

Mastectomy Tattoos: Transforming Perceptions of Self

by

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Nursing Diploma, Loyalist College, 1993

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MSc. -FNP, D'Youville College, 2000

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Abstract

Thousands of women in Canada continue to be diagnosed every year with breast cancer, many undergoing surgical mastectomy as part of their treatment to eradicate or control the spread of disease. At present, the recommendation for breast conserving surgery (BCS) and breast reconstruction dominates discourse in oncological settings, limiting conversations about alternative options for women to consider following the removal of their breast(s). Interesting however is the decision, made by some women in contemporary society, to undertake unconventional practices such as being inscribed with tattoos where breasts once occupied space. Unfortunately, little is known about the experiences of women who have foregone reconstructive surgery and chose to be tattooed post mastectomy.

A Gadamerian philosophical hermeneutic approach was used to explore the phenomenon of being tattooed post mastectomy. Six women with mastectomy tattoos were interviewed to learn about the experiences of being tattooed where breast(s) once occupied space. Participants in this study were between 48 and 65 years of age and tattooed from one month to five years after surgery. Meanings about being tattooed post mastectomy surfaced through conversation and photographs. Gadamer's hermeneutic teachings were engaged to analyze women's thoughts, feelings, and photographed images of participant tattoos, surfacing meaning about being tattooed where breasts once existed.

To establish a passage for understanding, three publishable manuscripts constitute the body of the dissertation. The first manuscript presents my personal narrative [in part] of being diagnosed with breast cancer and undergoing a mastectomy without reconstruction. In the second manuscript, the socio-cultural context of why the mastectomized female body is considered abject in contemporary society is examined. Further, I explore how a mastectomy

tattoo may be an emerging alternative for some women following the loss of their breasts(s). In the third manuscript the key interpretive discoveries through hermeneutic analysis of interviews and photographs are presented and include: (1) *Feeling sad and damaged post mastectomy* (2) *Reclaiming self: Taking back power and control*; and (3) *Transformation: Embodying the tattoo as a novel representation of self*. These interpretive findings suggest aesthetic options such as tattooing embolden participants to reclaim power and control lost to cancer and transformed their self perceptions of beauty, femininity, and sexual identity post mastectomy.

This dissertation contributes to women's health, specifically within the field of oncology by offering what I understand to be the first phenomenological study interpreting lived experiences of being tattooed post mastectomy. Understanding how women may feel sad and damaged following surgery opens avenues for empathetic questioning and therapeutic supports from nurses. Sharing experiences of women who found the process of designing and being tattooed transformational and empowering may introduce new options post mastectomy that include aesthetics and beauty. Gaining insight into this unique phenomenon can help make meaning about how aesthetic options such as tattooing can empower some women who may be searching for alternatives to breast reconstruction post mastectomy. Furthermore, challenging dominant discourses specific to how women's bodies should look can create spaces for discursive conversations and optimistically expand options beyond those currently offered post mastectomy.

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To my family, words cannot truly express how much each of you mean to me. I am so grateful you are in my life. A special thank you to my editor...aka mom, my biggest supporter and fan. I love you all.

To each of the women who participated in this study. I am humbled to have shared space with you and appreciate the courage it takes to share experiences of having breast cancer and being tattooed post mastectomy. Insight into this unique phenomenon would not have been possible without you. Each of you shine brightly in the world and are part of creating awareness for how transformational mastectomy tattoos can be for some women.

Dedication

I dedicate this dissertation to my brother,

Scott Albert Reid (1973-2018),

whose life ended too early.

He did not have the opportunity to experience all that life has to offer,

so out of love and loyalty,

I will do my best to dream and live life for us both.

Chapter 1

Introduction

My interest in mastectomy tattoos follows a personal diagnosis of breast cancer and experiences living in the world with one breast¹. As a woman diagnosed with breast cancer six years ago, I continue to find the options offered post mastectomy are limited. Currently women have three choices recognized by the Canadian Breast Cancer Network (2021) post mastectomy: (1) 'living flat', a term used to describe no reconstruction following the removal of one or both breast(s); (2) using a prosthetic or breast form under or as part of an article of clothing to create the optics of a breast; or (3) surgically reconstructing a breast through various approaches. I find the lack of non-surgical options post mastectomy disconcerting which prompted me to look for additional options beyond those currently presented by health care providers.

While searching the internet, I found photographs of women with chest tattoos instead of breast(s) and a website called 'personal ink' (P.ink) promoting mastectomy tattoos as a way for women to reclaim their bodies following mastectomy (Personal Ink, 2021). I was intrigued by this unconventional means to beautify a mastectomy site with art and started to explore scholarly literature for greater understanding. Unfortunately, at that time, my search rendered few results, finding predominately anecdotal references about women's perceptions of mastectomy tattoos being cathartic and conceivably transformative (Dadlez, 2015). Over the past five years, greater interest in the role and impact of mastectomy tattoos has rendered some scholarly and theoretical attention (Klein, 2018, Klein, 2020; Kozlow, 2018). Absent however is formal research to generate knowledge about this alternative body project of tattooing in women who live without

¹ At the time I became interested in researching mastectomy tattoos I had a unilateral mastectomy. Subsequently, I have had my other breast removed, and now live 'flat'.

breast(s). To help fill this gap, my dissertation inquiry focuses on learning more about mastectomy tattoos and women's experiences of being tattooed post mastectomy.

Research Purpose and Question

The purpose of this dissertation is to gain a greater understanding about the phenomenon of being tattooed post mastectomy and generate knowledge specific to how being tattooed impacts the lives of some women who live without breast(s).

Mastectomy tattoos are emerging as an alternative to breast reconstruction for some women (Reid-de Jong & Bruce, 2020) but to my knowledge, research has never been conducted with participants, leaving a significant knowledge gap. Greater understanding is needed about mastectomy tattoos and the experiences of being tattooed where breast(s) once occupied space. Interpreting experiences of women who have opted for a mastectomy tattoo rather than breast reconstruction can provide insight into this phenomenon and expand options for women following removal of their breast(s). Greater knowledge about body projects such as tattooing and experiences of living tattooed post mastectomy can be utilized by nurses who practice in oncology settings. Nurses can also share knowledge from this study with women who are making decisions post mastectomy and interprofessional team members involved in their care.

The question guiding the study is "What are women's experiences of being tattooed post-mastectomy?"

Structure of the Dissertation

Consistent with a manuscript-based format, this dissertation is structured in five chapters which include an introduction and background, three publishable manuscripts and a conclusion (University of Victoria, 2013). Chapter 1 consists of multiple sections in which I describe the broader context and approach used. The background has six sections; in the first section, I

introduce readers to the incidence of breast cancer in Canada along with mastectomy rates which highlight how more Canadian women undergo mastectomy compared to endorsed breast conserving surgery (BCS). In other words, more Canadian women are currently undergoing complete breast removal without necessarily having breast reconstruction². My aim is to introduce the need to present alternatives to surgical breast reconstruction for women following mastectomy.

In the second section, I review surgical approaches to treat breast cancer and breast reconstructive options to reveal the innovative, yet invasive techniques employed to conserve and reconstruct the female breast. Of importance here is the aesthetic pursuit to surgically construct a breast that is cosmetically and functionally pleasing while achieving positive oncological outcomes. In the third and fourth sections, I describe surgical breast reconstruction and dominating discourses for women post mastectomy that elucidates the extensive nature of these surgeries and provides conjecture as to why uptake may remain low for Canadian women. This is important background for this study because it demonstrates the role that cosmesis³ plays in oncoplastic surgery and can provide support for expanding alternative aesthetic procedures such as tattooing into breast cancer discourse.

In the fifth section, I explore breasts as a signifier for womanliness in contemporary society and how socially constructed normative ideals particular to how women should look impact the experiences of women who live in the world with one or no breasts. I examine literature and present perspectives specific to beauty, body image, sexuality, femininity, and concepts of self. And finally, to situate post mastectomy tattooing within the broader

² Breast reconstruction rates are lower in Canadian women compared to American women.

³ Cosmesis is defined as the preservation, restoration, or enhancement of physical appearance (Merriam-Webster Dictionary, 2021)

conversation of post mastectomy options, I critically review the literature specific to motivations for tattooing along with the small but growing body of work pertaining to mastectomy tattoos.

In the final section of Chapter 1, I introduce readers to Gadamer's philosophical hermeneutics, and how I engaged these teachings as methodology in exploring participants experiences of being tattooed post mastectomy. Furthermore, I discuss how a philosophical hermeneutic lens shapes how I come to interpret that which is not well understood and allows me to interpretively reveal aspects of the phenomenon specific to being tattooed where breast(s) once occupied space.

Chapters 2, 3, and 4 include three consecutive published manuscripts with an annotation to help facilitate a conceptual flow for the reader. The final chapter 5 concludes the dissertation wherein I reflect on what has surfaced through exploring some women's lived experiences of being tattooed post mastectomy, present study limitations, implications for nursing, and ideas for future research.

Background

Breast Cancer and Mastectomy Rates in Canada

Breast cancer is the most common type of cancer diagnosed in Canadian women with predictive statistics suggesting one in eight women will be diagnosed in their lifetime (Canadian Cancer Society, 2021). The Canadian Cancer Society also estimated 27,400 women would be diagnosed with breast cancer in 2020, representing 25% of all new cancer diagnosed in women⁴.

Canada has several administrative databases used to collect and store information about cancer and the types of care provided (i.e., Canadian Cancer Registry, National Cancer Incidence Reporting System). Information specific to surgical intervention such as the type of surgery

⁴ 2021 breast cancer statistics could not be found, suggesting estimates have not been released.

performed to prevent, control or eradicate cancer is retrieved from the Discharge Abstract Database (DAD) and the National Ambulatory Care and Reporting System (NACRS) by the Canadian Institute of Health Information (CIHI) (Weerasinghe, et al., 2018).⁵ The 2018 Cancer System Performance Report using data collected from CIHI indicated over 10,000 mastectomies were performed between 2014 and 2016 (Canadian Partnership Against Cancer (CPAC), 2018). Unfortunately, the most recent report from CPAC does not provide statistics on provincial and territory mastectomy rates, but in 2015, mastectomy rates in Canada varied between provinces and territories with higher numbers reported in Newfoundland and Labrador, Saskatchewan, and the Territories (68.3%, 63.4% and 59.8% respectively) compared to Quebec, Manitoba, and Ontario (25.3%, 36% and 36.4% respectively)⁶ (CPAC, 2015). To my knowledge, a national study has not been conducted to learn why mastectomy rates vary across the country however explanations for the variability were documented in the 2015 Cancer System Performance Report produced by CPAC. These include having access to immediate breast reconstruction (IBR), risk and testing for gene mutations such as BRCA-1 and BRCA-2, surgeon preference, personal preference, and clinical factors (CPAC, 2015).

To explore current options for breast surgery in Canada, the following section briefly highlights how the radical mastectomy that dominated the surgical approach for decades is now obsolete, replaced by techniques focused on breast conservation and aesthetics while freeing the breast of disease.

The Evolution of Surgical and Reconstructive Options for Breast Cancer

⁵ It should also be noted that abstraction of medical charts is also used by researchers to collect data about breast cancer treatment. A study conducted by Weerasinghe, et al (2018) examined validity between administrative databases and medical chart reviews noting some discrepancies in reporting but concluded that administrative data could be used for breast cancer treatment studies (p. 1).

⁶ Mastectomy rates reported here are the final percentage of women who had a mastectomy within one year of being treated for breast cancer. Mastectomy rates in remaining provinces are between 45.3% and 53% (CPAC, 2015).

Much has changed in the approach to breast cancer surgery since Leonides of Egypt in the second century AD performed what is believed to be the first mastectomy for early breast cancer (Iavasso, 2009). Despite the Halsted method dominating breast cancer surgery for over a century (Elmore, et al., 2021; Freeman, et al., 2018; Uroskie & Colen, 2004) the last five decades have witnessed tremendous innovation in how surgery for breast cancer is approached (Freeman, et al., 2018; Stein et al., 2020) The Halsted procedure (also known as a radical mastectomy) involved removal of the entire breast, along with chest muscle/tissue and axillary lymph nodes on the affected side (Elmore, et al., 2021; Freeman, et al., 2018; Ghossain & Ghossain, 2009) leaving women with a large deformity in their chest wall. Although mastectomies are still performed today, they are less radical in nature⁷ and typically are not recommended by oncosurgeons except for women with inflammatory breast cancer (National Cancer Institute, 2021), situations where disease is advanced (Warburton, et al., 2018) or for prophylactic motivations.

Conservative approaches are now endorsed (Elmore, et al., 2021; Uroskie & Colen, 2017;) with aims of BCS to preserve as much of the breast as possible, remove malignancy, attempt clear margins⁸ and achieve optimal aesthetic outcomes (Elmore, et al., 2021; Chatterjee, et al. 2017; Stein, et al., 2020). Interestingly, despite BCS being the recommended method for the surgical management of breast cancer, Stein, and colleagues (2020) observe mastectomy rates in Canada, continuing to rise. The rise in mastectomy rates also correlates with lower breast reconstruction rates in Canadian women. In an online study conducted by Baker and colleagues (2021) reasons women declined reconstruction and opted 'going flat' include avoiding

⁷ Simple mastectomy and the modified radical mastectomy are performed in Canada (CCBR, 2021)

⁸ Clear margins mean the area surrounding the tumor is free from disease.

a foreign body such as an implant, lower health and complication risks, shorter recovery and for some women breasts were not seen as important to body image.

The following section will introduce readers to breast reconstruction in Canada, with greater emphasis on post mastectomy options, to provide context for why women may look for alternatives to surgery following the removal of their breast(s)⁹ but also illustrate the aesthetic motivation underpinning the procedures.

Breast Reconstruction Surgery in Canada

Breast reconstruction remains the dominant option and is often one of the aims for achieving cosmesis following mastectomy or BCS. In fact, pan Canadian standards recommend all women be referred to a plastic surgeon to discuss reconstruction options as part of the plan to provide consistent care to all patients diagnosed with breast cancer (CPAC, 2019; Prashad, et al., 2019). Innovative surgical techniques provide additional surgical options for patients with breast cancer and contributed to a new specialty called oncoplastic breast surgery (OPBS). According to Gilmour and colleagues (2021) “OPBS includes therapeutic mammoplasty¹⁰, partial breast reconstruction and total breast reconstruction (immediate or delayed)” (p. 2273). Consequently, oncoplastic breast techniques can be used when women undergo mastectomy or breast conserving surgery (Chatterjee, et al., 2017; Gilmore, et al., 2021; Macmillan, & McCulley, 2016). Within this specialty, a team comprised of an oncological surgeon, plastic surgeon and microvascular surgeon come together¹¹ with the goal to provide seamless care to those who prefer immediate breast reconstruction (IBR) following BCS or mastectomy (Freeman, et al.,

⁹ Several reconstructive surgical procedures are extensive which may not be what women are willing to endure following a diagnosis and being treated for breast cancer.

¹⁰ Mammoplasty refers to any cosmetic surgical procedure to the breasts (such as reduction, enhancement, and reconstruction)

¹¹ A surgeon who is proficient in oncosurgical, plastics and microsurgery could also be an oncoplastic surgeon, opposed to several surgeons making up the team (Peiris, et al., 2018).

2018; Macmillan, & McCulley, 2016)¹². Several Canadian research studies suggest oncoplastic surgery improves women's quality of life, body image, sexual well-being and self-esteem compared to women who undergo mastectomy (Bazzarelli et al., 2020; Retrouvey, et al., 2020) yet there are some situations where IBR is not recommended and should be delayed (Metcalf, et al., 2016). Deferring reconstruction typically occurs when neo-adjuvant or adjuvant therapy such as radiation and/or chemotherapy are needed. Both therapies can alter the cosmetic effects of the reconstructed breast (Canadian Collaboration on Breast Reconstruction (CCBR), 2021; Gilmour, et al., 2021; Lammer, et al., 2007; Roje, et al., 2010) although Doherty and colleagues (2019) identified a higher percentage of younger Canadian women receiving care at a teaching hospital underwent immediate implant-based reconstruction post mastectomy, despite anticipating needing radiotherapy. The authors also found younger, less experienced surgeons are performing the procedure (Doherty, et al., 2019, p.450). Further studies are needed to demonstrate the safety of this approach.

The goal of breast reconstruction is to create a breast that is aesthetically pleasing, without compromising oncological effectiveness (CCBR, 2021; Gilmour, et al., 2021; Macmillan, & McCulley, 2016). Outlined here are reconstructive options available for women post mastectomy opposed to those more aligned with BCT.¹³ As previously explained, the intention of a mastectomy is to remove the breast malignancy along with axillary lymph nodes where cancerous cells may have migrated (Elmore, et al., 2021). Refinements to surgical techniques now provide women with options such as skin-sparing and nipple sparing

¹² Breast reconstruction can be performed safely immediately following a mastectomy in some women and for others reconstruction must be delayed. There are also situations where a combination of immediate and delayed reconstruction is offered, for example when a temporary breast implant (tissue expander) is used to fill the space where a breast was removed until a time when a silicone or saline breast implant is safe to insert (CCBR, 2021)

mastectomy which may include conserving the nipple-areola complex (NAC)¹⁴. These contemporary mastectomies can be part of breast reconstruction procedures, where the skin, nipple and NAC may be used for enhancing cosmetic results following construction of a breast mound¹⁵ (CCBR, 2021; MacMillan & McCulley, 2016).

Significant Discourses Dominating Current Post Mastectomy Options

The paradigm shift that occurred in the surgical management of breast cancer over the last fifty years is noteworthy. Early breast research focused on removing the breast that contained malignancy along with lymph nodes where cancer cells may have migrated. Contemporary approaches to breast surgery now suggest survival rates are comparable for women diagnosed with early-stage breast cancer (stage 1-2) who undergo BCS with radiation from women who undergo mastectomy (Canadian Cancer Society, 2021). The ideologies that underpin the movement from radical to conservative approaches are, from what I can determine, aesthetic, with the idea that less is more. Furthermore, the specialty of oncoplastic surgery where plastic surgery techniques are combined with oncological methods emphasize the importance of cosmesis in breast surgery. Even some of the most recent developments to breast reconstruction such as fat grafting, where fat is taken from one part of a woman's body such as the abdomen or thigh and injected into areas where deformity exists within the reconstructed breast (Peiris, et al., 2018) highlights the aesthetic nature supporting the practice.

Feminist scholar Cromptvoets (2006) suggests dominant discourses within reconstructive surgery practices post mastectomy, are driven by ideals related to beauty, body image, femininity, sexuality, aesthetics, and identity. Scholars have argued that motivations such as

¹⁴ Caution should be exercised in performing nipple sparing, and/or nipple areola complex sparing mastectomies in patients with advanced local disease and is contraindicated in patients with inflammatory breast disease (Gilmore, et al., 2021).

¹⁵ Recreating a breast mound can be achieved through implants and autologous tissue flaps (CCBR, 2021)

these are prescribed through hegemonic ideas of how women should look and perform (Cobb & Starr, 2012), media's endorsement of society's 'image culture' (Rice, 2014), beauty politics with acceptance for cosmetic surgery to create (Gimlin, 2013) or enhance beauty and the "medicalization of subjugated bodies" (Garland-Thomson, 2002, p. 81).

The aim of cosmetic surgery¹⁶, is to improve aesthetic appearance and the aim of reconstructive surgery, is to repair function and/or improve appearance to parts of the body that have been damaged or destroyed (Lammer, et al., 2007). According to Cromptvoets (2006) reconstruction post mastectomy is considered an aesthetic practice, because it is "a medically unnecessary procedure that has no effect on morbidity or mortality" (p. 78). Implied here, is the underlying motivation for breast reconstruction; to remedy the appearance of the mastectomized female body, which to some feminist scholars is problematic. Wolf (1990/1997) claims in the West beauty is a commodity, exchanged to procure social control over women (p. 10). Control over women's bodies is witnessed when pan Canadian standardized care maps for breast cancer include directives, such as being referred to a plastic surgeon to discuss reconstruction options for women undergoing mastectomy (CPAC, 2019, p. 17). The question regarding motivations when such directives are created and followed is reason for pause and comment.

Conceivably inferred here are hegemonic ideas that women would not find it acceptable to live with one or no breasts in a society preoccupied with image and constructs of beauty (Rice, 2014). As a woman who received such a referral, I was taken off-guard when presented with the recommendation for breast reconstruction at the same time as discussing the removal of my breast. I interpreted this recommendation as assuming and premature. I was not given time to think about the initial breast surgery, consider what it would mean to lose and live without my

¹⁶ The terms cosmetic surgery and aesthetic surgery are used interchangeably.

breast and come to a decision on my own about whether I would want breast reconstruction. Instead, the requirement to document an exchange of information about plastic surgery in my chart (CPAC, 2019, p. 17) was prioritized ahead of my autonomy to make a choice for myself.

In contemporary Western society, cosmetic surgery typically involves transforming one's body into something constructed by dominant heteronormative ideology to be considered more beautiful. According to Choi (2015) "cosmetic surgery can be defined as a great effort to create artistic value, in the sense that it strives to seek beauty or youth by rebuilding qualities no longer visible using medical intervention..." (p. 672). Similarities can be made to reconstructive surgical options post mastectomy, specifically, rebuilding breast mound(s), while attempting to create an aesthetically appealing breast(s). Cobb and Starr (2012) refer to this as "surgical breast crafting" which is "both reconstructive and cosmetic" (p. 86). Descriptions of breast reconstruction options focus on breast appearance and aesthetics as central to reconstructive practices (Elmore, et al., 2021; Chatterjee, et al. 2017; Stein, et al., 2020). These include the size, shape, contour (Piper & Sbitany, 2016), efforts to limit the amount of scarring (Lammer, et al., 2007), considerations for how the reconstructed breast feels to physical touch (Piper & Sbitany, 2016), potential sensation concerns (Romanoff, 2018), nipple conserving decisions (Piper & Sbitany, 2016) and options that will offer women the most favorable aesthetic outcomes (Roje, et al., 2010). It could be argued that the oncoplastic breast surgeons aim to enhance aesthetic results is guided by contemporary society's constructions of what signifies 'normal', 'ideal', and 'beautiful' for women.

The following section addresses how the female breast is a signifier for womanhood in contemporary society and illustrates how socially constructed heteronormative ideals negatively intersect with experiences of women who live with one or no breasts.

The Female Breast and Impacts of Breast Removal

Iris Marion Young, a feminist scholar and political gender theorist captures the importance of female breasts in a male dominated society, suggesting “breasts are the most visible sign of a woman’s femininity” (Young, 2005, p. 78). A review of the literature specific to the female breast suggests meaning attached to breasts comes from social and cultural understanding, often symbolizing womanliness, femininity, sexuality, beauty, and motherhood (Hopwood & Hopwood, 2018; Koçan & Gürsoy, 2016; Slatman, et al., 2016; Yalom, 1997; Young, 2005). Scholars agree that dominant ideology about female breasts in North American culture is supported by a male centric viewpoint; that is female breasts are objectified susceptible to being politicized, medicalized, commercialized, sexualized, fetishized, and even scandalized (Yalom, 1997; Young, 2005). Breasts are gazed upon, adjudicated when compared with other breasts, and are a daily visible signifier of being a woman (Young, 2005, p. 76). More specifically, socially constructed ideals in western culture prescribe female breasts to be full (Boulton & Malacrida, 2012; Gimlin, 2013), symmetrical (Naugler, 2009) and preferably “high, hard and pointy” (Young, 2005, p. 77) and needless to say, there should be two.

Sabo and Thibeault (2012) suggest “the way in which a woman experiences her body, its femininity and wholeness is largely influenced by social interaction” (p. 204). Given the strong relationship between female breasts and social constructions of normativity, it is not surprising many women express physical and psychosocial concerns following the removal of their breast(s).

Interestingly, some scholars are researching how perceptions of the body, as a body, change post mastectomy (Hopwood & Hopwood, 2018; Rosenblatt, 2006). Hopwood and Hopwood (2018) place importance on exploring the interrelatedness of body image and body

changes, which they term 'embodied body image'. In general terms, the authors propose a social and physical reality of the body exists therefore when people think about their body and share experiences about their body image, it is within this social-physical reality. Specific to women with breast cancer, the authors provide examples to illustrate how bodies can feel 'unfamiliar' and may be conceptualized as other or 'as an outsider' when viewing self through a social-physical lens (Hopwood & Hopwood, 2018).

Using excerpts from women's narratives about body and sense of self post mastectomy, Rosenblatt (2006) captures the experiences of some women losing their former body and attempting to locate themselves in their 'new' body'. Rosenblatt (2006) suggests undergoing a mastectomy can create questions about the nature of self in relation to body, creating an enigma with being and having a body. Frank (1995/2013) describes this phenomenon as 'body relatedness' which can be experienced in a variety of states. Specifically, the 'mirroring body state' described by Frank (1995/2013) can help explain how some women post mastectomy come to see themselves as less feminine, beautiful, and sexually attractive. A mirroring body-self compares one's body to the bodies of others, pursuing a body that is aesthetically pleasing and often aligned with what is dominant in a culture (Frank, 1995/2013). While this topic is further explored in chapter 3 and 4, readers are introduced to notions of body and self as significant background and context of this study.

Captured extensively in research are women's voices conveying difficulties with body image (Dunn & Steginga, 2000; Metcalfe, et al., 2017; McCann, et al., 2010; Piot-Ziegler et al., 2010; Sischo & Martin, 2015), relationships, including intimacy (Hopwood & Hopwood, 2018) being stigmatized (Waljee, 2008) and experiencing struggles with mental health, such as anxiety

and depression (Davis et al., 2019; Peiris et al., 2018). Appearance related concerns post mastectomy relate to scarring and deformity and for some women include being asymmetrical (Sischo & Martin, 2015, Mace, et al., 2020). Emotions such as feeling less feminine, beautiful, and sexually attractive can also influence quality of life and wellbeing in some women (Tyner & Lee, 2020). Although divergent experiences to those mentioned above have been captured in the literature (Brown & McElroy, 2018), the overall depiction is of women experiencing a lower quality of life following the removal of their breast(s).

We can look to Naomi Wolf's book 'The Beauty Myth' (1990/1997) to contemplate why some women may experience appearance related concerns and lower quality of life post mastectomy. Myths depict something that does not actually exist but is believed to be true (Oxford Learner's Dictionary, 2022). The beauty myth embodies the idea that an ideal image of beauty exists and according to Engen (2017) "the standard of beauty is near perfection" (p. 5). Wolf (1990) argues that this archetype of beauty is socially constructed and politically motivated; formed with heteronormative and patriarchal ideals, situated to oppress, alienate, divide, and socially control women (p. 10). Some discourse underpinned with feminist thought suggests until women stop searching for their identity in a culture that fosters uncompromising beauty ideals, women will continue to be held captive by the myth surrounding beauty (Rice, 2014; Wolfe, 1990/1997). To dispel the beauty myth and surface from the damage caused by oppressive heteronormative ideals women need "a new way to see" (Wolf, 1990/1997, p. 19).

The notion that some women chose to reimagine constructs of beauty, can support the need for my study exploring the lived experiences of being tattooed post mastectomy. The artistic nature of tattoos and their uptake in contemporary western society, may have some women post mastectomy looking to this alternative body project to tell their story...in an image

form (Frank, 1995/2013, p. 45) and reclaim self in a novel way (Reid de Jong & Bruce, 2020). To further consider why tattoos are emerging as a body project post mastectomy, the following section will introduce what is known about general motivations for tattooing, and specifically those concerning mastectomy tattoos. Important here is to consider theoretically how being tattooed post mastectomy could conceivably be another motivation for tattooing.

Tattoos: Motivations

Historically, many cultures around the world have tattooed the body as a form of adornment. In the western world, initial motivations for tattooing aligned with impulsiveness and deviance (Irwin, 2001; Kosut, 2006). Stereotypical affiliations of being tattooed traditionally aligned with group membership (Atkinson, 2004; Eriksson, et al., 2014), and were seen on the bodies of circus or stage performers, sailors, and those in the military (Kosut, 2015). Ironically, during the same time that tattoos were gaining popularity with people relegated to the margins of society (DeMello, 2000; Kosut, 2015; Mifflin, 2013) some of Europe's elite were being inscribed (DeMello, 2000; Kosut, 2015; Saunders, 1991).

A review of recent literature specific to motivations for becoming tattooed is as Maxwell and colleagues (2020) claim, "as varied and diverse as the individuals who wear them" (p. 348). Nomenclature such as 'tattoo renaissance' is used to illustrate a resurgence of being tattooed among popular culture (Kosut, 2015; Lane, 2014) suggesting greater social acceptance for those who ink (Kosut, 2006; Maxwell, et al., 2020). Where historically, motivations in the west were frequently understood to be associated with group membership, Maxwell, and colleagues (2020) suggest there is a lack of knowledge about the 'psychodynamic' reasons for why people in contemporary society tattoo. Nevertheless, scholars identify reclamation of the body following traumatic experiences (DeMello, 2000; Crompton, et al., 2020; Eschler, et al., 2018; Maxwell, et

al., 2020; Pitts, 1998, 2003; Woodstock, 2014) and memorializing meaningful experiences such as those associated with death or loss (Cadell, et al., 2020; Davidson, 2017; Letherby & Davidson, 2015; Strubel & Jones, 2017) can signify coping, healing and a way to make meaning from painful experiences (Crompton, et al., 2020; Huang, 2016; Leader, 2015; Strubel & Jones, 2017). Furthermore, for some individuals who tattoo, significance comes from “inking the bond” with someone who has died, representing a means to remain close (Cadell et al., 2020, p. 3). In search of additional motivations for tattooing, we can also look to the Canadian Arctic where tattooing among the Inuit, particularly women, is being revived. Known as *kaknit*, the historical practice of tattooing among Inuit women of Nunavut was thought to be motivated by ancient folklore; suggesting if women did not have facial markings before death, the rays of “Sister Sun” would scorch their face (Zhitny, et al., 2021, p. , 2019, p. 79). Culturally, facial tattoos marked significant milestones in an Inuit woman’s life; a ‘V’ on the forehead signified entry into womanhood following first menses and a ‘Y’, signified being old enough to take on adult responsibilities such as hunting seal (Zhitny, et al., 2021, p. 79). According to Jelinski (2021) amid an “ongoing decolonizing process, contemporary Inuit women are reinvigorating tattooing and reclaiming it from the clutches of colonialism that aided in eroding the practice over much of the 20th century” (p.347-348).

Although the subject of mastectomy tattoos has only been written from theoretical and anecdotal perspectives, there are different ideas underpinning the practice of tattooing over a mastectomy site or being tattooed post mastectomy in the literature. Klein (2020) suggests mastectomy tattoos are becoming part of the larger tattoo renaissance by women subscribing to “neoliberal beautification practices”. She argues the digital display of mastectomized bodies on social media platforms conceivably intended as a form of activism and social change may instead

arrest the development of these aims (Klein, 2020, p. 4). Klein (2020) raises concerns about mastectomy tattoos being appropriated as a means to beautify the body which she suggests support patriarchal and hegemonic ideas of how the female body should look opposed to choosing to be tattooed as a means of enhancing a politics of agency and choice. Klein's questioning of the motivations of women to beautify their mastectomy scar with a tattoo supports Audrey Lorde's¹⁷ view of western "society's attitudes towards women in general being a decoration and externally defined sex object" (Lorde, 1997, p. 62). Others who have written about mastectomy tattoos propose being tattooed post mastectomy can be cathartic (Allen, 2017), transformative (Dadlez, 2015; Kozlow, 2018) and a means to reclaim control over one's body and identity (Osborn & Cohen, 2018; Reid-de Jong & Bruce, 2020). The tension raised between mastectomy tattoos being a modernized approach to conform to hegemonic beauty practices versus a means to reclaim control over one's body following mastectomy, can be as Klein (2020) suggests determined by motivations and choice. I suggest reclamation is a powerful motivator and learning more about women's experiences being tattooed may help work out the tensions raised by diverse viewpoints and perhaps ease concerns expressed by some feminist scholars.

To formally learn about the lived experiences of being tattooed where breasts once occupied space, I conducted a study involving six women inscribed with tattoos post mastectomy (see Chapter 4). Gadamer's philosophical hermeneutic teachings were engaged as methodology to explore participant experiences. In the following section, I will address how a hermeneutic lens shaped how I surfaced meaning about the phenomenon of being tattooed post mastectomy.

¹⁷ Audrey Lorde was a black lesbian feminist who wrote about her experiences of having cancer, living as a woman post mastectomy and dying of breast cancer. Audrey's 'Cancer Journal' offers a powerful entry into the life of a black lesbian woman with breast cancer. Lorde writes authentically and sometimes with raw emotion when describing her post mastectomized body in the 1980's and in a society where women's bodies are adjudicated by heteronormative musings of what is normal, ideal and acceptable to see, hear and read about.

Methodology

Gadamer's philosophical hermeneutics was chosen to gain greater understanding about the experiences of being tattooed post mastectomy. As a woman previously diagnosed with breast cancer, I had experiences making treatment decisions, undergoing medical interventions, experiences living in the world with one breast, and trying breast forms occasionally. What I did not understand, was what it would be like to be tattooed where breasts once existed. Gadamer's emphasis on 'how' understanding occurs, and philosophical teachings associated with interpreting language to make meaning¹⁸ seemed fitting for my quest.

Gadamer (1960/2013) does not regard interpretation to be a method or process per say (p. 306), which can pose challenges when attempting to explain how understanding is surfaced from experiences shared by participants during conversation. Interpretation is thought to occur through the hermeneutic circle; therefore, I will elucidate how I entered this ontological space as a person in search of understanding what is like to be tattooed post mastectomy. Furthermore, I will describe how being a woman previously diagnosed with breast cancer and living in the world without breast(s) is part of my present horizon, conceivably bringing me closer to understanding experiences of being tattooed where breast(s) once occupied space. Through descriptions and examples, I aim to enlighten the reader vis-à-vis the process of coming to understanding through a hermeneutic lens. Specifically, I share how this occurred and led to understanding through a dialectic of questioning and engaging with language used by participants as part of the 'working out' of phenomenon within the hermeneutic circle¹⁹

(Gadamer, 1960/2013, p. 279-280; 302, 304-305). In my third manuscript (Chapter 4), I go into

¹⁸ I use the term 'make meaning' to reflect meaning that is made from understanding opposed to employing methods such as those created by Amedeo Giorgi to construct themes of meaning.

¹⁹ The hermeneutic circle was initially described by Heidegger (1927/1996) however Gadamer (1960/2013) discusses how "harmony of all the details with the whole is the criterion of correct understanding" (p. 302).

greater methodological detail about how understanding surfaced about the phenomenon of being tattooed post mastectomy, however I will introduce readers here to some key hermeneutic concepts that guided my study. Important to note is that interpretation occurs within the hermeneutic circle however how understanding occurs within this ontological space involves several concepts, some of which I discuss below.

Importance of Authentic Conversations

In my study, I invited participants to share experiences of being diagnosed with breast cancer, making the decision to undergo a mastectomy, living with one or no breasts and lastly being tattooed where their breast(s) once existed. Gadamer (1960/2013) suggests greater understanding about phenomenon not well understood can occur when conversations are genuine creating an openness for the exchange of ideas, significantly through language (p. 401-407). Reflexively, I turned inward to capture my thoughts and feelings prior to engaging in conversation with participants. I aimed for genuine interactions, where participants would feel comfortable sharing lived experiences authentically. To illustrate, I captured my thoughts about conducting my first 'hermeneutic interview' prior to it proceeding.

As I prepare for my conversation with Vivian (pseudonym), I find myself wavering in my approach for dialogue. I am mindful of Gadamer's teaching about authentic dialogue and allowing the conversation to move in the direction participants lead it to go, however this is the first time I will be engaging with 'interviewing' from a philosophical hermeneutic research perspective and do have questions prepared in case of derailment. I hope some of the questions I would like to ask will find their way naturally into the conversation, so our dialogue is open, and Vivian feels comfortable sharing experiences with me. I am mindful that authentic conversations are important in hermeneutic

research to enhance validity and trustworthiness of data and strengthen interpretation. I centre myself before I begin and trust our conversation will develop effortlessly.

Understanding through Language

Gadamer (1976/2008) asserts that language is a “reservoir of tradition and the medium in and through which we exist and perceive our world” (p. 29). Language allows human beings to ‘encounter the world’ and creates opportunities to understand all that can be understood (Gadamer, 1976/2008, p. 32). Audio recording and later transcribing conversations I had with participants allowed me to engage in meaningful conversation with language used by participants and question language to surface meaning (Gadamer, 1960/2013, p. 407). Practically, this included questioning language to help surface meaning that may be found etymologically,²⁰ hidden in vocabulary such as in metaphors, rhetoric, and paralinguistics such as gestures and intonations. To surface meaning that may be hidden in and through language, Gadamer (1960/2013) encourages deep questioning (p. 281) and knowing the ‘right questions to ask’ (p. 312). To provide an illustration, greater meaning was surfaced about the trope ‘bad ass’ which was used by all participants when describing being tattooed post mastectomy²¹. As I read the transcripts, the use of the word ‘bad ass’ immediately captured my attention. I was curious about how the concept of being a bad ass was at play in participants experiences of being tattooed. As I entered the hermeneutic circle to explore the meaning of this expression, I captured my preliminary understanding of ‘bad ass’ which I associated with rebellion, or when someone does something that would be out of the ordinary or outside the normative²². Within the context of

²⁰ Where a word originated historically.

²¹ I also wrote about this trope in my third manuscript.

²² Gadamer (1960/2013) suggests that meaning is ‘handed down to us’ from history therefore we must explore through questioning if what we have come to understand is aligned with another’s understanding (p. 312). If we do not question, misunderstanding can occur and the opportunity for our horizon to be expanded will be stunted.

being a woman, who chooses to live tattooed post mastectomy instead of undergoing breast reconstruction, I initially interpreted this to mean having a rebellious spirit, going against social norms, and pushing boundaries to challenge authority. I became curious about the meaning and wondered if my understanding specific to being rebellious was congruent with meaning intended by participants.

A deeper questioning of the expression within the hermeneutic circle led me to discover a change in the meaning of being a 'bad ass'. Contemporary use of the trope shifted the meaning from rebellion to being 'cool', a slang expression implying someone or something being 'intensely good'. I resonated with the new meaning²³. The juxtaposition between a bad ass 'being rebellious' and 'being cool or intensely good' caused me to question and subsequently uncover how use of the term could mean something different from what I initially understood. I engaged with both meanings and questioned how the expression was used to explain what being tattooed means [in part] to the [whole] experience of living in the world without breast(s).

Present, Fusion and Expanded Horizons

Drawing upon the teachings of Gadamer, allows me to appreciate how 'self' is used to make meaning of phenomena not well understood. My personal narrative of being a woman diagnosed and treated for breast cancer, which includes living in the world without breast(s) affords me an opportunity to draw closer to the phenomenon of being tattooed post mastectomy. My emic perspective of having had breast cancer, a mastectomy and living in the world without breast(s) is part of what Gadamer (1960/2013) refers to as my historically effected consciousness (p. 312) which is reflected in my present horizon (p. 313). Gadamer (1960/2013) refers to one's

²³ This could also be considered as a fusion occurring with my present horizon which led to an expanded horizon where I gained greater understanding.

horizon as the vantage point from which a person interprets (p. 313) and can include the interpretation of written prose, artistic forms such as dance, theatre, paintings (p. 417) and conceivably tattoos. Gadamer (1960/2013) suggests interpretation occurs when one [self] enters the hermeneutic circle and through a dialectic of deep questioning (p. 281) and “working out” (p. 279) of a phenomenon, understanding can surface with language being the intercessor (p. 402).

Being a woman with experiences living in the world following the removal of my breast(s) provides me with a unique entry into the hermeneutic circle. My understanding of being diagnosed with breast cancer, undergoing a mastectomy, and living in the world without breast(s) brings me closer to understanding what it might be like to be tattooed where breast(s) once existed. My experiences also however establish prejudices which can limit how open I am to the experiences of others (Gadamer, 1976/2007, p. 9). To explore my present horizon, identify myself in the hermeneutic process and consider prejudices capable of influencing my understanding of other’s experiences, I took the opportunity to journal, some before and other times following interviews with participants. Journaling was helpful to gain insight into my own thoughts and feelings generally about being diagnosed with cancer, ideas about beauty, femininity, sexuality within the context of having had breast(s) removed and specifically about what it might mean to be tattooed where my breast(s) once existed. I have captured a few excerpts starting with a conversation I had with Pat (a pseudonym assigned during data analysis).

As I transcribed my conversation with Pat from audio to text, I engaged with the skill of reflexivity. I turned to myself, attempting to capture my thoughts, feelings and other language forms used to locate meaning as I relived our exchange... As Pat talks about the appearance of her chest following a mastectomy, comparing one side to the other, I find myself thinking about the appearance of my chest. I think the surgeon left some skin

under my arm in case I wanted reconstruction in the future...so nice of him to do this without asking me [sarcastic tone intended]. The scar is flat, but my chest wall is deformed. I can see an indent where my breast used to be, calling attention to my intercostal spaces. Interesting is that I have not allowed myself the opportunity to really think about the daily appearance of my chest. I wrote about my experience of having the bandages come off and seeing my chest for the first time, but to spend time looking and thinking about how I feel about the appearance of my chest on a daily basis; I have never actually participated in this exercise. It causes me to ask myself why, and the immediate response that surfaces is...what good would it do? The reasons I decided to undergo a mastectomy [having chemotherapy and radiation] were to eliminate the risk of reoccurrence...my feelings were let cancer take my breast, not my life. Now however, as I listen to Pat reveal her thoughts and feelings about the appearance of her chest, I think about the fairness of my question. I have asked her a question that I have not attempted to answer. Why is that? What am I afraid of? I don't find myself wanting to look in the mirror, to stare at myself hoping for a revelation, but perhaps I will entertain the thought of reflecting on my experiences living in the world without breast(s), with scars and disfigurement and begin questioning the meaning it holds for me as a woman. I did promise myself to do this work, and the work I will do...it is only fair.

Reflecting on my present horizon brings awareness to how I see aspects of the world, what can limit my encounter with phenomenon (or the experience of another) and helps explain [in this context] my views about being a woman in contemporary western society. My historically effected consciousness is comprised of many experiences, teachings and views that have been passed along through the generations, establishing an understanding about what it

means to 'be' a woman. I acknowledge that my historically effected consciousness is an aspect of my present horizon and shapes what I have come to know and hold as a form of confidence. I understand through Gadamer's (1960/2013) teachings, my ability to interpret and understand others' experiences, viewpoints, etc., will initially be interpreted through my present horizon and has the potential to expand when what has been communicated [through language] resonates. Gadamer (1960/2013) describes this as a fusion of horizons (p. 317, 406). Said differently, when a perspective is provided outside of what something means to me or what I have come to understand in a certain way and that perspective resonates with me, my horizon is said to have fused with the other viewpoint. This new understanding expands my horizon and the perspectives from which I come to understand.

The Hermeneutic Circle

Entry into the hermeneutic circle and moving from the parts [of living without breast(s) following breast cancer], to the whole [experience of being a woman in contemporary western society and living without breast(s)] allows me to draw closer to understanding the experiences shared by participants about being tattooed post mastectomy. The insights gained from living in the world without breast(s) may be considered bias or prejudice in some research methodologies, but Gadamer's (1960/2013) philosophical views suggest [my] prejudices are not obstacles to interpreting but rather supports [my] present horizon (p. 302, 304-306) and allows me to work out understanding within this ontological space where understanding is thought to occur.

To begin this work of situating [my]self in the research and explaining how understanding the phenomenon of being tattooed post mastectomy surfaced, I include another entry from my journal. This excerpt follows my last and the pledge made to explore the meaning that scars and disfigurement have for me as a woman living in the world without breast(s).

Below, I first capture some of my thoughts about the concept of beauty, breasts and being a woman then reflect on how these views influence my understanding about what it means to live without breast(s).

Before I am ready to look and think about my body following a mastectomy, I feel it is important to reflect on my concepts of beauty, femininity, sexuality and what has been impressed upon me by family and Western society specific to being a girl, a young lady, a woman. I grew up in a conservative home, with clear distinctions between being male and female (only two genders were recognized). Being a girl meant acting like a girl with traditional undertones specific to dress, conduct and overall presentation. Raised by a single mother however also infused feminist ideas depicting women as being strong, capable, and independent from men. Taking care of self physically and behaviorally translated into being resilient and portrayed an image of being 'put together'. Breasts, female genitalia, and sexuality were not discussed. I was encouraged to respect my body, but not to display, accentuate, celebrate, or talk about it. As a result, I never felt particularly close to my 'female' body parts. I was led to believe my outward beauty and disposition mattered most, and because it mattered to my family, it became important to me. Thinking more deeply about being a woman suggests [in some ways] I encourage patriarchal ideologies by how I live and think about beauty, femininity, and sexuality as a woman. Over the years, this translated into paying attention to how I present myself in the world. My hair, face and dress became focal points for expressing beauty, often using skin and hair products, and applying of make-up. I dress stylishly, but conservatively, intentionally wearing clothes that make me look and more importantly feel attractive and confident.

I recognize I have been influenced by both patriarchal concepts and liberal ideals of what it is to be beautiful, feminine, and sexual as a woman...causing me mixed emotions and

uncertainty with how to live in the world one-breasted. Physically, my body shape is asymmetrical and marred by scars and deformity. I appear flat on the right side of my chest, which is in direct contrast to the breast mound I still have on my left. Emotionally, this causes me sadness at times both socially and privately, however these emotions are often in contrast to the greater enthusiasm I feel to learn how to be my authentic self; a self who humbly lives in the world and attempts to signify beauty in alternative ways. There are times however when I feel insecure with my body image and find myself holding my purse or arm in front of my right side hoping to hide my flatness which is perceived as abject in the world. Sexually, I am apprehensive, often not wanting to be exposed or viewed by my husband. The scar that acts as a proxy for my missing breast is ugly, so I fear rejection. Perceptions of not being seen as beautiful, feminine, or appealing sexually comes with a price.... struggles with intimacy.

I enter the hermeneutic circle with these and other understandings specific to having breast cancer, experiences undergoing a mastectomy without reconstruction and living in the world with one breast. It is with my present horizon that I explore the phenomenon of being tattooed post mastectomy in attempt to understand experiences shared by some women who chose this alternative body project. These discoveries will be shared in my third manuscript (Chapter 4).

Overview of Manuscripts

I used three very different styles of writing to align with specific aims and audiences. Manuscript #1 has been published with the following citation: Reid-de Jong, V. (2019). Every Time I Look at Myself, I Am Reminded of What Cancer Took from Me' Which is why I want to mark the end of my cancer treatment in a powerful way. I want to get a mastectomy tattoo.

Chatelaine. Updated October 2, 2019.

This manuscript was written first and includes a journalistic style intended for a general audience of women in a well-known Canadian women's magazine. Talking about breast cancer can be difficult and creating opportunities for dialogue challenging. Therefore, I chose *Chatelaine* magazine, to reach a diverse population of women with the hope of inciting conversation. To situate myself in the research and locate my present horizon, I decided to write this article from a first-person perspective. The motivation came from a poem I wrote during candidacy that was titled "Eris". Capturing my present horizon through a personal narrative fit well with hermeneutic methodology and provides insight gained from my experiences of having [had] cancer and living in the world with one breast. After writing this section, I had my other breast removed. I was as Heidegger (1927/1966) suggests, 'thrown into the world'... this new world of having cancer and the changes that follow being diagnosed. Existentially, learning how to exist and make meaning of my new reality is not an easy undertaking but rather comes with complexity and many insecurities. My sense of self is disrupted. I am learning how to navigate a world where having [had] cancer creates a liminal state disconnecting me from whom I used to 'be'. To explain, initially, my body was the focus of attention with little notice paid to my 'being'.... to me.... my essence as a person, soul, spirit in the world. The lack of care devoted to that which makes me [me], created a disconnect, leaving me feeling separated from my body during diagnosis and treatment and continues to detach 'me' from objective glances I receive as a woman without breast(s). Upon reflection and being reflexive, I recognize I embody a protective stance in the world, often hiding behind the personification of being a woman who is strong and resilient. I think I hold these characteristics, in part, but there are also aspects of my being that longs for security of self. Although, I am still working my way through what this looks like, I

believe it entails being able to look at myself in the mirror and finding me...not the me in parts or in isolation, but me in all my splendor, strife, and discord. I imagine security in self will mean allowing the cloak of sadness to be authentically worn when my soul needs to wallow and cry out in angst for the spaces where Eris²⁴ closes in on me but also allows me the refuge of humbly rejoicing my life. I sometimes imagine myself having a beautiful tattoo inscribed across my chest, hiding the remnants of what used to be my breast(s). Upon reflection, I believe this search for beauty drew me to write and subsequently allowed me to hear experiences of some women who chose to be tattooed post mastectomy. Their experiences are powerful and the meaning of being tattooed where breast(s) once existed give me hope for something different.

Manuscript #2 is aimed towards a nursing audience and published in a peer-reviewed professional journal. The citation is, Reid-de Jong, V., & Bruce, A. (2020). Mastectomy tattoos: An emerging alternative for reclaiming self. *Nursing Forum*, 55(4), 695-702. <https://doi.org/10.1111/nuf.12486>

In this manuscript we focused on the mastectomized body being abject in society and how mastectomy tattoos could conceivably allow some women to reclaim self, following the removal of their breast(s). Herein, we raised the question if mastectomy tattoos could “become an embodied health movement of breast cancer” (Reid-de Jong & Bruce, 2020, p. 1).

It is not uncommon to see social movements aligning with breast cancer awareness such as the Canadian Cancer Society’s ‘Run for the Cure’. Other projects aim to shift how women with breast cancer are represented in society. David Jay’s “The Scar Project” was brought to Canada as part of “Rethink Breast Cancer”. This innovative approach to raise awareness about

²⁴ Eris is the mythical Greek goddess of strife and discord. It is also the title of the poem I wrote when diagnosed with breast cancer.

the realities of breast cancer used photographed images of young women with what could be considered 'abject bodies' following treatment for breast cancer. Photographs were posted as billboards in parts of downtown Toronto and later used as part of a documentary titled "Baring it All" to illustrate corporeal realities of the disease.

Another organization dedicated to empowering women with breast cancer but with a unique and empowering twist is called Personal ink (P.ink). As part of the 'Fuck cancer' program, this non-profit organization originating in United States has made its way to Canada creating 'P. ink days' for women diagnosed with breast cancer. P. ink days take place in October as part of breast cancer awareness month creating opportunities for women to be tattooed by experienced tattoo artists. As cited from their website, "Every October tattoo studios across North America close their doors for a day to create a free curated healing experience for recipients who have had mastectomies and are seeking closure through coverage of their scars with beautiful artwork. All tattoos are donated by talented and trained tattoo artists who are experienced in tattooing over scar tissue successfully" (P.ink, 2021).

Manuscript #3 is aimed to audiences of nurses and health care providers with the professional journal, *Nursing Forum*. In this manuscript, I present findings of the philosophical hermeneutic study of being tattooed post mastectomy. Currently, the manuscript is under review with revisions underway which include the length of the article and number of citations being reduced alongside stylistic recommendations.

Chapter 2

Situating Self as Interpreter-My Present Horizon

Reid-de Jong, V. (2019). Every Time I Look at Myself, I Am Reminded of What Cancer Took from Me' Which is why I want to mark the end of my cancer treatment in a powerful way. I want to get a mastectomy tattoo. *Chatelaine*. Updated October 2, 2019. <https://www.chatelaine.com/living/real-life-stories/why-i-want-a-mastectomy-tattoo/>



Photo, iStock.

“Why do people who have cancer seem so happy?” my 14-year-old daughter asked me the other day. I was surprised by her question—cancer usually conjures up fears of sickness, suffering and death. “Maybe because they embrace every day, knowing there could be a different outcome?” I stammered in response. But I kept mulling over her question as we drove home. Three years post-treatment, I’m still sorting out my complicated feelings about cancer. Every time I look at myself, I am reminded of what it took from me. My treatment for stage 2, triple positive breast

cancer lasted more than 18 months and included the surgical removal of my breast. Despite being on the other side of treatment (which I am grateful for), I feel the need to transform my experience into something beautiful, powerful, and feminine. I don't want breast reconstruction, but I am also not completely comfortable living in the world with one breast. It is difficult to describe the emotions that follow a cancer diagnosis, the journey through treatment and what happens if you are one of the fortunate who enter into remission.

On the day of my diagnosis, I only felt numb. When I called the doctor for the results, I realized I'd been holding my breath as the phone rang. "Doctor's office," the receptionist said in a voice that sang like a morning dove. I remember thinking *How can she sound so sweet and happy, when what I might hear could radically change my life?* It seemed like forever until I heard my doctor's voice on the other end, and I could hardly concentrate on what she was saying. *Please don't let it be cancer, please don't let it be cancer, oh God what if it's cancer?* I was 44 years old, with three children, a husband; I had a job I loved and was going to school full-time—I didn't have time for cancer! She asked me if I was driving, because she wanted to talk to me about something important. Lost in my thoughts, overwhelmed by the insanity of what was happening, I remember rolling down the window and feeling the air on my face, thinking that I have to get it together or the kids will know something is wrong.



Samantha Rae is a tattoo artist who partners with women who have had breast cancer to create mastectomy tattoos.

Her tattoo studio, Sam R Studios, is located in Errington, B.C. Permission to use received

The days and weeks that followed were filled with doctor's appointments, MRIs, CT scans, blood tests and other investigations to make sure my organs were healthy enough to withstand the effects of chemotherapy. I also got tattooed to mark the areas where I'd get radiation. I was exhausted and I hadn't even started the hard part yet. Over the next 18 months, I had two surgeries, 25 rounds of radiation and then took Herceptin. I did everything I could to get rid of it, knowing that if I didn't, it would continue its residence and take over, which is why having a mastectomy seemed like best course of action. What surprised me when I met with the surgeon, however, was the assumption that I'd want to have reconstructive surgery following the removal of my breast—I was immediately referred to a plastic surgeon. I can appreciate that some women cannot imagine having one breast, but I was tired—mentally, emotionally, and physically. The last thing I wanted was another surgery.



Tattooing by Samantha Rae. Permission to use received.

After months of treatment, when there were no traces of cancer left, it was time to celebrate, get my hair back, grow eyebrows, eyelashes, shave my legs. It was time to move on from looking like a “cancer patient.” I should have been happy, right? But I wasn’t. Even now, when I look at myself, all I see is the scar where my breast used to be; it’s my daily reminder of what I went through. My scar is ugly. I have divots where the thinness of my chest wall shows my ribs and there is excess skin under my arm, which some women call “dog ears”. I feel unattractive, and I’m angry that the medications I take for breast cancer cause my joints to ache constantly and have contributed to weight gain. My body is not what it was, and I mourn the losses (and the gains!). I wish I could say that I live my life without worry, but honestly,

whenever I have any sort of discomfort, I automatically think the cancer has come back. I'm haunted by the idea that it is only a matter of time before it returns, and I'm self-conscious whenever I wear clothes that reveal my disfigured body.

As a registered nurse, I've cared for many people who were adversely affected by their body image. The ironic part is that I know from my education and nursing practice, the consequences of not being happy with your body can lead to anxiety, fear, depression, social isolation and problems with sexual intimacy, but when I started to feel this way myself, I wasn't sure where to turn. I am not the type of person who wallows in despair, which is why I started searching for alternative options. I wasn't sure what I was looking for, but I knew there had to be more options than either reconstruction or nothing. I wanted to find something that would hide the scars and allow me to feel beautiful when I looked at myself. Then I came across Personal Ink (P.ink), a non-profit organization dedicated to creating mastectomy tattoos for scar coverage. Every year, Personal Ink holds an 'ink-a-thon, where artists come together with women selected to receive a mastectomy tattoo. Before I committed to the permanence of a tattoo, however, I wanted to learn why women wanted to cover their scars with tattoos and how they felt afterward.

Unfortunately, there weren't many places to find this information, so I decided I'd look for the answers myself. For my PhD, I am researching what it's like to be tattooed post-mastectomy by interviewing women who had chosen this alternative to breast reconstruction. Through many conversations, I am learning about the power that mastectomy tattoos have in transforming experiences of breast cancer. Overwhelmingly, the women I've interviewed express how unhappy they felt when they'd look at their body after having one or both breasts removed. Similar to my own experiences, they find the scar is a constant reminder of what was

lost in their battle and how they didn't want to feel sorrow when they looked at themselves.

Women tell me how the tattoo transforms their self-image of feeling ugly and damaged to being empowered and beautiful. Many women say they smile when they look at themselves and love to show off their tattoo because they consider it a work of art. It is clear that these works of art are allowing women to heal in the deep places where cancer crept.

There is still much to learn about mastectomy tattoos. What techniques are considered best practice for tattooing over both radiated and scar tissue? How does a woman go about finding a tattoo artist who is knowledgeable about these practices? What do we know about the inks that are used? Does the relationship with the artist contribute to the woman's journey toward healing after breast cancer? If alternative options such as tattooing is providing women with a renewed sense of self following the surgical removal of their breasts, then women should have access to this knowledge. My motives to create awareness about alternative options for women to consider post-mastectomy are strengthened by the women who are challenging the status quo for what a woman "should look like."

This opportunity to learn how mastectomy tattoos are creating joy after cancer has made me confront my own fears that the cancer may come back. Rather than live with this worry, I've decided to have my other breast removed prophylactically. I will live "flat" (a concept created by women who have had both breasts removed without reconstruction), but I will commemorate this surgery with a chest tattoo. I can't wait for the day when I get to look at myself in the mirror and smile.

'Eris'

I realized I was holding my breath and praying to God as the phone rang. 'Dr. Barman's office', Susan the receptionist said in a voice that sang like a morning dove. How can she sound so sweet and happy, when what I might hear in a few minutes could radically change my life? Does she not know that when people call, they could be feeling anguished or in a state of panic? *'Susan, its Victoria. I was asked to call the office to speak with Dr. Barman'*. My voice sounded small and quiet, almost as if thinking, if she cannot hear me, she will not pass me on. I looked out the window, across the farmer's fields as I drove down the second concession. The sun shone brilliantly yet cast shadows across the road. I could see the oak leaves gently blowing from the soft breeze, and the smell of fresh cut grass came into my awareness. I turned inward, feeling the knots in my stomach and the sensation of nausea started to come. I had a terrible feeling deep inside of me, a place I have come to call *Eris*, the Greek mythology goddess of chaos, strife and discord. A place that feels dark with despair, and although deeply afraid of acknowledging the existence of this place, I instinctively know that it speaks a 'truth' that cannot be logically explained. It was the same sense of knowing I experienced when only three months before I felt a strange lump in my right breast. It was not really a lump though, more like a lip...like if you were to trace your finger along a ledge and it falls off. 'Maybe it's just hormones, sometimes you can get little lumps and bumps at particular times of the month', I thought to myself. However, as I gently palpated my right breast while showering, I immediately sensed something was not right. Susan's voice interrupted my thoughts as she said, 'oh yes Victoria, just a minute and I'll put you through'. Was it just me or was there the audible sound of pity in her voice? My thoughts turned to the oak trees lining the concession road. I noticed how they were in perfect alignment, orderly and balanced with the world around

them. Yellow finches playfully darted from branch to branch. *“Maybe I will just wait a month before I call about it. You know they recommend watching any lump for a month to see if it changes. Yes, that is what I will do”*, but the unnerving feeling from *Eris* expressed to me otherwise, I knew it would still be there in a month. “Hi Victoria, its Mira. Thank you for returning my call. It sounds like you are in the car, are you driving”? I could hardly concentrate on what she was saying, fear and anxiety ripping through me like a sword. Noticing I was holding my breath, I quickly exhaled then inhaled with a seamless motion. *“Um hmm, I am on my way home. I wanted to catch you before the office closed for the day”*. The world around me felt so expansive at that moment. *“Please don’t let it be cancer, please don’t let it be cancer, oh my God what if its cancer? I am 44 years old. I have three children, a husband; am a student and work full time...I don’t have time for cancer”*. I could feel my jaw tighten and my face change its shape as I stared ahead empty and lost at the road in front of me. Tears filled my eyes, but betrayed me, as they would not shed. I observed my breathing, it was slow and deep as I purposefully inhaled in through my nose and out through my mouth. “Victoria, I do need to talk with you, but I don’t want to have this conversation while you are driving. What time do you think you will be home so I can call you there”? Oh my God, oh my God this can’t be happening. My chest was burning, and my lips tightened as I help back my screams. *“I’ll be there in about a half an hour”* I think I said aloud but could not be sure it was me. My voice sounded so distant and foreign to my ears; lost, held captive in my fears. “Fine, I will call you a little later”. Anxiety attempted to take over. Whom can I call—what do I say—oh my God this cannot be happening? I will call Patricia—I don’t have to pretend to be strong. The phone is ringing and when she answers, I hear a whimper escape from the deep space, of *Eris*. *“She won’t talk to me when I’m driving; I know what that means, she won’t tell me I have cancer when I’m*

driving". The rest of the way home, I feel like I am in and out of consciousness. I am lost in my thoughts, then the emotions come, overwhelmed by the insanity of what is happening. I put down the windows to feel the air on my face. The warm breeze feels good. I give it time to soften my strained face. I have to get it together, before I get home. The kids will know something is going on and will ask me what is wrong. As I walk into the house, everyone is engaged in conversation. They are laughing and telling stories about a game they were playing on the trampoline. They turn to me and say, hi mom how was your day? I smile at them, and say "*great, but it sounds like yours was better*". This is the mask I will wear for a while, for how does a mother tell her children she has cancer'?

Chapter 3

An Innovative Alternative to Breast Reconstruction

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Abstract

Recent discourses within breast cancer and gendered studies literature suggest some women are challenging post mastectomy bodies as abject bodies. Tattooing is an emerging body project in contemporary society that can offer women who live disembodied from their post-mastectomized body an alternative. We consider embodied health movements, a type of social movement, to explore how acquiring meaningful tattoo art over a mastectomized site can be seen as challenging hegemonic, gendered discourses of the female breast and patriarchal ideals of beauty, post mastectomy. As part of emancipatory practices, tattooed bodies have historically been used to challenge dominant discourses related to identity and is currently evolving into practices of self-expression, healing, and transformation. As an emerging phenomenon amongst women, it is important for nurses to understand the prevalence and role of tattoos more broadly, and the possible means for women to embody healing and transformation post mastectomy.

Key words: breast cancer, mastectomy, abject bodies, tattoos, embodied health movement, transformation

Mastectomy Tattoos: An Emerging Alternative for Reclaiming Self

According to the government of Canada, approximately 26,900 women will be diagnosed with breast cancer in 2019, representing 25% of new cases in Canadian women. Many women with breast cancer require surgical intervention to eradicate or control the spread of disease, with approximately 40% in Canada having a mastectomy (Canadian Partnership against Cancer (CPAC), 2012; Carrière, G., Sanmartin, C. & Murison, P., 2018; Porter, Wagar, Bryant, et al., 2014). Less than one in five women will pursue breast reconstruction following a mastectomy (Canadian Cancer Society, 2017), leaving many to 'live flat'; a term used to denote the absence of breasts in women who have had breast cancer. Women who live in the world without breasts are acutely aware of societies heteronormative body ideals, some positioning themselves as abject in contrast (Parton, Ussher & Perz, 2016). Transference of non-normative ideology to women without breasts can lead to familiar findings found in breast cancer literature; women who feel less feminine, sexual and beautiful than their 'normative' comparisons (Grogan & Mehan, 2017; La, Jackson & Shaw, 2019). Some women, however, are choosing a tattoo as a form of adornment over a mastectomized area (Klein, 2018). Offered here, is the possibility for post mastectomy tattooed bodies too enrich discourse about what constitutes beauty, femininity, and sexuality, while offering agency and refined concepts of self to be embodied. The aim of this paper is to explore a growing phenomenon of women acquiring tattoos in North America (Farley, Van Hoover, Rademeyer, 2019) and anecdotal evidence that mastectomy tattoos can be transformative (Dadlez, 2015). We begin, by briefly locating our discussion of acquiring a mastectomy tattoo within a framework of social movements and the successful advocacy work we have seen around breast cancer. In subsequent sections, we explore the breast as a signifier for being female, the mastectomized body as abject, the evolving history and role of

body tattoos in North America, noting the increasing prevalence and reasons why women tattoo. Additionally, we explore the process of being tattooed, and speculate why mastectomy tattoos may become an alternative signifier for beauty, femininity, sexuality and agency for some women post mastectomy. As a growing phenomenon, it is important for nurses to be aware of this move towards “non-normative body projects such as tattooing” (Atkinson, 2002, p. 220) and the implications for nursing practice.

Social Movements and Breast Cancer

Social movements challenge dominant discourses and tackle issues of access, inequity and inequality based on race, ethnicity, class, gender and sex/sexuality (Brown, Zavestoski, McCormic, Mayer, Morello-Frosch, Altman, 2004). Of importance, here, are the gendered discourses of the female breast and how taken-for-granted western assumptions about normative female bodies, can leave women disembodied when unable to meet such heteronormative criteria.

Brown et al. (2004) are sociologists who have studied health social movements including campaigns related to breast cancer. Social movements are broadly understood as, “informal networks based on shared beliefs and solidarity which mobilize around conflictual issues and deploy frequent and varying forms of protest” (Brown et al, p. 52). The well-known pink ribbon campaign and ‘run for the cure ’are examples of organized advocacy around a health issue that challenged medical policy and practice. In their research, Brown et al. (2004) provides a theoretical understanding of what they call ‘health social movements’ and trace how such movements have successfully altered health policies and practices to enhance equity, education, and access to health care (e.g. the routinizing of mammogram screening). Brown et al. (2004) have also developed a social movement subset, which they call ‘embodied health movements’,

that are of interest in our discussion of mastectomy tattoos as a promising approach for transforming concepts of beauty, femininity, sexuality and identity in post-mastectomized bodies.

Embodied health movements have three key characteristics: (1) they include the biological body and people's experience of living with illness; (2) introduce alternative knowledge and practices to medical and scientific approaches, and (3) they involve activists and advocates alongside professionals in developing public awareness and policy (Brown et al., 2004). While there is limited 'hard' evidence, we believe these characteristics support our thesis that seeking mastectomy tattoos may become an embodied health movement of breast cancer. We are seeing anecdotally how women are challenging current gender and societal perspectives of post mastectomy bodies by considering the mastectomy tattoo as a form of adornment.

Female Breast as Signifier

Breasts signify and define womanliness and femininity in many cultures (Fang, Shu, & Chang, 2013; Gimlin, 2013; Sishco & Martin, 2015). As symbols, breasts are politicized when used to make statements for moral goodness such as with breast feeding promotion, and often used commercially as a means to sell products. In the context of healthcare, breasts become medicalized, perceived as vulnerable to disease or requiring modification (Yalom, 1997). Social discourses tend to objectify female breasts with normative standards dictating ideals of shape and size including being full-breasted (Gimlin, 2013), situated higher on the chest, preferably round, firm and symmetrical (Naugler, 2009) while implying there should be two (Sishco & Martin, 2015). In contemporary North American societies, breasts are often associated with women's sexuality and as "sexual ornaments—the crown jewel of femininity" (Yalom, 1997, p. 3). As signifiers, female breasts are associated with appearance-related concerns to cultural

prescriptions of female breasts in determining gender, femininity, beauty, sexuality, identity, and agency (Cromptoets, 2006; Swami, et al., 2010). What follows is an exploration of some of these social discourses and their impact.

Mastectomized Bodies as Abject Bodies

The perpetual negotiation between societal ideals and the realities of women who live without breasts, can lead to bodily constructions of what Parton, et al (2016) describe as 'abject'. While not fully engaging with Kristeva's (1982) theorizations of the abject, we can draw on her idea, that the abject body is met with 'horror' and disarray, frequently considered 'out of place' when viewed from societal norms. It is within this view of being abject, that living with one or no breasts is difficult. Women interviewed in a study by Parton, et al (2016) referred to their post cancer bodies as "not normal", "ugly" and "unattractive", falling prey to societal views that their bodies are not part of "social constructions of idealized femininity..." (p. 493-494). The non-normative body when viewed alongside prescriptive societal constructions of being a woman (La, Jackson & Shaw, 2019) can be met with angst, as women without breast(s) try to negotiate their post-mastectomized bodies. With such dominant cultural discourses, it is not surprising to find negative perceptions of the body reported by women following a mastectomy (Piot-Ziegar, Sassi, Raffoul et al., 2010). Some women described the loss of their breast(s) as a form of suffering, perceiving their surgical site as a deformity or disfigurement (Sischo & Martin, 2015). Others described feeling 'physically handicapped' (Young, 1990) with their unsymmetrical bodies out of sync with social narratives of how women should look and perform. Furthermore, some women with one or both breasts removed, believe they are incomplete

physically, sexually and emotionally (Cromptvoets, 2006, p. 82) feeling marginalized for not conforming to cultural and social ideals.

Resisting Cultural Norms with Tattoos.

Feminist scholars have long acknowledged the body “as a source of knowledge [and] as a site of resistance” (McLaren, 2002, p. 81). Women are resisting cultural dictates of gender and the body by acquiring tattoos as a way to reclaim authority over their body, identities (Pitts, 2003) and in unique ways, defining beauty (Farley, Van Hoover & Rademeyer, 2019). Women are the largest group of people seeking tattoos in the United States (Kosut, 2015; McGriff et al., 2015) and in Canada (Ipsos Reid, 2012). Amongst the reasons for seeking a tattoo are as acts of social protest (Pitts, 2003), and a way to transform significant traumatic experiences (Thompson, 2018). The history of body engraving goes back hundreds of years, but the inclusion of women and the range of motivations for acquiring tattoos is quite recent.

History of Tattoos and their Acquisition

The word tattoo comes from the Tahitian word *tatu*, meaning ‘marking something’ (Taliaferro & Odden, 2012, p. 4). Throughout antiquity, the body has been used for both adornment and in identity formation as a member of a group or subculture (Kosut, 2015; McGriff, et al., 2015). The Maori people’s facial tattoo (*moko* design) signifies tribal identity (Ellis, 2012), and Japanese body tattoos called ‘irezumi’, a signifier of gang membership (Kosut, 2015). Tattoos in Europe and North America have had a rich and complex history. Captain James Cook first introduced them, during the late 18th century and following their travels through the Polynesian island’s members of his crew, returned to Europe with, ‘native tattoos’ carved into their skin (DeMello, 2000; Kosut, 2015). When Cook returned to Europe, he revealed his body inscriptions to Europe’s ‘upper-class’ and by the end of the 19th century it was common to see

members of elite society being engraved (DeMello, 2000). Tattoos among the privileged, however, changed over time as tattoos became popular with marginalized groups including circus or stage performers, sailors, military (Kosut, 2015), prisoners, gang members (Atkinson, 2004; Eriksson, Christiansen, Holmgren, et al., 2014) and so-called 'deviants' (Kosut, 2006b). As such, tattoos became associated with marginalized subcultures and "lower classes".

Nevertheless, we are experiencing a "tattoo renaissance". This trend is attributed to the large number of fine arts graduates who entered the profession and revolutionized tattoo engraving by replacing stencils with custom designed works of art (Kosut, 2014; 2015). The nomenclature of 'being inked' has entered popular culture and tattoos are moving from the margin towards the center circles of society. Despite ongoing stigma in some circles (Martin & Cairns, 2015), tattoos are becoming almost commonplace among young and middle-aged professionals including nurses, doctors, lawyers, and councillors (Armstrong, 1991; Giles-Gorniack, Vandehey, & Stiles, 2016). It is no longer the sole purview of men; getting a tattoo is a shared social practice that crosses class, professions, and ethnicities (Thompson, 2018).

Prevalence

In Canada, according to an Ipsos Reid poll, two in ten people reported having a tattoo in 2012, with women being 24% more likely than men (20%) to have a tattoo. Statistics drawn from Canadians indicate that 36% of Millennials (aged 18 -34 years of age), 24% aged 35-54 and 8% over the age of 55 currently have a tattoo (Ipsos Reid Poll, 2012). Speculation suggests this trend is related to cultural influencers including actors, musicians, athletes, and supermodels who have a tattoo (Kosut, 2006b), and the growing appreciation of tattoos as embodied art (Kosut, 2006a; Wohlrab, et al., 2007). In a qualitative study of 36 women, Thompson (2018) quotes one young woman:

I have huge arguments with my grandmother. She's a painter. So, I try to explain to her it's art. And I've always wanted tattoos. Not just little ones, I've wanted full coverage. For me, it's for my own satisfaction, and they all mean something. And they're all an experience. I just love the way it looks. Some people get plastic surgery, some people get lots of piercing or change their hair. I get tattoos (p.153).

Role and Function of Tattoos

People acquire tattoos for a variety of reasons. They serve to memorialize an important life-changing event (Dadlez, 2015; Eriksson, et al., 2013); to commemorate a loved one; for group membership (Doss & Hubbard, 2009) and for taking control of one's life and body following a traumatic experience (Leader, 2016; Maxwell, Thomas & Thomas, 2019). Academics and professionals are also embracing their tattoos as a form of artistic self-expression (Dickson, et al., 2015; McGriff, et al., 2015; Swami, 2011) or for purely aesthetic purposes (Dadlez, 2015; Kosut, 2006a). Furthermore, getting tattooed is associated with identity formation and self-esteem. Thompson (2018) reported, "The tattoo has the potential for the collector to see them self in a new way" and "their tattoos... become part of their personal identity— [as] a tattooed person" (p. 9).

Why are Women Acquiring Tattoos?

In focusing on women's motivations, we foreground three areas where, a) tattoos are a form of self-expression and empowerment; b) as embodied art (aesthetics); and c) an emerging aim of therapeutic healing. We will explore each motivation category with our main interest, the aim of therapeutic healing.

Tattoos as Self-expression and Empowerment

A tattoo becomes part of the individual and can signify unique personal meanings. Taliaferro and Odden (2012) suggest that “there is, in a sense, an inherently existential, individual nature to getting a tattoo: the decision to be tattooed is one that will mark you as an individual indefinitely” (p. 10). A study by Mun, et al., (2012), explored the meaning women attributed to their tattoo and how it influenced their sense of self. Findings suggest that participants positively changed in how they viewed themselves after obtaining a tattoo. A growing body of knowledge suggests positive effects of tattooing on women’s identity development and sense of empowerment (Atkinson, 2002; Pitts, 2003; Maxwell, Thomas & Thomas, 2019). Baltzer-Jaray and Rodriguez (2012) found that obtaining a tattoo helped some women by redefining beauty, “on her own terms, according to her individual taste” (p. 43).

Tattoos as Embodied Art

Many who ink see their body as a canvas for art, adorned like a piece of beautiful jewelry (Musambira, Raymond & Hastings, 2016). This can be ‘art for art’s sake’, however many have a strong personal connection with their tattoo. Some authors have written about a synergy that exists between the subject (individual’s body) and object (tattoo ink) (Oksanen & Turtianinen, 2005), Pritchard (2000) explores the “in-betweenness of tattoos "that are not fully inside or outside the body...suggesting that the tattoo is not fully one’s own, nor another’s ...” (p. 332) and that tattoos tell a story in artistic form. The power of tattoos to narrate and produce aesthetically appealing effects, may explain why a tattoo can be considered a work of art where the body is the canvas. While views on what constitutes ‘art’ vary, according to Michaud (2012), something becomes a piece of art if it can evoke expression or emotion. Emotions are highly regarded in expressionist art suggesting that if a narrative either accompanies the creative piece, or comes

alive through a creative piece, it is art. Using the body as a canvas means the recipient is intrinsically part of the narrative and part of the aesthetic experience (Michaud, 2012, p. 34).

Extant tattoo literature reveals that people's stories are often part of creating a tattoo or the reason for acquiring particular body art (Leader, 2017).

Tattoos as Therapeutic Healing

Of greatest interest here, is the healing potential of tattoos; however, research into the therapeutic role and function of tattoos for women has not kept pace with the growing numbers of women seeking tattoos. Nevertheless, a small but growing body of work suggests women are using tattoos as part of their recovery in making sense of significant experiences and traumas (Leader, 2016; Woodstock, 2014). In a recent study, Maxwell, Thomas, and Thomas (2019) shared findings from women who self-identified as survivors of sexual violence and sought tattoos as a form of healing. The tattoos were seen as "cathartic ink" (p. 1) and a means of regaining control of their bodies while resisting patriarchal norms. Additionally, although not formally studied, commentary on the transformative nature of tattoos can be found on-line as part of blogs, websites and interest articles related to covering self-harm scars with tattoos, (as with Irish tattoo artist's Sean Kelly's 'Scars behind beauty project') as well as modifying tattoos acquired by women trapped in human trafficking (Farley, et al., 2019, p. 156). Furthermore, relative to our interest, Dadlez (2015) in her essay on reasons why tattoos are philosophically interesting argues that "mastectomy tattoos make the best case for the tattoo as personally transformative" (p. 748).

Tattoos Post-Mastectomy

There are anecdotal narratives of women who obtained tattoos over their mastectomy site as a means to challenge post mastectomy bodies as abject bodies and for some, as an alternative

to breast reconstruction (Locke, 2013; Mifflin, 2013). Published biographies began in the 1990s with social activists who used artwork and images to raise awareness of breast cancer and women's suffering, by making it visible through art (Radely & Bell, 2007). In 1993, the New York Times journal featured a cover story that challenged dominant narratives of breasts, beauty and the impact of breast cancer. The cover image was a self-portrait of a one-breasted activist, artist and photographer Joanne Matuschka. The image depicted Matuschka draped in a white cloth with her mastectomy scar exposed under the title, "Beauty Out of Damage". Subsequent photographs of Matuschka, reveal a flower tattoo covering her mastectomy scar. Equally avant-garde was poet Deena Metzger's self-named tattoo "The Warrior", photographed by Hella Hammid, in 1978, that depicted a tree branch concealing her mastectomy scar (Manderson, 2011). The photograph later became part of a black and white poster designed by Sheila Levrant de Brettville, with the following poem written by Metzger (1988),

I am no longer afraid of the mirrors where I see the sign of the amazon, the one who shoots arrows. There is a fine line across my chest where a knife entered, but now a branch winds about the scar and travels from arm to heart. Green leaves cover the branch, grapes hang there, and a bird appears. What grows in me now is vital and does not cause me harm. I think the bird is singing. When he finished his work, the tattooist drank a glass of wine with me. I have relinquished some of the scar. I am no longer ashamed to make love. Love is a battle I can win. I have a body of a warrior who does not kill or wound. On the book of my body, I have permanently inscribed a tree.

More recently, Inga Duncan Thornell's chest tattoo of a lush garden with animals, insects and butterflies is depicted in Margot Mifflin's (2013) "Bodies of Subversion" employed as a destabiliser for heteronormative body ideals for women postmastectomy.

While there are websites available for women considering tattoos post-mastectomy (e.g., p.ink.org provides information about mastectomy tattoos and artists to “cancer survivors”), little research was found for why some women are choosing to be inked over their mastectomy scar, considerations for tattooing over scar and radiated skin or women’s experiences of being tattooed post-mastectomy. Despite being anecdotal, we can look to the article written by Chicago-based tattoo artist, David Allen, published in the *Journal of the American Medical Association* (2017), to learn about the transformative nature of tattoos post mastectomy, where he observes that tattoos transform feelings of “disfigurement and loss of control into feelings of beauty and agency” (p. 672). This leads us to speculate, embodying tattoo art may be a way for some women post mastectomy to reclaim their body and challenge their post mastectomized body as being abject.

Process of Tattooing

Understanding the process of being tattooed with indelible ink is important for nurses working with women interested in this option. What follows is a brief introduction to illuminate an often multi-step, engaged process women undergo when acquiring extensive tattoos. The process begins with exploring the design. Tattoo artists today often have baccalaureate and even master’s degrees in fine arts, and bring knowledge of art theory, aesthetics, history and technique to their practice (Irwin, 2001; Kosut, 2014). Contemporary tattoo artists develop sophisticated, innovative and aesthetically pleasing designs; they have some “familiarity with the visual art world” (Kosut, 2014, p. 153) and the ability to draw with great aptitude and proficiency in a range of tattoo styles.

Collaborating with an artist to co-develop the type of design, colors, and placement is an important part of the process, especially with current interests in adorning original and unique

tattoos (Kosut, 2014; Munn, et al., 2012). Some innovative styles associated with the contemporary tattoo artists include New Skool, black and grey art, and Bio-mechanical art (Kosut, 2006b; Kosut 2014). The technique of flash tattoos, selected from a standard collection and mass-produced by artisans, are becoming part of the distant past. Contemporary tattoo art and artists are progressive, aesthetically focused, and professional (Kosut, 2014). According to Faille and Edminston (2013), the most common instrument used 'to ink 'is a coiled tattoo machine. This machine uses an electromagnetic circuit to move needles (located inside) to imprint the design into the skin. Needles containing ink are repeatedly inserted into the dermal layer of the skin (2,000-2,500 insertions per minute) (Kosut, 2000, p. 83). When a fine technique is required, fewer needles are used, compared to when a large area is being colored or shaded in, more needles are needed to dispense the ink. The length of the procedure can vary depending on the intricacy of the tattoo and how much body surface is being covered. Typically, a small tattoo takes about an hour and a half to complete and large tattoos may take weeks, months, and even years (Thompson, 2018).

Inga Duncan Thornell, writes on her website, that she spent one Sunday per month over two and a half years, to complete her chest tattoo, due to the intricacy of the design and the expanse of body surface being tattooed. The cost of a tattoo is variable depending on the size, style, and reputation of the artist. Some tattoo artists have wait-lists of several years and people have reported travelling to various locations across the world, to have a piece of art created by a well-known artist (Thompson, 2018). Notably, however, is the activism of some renown tattoo artists from North America donating time and artistry to create free mastectomy tattoos through not-for-profit organizations (Klein, 2018).

Formal studies regarding the unique techniques employed when tattooing over scar tissue and radiated skin are lacking. Again, we look to David Allen, an expert in tattooing over such skin variation, for knowledge. Allen (2017) states,

“Traditional tattooing is relatively heavy-handed, typically relying on 5 to 9 needles for drawing hard outlines, then 11 or more needles to fill in the lines with solid color. Given what the women’s skin has been through, I need to be more thoughtful and gentler. My technique is essentially pointillism, as opposed to the standard slathering of color, and is oriented toward efficiency and minimal trauma. I use a quiet, lightweight rotary machine and a small grouping of 3 needles directed toward one point. The needles and skin meet while I hold the machine and tube as perpendicular as possible, moving and adjusting dimensionally over the lay of the skin. My other hand stretches the skin taut during the application. It also works as a depth gauge based on variations in the vibratory response of the epidermis and papillary dermis, given its postsurgical density and elasticity” (p. 672-673).

Nursing Implications and Future Research

The specialized technique required to create a mastectomy tattoo, has implications for nursing practice. Nurses who work with women who have breast cancer and are exploring alternative options such as tattooing following a mastectomy, should advocate for developing best practices for inscription and aftercare. Importance needs to be placed on learning more about the process of tattooing, advocating for experienced artists to create the tattoo over a mastectomized area and providing evidence informed health teaching about care for the tattoo after it has been created. Further research is needed, to study artists’ techniques, learn about potential long-term effects of acquiring extensive tattoos, and to communicate findings to a

wider audience. The knowledge gained through inquiry, could be shared with tattoo artists, creating awareness and greater understanding about the intricacies involved when tattooing over scars or radiated skin. Developing best practices for tattooing over scar tissue and radiated skin is also essential for women to receive safe competent work with high quality outcomes. Also, of importance are the conversations nurses have with women who require a mastectomy as part of their treatment plan. Critical conversations are needed about bodies, the meaning of their breasts and the thoughts and feelings related to being a woman in a world where hegemonic views construct normative notions of womanly appearance. For women who view their post mastectomized body as abject, nurses can share information about alternative options such as having meaningful tattoo art over a mastectomized site. While there is a growing body of research examining why women tattoo, and speculation about why tattooing may be considered empowering and transformative for women who feel their mastectomized body is abject, formal studies are needed to learn more about the experiences of being tattooed post mastectomy.

Conclusion

In contemporary society, women are being tattooed more frequently than men. As part of an embodied health and social movement, tattooing as an emerging body project can offer women who live disembodied from their post-mastectomized body, an alternative. Reasons why women are tattooing suggest the tattooed body is a work of art capable of transforming a woman's identity, empowering her to re-define beauty and heal following traumatic experiences.

Research is needed to learn more about best methods for tattooing over specialized skin/scar tissue, as are studies involving women who have a tattoo over their mastectomy scar. Findings from such studies, could be utilized by nurses who work with women who have breast cancer and are exploring options following a mastectomy, setting the stage for an alternative

discourse. In sum, generating a discourse of the mastectomized body that is centred on the possibility for embodied agency, transformation, and empowerment.

Chapter 3 Afterword

A Crusade for Healing Self

In planning this manuscript, I reflected on some of my own experiences, living at the time, as a woman with one breast. Moments such as the first time I visualized myself post-mastectomy....

I am reminiscent of my initial reaction post-mastectomy when my bandages were removed. As the nurse peeled away the tape, and lifted the bandages, I became aware that they were the only thing separating me, my awareness, from my 'new' body. Not wanting to take part in the procedure, but understanding the actuality of the situation at hand, I remember hearing my mom say, 'it looks good Vic'. I looked down at my chest, taking in the obvious deformity, my right breast absent, no longer a part of my body. I felt numb, mortified, devastated. Accompanied by my husband, we went into the bathroom where I looked in the mirror. Staring at me was a bald woman, with a hole on the left side her chest, a reminder from an infected portacath, a seven-inch incision on the right side of her chest, and two drains full of blood hanging from her skin. Disembodied and desperate, I said aloud, "I hate cancer".

The first time I felt societies gaze upon my body...

I was so looking forward to this vacation, time away with my husband following a year and a half of treatment. I bought myself a new bathing suit, a bright red one, with beautiful rousing and a matching wrap to wear around my hips. I felt free as I walked hand in hand with my partner, salt wind in my hair, sun on my face and more of a spring in my step as the heat of the sand comforted my feet and the voyage of being treated for breast cancer. I am not sure why it came as a surprise, but I remember the moment when I felt societies gaze upon my body. Immediately feeling self-conscious, I recall instinctively knowing my right arm was taking a protective stance across the right side of

my chest, where my breast used to exist. It did not matter if the gaze came with a smile, or what I interpreted as a look of disgust, pity or concern, I felt abject, mutilated and somewhat guilty for not conforming to society's normative ideals regarding how a woman should look.

It was important for me to write about the non-conforming female body and the women who are challenging post mastectomy bodies as abject bodies. The manuscript began to take shape as I collected Canadian breast cancer statistics, discussed the significance of the female breast as a signifier for femininity and womanliness in western society and conceptualized tattooing as a means to transform perceptions of self. Through reflection however, I acknowledged something was missing. I struggled with situating the topic theoretically. In discussion with my supervisor, we decided to incorporate ideas specific to social movements and breast cancer. This helped me find the footing needed to illustrate how powerful challenging dominant ideologies can be, setting in motion actions for change. Feedback from peer reviewers selected by the journal's editorial team suggested clarity be provided specific to the concept of disembodiment. This recommendation was helpful and allowed me to incorporate a social theory of embodiment to explore how embodying cancer and embodying body image can intersect to make meaning.

Conceptualizing the body as being a body, having a body and using a body (Hopwood & Hopwood, 2019) allowed me to illustrate how some women undergoing treatment for breast cancer may feel disembodied (distanced from their body). Furthermore, within the context of having a mastectomy following breast cancer, writing about perceptions of being abject where one's body is viewed as no longer in harmony with personal or social expectations opened space for discourse; to consider "*Mastectomy tattoos as an emerging alternative for reclaiming self*"

Chapter 4

Key Interpretive Discoveries—My Horizon Expanded²⁵

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Abstract

It could be argued that mastectomy tattoos are being considered by some women in contemporary society as an alternative to breast reconstruction. To gain insight into the experience of 'being' tattooed where breast(s) once occupied space, six women with mastectomy tattoos were interviewed. The teachings of Gadamer's philosophical hermeneutics were engaged to better understand what it means 'to be' tattooed post mastectomy. Discoveries include feeling sad and damaged post-mastectomy, embodying the tattoo as a novel representation of self for women living without breast(s), and reclaiming power, control, and confidence in a way that is symbolically meaningful. Health care providers working with women diagnosed with breast cancer are invited to learn from women with mastectomy tattoos and to consider expanding discourse about care to include options beyond breast reconstruction.

Key words: breast cancer, mastectomy tattoos, Gadamer, philosophical hermeneutics, transformation

²⁵ The manuscript included here is not the article published by Nursing Forum. The word count restriction of the journal prevented me from including all aspects of the manuscript, so revisions needed to be made to meet author requirements.

Unveiling Beauty: Insight into Being Tattooed Post Mastectomy

An Invitation

The idea of a mastectomy tattoo first introduced itself to me while searching the internet a few months following the removal of my breast. In the spring of 2015, I was diagnosed with triple positive breast cancer, a type of tumour where cells grow in response to estrogen, progesterone, and the human epidermal growth factor receptor 2 (HER2) (National Cancer Institute, 2021). As part of my treatment plan, I had chemotherapy, radiation, monoclonal antibody therapy called Herceptin used to block HER2 receptor sites from receiving growth signals (Canadian Cancer Society, 2021a) and a unilateral mastectomy. As I searched for alternatives to breast reconstruction, I did not know specifically what I was looking for but knew there had to be something; something to help me overcome feelings of sadness when I looked at myself in the mirror; something to ease my self-consciousness during intimacy and when out in public; something to alleviate the daily reminder and remedy the loss I experienced; something to replace the breast that cancer took from me and the scar left as a placeholder.

Initial web-based searches presented various options for reconstructing breasts such as implant-based reconstruction, nipple, skin, and areola sparing reconstruction and autologous breast reconstruction, but I was not interested in having more surgery and could not get past what I perceived to be a lack of aesthetic appeal and foreignness that a reconstructed breast offered. As I continued to search for alternatives, I discovered options such as breast forms (prosthetics) designed to give the appearance of a breast which can be worn inside a bra or bathing suit. There was also the decision of doing nothing or what has become known as 'living flat', a term used to describe women who have refused breast reconstruction, following the removal of one or both breasts (La, et al., 2019). Interestingly however, I also came across websites such as Personal Ink

(pink) that displayed images of mastectomized bodies with chest tattoos. Some women appeared with no breasts, some with one and others with reconstructed breasts. I could see from the tattooed chest images that scar coverage was possible and the designs were quite beautiful. I was curious about what some scholars have referred to as this unconventional body project (Klein, 2018; Kozlow, 2018). These women who were using their chest as a canvas for art captured my attention. This was my invitation; the call to begin cultivating an understanding about what it means 'to be' tattooed following a mastectomy.

Study Aims and Design

The aim of this study was to develop greater understanding about what it means 'to be' tattooed post mastectomy. The term 'to be' is ontological and used here to express being tattooed opposed to having a tattoo (as an object). The research question that guided the inquiry asked, "What are the lived experiences of being tattooed where breast(s) once occupied space?" To help make meaning of this phenomenon, six women with mastectomy tattoos were invited to share their experiences through conversation with the researcher. The teachings of Gadamer's philosophical hermeneutics⁶ were engaged to draw closer to the phenomenon so contributions for developing greater understanding could be discovered.

To situate this study within a Canadian context and consider why women may look to alternative options to breast reconstruction following a mastectomy, an overview of breast cancer rates, and the prevalence of therapeutic mastectomy will be provided, along with data indicating the percentage of women undergoing immediate breast reconstruction (IBR). Factors involved in making the decision to undergo a mastectomy opposed to breast conserving surgery (BCS) will be offered along with findings from literature specific to adverse outcomes experienced by some women following mastectomy.

Literature related to mastectomy tattoos will be shared to acquaint readers with what some women in contemporary society are choosing as an alternative to breast reconstruction. Following this review, brief remarks about recruitment strategies, characteristics of the six participants and the ethics approval process will be shared. To address the qualitative methodology, a section is dedicated to how Gadamer's (Gadamer, 1960/2013) teachings were engaged to illustrate how understanding of human phenomena can be surfaced through the interpretation of human experiences. Interpretive discoveries will be offered, and a discussion will follow inviting clinicians working with women who have breast cancer to include mastectomy tattoos as an additional option to consider when making decisions about their plan of care. Before concluding, nursing implications will be shared along with the limitations of the study.

Breast Cancer in Canada

In Canada, an estimated 27,400 women were diagnosed with breast cancer in 2020 (Canadian Cancer Society, 2021b). Several surgical options are available to control the spread of disease, one being a total mastectomy which removes the affected breast and tissue that covers the muscles of the chest, leaving lymph nodes, nerves, and the chest muscle intact (Canadian Cancer Society, 2021c). Data collected by the Canadian Institute for Health Information (CIHI) and the Canadian Partnership Against Cancer (CPAC) from 2007-2010, noted 39% of women diagnosed with invasive breast cancer and 29% with localized disease underwent a mastectomy in Canada (CPAC, 2010; Porter et al., 2014). More recent data revealed 10,000 mastectomies were performed between 2014-2016 in Canada (CPAC, 2018) however mastectomy rates over the last ten years have varied across provinces with interprovincial differences from 25.3% to 68.3% (CPAC, 2015).

Evidence specific to breast reconstruction rates in Canada is limited, however a few population-based retrospective studies have been conducted. To explore IBR rates following a mastectomy in Ontario, Zhong and colleagues used data collected from a major cancer centre, from 2002-2012 and revealed 25,141 women underwent mastectomy with 3,035 having IBR (Zhong, et al., 2014). The proportion of women having undergone IBR at the time of their mastectomy increased significantly from 8.9% in 2002/2003 to 16.0% in 2011/2012 (Zhong, et al., 2014). In 2017, Karunanayake, et al., conducted a retrospective chart review from a large teaching hospital in Montreal, Quebec, from 2010 to 2012 (Karunanayake, et al., 2017). Based on 152 patients undergoing mastectomy for breast cancer, they reported 21% underwent reconstruction: 14% had IBR and 8% had delayed breast reconstruction (Karunanayake, et al., 2017). A more recent retrospective population-based study using data from the CIHI, from 2007-2014, found 25,861 patients underwent mastectomy in Ontario and 2,972 (11.5%) had IBR with rates increasing over the course of the seven years (7.2 % in 2007 to 17.2% in 2014) (Doherty, 2020).

To explore if breast reconstruction trends in Canada are similar in women from the United States (U.S.), a population-based study from the U.S. was reviewed (Mandelbaum et al., 2021). Interestingly, women diagnosed and treated for breast cancer during a time frame similar to the Canadian data reviewed above (2005-2014) revealed an average of 41.3% of women underwent immediate reconstruction following a mastectomy with percentages ranging from 28.2% in 2005 to 58.2% in 2014 (Mandelbaum et al., 2021). In comparison, Canadian reconstruction rates are lower despite Cancer Care Ontario's breast cancer treatment map recommending "that all women diagnosed with breast cancer who might require mastectomy be referred to a plastic surgeon to discuss reconstructive options before surgery" (Somogyi, et al.,

2018, p. 424). The lower breast reconstruction rates in Canada may intimate the lack of appeal toward this type of procedure following mastectomy and supports learning about alternative options, such as mastectomy tattoos.

Factors Impacting Decision Making and Implications of Choice

To help understand factors involved in decision making about whether to have breast conserving surgery (BCS) or a mastectomy, Gu, et al. conducted a qualitative study, interviewing women in the Canadian province of Saskatchewan diagnosed with breast cancer (Gu & Groot, 2018). Through thematic analysis, the researchers identified factors that motivated women to have a mastectomy versus BCS and included worrying about cancer reoccurrence, tumor size, the consequences of BCS treatment, such as requiring radiation and the possibility of additional surgeries (Gu & Groot, 2018). Another Canadian study conducted in Ontario and guided by grounded theory methodology identify how factors for undergoing a mastectomy were underpinned by fear of reoccurrence and death, suggesting a more radical decision to remove the entire breast affected by disease would avert reoccurrence and prolong life (Covelli, et al., 2015).

Experiences of women following a mastectomy have been studied extensively, capturing both short and long-term effects. Many of the outcomes are psychosocial in nature and include decreased quality of life, (Retrouvey, et al., 2019) concerns about body image such as being self-conscious about scarring (Gass, et al., 2019), sexual well-being (Lim, et al., 2021), depression (Davis, et al., 2019), struggles with identity and being stigmatized (Fang et al., 2013; Koçan & Gürsoy, 2016; Piot-Ziegler et al., 2010). Physical symptoms have also been reported such as women experiencing diminished sensations (Bijkerk, et al., 2019; Brown & McElroy, 2018) and challenges with upper arm mobility on the affected side(s) (Brown & McElroy, 2018; Slatman et al., 2016).

Despite adverse outcomes, the research reviewed above suggests more women are undergoing mastectomy following a breast cancer diagnosis in some Canadian provinces and while immediate breast reconstruction rates are increasing, they remain low. Alternative body projects such as tattooing, have been taken up by some women without breast(s) as a practice of self-care and can be considered part of an expanded 'tattoo renaissance' (Klein, 2020). Although the prevalence of mastectomy tattoos is not known, we can look to the efforts made through the not-for-profit organization such as personal ink (P.ink) to learn that hundreds of women across Canada and the United States have been recipients of free chest tattoos since 2013, as part of P.ink Day campaign. This campaign towards tattooing, replacing breast(s) with a form of artistry is fueled by P.ink's mission, "to empowering women to reclaim their bodies after mastectomies" (Personal Ink, 2021). In the next section, I will explore what is known about mastectomy tattoos while emphasizing the need for additional research to develop knowledge about this alternative body project.

Mastectomy Tattoos

Very little is known about what it is like to be tattooed post-mastectomy, despite some women choosing this unconventional body project as an alternative to reconstruction (Klein, 2018; Kozlow, 2018). Despite a lack of research, relevant literature suggests motivations for women being inked post mastectomy include regaining one's identity, improving body image and heightening feelings of control (Allen, 2017; Kozlow, 2018).

In 2017, the Chicago based tattoo artist David Allen, published an article in the Journal of the American Medical Association (JAMA), introducing readers to the idea that mastectomy tattoos can be transformative, following, what he calls breast cancer 'sequela'. The secondary effects Allen reports from women following a breast cancer diagnosis, include both physical and

psychological concerns. Diagnostic procedures such as ultrasounds, mammograms, biopsies, magnetic resonance imaging (MRI), computed tomography (CT) and lengthy treatments which may include chemotherapy, surgery and radiation leave lasting effects which can lead to feelings of powerlessness and for some women, distorted images of self (Osborn & Cohen, 2018). Although anecdotal, Allen (2017) suggests that through art (tattoos), women can regain their sense of “beauty and agency” (p. 672).

In a recent publication, Kozlow (2018) suggests, that not all women choose reconstruction following a mastectomy, but instead, may turn to tattoo artistry where scars and deformity can be camouflaged, and the artwork expanded to use the entire chest as a canvas. Kozlow (2018) acknowledges the lack of research to generate knowledge specific to women who have mastectomy tattoos, but expresses “no reason to doubt that, for the women who seek it out, this type of tattooing has a positive impact on their quality of life, self- confidence, and body image” (p. 368).

Osborn and Cohen (2018) further identify the emotional healing that can come from being tattooed post mastectomy. Although these authors focus on temporary tattoos as a form of adornment following breast removal, it is not clear if we can generalize the experiences with temporary tattoos, to women choosing to have their chest permanently inked. Nevertheless, this literature suggests how the tattoo artistry is becoming a resource for women who have undergone breast cancer surgery to express enhanced concepts of self and greater control over their body (Osborne & Cohen, 2018).

Although Klein (2018) does not write specifically about motivations or what it is like to be tattooed post-mastectomy, her discourse analysis of on-line media (specifically websites related to tattooing and breast cancer) heightens our understanding for what might be ‘at play ’

within a 'breast cancer culture' for motivating women to camouflage their mastectomy scars and deformities. Klein takes the reader through a critical review of some Canadian on-line media platforms, arguing that "within digital media, these bodies [referring to mastectomized tattoo bodies] can contribute to an awkward feminist politics where hybridized, medical, digital, tattooed bodies can be banded together in ways that destabilize expert medical, patriarchal and neoliberal discourses and practices" (Klein, 2018, p. 10). I interpret this to mean through social on-line spaces, some women are revealing their tattooed mastectomized bodies as a way to disrupt dominant discourses specific to women's bodies and what they should look like.

Unfortunately absent, are research studies generating knowledge about the experiences of women being tattooed post mastectomy. Hermeneutics is considered the art of understanding (Moules, et al., 2015) and focuses on interpretation to help understand individuals lived experiences. Gadamer's hermeneutics guided this study and is both a philosophical yet practical approach to inquiry (Gadamer, 1960/2013) that helps researchers to understand rather than explain phenomena that are poorly understood. To my knowledge, this is the first hermeneutic study to explore through a deep questioning of text, women's experiences of being tattooed where breast(s) once occupied space. The following section provides general information about recruitment, participants, and ethics approval. Subsequent sections include how participant experiences were captured and analyzed using Gadamer's teachings as they pertain to interpretation and how human experiences come to be understood.

Recruiting Participants

An internet search was conducted to search for tattoo artists in Canada and the United States specializing in mastectomy tattoos. Several artists were contacted via email outlining the purpose of the study and asked to both post the recruitment flyer in their tattoo studio and

distribute the flyer to women known to have a mastectomy tattoo. Women interested in learning more about the study, were invited to contact the researcher directly. Tattoo artists in Quebec, Ontario, Alberta, British Columbia, and California agreed to post and disseminate the recruitment flyer. Inclusion criteria included being English speaking women who were older than 18 years of age, who had undergone a unilateral or bilateral mastectomy without surgical reconstruction and had a mastectomy tattoo.

Participants

Eight women contacted the researcher expressing interest in the study. A pre-designed script was used to explain the purpose of the study and reiterate the eligibility criteria. Two of the eight women did not yet have a mastectomy tattoo so were not eligible to participate (they were in the planning phase). The remaining six women met the eligibility criteria, agreed to participate, and provided written consent for the conversation to be audio-recorded, transcribed and findings disseminated. Participants were also asked for permission to either provide a photograph of their mastectomy tattoo or have photographs taken by the researcher using a traditional digital camera (not a phone camera for added security). Consenting to a photograph was not required for participation in this study and participants were reassured that declining would not influence the importance of their contributions. All six participants agreed to include photographic images of their tattoos as part of data collection.

Participants were between 48 and 65 years of age, all identified as Caucasian, and five were married at the time of the interview. Five participants had bilateral mastectomies, however, three of the five initially had one breast removed (unilateral mastectomy). Of these three women, one decided to have the second breast surgically removed due to fear of reoccurrence, another because of relapse and the third because several benign tumors had been removed from

the remaining breast creating angst and uncertainty about reoccurrence. One participant underwent a unilateral mastectomy, although expressed dissatisfaction with not being offered a bilateral mastectomy when initially provided treatment options. All six participants had mastectomy tattoos with time of inscription ranging from one month to three years.

Ethical Considerations

An application to the human research ethics board at the University of Victoria was approved based on the Tri-council policy requirements for the ethical conduct for research involving humans (Protocol number 18-200).

Data Collection

Data were collected through an audio-taped conversation with participants lasting 60-120 minutes and photographs of participants chest tattoos provided by the participant or taken by the researcher. Two participants were interviewed on-line through video conferencing and four women were able to meet in person. Initial questions were primarily demographic, such as asking about age, place of residence, career choice, marital status, and number of children (if appropriate). My intention was to build rapport and comfort posing non-threatening questions before discussing more intimate experiences related to having breast cancer and being tattooed post mastectomy.

The conversation then moved to more sensitive areas with questions such as “How old were you when diagnosed with breast cancer?” and “Can you tell me about your experience of being diagnosed?”; What treatment options were provided and how did you decide and “Tell me about your tattoo”. With the aim of the study to develop greater understanding about being tattooed post mastectomy, questions were scaffolded so participants could move from sharing experiences of being diagnosed with cancer, how they made treatment decisions, how they

experienced their body following the removal of their breast(s), why they considered tattooing as an alternative option to traditional breast reconstruction, and their experiences of being tattooed.

All participants, revealed their chest tattoo to the researcher at some point in the conversation, expressing pride as they talked about what it means to be tattooed. Four participants offered to send pictures of their chest tattoo rather than being photographed at the time of the interview and two participants had a photo of their mastectomy tattoo taken by the researcher.

Coming to Understanding

To aid the reader in understanding how Gadamer's hermeneutic teachings lend itself well to developing greater understanding of what it means to be tattooed post mastectomy, some general concepts are provided on how Gadamer believed understanding takes place and the analytic process engaged in this study.

Methodology

Hans Georg Gadamer, a 20th century philosopher contributed to the study of hermeneutics by questioning *how* understanding occurs. As an interpretive approach rooted in philosophical inquiry, Gadamerian hermeneutics situate human understanding in language, proposing that it is in and through language that the ontology of things in themselves is revealed (Gadamer, 1960/2013). The spirit of Gadamer's hermeneutic teachings allow qualitative researchers interested in human experiences in the lifeworld an invitation; a call to understand phenomena not well understood and the opportunity to render free the ontology of phenomena, in a practical way. Expressed differently, when one lacks knowledge, understanding or meaning about a lived human experience, engaging in a conversation with individuals who have had an

experience of the experience can reveal meaning and help to generate understanding about experiences.

Important to Gadamer was *how* one comes to understand, and his teachings suggest when there is a problem understanding what something means, the phenomenon can be worked out in what is known as the hermeneutic circle (Gadamer, 1960/2013). The hermeneutic circle is a phenomenological space where the primordial '*things in themselves*' is discovered through a dialectic of question and answer; questioning how parts of an experience relate to the whole and the whole relate to the parts (Gadamer, 1960/2013, p. 302). An interpreter can enter the hermeneutic circle at any point to engage in a genuine conversation with a phenomenon or experience they do not understand, provided they do so with authenticity and an openness to consider other meanings outside of their present horizon. One's present horizon is described by Gadamer as "the range of vision that includes everything that can be seen from a particular vantage point" (Gadamer, 1960/2013, p. 313). Language is used as the medium to translate to the interpreter, that which has been unveiled about the phenomenon of interest. Gadamer does not refer to this as an act of intentionality, where the researcher's mental state is directed toward an object (such as words in a text), but rather suggests as an example it is a form of authentic play that emerges when one is in a deep, genuine conversation with text. Researchers engage in a process of working out phenomena hidden or concealed in language which can be surfaced through deep questioning.

To appreciate how I came to deepen my understanding of what it means to be tattooed post mastectomy, I outline below the iterative nature of interpretation while drawing on the wisdoms of Gadamer's hermeneutic approach.

Locating Self: Gadamer's Practical Wisdoms for Interpretive Discoveries

As I centred myself prior to engaging with the textual transcripts created from having conversations with six women with chest tattoos, I reminded myself that discovering the ontology of what it is *to be* tattooed post mastectomy comes from knowing the right questions to ask and how I come to understand what is revealed. Gadamer (1960/2013) proposes that meaning can be concealed, so I acknowledge the importance of having an authentic dialogue with the language found in text. I was mindful that what was brought to the surface would be understood from my *present horizon*, which contained presuppositions, biases and prejudices acquired through living. I took steps to reflectively capture my thoughts and feelings through journaling and recognized as a woman who has had breast cancer and a mastectomy without reconstruction, my experiences of living in the world without a breast and the language I used to describe the complexity of these experiences were part of what constituted my present horizon and needed to be acknowledged.

I reminded myself to contemplate what might be *at play* when in conversation with language used by participants and the importance of entering the hermeneutic circle with an openness to learn from the experiences shared by the women interviewed about being tattooed post mastectomy. As I entered the hermeneutic circle, I reflected on Gadamer's approach (which encouraged me to engage with participant's language used and found in text, allowing language to be the opening for dialogue, questioning and to consider what the text was trying to reveal about the phenomenon in question (Gadamer, 1960/2013). Gadamer suggests a refined mind is needed to question what the text is saying and the ability to continue questioning so '*things in themselves*' can be revealed (Gadamer, 1960/2013), therefore I deliberated on *language* used by participants to describe their experiences and reflect on metaphors, rhetoric, intonations, moments of silence and other linguistic elements to reveal meaning. I considered the etymology

of words, questioned interplays that existed between the experiences of being tattooed post mastectomy (parts) and how they related to the various aspects of participants lives (whole). I questioned how the whole experience of cancer, undergoing a mastectomy, not having reconstruction, living in the world with one or no breasts and scarring contributed to the parts; the experience of being tattooed where breast(s) used to be. I acknowledged that discoveries surfaced through 'dwelling with' the data contributed to an understanding of the phenomenon of being tattooed post mastectomy opposed to implying that all women who adorn a chest tattoo following a mastectomy will have experiences akin to what was unveiled here.

I thought about my present horizon, and reflexively turned inward to locate the biases, prejudices or assumptions that may be at play as I questioned, interpreted, and attempted to make meaning, acknowledging that my interpretation was not static but related to antecedents. As I settled into the fluid movement that was part of an authentic dialogue, I was reminded of the fusion that can occur between what is revealed about the phenomenon through language and my historically effected consciousness (Gadamer, 1960/2013). I remained open to the possibilities of what the experiences of others may afford; the opportunity for fusion and for my horizon to be expanded.

Interpretive Discoveries

One of the inspiring aspects of Gadamer's hermeneutic teachings for nursing, is the practical nature in which understanding transpires. It was how participants expressed themselves, both in conversations and through their tattoos that opened the space for understanding. Consequentially, insight into the phenomenon of being tattooed post mastectomy occurred early in the hermeneutic circle. Three main discoveries were unveiled, and each will be discussed: (1) Feeling sad and damaged post mastectomy; (2) Reclaiming self: Taking back

power and control; and (3) Transformation: Embodying the tattoo as a novel representation of self.

Feeling Sad and Damaged

One cannot begin to understand what it is like to be tattooed post mastectomy without considering what it is like to live without breast(s). During conversation many of the participants expressed deep dissatisfaction when they first saw their chest following a mastectomy. The pain of having cancer and losing their breast(s) was heightened by the appearance of the scar, and chest wall deformities. One participant, referred to here as Pat shared her experience of seeing her mastectomy site for the first time. *“I wouldn’t have felt so shocked and upset if it had been smooth like it should have been... I hadn’t realized how horrible it really looked... I feel my eyes welling up again thinking about it. Women are not prepared for what the scars are going to look like, or they have a vision of it being flat, but it’s not for the majority of women”*.

Participants became disembodied as the scars and disfigurement prevented recognition of self. Contemplating the statement from another participant, *“We shouldn’t be sad when we look at ourselves”* creates an opportunity to develop greater understanding of what it means to live in



Figure 1: Author’s mastectomy scar and chest wall deformity

the world without breast(s). Exploring language used by participants to learn how self is conceptualized following a mastectomy reveals insecurities related to identity, sexuality, femininity, and beauty. Women who visualized their chest with scars and deformity instead of breast(s) were left looking at a shattered distorted

image of self. Through the following account we learn more about disembodiment and the complexity of living in the world as a woman without breast(s). *“When I would look in the mirror and see the scars, like coming out of the shower or something... it would totally take me back to, oh yes, I’m damaged, I’ve had cancer...and it was really a struggle to try to not see myself in a negative way. It was just every time I saw it, I was like oh yeah that is what I look like now...I don’t feel like I look like I’m full of scars...I feel like me but when I see myself then it’s a reminder that oh no, you’re not really you”*.

Drawing upon the meaning of the word damaged, offers insight into the concept of the post mastectomized self. As a noun, damaged means loss or harm that comes from injury to person, character, or reputation (Merriam-Webster, 2021). The loss that comes from losing a part of the body that is a signifier for being a woman in contemporary society is met by participants with insecurity when perceived as no longer beautiful, desirable, or feminine. The appearance of self with scars and deformity instead of breast(s) became a daily reminder of having had cancer and reinforced the power and control women lost to disease. Some participants even shared coming to the point when they avoided looking at themselves, traumatized by their appearance and feelings of loss.

Thoughts and feelings of difference were reified when participants became the object of humanities’ gaze. Stares sent a message of being abject and contributed to fears of no longer being a woman with societal attributes aligned with having breasts such as being beautiful, sexual, or feminine. These afflictions chipped away at their identity evoking feelings of powerlessness and the need of protection. A poignant remark expressed by a participant whose pseudonym is Lizzie supports these feelings when she shared how she didn’t blend in [with other

women in society] when she didn't have what she calls her 'shirt fillers'. Manufactured breast forms or prosthetics initially became part of a standardized defence used to disguise absent breast(s) and alter the optics for symmetry, despite participants reporting the expense and lack of comfort not being worth the cost. Many of the women chose to make their own lightly padded breast forms to give the illusion of having breast(s) when outside the home.

The vulnerabilities tied to being a woman in contemporary society surfaced in other more intimate areas of participants' lives as well. An atmosphere of melancholy was created when women shared experiences of being intimate, feeling insecure when their partner looked or touched them. Lizzie, also commented on this vulnerable state, by revealing that she was never comfortable being seen by her husband without wearing a camisole during intimacy. Mastectomy scars represented loss, most notably in the daily reminder of having had cancer. Inspiring however was the will of participants to look for ways to reclaim their power and hope for something different.

Reclaiming Self: Taking Back Power and Control

As the conversation continued, women began sharing experiences that shifted away from what was lost to what had been reclaimed through bodily inscription of tattoos. One participant, whose pseudonym is Vivian reflected on a time in her life when she was downhearted but how the thought of being tattooed created a liveliness to help her take back her power.

"I was off the beaten path...I mean I just was kind of not caring and then you know once I had the pursuit to get the tattoo and I saw there was somebody out there close to me that actually does this, then I kept pursuing it. I got excited, I started to get excited about something again...it put me back on you know my life's path... I'm back on...the tattoo definitely got me back on track" [and] it's totally me and it really did empower me. I like to

use that word because that's how I felt because it was my choice. It was my choice to have it, it was my choice when she [tattoo artist] showed me the design to say either yay it or nay it, it was my choice with the color, my choice with the design, my choice where it was...so to me, that gave me power”.

The word pursuit used here by Vivian may help expand our understanding of the phenomenon of being tattooed as a woman situated in the world without breast(s). According to the Cambridge on-line dictionary (2021a), to pursue means to follow something or someone. There is a spirit of adventure in having a pursuit, of going after something without really knowing the outcomes. Gadamer discusses the concept of adventure by suggesting “an adventure lets life be felt as a whole, in its breadth and in its strength” ... having the capacity to “remove the conditions and obligations of everyday life...venturing out into the uncertain.” (Gadamer, 1960/2013, p. 63). Despite not knowing what the tattoo might offer, the pursuit for change, of wanting something different from how life was being experienced following cancer and a mastectomy created hope and excitement for participants. The adventure of getting a tattoo became an escape from what had become reality following cancer and created a space where excitement was felt instead of despair. The adventure started with many participants looking at pictures of mastectomy tattoos on-line. Visualizing the mastectomized chest adorned with a tattoo opened up possibilities for something different and the hope of reclaiming self - albeit in an alternative way. Participants acknowledged the permanence of modifying the body with ink commenting on how the decision was not made lightly. They also expressed how much time was involved in contemplating the design so it would symbolize what was meaningful and embody aspects of their identity. An air of enthusiasm was shared, and excitement heard in each participant's voice as they described with detail the meaning of their tattoo and how they

collaborated with an experienced tattoo artist to create a unique tattoo. A participant with a Keltic background whom I refer to as Anya, shared some of the planning leading up to getting



Figure 2: Anya's symbolic tattoo in Gaelic

her tattoo and how the tattoo makes her feel.

"I started with a saying in Gaelic...what doesn't kill you makes you stronger...so I was going to have that right over the scar...and then she ran with it (referring to the tattoo artist) and it turned into what it is which is way more... and it is beautiful because she um has the whole outline, the Gaelic symbol for

mother and then it says what doesn't kill you will make you stronger in bigger letters... I look at my tattoo and I'm like I love my tattoo...it's not the cancer...I am proud of it...like you know I survived cancer, did the surgery and now I have this great tattoo".

The thrill that is part of having an adventure continues to be experienced when parts of the tattoo are revealed. Participants expressed liking when some of their tattoo is exposed, creating an air of mystery which makes them feel sexy. With a playful spirit, Lizzie remarked *"I love when a piece of my tattoo shows. It makes people go, oh she has a tattoo under there and it's a little bit of a mystery; it's like a teaser and I feel a little bit like a bad ass"*. Lizzie was not the only participant to use the term bad ass, in fact most of the women used the trope during conversation to express the feeling of being tattooed.

Historically the term bad ass referred to “a bad or slightly frightening person” (Cambridge Dictionary, 2021b); someone “ready to cause or get into trouble.” (Merriam-Webster, 2021b). In contemporary society however, the term “doubles as an endorsement of a woman who is particularly strong, who is particularly cool” (Garber, 2015) who has strong convictions, behavior and is admired by others (DeMello, 2000). In this sense, calling someone or something badass is a compliment. The change in meaning of the word badass is interesting since historically individuals who had tattoos stereotypically were considered to live more on the margins of society, not conforming to societal norms by pushing its boundaries (Kosut, 2015). I sensed this was more of how participants thought of themselves which would seem appropriate given that each participant refused the recommendation for breast reconstruction, opting for something more novel. Contemporary use of the term however was apparent when one of the participants explained how her kids reacted to her tattoo. They were proud of their mom, encouraging their friends to see it, saying, “*you’ve got to see my mom’s tattoo...and a couple of them said oh, that’s bad ass*”. This participant also reiterated the importance of pleasing yourself, laughing when she said, “*and that’s exactly what I did*”.

Transformation: Embodying the Tattoo as a Novel Representation of Self

Having the opportunity to spend time both conversing with women who have a mastectomy tattoo and immersing myself in the data has expanded my horizon about being tattooed post mastectomy. I have come to understand how mastectomy tattoos signify healing for women who have lost their breast(s) to cancer and ultimately transform their perception of self, unveiling the beauty that resides within. There is a concept in human sciences called *Bildung*, a German word used to describe self-formation or cultivation (Gadamer, 1960/2013). Recognized here is the idea that human beings continually attempt to cultivate themselves, often through inner

processes such as reflection. Although the word 'cultivate' has different meanings, the intention of developing oneself or perhaps returning to what may be within one's nature is offered as a way to understand how tattoo inscription intersects with freedom to not conform to society's heteronormativity or mainstream discourses in breast cancer treatment options and promotes new capacities for developing self.

When participants reflected on their experiences of living without breast(s) and being tattooed, I began to understand how Bildung was at work in their lives. No longer were these women stunted by the effects of cancer but rather being tattooed was cultivating a self-more aligned with a spirit of renewal. We can understand more intimately the cathartic power of ink through Vivian's testimony.

"Since I've got my tattoo, I look at myself in the mirror every time I get out of the shower (laughing). I have a smile on my face, ear to ear. It's beautiful and it's me and it's now.... I'm very happy with it, it's just ah, it's just that it did change me, it really changed how I felt about myself and how I looked at myself... I'm a 65-year-old woman that got a chest tattoo after a mastectomy and I think it's beautiful".

There seems to be something very powerful about being tattooed post mastectomy, potentially signifying empowerment, transformation, and healing by creating a new reality for and of self. Modifying the mastectomy scar through inscription shifted the focus from having had cancer, experiencing loss and disfigurement, to having affection for, control over and honoring the journey that transpired. For one participant referred to here as Lily, part of the journey was discovering that she had a story for which she professed *"I can tell it, or I can wear*

it". Lily took great pride in describing her tattoo in detail, capturing the symbolisms reflected in the design and why being tattooed is important to her.

"I wanted the peacock feather, and it comes down into a quill, because I am a writer and that quill is over top of an open book, with the writing "My Story is Eternal".

Underneath the book the quill is kind of dripping red ink and to me that was more like blood and the writing is in that red color which is very different than the colors of the feather or the rest of the tattoo. I was making a statement, to remind myself that I have a story, [um] and I'm a writer so you know my story is eternal, not just because of my faith in God but because I am a writer and pieces of it will be left".



Figure 3: Lily's 'visual story' tattoo

It required having something run as deep as having cancer to be the impetus for change in how women perceived themselves post mastectomy. Tattooing became this medium, where the power of agency and commitment to be inscribed led to a change in both how participants experience their world and how they perceive self. Being tattooed evoked emotions of pride, strength and affection, and symbolized beauty, femininity, and sexuality in novel ways. As a tattooed person post mastectomy, participants viewed themselves as unique rather than flawed and saw their beauty embodied through art. One participant, whose pseudonym is Karen describes this uniqueness, helping us to understand transformation in this context.



Figure 4: Karen's cherry blossom and hummingbird tattoo

"I can't explain to you really what, how my mental state of my breast cancer changed from having the tattoo. I was totally against tattoo's...but this is different because it was a choice instead of getting reconstruction. It was giving me something back that I lost in a way that was personally just my decision...it changed me so I could be happy with my body. I have something really really special

and really beautiful that other women don't have... and when I look at myself in the mirror, I have beautiful artwork that I look at every day and am thankful that I have it. It took away the scar and that is what I wanted. I would do it again tomorrow, and the next day, and the next day".

Discussion

This study offers three interpretive discoveries that include: Feeling sad and damaged post mastectomy; Reclaiming self: Taking back power and control; and Transformation: Embodying the tattoo as a novel representation of self.

Previous studies exploring psychosocial effects following mastectomy align the key discoveries of this study. To explain, the feelings of shock, disembodiment and the inferences made about being less feminine, sexual, and beautiful have also been captured by other researchers who have explored women's experiences following the loss of their breast(s) (Freysteinson, et al., 2012; Koçan & Gürsoy, 2016; Piot-Ziegler et al., 2010). However, it is distress participants in this current study experienced when *looking at oneself* post mastectomy that differs from what has been found elsewhere. The feelings of sadness and being damaged post mastectomy are foregrounded in this study and provide sharp relief with the experience of being tattooed.

Several participants described looking at themselves in the mirror, some sharing the initial reaction to seeing their mastectomy scar and chest wall deformity and others the persistent reaction such as when coming out of the shower. These experiences support the findings captured by Freysteinson et al (2012), in their study exploring the experiences of viewing self in the mirror after a mastectomy. Freysteinson and colleagues (2012) found some of the women experienced emotions such as shock, sadness, disgust, and self-revulsion when they looked in the mirror following a mastectomy but noted over time it became easier to view themselves. Despite the similarities in how women experienced visualizing their body in a mirror, participants in this current study did not experience alleviation over time. Specifically, it was because of the unending negative feelings these women experienced when mirroring, that led them to look for a way to transform their appearance.

Scholars have noted that for some, being diagnosed and treated for cancer can be considered traumatic (Eschler, et al., 2018; Leano et al., 2019; Martino et a., 2019). According to Huang, tattoos can be considered part of self-care (Huang, 2016), capable of healing places deeply damaged by trauma and contribute to reclaiming one's identity. For participants in this study, the incessant reminder of having had cancer was amplified when they looked at themselves. The surgical removal of one's breast(s) with the resultant scar and deformity was traumatic leaving participants feeling despondent. Interestingly however was their enthusiasm to consider another way to exist, albeit one that has not always been socially acceptable. Choosing to be inscribed with indelible ink filled the space where breasts once existed and for these women contributed to regaining control over their body and the power lost to cancer.

Despite a mastectomy tattoo being situated in a more private versus public space, participants expressed liking when some of the ink was revealed. This created an opportunity to narrate the significance of their tattoo, explaining the symbolisms, and how being tattooed in an area that once caused strife was now a canvas for meaningful art. Having the chance to re-write one's story or inscribe parts of that story on the body is powerful and reflects the strength these women had to reclaim self, taking back power and control through their own efforts.

Findings discovered here supports knowledge about motivations for tattooing found in the literature. For example, motivations for tattooing now include beautification (Wohlrab, et al., 2007), identity formation (Atkinson, 2002; Maxwell, et al., 2019; Pitts, 1998), regaining control following a personal trauma (Eschler, et al., 2018; Crompton, et al., 2020; Leader, 2017; Maxwell, et al., 2019) and the healing conveyed by some who use their tattoos to tell a story (Crompton, et al., 2020; Letherby & Davidson, 2015; Woodstock, 2014).

Key discoveries from this study contribute to the small yet growing body of knowledge about the role of tattoos in health and healing. Unfortunately, few experiences of women who have chosen to be inked in an area where breast(s) once occupied space are available in the literature. Discoveries surfaced from my conversations with women who chose to be tattooed post mastectomy introduce readers to this option and adds to our understanding of why some women tattoo. Being tattooed post mastectomy enriched the lives of participants by embodying the tattoo as a novel representation of self. Women in this study no longer saw themselves as damaged, lacking beauty, femininity, or sexual appeal, but rather as unique, special, and fortunate, to adorn a beautiful piece of art that signifies beauty in an alternative way. The process of tattoo inscription and embodying symbolic art where breasts once existed contributed to a transformation experienced as healing from the trauma caused by having cancer.

Limitations

It is important to acknowledge the limitations in this study. Foremost is the lack of diversity in the voices who shared experiences about what it means to be tattooed post mastectomy. Critical to developing a greater understanding about the experience of being tattooed where breast(s) once existed would be hearing the experiences of black women, women of color, and women from culturally diverse groups. With this study being the first to explore women's lived experiences of being tattooed post mastectomy, it is an entry point to understanding this phenomenon and future studies would continue the discovery and expand horizons.

Implications for Nursing

As nurses, we are sometimes challenged to understand perspectives outside of what we have come to uphold as dominant discourses and endorsed practices in healthcare. For example,

it may seem unconceivable that women may choose to live in the world without breasts given the recommendation to offer breast reconstruction following mastectomy (Somogyi, et al., 2018). Canadian data presented in earlier sections suggest however that many women chose not to undergo breast reconstruction yet remain affected by scarring and physical deformities.

This study offers three key interpretive discoveries that can provide nurses and other healthcare providers 'insights into their care. Understanding how women may feel sad and damaged following surgery opens avenues for empathetic questioning and therapeutic supports. Sharing the research experiences of women who found the process of designing and being tattooed transformational and empowering may introduce new options for exploration that include aesthetics and beauty. Experiences such as those shared by participants in the current study can expand the horizons of healthcare providers, opening space to understand and practice differently. Being tattooed unveiled the beauty that was embodied by women who chose to cultivate self in an alternative way and nurses are encouraged to share these experiences with other women who are

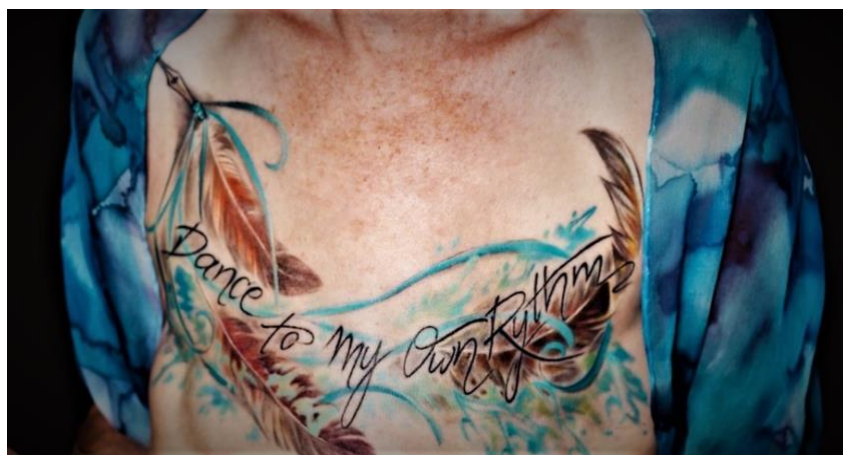


Figure 5: Lizzie's unique mastectomy tattoo

searching for options beyond breast reconstruction. Patient-centered care includes conceding to the idea that individuals may want to 'dance to their own rhythm 'as declared in Lizzie's unique tattoo.

Conclusion

To conclude, I share a poem rooted in participants 'stories that conveys some of what was interpretively discovered. My intention is to allow readers alternative ways of understanding and

to conclude with an opportunity to expand our horizons. That is, to broaden our understanding of women's experiences post mastectomy and the power of beauty unveiled through being tattooed where breasts once occupied space.

The Cathartic Power of Ink

Ever present, the fear of not surviving this disease,
Radical decisions in order to exist,
So afraid of dying, the realization that fragments of your mind, body, soul and spirit have been
lost to the pain of what remains, brokenness.
But is this not a form of dying, when life as you knew it, is no longer?
Losing hope for happiness, fearful of never finding your way back to living,
But then you marvel, introduced to what may be a form of salvation,
An innovative idea, one that excites, offers adventure, creativity, beauty and power.
Rich in symbolism and a way to return to living, with pride, passion and joy,
You take hold, propelled by *the cathartic power of ink*.

Chapter 4 Afterword

I feel like this manuscript has been a long time in the making. I have been thinking about mastectomy tattoos for several years, curious about what it would be like to be tattooed where I once had breasts. Engaging with Gadamer's hermeneutic teachings offered me the opportunity to think deeply about my own horizon as a woman living flat in western society and helped me to understand what it might be like to experience a different reality. Gadamer's ideas specific to text analysis inspired me to think deeply about what study participants shared and to ask the right questions to bring me closer to what the experience of being tattooed is really like for some women living without breast(s). The beauty unveiled was powerful and the women who shared their stories, tears, humor and strength left me humbled. I believe in expanding non-surgical options for women post mastectomy and following my study I strongly encourage nurses and other healthcare providers to talk about this alternative option with women considering treatment options.

Although, I still have not made up my mind whether I wish to be tattooed, I am a step closer to understanding how perceptions of self may change when adorning a piece of art over chest scars and deformity. This gives me hope....

Chapter 5

Conclusion

Stepping Back and Taking In.

In preparing to write the final chapter of my dissertation, I find reason to pause, to be still and reflect on what has been learned. In my effort, I ‘stumble across’ the German word *Erfahrung*, which Gadamer (1960/2013) suggests is “something you undergo” (p. xii) in an experience, or perhaps a journey. I consider if I am the same person who six years ago was thinking about my life as a one breasted woman, searching the internet for alternative options post mastectomy? I would suggest no, in part, because of experiences gained along my journey to complete this dissertation. Some experiences, I consider to be more remarkable than others and understanding came in unique ways. Drawing on an experience I had with a participant seeing herself for the first time without her breast reaffirmed the importance for healthcare providers to treat the whole person diagnosed with an illness.

I sat across from Pat (pseudonym) and watched her eyes well up with tears as she reflected on seeing herself for the first time following the removal of her breast. In that moment, my thoughts turned inward, as the first image of myself standing in front of the mirror without my breast found its way to the surface, creating raw emotion and an empathetic nod. The unsaid in that moment, spoke loudly. I understood this type of pain that penetrates so deeply, your body responds by immediately producing tears.

The question of ‘how’ I understood this depth of pain and the emotions revived with fresh renewal as we both fell silent, lost in our own experience of a shared moment, comes from ideas shared by Gadamer (1996) in his book titled “The Enigma of Health”. The memory of seeing myself for the first time without a breast raised awareness to the reality that I was experiencing

my body as a body, reduced to an object, vulnerable to becoming ill and the medical and technological interventions employed to eradicate disease. My being in the world had been reduced to a body and as this new reality sunk in, my soul ached. Reflexively, I wonder if it one's soul that surfaces tears in these types of experiences?

Drawing upon Plato's writings in *Phaedrus*, Gadamer re-surfaces the concern originated by some early Greek physicians that "the body cannot be treated without at the same time treating the soul" (Gadamer 1996, p. 73). This is where, in my experience, the provision of healthcare falls short. When healthcare institutions, providers and established guidelines for provision of care fail to acknowledge, value, and treat the soul at the same time they are treating the body, individuals can remain unwell. I suggest this is what Pat and I experienced when we shared a moment. It revealed damage our souls experienced during illness which was never treated.

In the concluding section of my dissertation, I reflect on how 'stepping back 'and taking in what I have learned during my quest to gain greater understanding about being tattooed post mastectomy provides additional insight into "the various forms in which understanding manifests itself" (Gadamer, 1976/2008, p. 18). This includes: 1) the influence of a historically effected consciousness and how the effects of history emerge through language; 2) foregrounding my prejudices and where I 'stumbled 'across biases in the hermeneutic circle; and 3) acknowledging there remain unknowns about being tattooed post mastectomy. I also consider the study's limitations and moving forward, the implications for nursing and areas for future research.

Historically Effected Consciousness as Influencer

I spoke of *historically effected consciousness* in my introduction, but here I would like to share what I have learned when I step back to take in experiences. As I reflect on the

hermeneutic concept of historically effected consciousness, I free²⁶ each word to consider possible meaning. For example, *historically*—implies history, denoting a dimension of time; *effected* (effect)— could mean to influence and *consciousness*—to be aware. Therefore, practically thinking about historically effected consciousness as a novice hermeneutic researcher—allowed me to consider how history (and being a historical being) influences (is part of) what I ‘know’(come to know) and understand (come to understand). Furthermore, I came to understand the importance of language in conversation and how language used by participants to describe their experiences is also nourished from historical roots. The caution here is to remain open to the experiences of others, to be attentive to their use of language and to “recognize that in all understanding, whether we are expressly aware of it or not, the efficacy of history is at work” (Gadamer, 1960/2013, p. 312).

Prejudices Carried into Conversation

I have also come to understand through Gadamer’s teachings that a conversation was already underway when I was introduced to the topic of mastectomy tattoos. The phenomenon of being tattooed post mastectomy was already in the world, women were living tattooed where breast(s) once existed. I however, lacked awareness about tattooing itself and *how being tattooed* post mastectomy might differ from *people who have a tattoo*. My initial interpretation of tattoos was relegated more to the ‘type’ of person who inked, which is why when I originally saw women with their chest tattooed, they did not ‘fit’ within the realm of my understanding of

²⁶ I use the term free (opposed to ‘break down’ or ‘separate’) to ‘free’ each word to suggest that when words are allowed to be free, people can consider their plight; the difficulties that language can come up against when meaning is confined.

'who' tattooed. This became a hermeneutic situation²⁷ for me which required exploration to work out my fore-conceptions specific to tattoos and those who tattooed, if I was to begin understanding the phenomenon of being tattooed post mastectomy at all (Gadamer, 1960/2013). To consider the effects of being historical, I reflect on my initial fore-conception of tattoos to elucidate how concepts of history, tradition and cultural context intersected to create my early understanding of tattoos and those who tattoo.

Growing up in a North American middle-class family during the 1970-1990s, exposed me to views that assumed people with tattoos were of a 'lower-class', which translated to mean people who were not educated and made bad decisions. There was even a dimension of cleanliness associated with tattoos, implying people with tattoos were dirty (unclean). While examining my prejudices, I began to comprehend the role that dogmatic thinking played in my understanding of tattoos and who tattooed. Being led by socio-political and religious views prevented me from understanding or even thinking there could be another motivation for tattooing beyond what I understood. Grondin (2003) suggests this is what happens with dogmatism; lacking knowledge that there could be human experiences (p. 118). Consequently, rigid thinking prevented me from trying to understand differently and led to me othering people with tattoos.

Historically, as discussed in previous chapters, there was a sociocultural interpretation that tattoos were common among individuals with a rebellious nature such as those who belonged to gangs or who were in prison (Atkinson, 2004; Eriksson, Christiansen, Holmgren, et

²⁷ Gadamer (1960/2013) "defines the concept of 'situation' by saying that it represents a standpoint that limits the possibility of vision" (p. 313). The concept of 'horizon' is essential to the concept of 'situation' because horizon is the 'range of vision that includes everything that can be seen from a particular vantage point (Gadamer, 1960/2013, p. 313).

al., 2014). These ideas constituted my fore-conceptions prior to studying tattoos and motivations for tattooing more broadly²⁸.

Expanding Horizons—Can Create Tension between Familiar and Strange

Guided by the topic of tattooing, I embarked on a journey to learn more about tattoos and the motivations for tattooing. Moules and colleagues (2015) suggest looking at a topic with a fresh perspective can help understand differently (p. 73). Early writings from western perspectives situated the subject of tattoos within a critical social view upholding what I had come to understand about the type of person who tattooed. Reading about cultural groups who tattoo however uncovered other motivations for tattooing such as those associated with cultural practices. Moko tattoos within Maori tribes and kaknit (tattooing practices) among some Inuit women in Nunavut, opened space for me to learn about ancestral meanings associated with these markings and how tattooing practices lost through western colonization are being reclaimed (Jelinski, 2021). Other, more contemporary motivations such as commemorative tattoos, suggested to me that tattoos can be a form of artistic expression with symbolic meaning.

As I continued to learn about the significance tattooing had for some people, a space developed between what was familiar and strange to me. The familiar were those views that suggested people who tattooed were rebellious and deviant to social norms and strangeness came from the honor and healing that some people associated with the practice. Gadamer (1960/2013) suggests this space between strange and familiar creates tension, yet ‘it is in the play between’ the two where understanding exists (p. 306). I committed myself to reveal and work through the tension sensed in this space, with aims to expand my horizon and surface meaning about that

²⁸ Although a critique of my present horizon would conceivably reveal roots of my dogmatic thinking specific to people who tattoo, my intention here is to describe what my present horizon was as I entered the hermeneutic circle and the prejudices that had been established through living within a period of time.

which I did not understand; the phenomenon of being tattooed post mastectomy. To do this work however, I entered the hermeneutic circle.

Hermeneutic Circle: Foregrounding Prejudices and Stumbling across Biases

I have greater understanding for how interpretation is worked out and how understanding occurs within the hermeneutic circle. I now appreciate when one *enters* the hermeneutic circle, they do so with all that has been acquired from history. As Gadamer (1960/2013) indicates, a person does not enter the hermeneutic circle with a 'blank slate' rather, they enter with fore-conceptions, prejudices and understandings from the past which constitute their historically effected consciousness. Gadamer suggests prejudices are prior understandings we bring to the topic (Gadamer, 1960/2013), or perhaps brings the topic to us. While in the hermeneutic circle, I reflected on how understanding comes from a dialogue with language, and when exploring language, to be aware that linguistically language is saturated with historical and cultural meaning (Gadamer, 1960/2013). Thus, I foregrounded the importance of remaining open to participants experiences being tattooed post mastectomy and prejudices I brought into my conversations. I practiced being attentive to what was being communicated by participants and open to develop understanding beyond what I currently understood. This involved asking questions and acknowledging tensions that surfaced. Knowing the right questions to ask and considering what question(s) the data was responding to was part of the dialogue I had with text to reveal meaning, while reflexively considering what the text itself may be trying to answer about the phenomenon in question. Asking questions opened possibilities for meaning (Gadamer, 1960/2013) and helped me "understand in a different way" (Gadamer, 1960/2013, p. 307). To help illustrate the complexity of how understanding occurs, I will share an experience

I had while in the hermeneutic circle, trying to understand the phenomenon of being tattooed post mastectomy.

As I entered the hermeneutic circle with aims to understand the concept of being tattooed post mastectomy, I realized how tangible this ontological space had become for me. I wrestled with what text was trying to reveal about the phenomenon of being tattooed post mastectomy given my prejudice of the type of person who tattooed. I became confused when participants used language that suggested the tattoo was an object and other times when language was more intimate and personal. For example, language that involved “having” such as *“have something really special and beautiful”* or referring to the tattoo as ‘it’ such as *“it takes my attention away from the negative thinking”*, or even saying ‘the tattoo’ such as *“the tattoo replaced my breasts but better”* or *“the tattoo is the best thing to come out of cancer”* suggested participants were making a distinction between having (possessing) a tattoo from being tattooed²⁹.

This detached use of language was juxtaposed with language that symbolized a closer relationship to the phenomenon of being tattooed post mastectomy. Participants shared experiences using language such as *“being cured”*, *“having choice”*, *“giving me something back”*, *“it was such an adventure”*, *I’ve got a story and I can tell it or I can wear it*, *“my inner bad ass kind of peaks out”*, *“being tattooed is about me...I feel like I have transformed my life, it reminds me of who I am... I am unique”*, *“I got excited, I started to get excited about something again...it put me back on track”*, *“it was my choice...my choice to have it, my choice when I saw the design, my choice to ay it or nay it, my choice with the color, with the design, where it*

²⁹ Language used to reflect the reality of being tattooed post-mastectomy,

was...that gave me power, this is who I am... representing something important to me, it gave me back control, honoring what was there and going forward”.

As I tried to ‘work out’ this hermeneutic problem, I was reminded that hermeneutics “peers behind language” (Moules, 2002, p. 3) and to remain open to the phenomenon to reveal itself. The space between having a tattoo and being tattooed was substantial. I recall reflexively feeling something was there yet struggled with how to bring it to the surface. I reminded myself... *meaning is there, it may be concealed but it’s there... remember to consider the language being used by some women who have experiences being tattooed post mastectomy, to reveal the phenomenon....and surface tensions that obstruct your view.*

I experienced working through the tensions in a corporeal way. I could feel my body move from side to side, as I worked through what the text was saying. Reflexively, I was working out meaning, I was asking questions about what was emerging, trying to uncover meaning and develop understanding while the effects of history, foregrounding prejudices and working out hermeneutic problems were at play.

I acknowledge how the conversations that took place between me [as the interpreter] and the language used by participants was being interpreted through my historically effected consciousness which included experiences of my own living in the world without breast(s). These experiences offered me an emic perspective particular to some of the identity related concerns raised by participants. My *present horizon* encompassed [in part] the loss of power and control that could be experienced when a diagnosis of cancer is made as well as the damage that can come from losing the part of your body that signifies womanliness in society. Meaning came by considering how understanding is reached; from the whole to the part and back to the whole, considering the harmony of all the details (Gadamer, 1960/2013, p. 302). I continued to

work out of this liminal space between self (being tattooed) and object (having a tattoo) to understand. I asked questions of the text such as how does the language used by participants reveal what is hidden about being tattooed or having a tattoo? What is not being said that is trying to reveal itself? What prejudices³⁰ are getting in the way of me seeing what is trying to be revealed in this space between? The distinctions between having a chest tattoo and being tattooed post mastectomy became clearer when I foregrounded prejudices and confronted judgements I stumbled upon while in the hermeneutic circle.

Acknowledging Unknowns

I have come to appreciate how understanding [in part] comes from the type of conversations we have with language as well as the importance of thinking deeply about the questions we ask about experiences. Genuine conversations capture authenticity, or the ability to ask questions because you want to know what people have to say about a lived experience or topic (Moules, et al., 2015). An ongoing dialectic exists with language used to provide insight into experiences that are not well understood or could be understood differently. There are opportunities for us to understand differently based on the questions asked and occupying a stance of curiosity and humility to acknowledge that what is currently understood may not be complete. In this way, there is a holding out for new understanding to surface.

There is a complexity to hermeneutics (Moules, et al., 2015, p. 83). Inevitably there will be aspects of an experience or topic left unknown because the right questions have not been asked or the limits of language leave understanding incomplete (Moules, et al., 2015, p. 30). This knowledge helps to illustrate how understanding is fluid and continually being renewed.

³⁰ As previously noted, prejudices are conceptualized by Gadamer as biases, which can prevent us from being open to a new understanding, or understanding in a different way (Gadamer, 1976/2008, p. 9).

Personally, while trying to work out understanding about being tattooed post mastectomy in the hermeneutic circle, I entered as a woman living without a breast. I exercise caution not to limit the discoveries that surfaced from the questions I asked but to acknowledge that some of my questioning within the hermeneutic circle may have been more practical in nature as I tried to understand how my lived experiences might change if tattooed. The practical nature of hermeneutics however is part of its charm, as one tries to understand human experiences or a topic that has addressed them personally. Conceivably, asking questions with a stronger feminist lens may have sparked more critical questions and led me to understand in a different way. I see this as an opportunity to continue learning and expanding my horizon about being tattooed post mastectomy.

Confronting Prejudices to Expand Vision

While in the hermeneutic circle, I stumbled upon prejudices and held ideas (even fleetingly) which needed to be foregrounded. One persistent prejudice impeding my view to understanding was the preconception that women who covered their mastectomy scars remained fastened to societal pressures of being beautiful because tattoos [although unconventional within this context] had become a contemporary aesthetic practice. Gadamer (1960/2013) recommends as interpreters we should suspend our prejudices, and while doing so, suggests questions will form. Interrupting my prejudices and bringing them to the surface allowed me to ask questions. Questions such as “are mastectomy tattoos a contemporary means to conform to societal concepts of beauty”? Does the experience of being tattooed suggest a spirit of conformity? I returned to text to search for what language was saying, acknowledging what is said is always in relationship with what is not said (Gadamer, 1960/2013). To help with understanding how important being attentive to language is for hermeneutics, Moules (2002) offers this insight.

Language does not justify or replicate but recognizes that things come from somewhere and are not simply fabricated (Moules, 2002, p. 3). Being attentive to language “involves recognition of sameness, place, and belonging.... hermeneutic interpretation comprehends the recognition that occurs when something rings “true” of what is said, there is a familiarity, a kinship, a resonance, and a likeness” (Moules, 2002, p.3).

The meaning that surfaced did not suggest participants here were conforming to societal pressures and conceptions of beauty, rather the opposite. I understood from participants in this study, that they were freeing themselves from the spaces where cancer had held them back from living life. To 'be' tattooed was a personal decision, one with deep and lasting effects. I felt the phenomenon of aletheia³¹, as obstructions started to clear, assumptions were being debunked and my vision was improving; the difference between having a tattoo and being tattooed was revealing itself. Having a tattoo and being tattooed are distinct yet connected concepts. To 'be' tattooed is a personal choice and for these women involved significant time to plan, design, and get excited. Having a tattoo despite the connotation of being an object, is something that is symbolically meaningful to participants here. The tattoo represents an intimacy (closeness) with self that originated by wanting something to take the pain and reminders away, to liberate themselves from the effects of having had cancer; to return to living and as such having the tattoo rich with symbolic meaning became embodied. To provide insight into the phenomenon of being tattooed post mastectomy, the discoveries that surfaced were (1) Feeling sad and damaged post mastectomy; (2) Reclaiming self: Taking back power and control; and (3) Transformation: Embodying the tattoo as a novel representation of self.

³¹ Aletheia is Greek word meaning when something reveals itself or is revealed that was once concealed (Moules et al., 2015, p. 3)

Limitations

In my third manuscript (Chapter 4) I captured what I believed to be the limitations of the philosophical hermeneutic study exploring the lived experiences of being tattooed post mastectomy. There, I acknowledged the lack of diversity of the women who participated, failing to provide perspectives on being tattooed post mastectomy which may have added to our understanding. Reflecting on my recruitment flyer which contained a black and white photo of myself without hair caused me to wonder if my photo limited the inclusion of black women, Indigenous women, women of color and women from culturally diverse groups? Furthermore, posting my recruitment flyer in tattoo studios that advertised mastectomy tattoos on-line may not have reached all women who choose to be tattooed post mastectomy. In future studies, I may need to consider where these tattoo artists who create mastectomy tattoos are located to recruit greater diversity of women.

It is important to hear the experiences of all women who have chosen to be tattooed where breast(s) once existed to develop greater understanding about the phenomenon. As indicated in my third manuscript, this study is the first to explore women's lived experiences of being tattooed post mastectomy and future studies are planned to continue the conversation with black women, Indigenous women, women of color and women from culturally diverse groups. Moreover, in uncovering the adventure that came with pursuing a mastectomy tattoo for women in this study, including women who are in the planning phase of their tattoo would contribute to greater understanding about being tattooed post mastectomy. An opportunity was missed to hear experiences from two women who were interested in participating in my study but did not meet the eligibility criteria. Understanding differently, I can now appreciate the offerings that may have come from women in this stage of the mastectomy tattoo process.

Implications for Nursing

This inquiry into the phenomenon of being tattooed post mastectomy has surfaced insight for which previously there was only conjecture. Engaging with Gadamer's philosophical hermeneutic teachings unveiled three key discoveries: (1) Feeling sad and damaged post mastectomy; (2) Reclaiming self: Taking back power and control; and (3) Transformation: Embodying the tattoo as a novel representation of self. In my third manuscript (Chapter 4) I broadly considered implications for nursing based on the interpretive findings, therefore in this section I will discuss how knowledge generated from this inquiry can be used to enhance provision of care for women looking for alternative options to breast reconstruction post mastectomy.

Creating Awareness

Through this inquiry, I have learned there are additional post mastectomy options for women to consider beyond those recognized and recommended by the Canadian Breast Cancer Network (2021). Furthermore, the experiences of some women who have chosen to be tattooed post mastectomy send a powerful and encouraging message; being tattooed post mastectomy can be transformative. Extant literature reveals women are adversely impacted psychologically, emotionally and socially when living in the world without breast(s), yet improvements in how women perceive self following breast reconstruction are not always evident (Fang, et al., 2013; Metcalfe, et al., 2015)³² Many women in Canada, are choosing not to undergo breast

³² Metcalfe, et al., (2015) long term study comparing psychosocial functioning (quality of life (QOL), body image, anxiety etc.) between women who had a mastectomy alone and those who had delayed breast reconstruction (DBR). The results reveal that 'psychosocial functioning improves over time' (p. 258), in fact, women who had a mastectomy without reconstruction experienced significant improvement in overall distress. Other aspects, such as QOL were improved in this group of women over a six-year-period (although were not statistically significant). Both groups of women 'experienced cancer related distress' (p. 260) (although higher amounts in women who had DBR).

reconstruction following mastectomy, which can foreshadow negative perceptions of self specific to body image, sexuality and femininity. Nurses who work with women undergoing mastectomy as part of their treatment plan are ideally situated to have authentic conversations about bodies and how the removal of breast(s) can impact perceptions of self and their experiences of living in the world. While discussing post mastectomy options with women, nurses can introduce the concept of mastectomy tattoos and share findings from this inquiry with women interested in tattooing.

Creating awareness of mastectomy tattoos is the beginning of having this option not be considered 'alternative' but presented as an endorsed post mastectomy option to all women undergoing mastectomy as part of their treatment plan.

Supporting Women through Advocacy

Coverage by Health Insurance Plans. Nursing advocacy is critical for all women who wish to pursue tattooing post mastectomy. Mastectomy tattoos are not presently covered by any provincial health plan in Canada, therefore women seeking this procedure have three options 1) pay for the service directly, 2) pursue initiatives from organizations where artists donate tattoos as part of larger campaigns (i.e., P.ink Days in October) or 3) seek funding from organizations that support alternative body projects such as mastectomy tattoos (i.e, P.ink funds).

Some progressive movement has occurred with nipple-areola tattoos being covered by some provincial health insurance plans in Canada when a plastic surgeon tattoos an areola and nipple as the 'final step' in breast reconstruction. However, variability exists across the country. For example, in British Columbia, the Medical Services Plan (MSP)³³ covers nipple-areola tattooing when performed by an insured healthcare provider, at the time of breast reconstruction,

³³ Public health insurance in BC is called the medical services plan (MSP)

as a staged procedure such as after breast reconstruction and for one additional tattooing session, but all subsequent tattooing is not covered by the MSP³⁴ (British Columbia Ministry of Health, 2021). The Ontario Health Insurance Plan (OHIP), funds nipple-areola tattooing when performed in healthcare environments by an insured healthcare practitioner (Ministry of Health, 2021). In Saskatchewan, there was no mention of a nipple-areola tattoo in the “2021 Payment Schedule for Insured Physicians” document. In Manitoba, coverage for nipple-areola tattoos require assessment and physicians are to submit a report documenting details of the procedure (Manitoba Minister of Health, 2021). Nipple-areola tattoos are not covered by Medicare in the province of New Brunswick or by the Alberta Healthcare Insurance Plan³⁵.

A nipple-areola tattoo is considered restorative³⁶ and recognized as “medically necessary and a component of breast reconstruction” (Butler, et al., 2019, p. 1). Although not perfect, I see the acknowledgement of NAT being medically necessary as an initial step to more progressive conversations among healthcare providers such as nurses, administrators, policy makers and provincial ministry representatives. Findings from this inquiry provides entry for understanding how being tattooed post mastectomy allows women to reclaim self by taking back power and control lost to breast cancer and transform self by embodying the tattoo as a novel representation of self. Although the term restorative in reconstructive surgery suggests restoring appearance and function, nurses could argue that for some women, mastectomy tattoos could meet restorative aims. Future work in this area can add to our understanding and support the funding of mastectomy tattoos for women who may seek this option.

³⁴ The cost for the procedure in BC is \$457.83, in Ontario, 175.00 (unilateral)

³⁵ Unfortunately, I was not able to locate information specific to nipple-areola tattoo coverage in the provinces of Nova Scotia, Prince Edward Island, Newfoundland, Quebec or the Northwest Territories, which could infer the service is not available or deemed important.

³⁶ Restorative procedures are when appearance and function are restored

Educated Professional Tattoo Artists. Advocacy should also include the need for best practices in mastectomy tattooing. Although there is information available regarding the length of time a woman should wait to be tattooed following a mastectomy, the time varies depending on the artist and can range from three months (Black, 2021) to three years (P.ink, 2021). Currently, there are no educational requirements for professional tattooists to create mastectomy tattoos in Canada and the industry is largely unregulated. Advocating for best practice guidelines specific to tattooing over scar tissue and radiated skin and caring for the skin post inscription can help prevent women from being disappointed with the results of their tattoo and possibly preclude adverse effects or complications from the inscription process.

Future Research

I am grateful to the women who participated in my study and for the experiences they shared about being tattooed where breast(s) once occupied space. Women who shared their experiences at times with raw emotion, established a beginning from which others could make meaning. My horizon has started to expand, and my vision is clearer today than it was before I started this journey. Understanding however is never complete (Gadamer, 1960/2013) and visited anew each time questions are asked about people's experiences. I plan to continue learning about the phenomenon of being tattooed post mastectomy and sharing the discoveries. To assist in my efforts, CIBC generously endowed funds I will use to conduct several studies over the next four years.

One study under development will help generate knowledge relationship between the women being tattooed post mastectomy and the artists who inscribe the chest tattoo. Several participants in my current study talked about the artist with whom they worked, commenting on the intimacy and trust they felt at different moments in time. Some participants recounted their

first meeting with the artist, referring to the encounter with mixed emotions. I am curious to learn about their relationship as it evolved over the consultation and design period through to the day of inscription. What occurs between a woman and an artist through these encounters? Is the artist part of the illness experience/healing process, if so how/why? What do women and the artist talk about during the tattooing session(s), what emotions are generated and how do they affect the artist? How do these moments of shared time and space play a role in a woman's illness experience and healing journey?

Another study will aim to hear the voices of women who are missing from my current study so understanding about being tattooed post mastectomy can be expanded. Specifically, to hear the experiences of black women, Indigenous women, women of color and women who are from diverse communities (such as women from LGBTQ communities). The last study I plan to conduct will involve artists who create mastectomy tattoos. The aim for this study is to learn about tattooing techniques and the education of the artist. I am curious how tattooing over scar tissue and radiated skin impacts inscription technique, aftercare, color longevity, etc. I also wonder if tattooing techniques differ based on a person's skin color and what should tattoo artists know when creating a mastectomy tattoo? Learning more about tattooing techniques, considerations for the type of inks recommended and best practices for aftercare may improve outcomes for women who chose to tattoo post mastectomy.

Concluding Thoughts

As I ponder how to conclude my dissertation, I realize the expression lacks accuracy. To conclude evokes a sense of completion or a coming to an end which is not what I believe is occurring here. Understanding does not work that way...there is always more to learn and as

Gadamer (1960/2013) suggests it is important to continue to shine a light on that which we do not understand so topics can be considered from different perspectives.

At the beginning of this conclusion section, I mentioned there being experiences that were more remarkable than others. There, I drew from an encounter with someone whose experience was familiar to my own and transported me back to a time when I too felt sad and damaged as I looked at my mastectomized body for the first time. I would like to leave readers with another experience, this time from my expanded horizon, where the view of being tattooed post mastectomy is clearer than it was before I started my journey.

As I think back to the conversations, I had with the six brave and inspiring women interviewed for this study, there was not one particular interview or testament that unveiled the phenomenon of being tattooed but rather several moments that revealed the 'cathartic power of ink'. Vivian enters my mind, who even meeting in person, made me laugh over the phone. *"It's fantastic....I just had it done and it is fantastic...I can't stop looking at myself...I keep lifting up my shirt in front of the mirror so I can see it...I can't wait to talk to you about my experience...it is so fantastic"*! Lizzie who dances to her own Rythm, dances across my mind, but it is not the unique spelling of the script on her chest but rather the power of her spirit that still brings tears yet a smile when I think of her. Lizzie has a beautiful playful spirit whose reality had been pierced by the loss of other women in her family to breast cancer. Although still painful for her to talk about, her perspectives on life are tangible when she speaks and believes *"there is power in carrying someone's art with you"*. Anya, who would like to go topless more often so she can experience the freedom she felt when on vacation and swam topless in the ocean evokes the strength and pride that can come from taking back power and control. Karen who described her

healing as instantaneous post inscription and reflected on how all the pain that was associated with cancer was gone after being tattooed. Pat who was devastated by the appearance of her chest spoke with passion as she described the research that went into finding a dragon image that was both '*feminine yet feisty*' to symbolize part of her personality and who loves to show it off. Last, is Lily whose creative nature led her to co-design her 'Eternal Story' tattoo which allows her to focus on the good that can come from having cancer.

I am humbled to have shared space with each of these women and to hear some of their experiences of having breast cancer and being tattooed post mastectomy. Insight into this unique phenomenon would not have been possible without their participation.

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Figure 1



Author's Mastectomy Scar

Figure 2



“Anya’s” Keltic Mastectomy Tattoo

Figure 3

“Karen’s” Cherry Blossom Mastectomy Tattoo

Figure 4



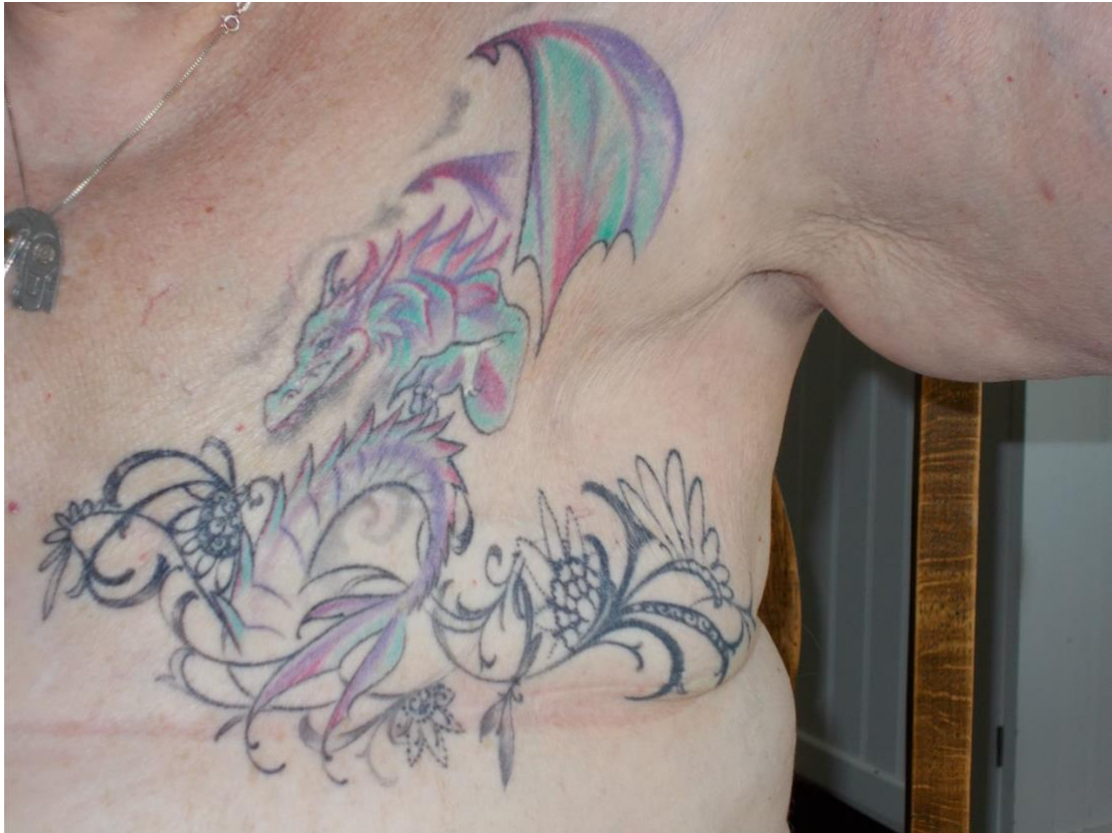
"Lily's" Eternal Story Mastectomy Tattoo

Figure 5



"Lizzie's" Dance to my own Rhythm Mastectomy Tattoo

Figure 6



“Pat’s” Feminine yet Feisty Dragon Mastectomy Tattoo

Figure 7



“Vivian’s” Mastectomy Tattoo”