcoverup, and #scartattoocoverup. The timeline of this screening was from February 2018 to February 2020. This two year period was deemed suitable not only because it provided the research with participants who recently experienced the tattoo process and, hence, could provide detailed and relevant data, but also due to the fact that a great number of tattoo artists schedule their appointments via email or social media direct messaging

⁸ The interview guide of this research can be found in *Appendix A*. It is worth noting that the questions posed in this guide are not only aimed to answer the research question presented above, but are also intrinsically linked to the literature discussed in this proposal.

(Rodriguez, 2020), making it unlikely for them to keep their often rotative clientele's information for lengthy periods of time. Therefore, once a suitable participant was identified, the researcher sent an email to the tattoo artist and - taking into consideration privacy concerns - asked them to forward the same email with the researcher's contact information and general purpose of the study to their client.

Additionally, the researcher posted an enlistment message in various specialized forums such as 'de Amazones' (a forum part of *Borstkankervereniging Nederland* or *Dutch Breast Cancer Association*), the 'Breast Cancer Now' forum and the 'Macmillan Cancer Support' online community in the United Kingdom, and the French forum 'Vivre comme avant: Association cancer du sein' (*Living as before: Breast Cancer Association*). The enlistment message was also posted on pages such as 'Dutch Pink Tattoo Day', 'Personal Ink: P.INK', and 'Soeurs d'Encre by Rose Tattoo' on Facebook. This form of enlistment, however, did not yield any results since only the women contacted through their tattoo artist contacted the researcher back with the intention to participate in the study.

The interviews took place during the months of February and March of the year 2020. The interviews of two Dutch participants and the Belgian participant were conducted at their home. However, due to the traveling restrictions within Europe and social distancing guidelines in the Netherlands as a result of the Covid-19 pandemic during the month of March, the rest of the interviews were conducted via video-call. Nonetheless, in order to prevent possible ethical issues, a consent form was provided before the interview to inform the interviewees of the interview procedures (including legal implications). The interviews were recorded on a digital voice recorder and further transcribed⁹, permitting an adequate examination of the data. Finally, the transcribed interviews were coded using *MAXQDA*, a process that uncovered thematic patterns which were utilized to advance theoretical inferences regarding the motivations and decision-making practices of female breast cancer survivors who have chosen to dress their scars with decorative tattoos.

⁹ These transcripts are disclosed in the final version of this study in order to facilitate the transparency of the interview process.

3.2 Participants¹⁰

As stated above, the sample for the qualitative study was composed of fifteen women between 30 to 56 years old, who have chosen to cover their mastectomy scars with decorative tattoos. Eleven of these women were from the United Kingdom, three from the Netherlands, and one was from Belgium¹¹. From these women, ten decided to undergo some form of breast restoration, while five have opted for ‘going flat’¹². In terms of theme, eight of these women possess a tattoo whose main motif is botanical (i.e., flowers, leaves, etc); from these eight women, only one decided to include fauna imagery in her tattoo. However, three of the participants opted for fauna imagery as their main tattoo motif (i.e., dragonflies, birds, etc). Three of the women interviewed possess a mandala or filigree tattoo. In terms of color, eight of the participants went for a black and grey tattoo design while six decided for a color tattoo design. One of the participants did not provide an image of the tattoo.

3.3 Exploratory Study

During the screening period for participants on Instagram (using the hashtags #mastectomytattoo, #mastectomy, #breastcancer, #cancersucks, #breasttattoo, #scarcoverup, and #scartattoocoverup), various data regarding the characteristics of these women was collected in order to provide insight into the - rather unexplored - phenomenon of decorative post-mastectomy tattoos in Europe. This resulted in the collection of data on 334 women concerning the country in which the tattoo was made, the main subject matter or theme of the tattoo, the style in which the tattoo was made (i.e., American traditional, watercolor, among others), and whether these women decided to undergo some form of breast restoration or to ‘go

¹⁰ Appendix B provides a summary of the participants (including their first name, age, nationality, profession, medical procedure, and length of the interview). By request of the participants, the names in this study are not pseudonyms.

¹¹ It is worth noting that attempts were made to contact women that fit this research criterion from all European countries in the top ten nations with the highest rates of breast cancer (Belgium, Luxembourg, the Netherlands, France, United Kingdom, Italy, and Ireland) according to the *World Cancer Research Fund*. Yet, only women from the Netherlands, the United Kingdom, and Belgium decided to participate.

¹² According to the *Breast Cancer Organization*, the term ‘going flat’ is a common way to refer to women’s decision of not having a reconstructive surgery.

flat'. On the matter of tattoos, Instagram is a relevant source of data collection since this platform has significantly improved the way tattoo parlors and artists come in contact with their clients and conduct their businesses, from exposure in conventional media (i.e., tattoo magazines) to the accessibility and visibility of the digital age (Rodriguez, 2020). According to Rodriguez (2020), Instagram aids artists exhibit their art, thus building their reputations not only among prospective clients, but also with other tattoo artists. A great percentage of tattoo artists estimate that over 70% of their customers have found them using Instagram (Rodriguez, 2020).

4. Results

4.1 Introduction to decorative post-mastectomy tattoos

The two year screening of Instagram showed that the country with the higher number of women with decorative post-mastectomy tattoos was France (38%), followed by the United Kingdom (27.8%), Germany (12.9%), and the Netherlands (5.1%). France's considerable numbers may be due to a combination of factors. First, France is not only one of the countries with the highest rates of breast cancer, but - according to a study by Allemani et al (2015) - it is also the country with the highest breast cancer survival rates in Europe (86.9%) which means a bigger population of women who may desire such a body modification. Second, just like the Personal Ink organization in the United States, France has an association that supports women affected by breast cancer by putting them in contact with experienced tattoo artists and professionals in the medical field: *Soeurs d'Encre*. This association also organizes the *Rose Tattoo Week* event each year, in which women who have suffered from breast cancer can learn about medical and surgical techniques, the psychological support around this subject, and about the possibility and implications of tattooing their post-procedure scar (Soeurs d'Encre, n.d.). Finally, according to a study conducted by Dalia Research (2018), 36% of French people have a tattoo¹³. Thus, it is very likely that the lack of participants from France was due to a language barrier rather than an absence of women with decorative post-mastectomy tattoos.

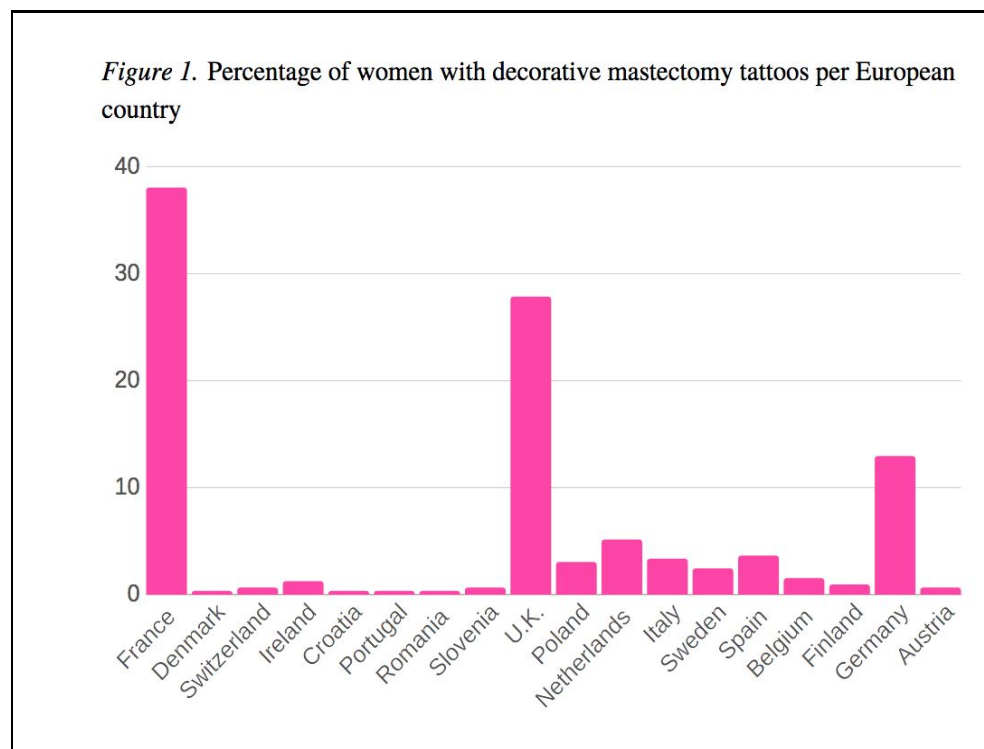
Similar to France, the United Kingdom is one of the countries with the highest rates of breast cancer in the world and the third country in Europe with the highest survival rates (Allemani et al., 2015). The popularity of tattoos in the United Kingdom is also quite high since an approximate 40% of its population has at least one tattoo (Dalia Research, 2018).

Despite not placing high in breast cancer rates, Germany's high number of women with decorative post-mastectomy tattoos may also be related to their survival rate (85.3%), which is second highest in Europe (Allemani et al., 2015). Moreover, Germany is considered to have a prosperous and well-established tattoo culture (Kohler, 2016) and an event is hosted yearly,

¹³ It is worth noting that this study was conducted through an online survey and it is likely that the sample is mainly composed of digitally literate individuals, a population that does not often include older people. Moreover, this older generation is also believed to have a higher level of bias towards tattoos (Atkinson, 2002).

Brustkrebstattootag, in which breast cancer survivors can get their scars tattooed by German artists in their studios free of charge (Plehn, 2018).

Lastly, the Netherlands rank third when it comes to breast cancer rates (Bray, et al., 2018), and even though the Netherlands do not have events like *Rose Tattoo Week* or *Brustkrebstattootag*, there are advocates attempting to create a *Dutch Pink Tattoo Day* (Inkstimt, n.d.). The rest of the European nations that came up during the screening (14), amount to just over 15% of the women in the sample.



Regarding the theme of the tattoos, *Figure 2* shows that a considerable percentage of women (65.9%) opted for a botanical tattoo: 50.9% decided to have an only-floral design, while the remaining 15% added some form of fauna to the design (i.e. birds, insects, etc). Botanical tattoos are a popular trend among women due to their feminine and organic nature (Sasso, 2019). According to Thompson (2015), women are compelled by cultural norms to acquire tattoos with a feminine motif. Gender is not only performative, but also embodied through the repetitions of acts (Butler, 1988) and tattooing is part of this act and performance (Thompson, 2015). Through

the use of feminine designs (i.e., flowers), tattoos can highlight women's feminine identity (Thompson, 2015). Ornamental designs such as mandalas, filigree or feathers were also relatively popular within the sample of Instagram photos (13.2%), perhaps due to the organic and soft connotations, similar to botanical tattoos. Other themes that came up during the screening were: allegories of conquering cancer/death (5.4%), woodland creatures such as rabbits or butterflies (5.1%), marine life (1.2%), allegories of fighting cancer (0.6%), and a mix of motifs (8.7%).

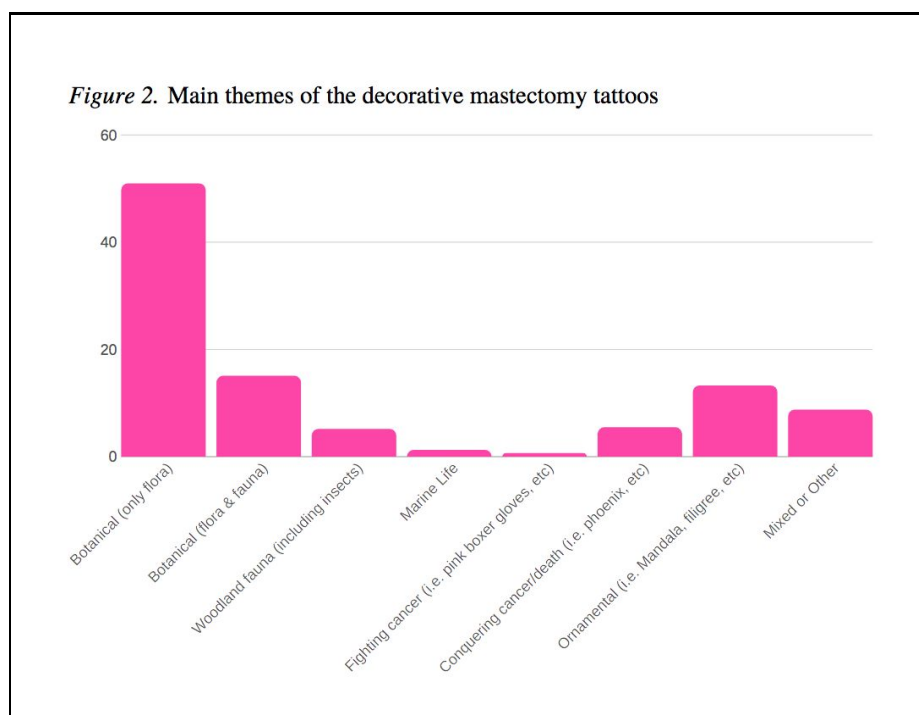


Figure 3 shows that many of these tattoos were done in a fine-line or black-work style (42.2%), followed by watercolor (15.9%), color realism (14.7%), illustrative or mixed (10.5%), black and grey realism (9.6%), American or neo-American traditional (4.5%), Japanese (1.8%), and tribal (0.9%). Finally, this exploratory study showed (*Figure 4*) that approximately two thirds (69.8%) of the women who decided to dress their post-mastectomy scars with decorative tattoos underwent some form of breast restoration, while only 30.2% decided to 'go flat'. A fact which aligns with the sample of women interviewed for the qualitative study.

Figure 3. Main style of the decorative mastectomy tattoos

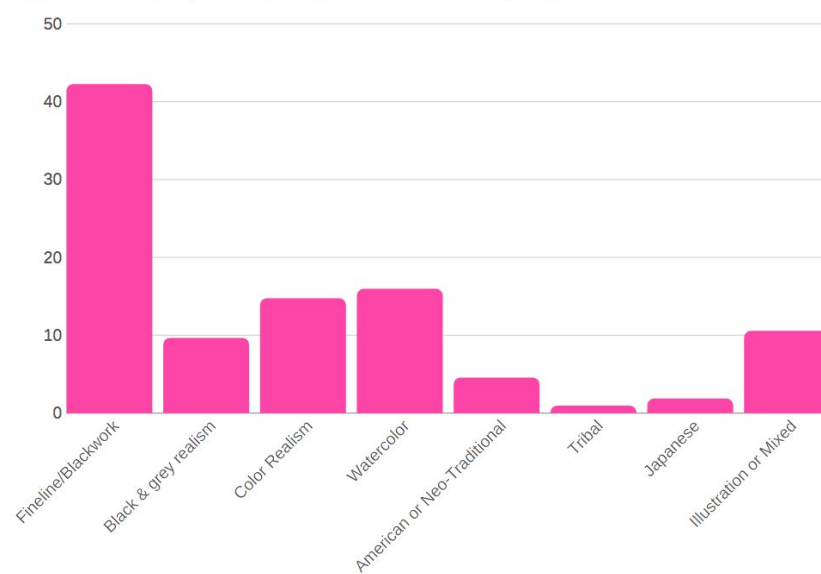
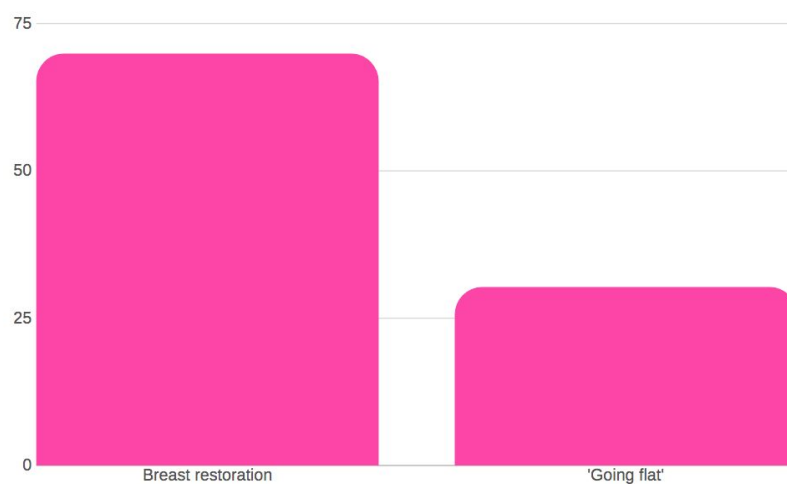


Figure 4. Percentage of women with decorative mastectomy tattoos that opted for a form of breast restoration or for 'going flat'



4.2 Breast cancer & mastectomies: Stories of embodiment and social stigmatization

It is apparent that in order to understand what lead these women to cover their mastectomy scars with decorative tattoos, we must first take a look at their journey and experience with BRCA, breast cancer, and the mastectomy process. After all, Langellier (2001) claims that ‘illness is a call for stories’ since ailments (like cancer) often take the voice away from the people that suffer these ailments and the body needs to find their voice again. Piot-Ziegler et al (2010) claim that the anxiety of causing pain or shock in others generates restrictions on those individuals’ personal freedom and causes communication issues. This is because the breast cancer and mastectomy process not only transforms the relationship between a woman and her preconceived notions of the female body, but it also makes them reevaluate their relationship with others (Langellier, 2001; Piot-Ziegler, et al., 2010). Various participants stated the need to calm others and to maintain a strong facade for others, especially their children. This aligns with Goffman’s (1990) notion of ‘good adjustment’ through ‘information management’ (covering) since these women attempt to separate themselves from a position that may make non-stigmatized individuals uncomfortable. Under these circumstances, breast reconstruction may be regarded as a tool to safeguard others from being confronted with notions of mortality (Rubin & Tanenbaum, 2011). For instance, when asked about her decision to undergo reconstruction Margriet (54) stated:

‘Well, my children were fairly young... and I thought: Well, imagine being in the bathroom and they suddenly come inside and I’m standing there with one breast.’

According to Piot-Ziegler et al (2010), a pivotal concern among their study participants was in regard to people’s reactions to the transformed body. In their study, several women were fearful of individuals noticing the absent part of their body or potential negative reactions due to their altered physical appearance (Piot-Ziegler, et al., 2010). Likewise, a majority of participants

in this research voiced their concerns, at least initially, regarding the reactions of others to their situations:

'They don't look like a normal boob, like in a swimsuit. So like I said, quite often you get quite a few looks on the beach, when I first had [the reconstruction] done. They don't look like normal boobs, so you do get people looking [at them].'

(Stacey, 30)

Six of them also voiced their concern regarding ongoing or future intimate relationships:

'So my confidence when my husband... we were arguing all the time, he didn't understand me. I didn't understand whether he realized how I was feeling. It really tore us apart and we hadn't been married very long, but I felt guilty that I wasn't the woman who he married and he didn't sign up for this, you know.'

(Claire, 54)

Reasons for undergoing a reconstruction also resonated with previous studies (Piot-Ziegler, et al., 2010; Rubin & Tanenbaum, 2011). According to Rubin and Tanenbaum (2011), women may opt for a reconstruction due to a desire to feel like a 'whole' woman again, to look 'normal', or - if the mastectomy is done on only one side - to regain symmetry. A majority of the participants did not even consider the idea of not having a reconstruction, which aligns with Rubin and Tanenbaum's (2011) assertion that breast restoration has become an almost automatic response of breast cancer survivorship. On some occasions, participants even went in to speak to their doctors knowing exactly what procedure they wanted, as told by Stacey (30):

'Before I went and I saw her, I knew exactly what I wanted and even the type of surgery that I wanted. So, she was quite shocked, she was like: Oh, wow, you've done your research. And I was like: Yes, I have.'

This automatic response or ‘naturalness’ of women’s unequivocal desire to recover their breasts is also seen among doctors who often discussed the options for breast restoration, but not whether women desired said restoration. In accordance with Gough (2004; 2005) and Rubin and Tanenbaum (2011), doctors utilize a familiar restorative narrative in relation to others¹⁴, pointing to an implicit need to regain ‘normalcy’ for others more than for oneself. A suggestion that is indeed compatible with ‘good adjustment’ as the best tactic for stigmatized individuals to regain social acceptability while sparing the ‘normals’ from uncomfortable situations. As illustrated by Helen (54) when discussing a potential breast restoration with her doctors:

‘[The doctors] talked to me about how I felt about my body. How I would feel about entering into a new relationship. Because, obviously, I wasn’t with my husband at the time and then they would say, you know: Do you want to be in another relationship in the future? How are you going to feel?’

However, the participants felt disillusioned after their medical procedures since, just like Gough (2004; 2005), they discovered that the promised normalization that they were supposed to derive from these operations did not occur. Thus, highlighting the ‘phantomness’ behind ‘acceptance’ and ‘normalcy’ brought upon by the restorative option.

‘They don’t feel like breasts. Psychologically, for me, that’s not right... So, why should I try to pretend they are. They’re not breasts, they are pieces of plastic with silicone. And they don’t feel real. So I think, for me, to try and make that... it would be pretending to myself or trying to pretend to myself of something that isn’t real.’

(Darlaine, 58)

For women who decided not to have any form of reconstruction, their motivations also reflected that of prior studies. According to Rubin and Tanenbaum (2011), these reasons

¹⁴ There was one exception to this phenomena due to the fact that one of the woman’s doctors was her husband, who was experienced with the complications and repercussions of breast restorative techniques.

included medical complications or the desire to avoid further - unnecessary - pain. Yet, another factor that appeared when discussing the removal of the breast among participants that decided to 'go flat', is that of prior indelible experiences with breast cancer - either in the form of failed reconstructions or in the form of a family history with the illness. This factor may be aided by Piot-Ziegler's et al (2010) realization that during the cancer stage the breast, abruptly and unexpectedly, begins to stand for the cancer and the implications that accompany this label (i.e., death). The breast, thus, becomes the epicenter of the disease (Piot-Ziegler, et al., 2010). This, at least, appears to be the case among four of the five women who decided to 'go flat'. As expressed by Rachel (55):

'My mom had breast cancer about, well, fifteen years prior to me. And I remember when she spoke to me about it, she had a very visible lump on top of her breast... It turned out to be stage four. Quite an aggressive breast cancer. And I can remember saying to her 'If it was me, mom, I'd just have the whole lot taken off'. And then when it was me sitting in the chair and the decision... and I talked it over with my husband, that I just felt... I've had my children, it's served its purpose. I don't need it. And if it means taking the whole thing off, to get rid of the cancer, then that's absolutely fine.'

It is also worth noting that women's focus of embodied femininity may differ since some of the participants felt more attached to their breasts while others felt a stronger gendered connection to their nipples. This is to be expected since, according to Piot-Ziegler et al (2010), mastectomies threaten a variety of aspects of femininity, including the maternal and sexual dimensions. In a similar manner to the study by Piot-Ziegler et al (2010), participants in this research also voiced their concerns about losing their nipples due to their association with motherhood and breastfeeding (maternal dimension). As stated by Sarah (49):

'I'm a mother of three and I breastfed all of my children for such a long time. You know, I breastfed them all for years. So, I think there was... It was the aspect of being a mother. You nurture your children with [your nipples].'

While other participants voiced their concerns about losing their nipples more in association to intimate relationships (sexual dimension):

'My nipple just sort of changed color and just sort of hung there, like a big tissue. I found that incredibly traumatic. Which was one of the reasons why I wanted the reconstruction, because I actually found it worse to have damaged nipple than not having a nipple at all... Because to me a nipple that has no sensitivity or function isn't worth having. I mean, it just looked disfigured... I just don't see the point... Because my nipples have always been really important to me sexually. Sorry to be blunt. So to have a nipple that doesn't actually work. It's just stupid.'

(Deb, 52)

When it comes to the source of distress after a mastectomy, the interviews suggest that for a majority of these women the pain is linked to a diminishing - or outright loss of - female identity due to the embodiment of their femininity through their breasts or nipples. This acts in contrast to Goffman (1990), who argues that it may be challenging to understand how individuals in these circumstances - people who have endured an unexpected shift from a 'normal' status to a 'stigmatized' one - can overcome this impactful transformation psychologically. Goffman (1990) states that while an individual that is born with a stigma needs to learn to be 'normal', individuals that were born without a stigma but acquire one later in life merely need to mimic their prior-stigma behavior as much as they can. As a result, the pain of stigmatization is not the result of a personal identity crisis 'but from [her] knowing too well what [she] has become (Goffman, 1990, p. 133). Nonetheless, even when the participants' 'pain' of a mastectomy is linked to a gendered 'identity crisis', the pain of cancer does seem to align with Goffman's (1990) statement since various participants related their pain to their stigmatized status - becoming a cancer carrier - rather than to a deconstruction of their identities. They were still them, just with cancer.

'When you have breast cancer, that's all that people talk about... You just become that for that period of time. Somebody with breast cancer. You know, the looks... the looks of: How are you? Are you okay? Are you well? No? Are you cured?'

(Helen, 54)

Interestingly, despite all the negative implications associated with the cancer and mastectomy process, the scars were not only perceived by some participants as a painful reminder of cancer, but also as a symbol they should be proud of, or as a combination of these two aspects. It may be argued that this association signals to an initial step by some of these women to assign a new more positive meaning to their mastectomy scars. For instance, Melanie (55) view her scars as a symbol of survivorship:

'If other people see [the scar] and they've got an issue with it, then that's their problem. You know. I look at it as a survivor scar and you should be proud of it. I am proud of it.'

(Melanie, 55)

4.3 Breaking free: Decorative tattoos & mastectomy scars

4.3.1 New markings and new meanings through decorative mastectomy tattoos

According to Irwin (2001), individuals who have decided to acquire a tattoo often utilize a variety of subtle legitimization narratives that frame tattoos within prevailing beliefs and norms as a way to facilitate interaction with other tattooed and non-tattooed individuals. Similarly, the analysis of the interviews revealed two major legitimization narratives utilized by the participants when justifying their decision to acquire a decorative tattoo on top of their post-mastectomy scar whether they underwent some form of breast restoration procedure or not. The two narratives or motifs can be summarized as '*Closure*' and '*Control*'. These narratives were sometimes provided separately from each other, but were also at times intertwined in the stories of the participants. In this case, '*Closure*' can be likened to the ritualistic function of tattoos since, as positioned by Blanchard (1991), the act of getting tattooed may mark a momentous transition in

life. Likewise, in her study, Irwin (2001) asserts that some tattooees commonly regarded this transition as a beneficial shift from a repressive period of time towards a more autonomous stage, in which getting tattooed functions as a long-lasting symbol of accomplishments, personal improvement, and lessons learned. For the participants, the tattoo serves as a form of *closure* because, by means of this practice, they were able to separate their memories of cancer from their bodies and give way to a new more optimistic period of their life in which cancer was no longer present.

‘[The tattoo] gave me so much confidence. It was like closing an episode... It was closing an episode that had been not very pleasant on quite a few accounts. The tattoo reminded me that it was hard, but it's just life. It was just a period of my life. It was hard. I wanted to close that episode and start a new episode. And I felt fabulous. And I would have run down the road with no top on.’

(Darlaine, 58)

Thompson (2015) argues that the motivations behind getting tattooed are often gendered and women often tend to explain or justify their tattoos through ‘*Control*’ discourses. As a source of empowerment, tattoos can be an assertion of control by which women mark their bodies with lasting ‘symbols of what they see themselves to be’ (Langellier, 2001, p. 149). Thus, by customizing their bodies, women distance themselves from people or groups who have governed their decisions and reclaim their body (Langellier, 2001). Likewise, Strübel and Jones (2017) state that for victimized women the practice of tattooing is particularly effective in re-establishing control after a traumatic experience. Given the association between masculinity and power, it is possible that the ‘masculine’ practice of tattooing is particularly effective due to its link to power, even when the participants tried to separate themselves from the overt ‘masculinity’ of tattoos by choosing ‘feminine’ themes. This resonates with Haraway’s (1991) proposition that individuals that have been ‘othered’ often utilized the same tools as their aggressors to reclaim control, yet in innovative ways. The interviews with the participants revealed that this reclamation of the body by means of the decorative tattoo - and the subsequent

dressing of the scar - can either be as a direct desire to cover the scar or as a symbolic gesture connected to the area and what it has come to symbolize for these women. Regarding the former, the wish to cover the scar due to the negative feelings associated with it, Wendy (55) states:

'Each time I looked in the mirror, I looked at the scars and the scars reminded me of the cancer. I wanted to reclaim my body and make it mine. And [the tattoo] was my way of reclaiming my body and making it mine and banishing the cancer and saying 'This is me'. With little twirls. Rather than looking in the mirror and seeing the scars that reminded me of the cancer.'

However, for some participants the tattoo was not so much about the covering of the scar, instead this was an indirect or secondary consequence of a desire to regain control back from cancer and their identities:

"[Getting the tattoo] is not necessarily just [about] the scar, I think there's something about the breast. The missing breasts, and something about the feeling about being a woman. Being confident without... It's quite difficult. And I guess it's natural.'

(Debora, 56)

Nevertheless, the post-mastectomy scar acquires a new meaning, either by the attempt to erase it from the body or by re-assigning a more positive significance to it through the tattoo, a positive significance that seems to arise from the regaining of control over one's body through meaning-making. Namely, both the scar and the tattoo are visible marks etched in the body; however, the latter is a symbol of the wearer's agency, while the former is a manifestation or residue of a period in the tattooee's life characterized by a lack of control over their bodies. As Wendy (55) describes it:

'[It is like] Kintsugi, which is known as Golden Joinery in Japan... It's repairing broken pottery by mending it with lacquer mixed with gold. And I've just written down here a quote: The Japanese art of kintsugi teaches that broken objects are not something to hide, but to display

with pride, rather than throw away a precious broken bowl angrily and regretfully, you can highlight and enhance the breaks thus adding value to the beloved object... That's what I see with my scars and the tattoos.'

4.3.1.1 Control & Defiance

Taking into consideration Blanchard's (1991) function scheme, it is possible to see that decorative post-mastectomy tattoos not only have an apotropaic and ritualistic function, but an aesthetic one as well¹⁵. As argued by Blanchard (1991), the aesthetic function of tattoos allows women to use their body art as a means to control the observer's gaze. Through the tattoo, the tattooed individual aims the attention of others' gaze on whichever part of their body they believe is necessary, while also rejoicing in both the role of the exhibitionist and in turn observing observers (Blanchard, 1991).

'If people want to have a look, then I am quite proud to show them, like 'yeah, that's fine'. With my scar before I was like 'No, I won't', 'cause it was ugly. So, Yeah. I see that it worked.'

(Claire, 54)

According to Goffman (1990), individuals that engage in deviant behavior often disclose their refusal to conform through defined rebellious gestures, which are accepted as long as they abide to the organic confines of their communities. In the case of decorative mastectomy tattoos, the notion of a rebellious gesture is one that seems to be connected to the practice of tattooing in a positive manner since various participants appeared to draw confidence from this aspect of body modification, especially if this was their first tattoo.

¹⁵ Arguably, for these women their tattoos do not possess an identificatory function - as defined by Blanchard (1991) - since they don't believe to be associated with any particular group. Even if the tattoo allows women to reconnect with their feminine-self, the tattoo is not identificatory of their gendered identity as a whole. Yet, from an outsider's perspective, they do belong to a specific group of people - women who have undergone a mastectomy and opted to turn down more conventional forms of breast restoration - that can be identified through their tattoos.

'In my generation, I didn't think I've ever had a tattoo. Quite a shock. And I decided, well actually, I'm going to do it 'cause it's going to make me feel better. And some of it is... 'cause I go to the gym regularly and people do look at your scars. And I felt much more confident when having the tattoo there. I feel like that makes me a bit of a rebel, really.'

(Debora, 56)

Likewise, when contemplating acquiring their first tattoo, participants in Irwin's (2001) study hinted to a deviant awe around the practice of tattooing. For them, acquiring a tattoo represented a break from conformity as well as a possible broadening of interactional opportunities. Nonetheless, the decorative mastectomy tattoo emerges in an environment in which the tattoo, as an identity indicator, is becoming increasingly popular in the cultural zeitgeist. Larsen, Patterson and Markham (2014) argue that the incorporation of tattoos into the mainstream has influenced the symbolism of this practice, likely dwindling - but not eradicating - the association between tattoos and deviancy. Therefore, the commodification and popularization of tattoos has deconstructed the act and signification of modern tattooing into 'a more complex and nuanced cultural field (Larsen, Patterson and Markham, 2014, p. 672)'.

Under these circumstances, the information management strategies regarding tattoos in consumerist society are prone to have as their focal point the creation and handling of meaning as well as the attainment of authenticity rather than to offer justification for a transgressed social norm (Larsen, Patterson, & Markham, 2014), as seen in the narratives of 'Closure' and 'Control' employed by the participants. After all, these narratives arise not from a feeling of wrongdoing, but as constructive stories of identity and meaning-making. While their breast cancer and mastectomy journey has a significant impact on their identity, these women become aware that they cannot simply go back to the version of 'woman' that they used to be. Instead, they create their own interpretation of their feminine-self, one that - as suggested by Wendy's metaphor - can only add value to their story.

4.3.2 The feminine body & decorative mastectomy tattoos

Participants in the study engaged with a form of alternative femininity since, through their tattoos, they are able not only reclaimed their body through their decorative tattoos, but also a part of their femininity that they believed to have been lost during their cancer and mastectomy process. As previously argued, tattoos represent not only the reclamation or control of the body, as mentioned before, but also a form of defiance or alternative to normative femininity (Strübel & Jones, 2017; Thompson, 2015). As illustrated by Melanie (55):

‘Even though there isn’t a breast there anymore, it looks nicer. It is hard to explain. It feels more... I feel more feminine with having a tattoo on it than if it just was the scar there.’

When it comes to ‘alternative femininity’, this research applies the conceptualization by Channon and Phipps (2017), who maintain that it relates to ‘practices which are intelligible as feminine (i.e., they are socially understood as somehow signifying ‘woman’), but work against the maintenance of male hegemony (p. 27)’. For instance, the utilization of a ‘masculine’ tool (i.e., tattoos) in feminine ways (i.e., tattoos of flowers).

In the case of post-mastectomy women, the message conveyed by their tattoo is related more to their overall gendered identity than to a specific gendered part of the body that was lost. In other words, the reclamation of femininity is not done as a form of replacement of the breast, but more as a continuation of their feminine-self. A sense of self that is believed to have been lost or diminished because of the amputation of the breast. After all, it is argued that the message behind the tattoo is one that is often associated with the tattooee’s sense of identity or to a particular trait that the individual wishes to highlight and celebrate (Irwin, 2001; Kosut, 2000). Moreover, decorative post-mastectomy tattoos allow women to expand the conceptions of feminine beauty (Mifflin, 2013) since decorative mastectomy tattoos cannot be judged under the same standards of ‘normalcy’ as breast restoration. Therefore, it is quite telling that most participants brought ideas that may be considered as feminine to their tattoo artists, but remain open about the details of their designs¹⁶ since the overall theme of femininity was more important than the specifics of the tattoo:

¹⁶ It is worth noting that even though there is a clear difference between act and discourse, the ‘openness’ of the participants remained constant both when discussing the tattoo and when choosing the tattoo.

'I was looking online at tattoos and looked at the various different styles you can have. And I didn't want any really sort of thick heavy tattoo, and I spoke to [the tattoo artist] and she asked what I was thinking of, and I said something very pretty and feminine and quiet... I said: I like wildflowers, I like purple, I like herbs. And that was it. And she said: Okay, leave it with me.'

(Rachel, 55)

'I went to [tattoo artist] and... I said to her that I'm quite girly. I want something pretty. I want pinks, purples. I don't want anything dark. Yeah. So, she sent me like a computerized flower boobquet, we called it, like bouquet of flowers but boob-quet.'

(Helen, 54)

The deconstruction of the body places women's identity in a state of crisis. Momentous life events, such as a reconstruction, are extremely significant because they represent a juncture in that person's life and the decisions made within this context may have widespread consequences (Piot-Ziegler, et al., 2010). Therefore, the 'self' - which is often considered to be a delineated and solid entity - is actually in constant change and reconstruction (Piot-Ziegler, et al., 2010). Accordingly, when individuals' sense of self is conflicting they begin to engage in a process of negotiation and renegotiation of their 'self-status' in order to construct a personally satisfactory sense of identity. Women who have gone through breast cancer and a mastectomy have especially developed the ability to imagine themselves and their bodies in many possibilities due to the uncertainty of their situations (Piot-Ziegler, et al., 2010; Strübel & Jones, 2017).

As previously stated, Haraway (1991) campaigns the replacement of the current inhibiting boundaries of gender for a more fluid - or 'cyborg' - form of sexual embodiment. This fluidity, Haraway (1991) argues, can be achieved through stories of survival in which 'othered' individuals utilize the tools once used to label them as such in new and more progressive ways, thus subverting the dominant (male) authority. Likewise, Foucault (1981) argues that in highly

regulatory Western societies, the capacity to exert agency from inside 'discourse fields' is not only possible, but it has a consequential impact on the advancement of 'alternative subjectivities'. Women who have undergone a mastectomy due to cancer - or, in the case of BRCA carriers, a prospective cancer diagnosis - are telling their own stories of survival through their bodies by applying a tool (tattoos) frequently utilized to 'other' women, creating their own version of what is 'woman' and what is 'feminine'.

5. Conclusion

This research showed that the disillusionment with one part or the other of breast restoration techniques has led these women to find an alternative form of identity construction that allows them not only to close a painful chapter of their life, but also to regain control over their bodies after a period of time in which agency was taken away from them. As suggested by Langellier (2001), the decorative tattoos of post-mastectomy women can be transgressive in the sense that they disrupt '*good adjustment*' practices and '*phantom acceptance/normalcy*' notions since the participants withhold from completely adhering - either consciously or unconsciously - to what is expected of them as post-mastectomy women. Through their tattoo and, in some cases, their decision to 'go flat', these women are able to deconstruct the societal assumption that they need to attempt to resemble a biological 'woman' as much as possible through surgical and cosmetic means. Decorative post-mastectomy tattoos, hence, allow these women to grant their bodies with new meanings and produce their own interpretation of their feminine body and identity. Just like a cyborg, the bodies of these women have been broken apart and rebuilt and, being aware that they are not the same version of 'woman' that they used to be, they have decided to create an enhanced version of themselves by - as Wendy (55) would say - 'pouring gold' onto their reconstructed bodies. Nonetheless, the 'gold' is decidedly feminine. It aligns with their gendered sense of self, thus creating not only their own form of 'woman', but also their own version of feminine.

One of the aims of this paper was to better understand the motivations and decision-making processes of post-mastectomy women who chose an alternative restorative route - such as decorative tattoos - rather than a more traditional one, in order to improve these women support systems (i.e., professionals in the medical field, tattoo artists, family members, etc). In that, this study believes to have been successful and wishes to further make some recommendations. First, due to the positive and empowering effects that decorative mastectomy tattoos have on women's sense of identity, medical insurances should consider covering this option - just like other forms of breast and nipple restoration in European nations. This has been already implemented in the United States by the 'Breast Cancer Recovery Act' with favorable

results (Mifflin, 2013). Second, as an alternative method of recovery conceived by women who have experienced first hand the impact of breast cancer and body deconstruction, decorative mastectomy tattoos should be made more visible and promoted in platforms for breast cancer and mastectomy survivors as an alternative to other options that rely too heavily on gendered notions of the female body. Finally, medical professionals and caregivers should take more time exploring their patients' needs and wants in order to understand that not all women have the same motivations and priorities - as the different focus of female embodiment has shown.

As any qualitative study, this research is not beyond limitations. For instance, due to its qualitative nature, the results in this study cannot be generalized to all women in Europe who have decided to dress their post-mastectomy scars with a decorative tattoo. Moreover, it is plausible that the women who decided to participate and contacted me back after receiving an email from their tattoo artists are more congenial and positive than women who perhaps were less inclined to participate. Nonetheless, this research was able to capture the often complex recounts of personal stories, which then provided valuable and relevant information regarding the motivations of women who have decided to dress their mastectomy scars with decorative tattoos. Additionally, this research encountered a language barrier since I was not able to interview other compatible candidates (i.e., French-speaking women). However, future research may use this as an opportunity to expand this unexplored subject in other European and non-European nations. Future research can also be directed to analyze quantitatively why decorative mastectomy tattoos seem to cluster in certain countries; for instance, by considering not only breast cancer rates and recovery rates, but also tattoo legislation, popularity, and so forth. It would also be interesting for future research to delve into other possible strategies utilized by women in countries less tolerant towards tattoos to regain control/closure after a mastectomy, as well as to explore in a quantitative manner the relationship between having a history with cancer (i.e., BRCA in the family, prior experience with a close family member) and the likelihood of women to see their breast as a source of illness and liability rather than a symbol of femininity - and thus, less likely to get reconstruction. In sum, even though this study has made its contribution, there is still much to study.

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Appendix

Appendix A: Interview Guide

a. Introduction of interviewer and purpose of the interview

Thank you for having us Mr(s). xxx, my name is Fernanda Rodriguez. I am a research Master student from the School of History, Culture and Communication of Erasmus University, and I am here to conduct an interview with the intention to gather data regarding the motivations and decision-making process of breast cancer survivors who choose to cover their mastectomy scars with decorative tattoos. The interview will consist of open-ended questions. Please, feel free to answer with your own personal views and thoughts on the subject matter. If any information considered relevant by the interviewer comes up during the interview, it is possible that the interviewer asks an additional question(s).

It is important for you to know that your name may appear in the research paper; however, may you wish to remain anonymous, you can let me (the interviewer) know and she will provide you with an alias. Furthermore, I would like to ask for your permission to record the interview for further analysis. If you have any further questions, feel free to ask.

Date:	
Start of the interview:	
End of the interview:	

b. Questions

Check	No.	Question
Introductory questions		
	1	<ul style="list-style-type: none"> • What is your... <ul style="list-style-type: none"> ○ Name? ○ Age?

		<ul style="list-style-type: none"> ○ Nationality?
The cancer process		
	2	<ul style="list-style-type: none"> ● Can you tell me about the diagnosis process? <ul style="list-style-type: none"> ○ Any particular memories or challenges that come to your mind?
	3	<ul style="list-style-type: none"> ● What was your experience with cancer? <ul style="list-style-type: none"> ○ In what ways did your lifestyle change during this period? ● How was your relationship with your (...) during this period? <ul style="list-style-type: none"> ○ Doctor? ○ Family and friends? ○ Partner?
Image and motivations		
	4	<ul style="list-style-type: none"> ● Can you tell me about how you felt about yourself <u>before the mastectomy</u>?
	5	<ul style="list-style-type: none"> ● Did you have tattoos before the mastectomy? <ul style="list-style-type: none"> ○ Can you tell me about them? ○ Any particular feelings associated with these tattoos when you got them?
	6	<ul style="list-style-type: none"> ● Can you tell me about how you felt and think about yourself <u>after the mastectomy</u>? <ul style="list-style-type: none"> ○ What were the feelings associated with this stage? For instance, did you feel a sense of loss?
	7	<ul style="list-style-type: none"> ● How did you come across the decorative tattoo option? <ul style="list-style-type: none"> ○ Did you find it yourself? (How?) Or what is it recommended by someone else? (Who?)
	8	<ul style="list-style-type: none"> ● Why did you choose to get a decorative tattoo instead of a breast/nipple reconstruction?
	9	<ul style="list-style-type: none"> ● Can you tell me about the tattoo design you choose and why?
	10	<ul style="list-style-type: none"> ● Did you discuss your decision to get a tattoo like this with someone (i.e. doctor, family, friends, etc...) before getting it? <ul style="list-style-type: none"> ○ Why/Why not? <ul style="list-style-type: none"> ■ What did they say about it? ○ Did you take/Would you have taken their opinions into consideration?
	11	<ul style="list-style-type: none"> ● How did you come across the tattoo shop or artist that you choose? <ul style="list-style-type: none"> ○ What made you decide they were 'the one'?

		<ul style="list-style-type: none"> ○ Can you tell me about your discussions and interactions before actually getting tattooed?
	12	<ul style="list-style-type: none"> ● Can you tell me about how you felt and think about yourself <u>after getting your tattoo</u>?
	13	<ul style="list-style-type: none"> ● Has anything else changed after getting the tattoo? <ul style="list-style-type: none"> ○ Interactions with others?
Conclusion		
	14	<ul style="list-style-type: none"> ● Is there something else, that I haven't already asked, that you want to add about this subject?
	15	<ul style="list-style-type: none"> ● Do you have any final questions?

c. Closing statement

I would like to thank you for the attention and assistance given. If you have any concerns or further questions, I would like to leave you my information in case you wish to get in contact with me or my supervisor.

Appendix B: Overview of Participants

Name	Age	Gender	Sexual Orientation	Nationality	Profession	Procedure	Length of Interview
Margriet	54	Female	Straight	Dutch	Works for a educational foundation	Mastectomy (One breast). Reconstruction (No nipple)	55m 45s
Babette	33	Female	Straight	Dutch	Fashion/ Interior Designer	Mastectomy (Double). No reconstruction	45m 27s
Shusha	44	Female	Straight	Dutch	Pharmacy Dispenser	Mastectomy (Double). Reconstruction (No nipple)	34m 04s
Veronique	47	Female	Straight	Belgian	Geriatric Nurse	Mastectomy (Double). No reconstruction	1h 18m 38s

Stacey	30	Female	Straight	British	Pharmacy Dispenser	Mastectomy (Double). Reconstruction (No nipple)	39m 14s
Sarah	49	Female	Straight	British	Manager	Mastectomy (One breast). Reconstruction (No nipple)	1h 4m 8s
Deborah	56	Female	Straight	British	Teacher	Mastectomy (One breast). Reconstruction (No nipple)	43m 33s
Laura	38	Female	Straight	British	Support worker for children with autism	Mastectomy (One breast). Reconstruction (No nipple)	57m 26s
Darlaine	58	Female	Straight	British	Sexual Health Advisor	Mastectomy (Double). Reconstruction (No nipple)	50m 20s
Claire	54	Female	Straight	British	Dental Receptionist	Mastectomy (Double). Reconstruction (No nipple)	1h 1m
Melanie	55	Female	Straight	British	Retail Worker	Mastectomy (One breast). No reconstruction	36m 44s
Rachel	55	Female	Straight	British	Housewife	Mastectomy (One breast). No reconstruction	49m
Wendy	55	Female	Straight	British	House Flipper	Mastectomy (Double). No reconstruction	1h 0m 2s
Helen	54	Female	Straight	British	Project manager in building construction	Mastectomy (One breast). Reconstruction (No nipple)	1h 1m 29s
Deb	52	Female	Straight	British	Contract manager in I.T. business	Mastectomy (Double). Reconstruction (No nipple)	58m 24s

