

Uncompleted Body and representation of Etiology: The Cultural Context of Women with Breast Cancer in Taiwan

Shu-Chung Lii, School of Medicine, Chang Gung University, Taiwan
Shih-Li Wang, Jen-Teh Junior College of Medicine, Nursing & Management, Taiwan
Hui-Wen Chien, Asia University, Taiwan

The Asian Conference on Cultural Studies 2017
Official Conference Proceedings

Abstract

The purpose of this study was to explore the relationship between of uncompleted bodies and self-explanations of the etiologies in cultural context through narrative stories of women with breast cancer. In Taiwan, above 90% breast cancer women have suffered from surgeries combining with chemotherapy and radiotherapy, and their decision makings are very different from most of the western women. Moreover, the bodily experiences and the perceptions of having lost their breasts after surgeries are influenced by cultural factors. The authors consider “the body” as an actively subject filled with social-cultural meanings, which can perceive and interpret its own life world. All the symptoms of informants are the symbolic expressions of the overall social suffering. Body theories were taken for data analysis and representations in this study, and the authors found informants represented their etiologies as containing four important cultural factors: 1.cancer as the unchangeable fate, that no one can escape from the invisible power, resigning to fate ,facing the world with a smile, and not making herself miserable; 2.cancer as karmic creditors and repayments the debt of preexistence; 3.cancer as the result of yin-yang disharmony, representing the cosmology of balance and harmony in sexual relationship; and 4.cancer as the result of accumulation bodily heat, nourishing yin-qi can remove extinguishing inner fire.These cultural factors are not only the consequences of long term interactions between individuals, families, and society, but also as reconstruction of their cosmology through interpretations of etiology for finding the best ways to copy with their illness in the Taiwan society.

Keywords: Body, Culture, Etiology, Women with Breast Cancer, Illness, Cosmology.

iafor

The International Academic Forum
www.iafor.org

Introduction

The objective of this study is to explore the etiological of breast cancer in Taiwan through cultural analysis and ethnographic approach in anthropology. This study has four major parts, including an introduction to the research topic in the first section, a literature review In the second section, the third section with focuses on the key findings in my research and the theoretical dialogue between different research aspects, the conclusion of this study in the last section.

Firstly, the research topic in this field study is to explore the etiology of disease with the process of incomplete body parts. This study selects 4 women with breast cancer out of the 20 reported cases (Appendix I). Under the cultural context, we conduct detailed etiological analysis through statements from their different life stories.

By using the knowledge of anthropology in assisting our understating of a patient's subjective experience, and through the analysis and interpretation of such subjective experience, a better and clearer understanding in addition to objective medical data and knowledge can be reached, with the awareness that cultural beliefs play a critical role in the patient's course of medical treatment. As a result, if we rely solely on the medical data and knowledge, the medical care would become a mechanized form of process that ignores the important connections between patient's cultural context of and her disease. Therefore, the subjective experience of these patients is crucial for their process of adapting and coexisting with the disease they suffered from.

The breast cancer ranked fourth in the top ten leading cause of death in Taiwan, and it is also the most common cancer in women with approximately 10,000 new cases being diagnosed each year. The breast cancer scenario can be used to illustrate the cultural difference between Taiwan and the Western society in their reactions to the life-threatening condition like cancer. From 2011, Taiwan government has implemented several policies that focus on breast cancer screening which shows both the seriousness of the problem of breast cancer in Taiwan and also the way of intervention and attention of such problem by the government. In Taiwanese society, women after mastectomy have a common perception that their body is no longer complete; in other words, without breast - a woman is no longer felt as a complete human being by herself or probably also others around. Therefore, the underlying explanation and decision-making process would differ greatly from Western society. Therefore, the impact of the physical experience of these women with breast cancer and mastectomy under such cultural context to subsequent medical and rehabilitation process is discussed. It must point out that the attitude of physical self appearance, i.e. without the breast you are no more a complete female being, is deeply influenced by the traditional views and values of Taiwanese society and culture. And these cultural factors do affect the adaptation processes that women with breast cancer in Taiwan have to undertake after their mastectomy.

Literature review

First of all, the concept of "body" must be clarified. The concept of "body" in anthropology, humanities or social sciences is very different from the concept of body in biomedical science. The human body is a "subject" that is full of social and cultural significance. It is able to perceive and interpret a patient's own living world, that is,

the “body” as the main medium for experiences and meaningful activities. Therefore, all the physical and psychological symptoms of the patient are presented through the “body” as a way of expressing their uncomfortable feels and experiences caused by personal afflictions and sufferings like disease or misfortunes. Moreover, this ‘bodily expression’ is also commonly connected with the experience of broader social sufferings on a macro levels such as poverty, prejudice, or social inequality of many sorts.

Next. The current theories on the etiology of breast cancer include genetic predisposition, environmental carcinogens, and/or genetic mutation due to harmful chemical substances or toxins in food and our everyday life. Besides, altered endocrine functions, such as increase in female hormone, are also risk factors for breast cancer. There is much less discussion on the socio-cultural factors connected to the happening of breast cancer, but this part is crucial for the anthropological perspective. A critique of the existing theories on the etiology of breast cancer is that the literature and results are mainly based on the biochemical body theory. These studies all show the important symptoms expressed by the body, but with a lack of making systemic references to academic research on individual’s experience and his/her explanations of a fierce disease like breast cancer. For example, why me?! why cancer?! and/or why not someone else?! This kind of questions will require in a certain degree some anthropological or even religious answer like theodicy. For the patient, the cause of breast cancer varies and is usually multifarious in nature. We can somehow understand the complicated corporeal work within cancer course through a diagram of body interacting with its main surrounding elements, such as a person makes contact with the outside world, conducts the action of imagination, or explaining and understanding via a tangible cultural body. For example, when a person is ill, the outside world to him would include the following: 1. his explanation for the etiology of the disease; 2. his family relationship; 3. different medical care systems involved and the interventional treatments used; or 4. his close friends, relatives and support groups which matter to impact greatly on his actions within disease. During the process of body interacting with all these different elements, our body would develop the most suitable and adaptive process to the disease and its challenge.

Study findings

All of the four informants in this study gave etiological explanations of their disease in terms of both biomedical reasons and supernatural forces. In other words, when informants in this study were seeking medical treatment, like the majority of patients in Taiwanese society, they also used their own beliefs to explain cancer and handle their disease. However, patients involved in this study had their etiological discourses based on some specific forces of the supernatural. Among them, the most common supernatural causes of diseases can be classified into four categories. First and foremost is Fate, which is also the most common model and direction for explaining the cause of disease in Chinese society. When a symptom cannot be justified by scientific methods, Fate will always be brought up by Taiwanese people as the ultimate cause of diseases or misfortune. The second most common supernatural cause of disease is Karma: what goes around comes around. And the third most common supernatural cause of disease is the harmful “Fire” within the body, which would burn and damage normal cells. Finally, the fourth most common supernatural

cause of disease is the imbalance in Yin and Yang energies which might result in all sorts of diseases.

First of all, it is the unchangeable fate that weighs prominently in the common etiological discourse. The informants generally believed that having cancer is the result of the unchangeable fate and that no one can escape from this formless force. Everyone is subject to the rule of the fate, and, therefore, getting cancer today is just the reflection of his or her fate in this life. How can one cope with something like the unchangeable fate? The informants responded that the only way to face this with dignity and grace is to accept the fate, better with the smile, not to being trapped into the unresolvable pains. Furthermore, is Karma, which bears some religious significance. The informants said that the reason for having cancer is because of some debts accumulated in previous lives. In this sense, sickness in this life becomes either as a form of punishment or as a way of paying back to or compensating for those debts in previous lives. Thus, many patients would advocate that in order to pay off those past debts, he or she must accept the fate and therefore the fact of being sick in this life, and also endure the suffering resulted from the indebtedness. The third most common explanation is that cancer is the result of the imbalance between Yin and Yang energies. According to the informants in this study, this imbalance mainly refers to the disharmonious sexual relationship. Therefore it implied that there may exist some correlation between problems in sexual relationship and the development of breast cancer. This idea reflects the overall emphasis on the moral principle of maintaining harmony in all sorts of social relationships in Chinese society. So how do these patients adapt to this explanation for the cause of the disease? Their adaptation methods included seeking harmony in sexual relationship, and pursuit of overall harmony with friends and family etc., all of which constitutes the general balance between Yin and Yang energies. The fourth most common supernatural cause of breast cancer in Taiwan is that the cancer develops due to the excessive heat within the body, which result in hyperthermia and body damage. This idea has apparent connections to the Traditional Chinese Medicine and its many associated beliefs from various religious systems in the local world. The adaptation method based on this etiology model is to use or consume substances with Yin energy for extinguishing the harmful “fire” within the body. To avoid the damage brought by the harmful “fire” within the body, the informants believing in this sort of etiological explanations would consume a large amount of watermelons, aloe vera, or other foods considered as having the ‘cooling’ nature or more Yin energies. They might even consume some unidentified plants with lower internal heat claimed and recommended by friends and/or relatives. To sum up, this explanation for the cause of the disease is based on the excessive, invasive and toxic “fire” within the body, which was deemed as capable of burning and destroying the normal cells. Therefore, when the normal cells had died and then bad cells survived, the cancer ensued. Therefore consuming sufficient amount of foods with right nature would be the adaptive approach to disease under this etiology model.

Conclusion.

The result of this study shows that the explanation for the cause of the disease like breast cancer by the patients in this study is itself cultural in nature. The reason behind this is the fact that people are encultured into a cultural being through a long-term interaction with his/her family or society; and based on this cultural knowledge and

values the patients reconstruct his or her cosmology. Secondly, there seems a tendency of disease attribution to self by the patients in this study, and which means that it is more than often would the patients think something bad or wrong of their own, including those from previous lives, that causes their diseases. By contrast, Susan Sontag in her famous book "Illness as Metaphor and AIDS and Its Metaphor" held firmly the opposite: "Cancer is fact, not fate." Sontag used many examples in her book to overthrow the oppressive conclusion of fatalism. The last but not the least one is that it is necessary for the healthcare professions to appreciate and recognize patients' subjective experience and explanations, and also acknowledge the importance of patients' cultural beliefs about cancer etiology. This awareness is the essential basis for providing the a culture- appropriate and sensitive care. Although, it is evident that patient's cultural interpretations of disease etiologies can sometimes hinder the process of treatment, more often than not they can highly helpful for clinical works if well recognized, fully respected and flexibly used by the healthcare professions. That is to say that the better and fuller awareness of patients' etiological explanations of their diseases can improve the clinical understanding and analysis of patients' experiences, and by which the more suitable and appropriate method for patients' disease adaptation can be developed by the medical staffs.

References

- Davies, T. (1996). Why me, doctor? *BMJ*, 313(7049): 96.
- Gail, M.H., et al. (1989). Projecting individualized probabilities of developing breast cancer or white females who are being examined annually. *Journal of the National Cancer Institute* 81, 24:1879-86.
- Good, B. (1994). *Medicine, Rationality, and Experience*. Cambridge: Cambridge University Press.
- Hepworth, J. (2001). Ideologies of breast cancer: Feminist perspectives. *American Journal of Sociology* 106, 6:1792-1794.
- Horton, D. (1992a). Ten best readings in breast cancer. *Health Policy and Planning* 7, 4: 391-393.
- Horton, D. (1992b). Where are we now? Breast Cancer. *Health Policy and Planning* 7, 4: 394-397.
- Jackson, M. (1996). Introduction: Phenomenology, Radical Empiricism, and Anthropological Critique. In M. Jackson (Ed.), *Things as they are: New directions in phenomenological anthropology*. (pp. 201-228). Bloomington: Indiana University Press.
- Kalache, A.(1990). Risk factors for breast cancer, with special reference to developing countries. *Health Policy and Planning* 5, 1: 1-22.
- Kleinman, A. (1988). *The illness narratives: Suffering, healing & the human condition*. USA: Basic Books, Inc.
- Lannin, D.R. , et al. (1998). Influence of socioeconomic and cultural factors on racial differences in late-stage presentation of breast cancer. *Journal of the American Medical Association* 279, 22:1801-1807.
- Laqueur, T. (1990). *Making sex: Body and gender from the Greeks to Freud*. Cambridge, Mass.: Harvard University Press.
- Leininger, M. M. (1994[1976]). The potential contribution of anthropology to nursing. In *Nursing and Anthropology: Two Worlds to Blend*. (pp.17-27). Columbus, Ohio: Greyden Press.
- Leininger, M. & McFarland, M. R. (2002[1978]). *Transcultural nursing : concepts, theories, research and practice*. New York: McGraw-Hill, Medical Pub. Division.
- Lock, M.and Scheper-Hughes, N. (1996). A critical-interpretive approach in medical anthropology: Rituals and routines of discipline and dissent. In C.F. Sargent and T. M. Johnson (Eds.), *Medical anthropology: Contemporary theory and method*. Rev. Ed. (pp 41-70). Westport, CT: Greenwood Press..

Mattingly, C. (1998). The self in narrative suspense: therapeutic plots and life stories. In *Healing dramas and clinical plots: The narrative structure of experience*. (pp. 104-128). Cambridge: Cambridge University Press.

Morris, D.B. (1991) *The culture of pain*. Berkeley: University of California.

Mulholland, J. (1995). Nursing, humanism and transcultural theory: the bracketing-out of reality. *Journal of Advanced Nursing* 22:442-449.

Oltay, J. & Walter, C. (1991). *Breast cancer in the life course: Women's experience*. New York: Springer.

Price, J. et. al. (1992). Urban black women's perceptions of breast cancer and mammography. *Journal of Community Health* 17, 4:191-204.

Resnik, D.B., Rehm, M., & Minard, R. B. (2001). The undertreatment of pain: Scientific, clinical, cultural, and philosophical factors. *Med Health Care Philos* 4, 3: 277-288.

Singer, S. & Grismaier, S. (2005). *Dressed to kill: The link between breast cancer and bra*. New York: ISCD Press.

Sontag, S. (1978). *Illness as metaphor*. New York: Vintage Books.

Spector, R. E. (2004). *Culture care : guide to heritage assessment and health traditions*. Upper Saddle River, New Jersey: Prentice Hall.

Taussig, M. (1992). Reification and the consciousness of the patient. In *The nervous system*. (pp. 83-109). New York: Routledge.

Appendix I - The Socioeconomic status of each respondents

No.	Age	Married Status	No. of Children	Education	Occupation	Religion	State of disease	Surgical procedure	Adjuvant Therapy
01	62	Married	4	High school	Cloth store owner	Christianity	1b~2	Left Modified radical mastectomy	9 courses of CMF after surgery. Oral administration of Tamoxifen.
02	57	Married	4	Elementary school	Bookstore owner	Buddhism	2	Right Modified radical mastectomy	9 courses of CEF after surgery. Oral administration of Tamoxifen.
03	63	Married	3	Elementary school	Catering staff	Taoism	3	Right Modified radical mastectomy	9 courses of CEF after surgery. 40 courses of radiation therapy. Oral administration of Tamoxifen.
04	35	Single	0	University	Accountant	Folk religion	1	Right Breast Conservation Therapy	8 courses of CEF after surgery. 30 courses of radiation therapy. Oral administration of Tamoxifen.
05	38	Married	1	University	Housekeeping	Yiguandao	2b	Right Modified radical mastectomy	8 courses of CEF after surgery. 30 courses of radiation therapy. Oral administration of Tamoxifen.
06	33	Married	4	High school	Manager in Electronics Industry	Folk religion	3	Right Modified radical mastectomy	8 courses of CEF and Taxotere after surgery. 25 courses of radiation therapy. Oral administration of Tamoxifen.
07	35	Married	2	Junior high school	Operator	Folk religion	1	Left Breast Conservation Therapy	8 courses of CEF after surgery. 40 courses of radiation therapy.
08	54	Married	2	College	Retired public official	None	1	Right Modified radical mastectomy	8 courses of CEF after surgery. 30 courses of radiation therapy. Oral administration of Tamoxifen.
09	49	Divorced	2	Junior high school	Temporary worker	None	2b	Left Modified radical mastectomy	8 courses of CEF and Taxotere after surgery. Oral administration of Tamoxifen.
10	50	Married	2	High school	Business woman	None	2a~2b	Left Modified radical mastectomy	8 courses of CEF after surgery. 35 courses of radiation therapy.
11	51	Married	3	Junior high school	Housekeeping	Folk religion	1	Left Breast Conservation Therapy	8 courses of CEF after surgery. 30 courses of radiation therapy. Oral administration of Tamoxifen.
12	41	Married	2	High school	Housekeeping	Folk religion	2	Left Breast Conservation Therapy	5 alternating course of CEF and Taxotere before surgery. 3 courses of CEF after surgery. 32 courses of radiation therapy. Oral administration of Tamoxifen.
13	56	Married	1	Junior high school	Housekeeping	Christianity	0	Right Breast Conservation Therapy	35 courses of radiation therapy. Oral administration of Tamoxifen.
14	47	Married	2	Junior high school	Construction worker	None	3	Left Breast Conservation Therapy	9 courses of CMF after surgery. 40 courses of radiation therapy. Oral administration of Tamoxifen.

15	40	Married	2	High school	Operator	None	2a	Right Breast Conservation Therapy	8 alternating course of CEF and Taxotere before surgery. 8 courses of CEF after surgery. 30 courses of radiation therapy. Oral administration of Tamoxifen.
16	47	Single	0	College	Bank worker	None	2a	Left Breast Conservation Therapy	8 courses of CMF after surgery. 35 courses of radiation therapy. Oral administration of Tamoxifen.
17	38	Single	0	University	Military staff	Buddhism	2	Left Modified radical mastectomy	6 courses of CEF after surgery. Oral administration of Tamoxifen.
18	47	Married	3	High school	Catering staff	Buddhism	2a	Right Modified radical mastectomy with immediate reconstruction	8 courses of CEF after surgery. Oral administration of Tamoxifen.
19	40	Married	1	Junior high school	Vendor	Folk religion	3	Right Modified radical mastectomy	8 courses of CMF before surgery. 40 courses of radiation therapy. Oral administration of Tamoxifen.

Narratives that explore women's lived experience of breast cancer and interrogate its cultural discourses provide the focus of my study, which offers a critical analysis of postmillennial autobiographical and photographic representations of this life-threatening illness. In the texts under consideration, memoirists and photo-autobiographers probe the ravages of a still mystifying disease, confront ambivalently its surgical and pharmaceutical treatments, document the physical and psychological processes of recovery, and memorialize the dead. Breast cancer narratives published in the United States

The etiology of breast cancer may be among the most complicated of all cancers given inherent, life-long exposures to multiple endogenous and exogenous factors. Timing and dose are likely to have particular relevance to the developing bodies of girls. Ionizing radiation is the best and longest established exogenous environmental cause of breast cancer based on analyses of A-bomb survivors and medical radiation studies. Additional possible links to breast cancer have been established for non-ionizing radiation from electromagnetic fields (EMFs). Endocrine disruptors (also known as xenoestrogens) Thus 40 women with breast cancer were included in the initial stages (I, II, and III). These women had no metastases, no prior cancers, no previous participation in hypnotherapy, and were scheduled to receive chemotherapy within the following 2 weeks. In the second phase of the study, 4 patients left the study voluntarily: 2 from the intervention group and 2 from the control group. In terms of socio-demographic characteristics, the median age was 52 years for the intervention group and 52.2 years for the control group. With regard to the marital status of the hypnotherapy group, 10 % were single. Women undergoing surgery for breast cancer report dissatisfaction and non-acceptance of the resulting physical changes. These feelings often negatively affect their sexual satisfaction and marital relationships (Bukovic et al., 2004; Fatone, Moadel, Foley, Fleming & Jandorf, 2007; Santos & Vieira, 2011). In addition to the concepts and collective representations offered by the cultural context in which the person is immersed, individual beliefs create interpretations and meanings regarding the cancer and the situations associated with it. These meanings directly affect the coping process and the adaptation to the different phases of the development and treatment of the disease, as highlighted by Gimenes (1997). The.