

Visibility and Invisibility of Organs in Women and their Influence on the Perception of Illness

"I wanted to show that a woman can be beautiful, sexy, strong and powerful no matter what her body looks like." (Matuschka)¹

INTRODUCTION

The symbolism of the body and body parts is important in the way we construct our understanding of illness. Disease often results in a person's alienation from his or her body which seems to become other to itself. But otherness is constructed differently according to what part of the body is ill. In the following I will deal with disease or illness and the "otherness" of the body by focusing on two organs, the heart and the female breast.

Firstly I want to provide insight into some anthropological thoughts that relate to "bodyness" and disease that will be applied to breast cancer and heart disease throughout the text. To point out cultural differences, examples from Germany and the United States will be drawn. Although both countries belong to the Western industrialised sector, a different attitude towards some diseases can be noticed. This is also reflected in language. In the English language a distinction between illness, disease and sickness can be made, unlike in German, where the term "Krankheit" covers all three expressions. According to Jane Edwards, illness and disease can be conceptualised and experienced as individual phenomena. "Illness concerns the ways that individuals interpret and manage their symptoms occasioned by physical ailment". "Disease" refers to a more bio-medical use of "illness", and "sickness" is a generic disorder that has to be seen within the social and political context.²

Cancer and heart disease are the major causes of death in our Western societies. In 1997, 53% of German women died of cardio-vascular diseases (about 244,000 women and 171,000 men). In the United States, too, more females (about 500,000) than males (450,000) died of heart disease in 1995. In contrast to these numbers, in 1997, 18,000 German women died of carcinoma of the breast, which is the foremost cause of cancerous death in German and American women. In Germany alone, there are about 50,000 new cases each year; and every

9th woman is afflicted with the disease. In the United States, every 7th to 8th woman is affected, and in 2003 around 40,000 American women died of breast cancer.³

To understand why public and individual perception of these illnesses differ from one another, and why a stigmatisation often occurs in the case of breast cancer, a short summary of the cultural history, metaphorisation and symbolic use of the visible female breast and the invisible heart, as well as of the diseases affecting them, is provided.

— Anthropological Considerations

Karl Marx observed that the body is not only a physical but also a historical object, one that is determined and even brutalised by the social and economic organisation of the human community.⁴ One can go beyond this and assert that the ideas and concepts of the biological body are also products of historical and social interpretation.

However, the body is not only a cultural sign; it is a perceiving subject as well. In German and some of the several languages related to German, there is a distinction made between the words “Körper” and “Leib”. The former term refers to the physical body, to the human organism. The latter refers to the lived body, to what might be called the “embodied soul”. The French phenomenologist Maurice Merleau-Ponty wrote that this lived body is marked through its ability to perceive; thus, it is through the “Leib” that an individual gets to know the physical world around him/her.

As early as 1969, employing the concept of “Leiblichkeit”, which could be translated as physicality or “bodyness”, Ommo Grupe discussed in some detail the dualistic “Leib-Körper” relationship within the field of physical education. In his view, “Leiblichkeit” mediates between a person and the world. Through the lived body (“Leib”) we experience our world and the tasks and demands that we must confront in our daily lives. “Each of us lives in and with and through his or her body (Leib).”⁵ Another way to characterise this relationship is to distinguish between the lived (“gelebter”) and the experienced (“erlebter”) body (“Leib”). In the former, the “body” is an entity that does. The body is not the object of the “self”; there is an identity between the body and the body’s movement.⁶ This is especially true when we feel well; we hardly notice our body. When experiencing our body (“Leib-Erleben”), we are aware of a disharmony; we experience physical dysfunctions: tiredness, fatigue, pain, disease, injury or disability.⁷ Illness disturbs a unity of body and mind. Illness and other dysfunctions destroy the harmony between our physical, social, and moral selves, leaving us searching for its reconstitution.⁸ This is very different from animals, who do not have a “Leib”: they do not experience duality during illness; they do not know about death. Only humans make a “Leib” out of their body.⁹ But maybe the duality should also have a chance to go its own way for a while during crucial situations in one’s life, as the African-American author Audre Lorde wrote in her *Cancer Journals* during her difficult time after a mastectomy: “...my body and mind had to be allowed to take their own course”.¹⁰

Through the lived body we experience ourselves as people, as individuals within our environments. Through this relationship with the body, a relationship with the world arises (the self-body-world relationship). This world includes not only men and women but also the social and cultural environment, with its norms and codes. The cultural and social environment influences the self-body-world relationship through the processes of socialisation, especially those of formal education. As a result, the body is not only an individual but also a social entity.¹¹

— “Leibinseln”: the Female Breast vs. the Heart

Without culture, our bodies would not have a real significance.¹² In Western industrialised cultures the lived body is a transmitter between person and environment and thus a “battlefield” on which social discourses and power disputes are held.¹³ Not only gender, but also body parts and organs (“Leibinseln” or body islands) play an essential role in these discourses and power struggles and also underlie a cultural classification. A typical example is the female breast, whose classification can be explained by its visibility. Its shape extends forward, reaching out to contact the world and communicating through its symbolic form and social significance. This is in contrast to the invisible heart, an essential organ whose significance is not gender specific. The heart lies hidden in the body behind the protecting male or female breast. This organ can thus be described as gender neutral, although medicine has treated it as a male organ in the past. Without visibility or immediate contact with its environment, this organ, too, has extreme expressive potential and social significance, which will be elaborated upon later.

The Female Breast

In all cultures the female breast has a sexual code and embodies gender differences. It identifies women, distinguishing them from men both visually and functionally. Due to its biological functions and visibility, the female breast has become a symbol of femininity and fertility.

The breasts develop during puberty as a secondary sex characteristic, and signify that a girl is becoming a sexually mature woman, which means she can now become pregnant and bear children. Even developed breasts are not static organs. They are alive and constantly changing, due to biological processes like the female menstruation cycle, pregnancy, motherhood or aging. Some of these changes of the breasts are exteriorly visible, while others can only be felt by the individual woman herself.

The developed breast is not part of the female body at birth. Nevertheless, at a very early time in their lives, girls learn — or, rather, society makes them learn — that their breasts have something to do with their sexual identity. Here, especially clothing functions as a gender marker. For instance, in the United States — unlike in Europe — very young girls are expected to wear a bikini top at the beach to cover their undeveloped breasts. This is only one example of society’s imposing on little children a construction of gender which will later develop into their own active construction of gender.

Looking at the cultural history of the female breast it becomes obvious that throughout history it always has had a symbolic meaning for a particular society. While presently in the Western world, small, well-formed, muscular breasts seem to be “trendy”, in other cultures, women with hanging and wrinkled breasts are honoured, because these are signs of motherhood, wisdom and experience.¹⁴

From prehistoric times until today the female breast has been the object of a varying interest in different cultures, as can be witnessed in art from various eras. Because of their ability to nurture, women were seen as closer to nature than men. In antiquity, goddesses were often presented with bared breasts. The Christian church had a different attitude towards female “bodiness”. Especially during the first centuries of its existence, it showed a certain hostility to bodily matters; and bodily feelings and desires were to be oppressed. This attitude was

transferred to Medieval art and to how the body was portrayed in this era. Very often, hardly any physical differences between the sexes could be seen in art. Females were often painted or sculptured as flat-chested. Women with bare breasts conjured up negative associations; specifically that they were being thrown into hell, as demonstrated by scenes depicted in Gothic churches. This changed from the late Middle Ages onwards, when the depiction of the female breast became acceptable, as in a picture of the *Maria Lactans*¹⁵, and slowly an eroticisation in the portrayal of the breast started. This is especially obvious in the art of the Renaissance, but also in literature and fashion.¹⁶ For Marilyn Yalom, publisher of the book, *A History of the Breast* (1997), the many paintings of female bodies in France and Italy during the Renaissance are “highly civilized” equivalents of current *Playboy* posters as stimulants of male desire.¹⁷

This eroticisation of the female body and especially of the breast has not stopped yet; on the contrary, never before has such extreme concentration been focused on them by society and individuals as well.¹⁸ Especially in the Western patriarchal world the erotic dimension makes the breast into an object of sexual desire. Yalom describes them – especially in the eyes of men – as “sexual ornament and jewels of femininity.”¹⁹ The transformation of the body into text through the breasts is shown by the following quote from Yalom:

From outside, the breast represents another reality, and one that varies in the eyes of each beholder. Babies see food. Men see sex. Doctors see disease. Business sees dollar signs. Religious authorities transform breasts into spiritual symbols, whereas politicians appropriate them for nationalistic ends. Psychoanalysts place them at the center of the unconscious, as if they were unchanging monoliths. The multiplicity of meanings suggests the breast’s privileged place in the human imagination.²⁰

Reading these remarks the question can be asked: Who owns the breasts? Are they owned by the baby that needs nutrition or by the lover who uses them for love games? Yalom pursues the question. Maybe they are owned by the artists, media or fashion makers in our culture who take advantage of the female breasts, and also dictate their current “in” shape. Pornographers, too, exhibit women’s breasts – just like cosmetic surgeons – for financial profit, and thus claim possession of them. Last, but not least, one could ask whether women themselves are the owners of these body parts²¹ – an almost unnecessary question, it seems, although many women identify their body through their breasts.

An identification of women with their breasts often becomes clear when they change in appearance, for instance, during puberty, childbirth, aging, or illness, and do no longer fit the norms set by the individual or by society. “I love this part of my body”, writes a woman with breast cancer, shortly before her surgery, although it is evident that the existence of her breast as she knows it is in danger. She goes on: “I would love it still, love it always”,²² even when the breast will no longer be part of her body, as a “Leibinsel” of her lived body. This strong emotional tie is also expressed in the following poem:

The Breasts are gone
But I am
Whole
Disfigurement
Need not include my soul²³

This woman feels that her physical body is not the same as before her surgery. Her body-soul-relation has changed, although it is only her physicality that is different from before, not herself as an individual. She tries to convince herself that her soul is not affected; she is still “whole”, as she puts it. Lorde underlines this “wholeness” by writing that she has become a “more whole person” in the process of losing a breast.²⁴

The Heart

Similar to the breast, the heart is also an organ with great symbolic value, moreover it is considered the centre of feelings in Western societies. In European history it was very often referred to as the organ in which the soul lives. “Heart means the reality of the whole person, it means a unity of body and soul in its original sense.” The heart stands for the centre of the human being.²⁵ Merleau-Ponty pointed out that “one’s own body is in the world as the heart is in the organism.”²⁶

In contrast to the breast, without the heart life functions cannot be supported. Each person is born, independent of gender, with a heart. Because of its vital importance the heart lies centrally and hidden in the protecting thorax – deep inside the human, imprisoned in the body (“Leibgefängnis”), as Benthien sees it.²⁷ One can question this notion of imprisonment and rather talk of a “shelter” for the heart.

Unless it is being operated on, the heart is not touchable nor is it outwardly visible; thus, unlike the female breast, it does not have a visible potential of expression, despite the fact that it almost more certainly responds more rapidly than most organs to emotions, with the quickening or slowing of the pulse. However, its ability to pump regularly shows a certain dynamic and consistent motion; its strength can be felt through the rhythm of the heartbeat or pulse – sometimes one can even hear it.

The importance of the heart for society is reflected in the fact that iconic representations of the heart with its double-shouldered symmetrical form and pointed base has become an ever-present symbol in our Western culture. One daily encounters painted, shaped, embroidered images of heart shapes which express affection towards another person, living being or even material things. To underline this affection it often appears in red, the colour of love and passion. Drawing a connection with the anatomical heart one could go further and say that this colour symbolises blood.

The heart symbol is also very commonly used in many languages. Especially in the English language it can be noticed that an innumerable number of song, movie and book titles exist that all include the “heart”, indicating that they express some kind of emotional tie. This shows that the heart can be related not only to physical-bodily aspects, but to spiritual-artistic aspects as well.²⁸ Hartwig, who wrote an overview of the heart in art for the catalogue accompanying the exhibition *Heart* at the Deutsche Hygiene-Museum in Dresden, summarises: “To talk about the heart always means to speak about forms, symbols and meaning. Objectively the ‘heart’ does not exist – even as an organ it only appears once one tries to imagine it, although it has existed in the darkness of the body and as flesh before”.²⁹

— Language as a Symbol for the Body and Disease

Language always has a symbolic meaning. Benthien and Wulf point out that language is a historical medium for the production of the presentation of oneself, and thus it is a document of changing body images.³⁰ It is also a medium through which the body and body parts can be pointed out or isolated in a symbolic way. Both the breast and the heart have found entrance as metaphors and idioms into our everyday language, but quite frequently can also be found in lyrics and songs referring to love.

In many phrases and metaphors in which the heart plays a central role, it is seen as a symbiosis of thinking and feeling. For the nineteenth-century German writers Jacob and Wilhelm Grimm, the expression “heart” stood for feelings, morale, determination, faith, and reflection. The feelings that are associated with the heart indicate a certain relation between heart and lived body. In *Grimms’ Dictionary of 1877*, there are many entries under “heart”. Besides its organic functions, the heart is associated with many positive, but sometimes also negative aspects. Someone who “has a good heart” is kind, and stands in contrast to someone who is “heartless” or “cold-hearted”, meaning a person that shows no feelings. If someone feels the pain of a separation, he has “heart pain”, to “take heart” means to be determined. In German, a very close friend is called a “Herzblatt” and to describe someone who as a person has grown close to one, we would use the expression “ans Herz gewachsen” or to have “grown onto one’s heart”. If one gets disappointed, the heart is “broken”; one can even die of a broken heart after a severe disappointment. Things that one does not like to do are done with a “heavy heart”. A letter to friends is signed “with all my heart” or “most heartily”, and an intimate conversation is done “heart to heart”.³¹

“Breast”, or the more poetical term “bosom”, is not metaphorically used in the German and English languages as much as the heart is, but it is also a linguistic symbol for affection, love and safety, for example, a “bosom buddy” is a very close friend. “In the bosom of the family” signifies feelings of security and harmony in the circle of one’s relatives. “To cherish or nurture a viper in one’s bosom” describes a person who is continually in a bad mood.

One can see by these few examples that both organs are associated with positive and negative characteristics. Benthien calls this the “ambiguity of the organ.”³² One talks about the “good breast” when one refers to its ability to nurture a baby, or to its political or religious power, as can be seen in the many paintings of the nursing Madonna or depictions of full-bosomed heroines and goddesses symbolising power for their people. The “bad” association of the breast refers to temptation and can be equated with Eve’s sinfulness in paradise. Here the breast is a metaphor for sin, but its badness is also embodied in disease, cancer and death.

The symbolic power of the breast, whether positive or negative, is usually only associated with the female breast. The heart, on the other hand, is gender neutral; both men and women can have a “good” or a “bad” heart, and both can be “heartless”.

Not only body parts and organs have gone through a “metaphorisation,” but diseases have also found entry into the language, as Susan Sontag elaborates extensively in her book *Illness as a Metaphor*, published in 1978. Although the book was published over two decades ago, quite a few of the examples are still valid. She writes that cancer is a disease of the “Other”, that talking about this disease is usually taboo because it is often related to social stigmatisation or foolishly

assumed to be contagious.³³ For quite some time it was believed that a reason for getting cancer is a person's own failure, or that people who try to suppress their feelings and are rather introverted have a higher risk of getting this disease, a disease that ostensibly can only be fought through one's own strength and will.³⁴

Cancer is the "alien" or "mutant", which is stronger than normal cells or healthy tissue.³⁵ Thus, very often cancer is used as a metaphor for things that are associated with the negative. One of the examples Sontag mentions is the statement of the Nazis that the Jewish problem had to be treated like cancer: "One must cut out much of the healthy tissue around it", or Trotsky's remark that "Stalinism is the cancer of Marxism".³⁶ These examples show clearly that cancer is the epitome of badness, be it in the body or in society.

Heart disease does not share such metaphorisation. The underlying reason may be that this disease of modern civilisation has only gained importance over the last few decades. Although cardiac disease also implies a certain weakness of the individual (for instance, that one has neglected a certain responsibility to control risk factors), nevertheless, there is no disgrace involved. Heart disease, furthermore, is seen as mechanical failure, and is free of the taboo that is associated with cancer.³⁷

Sontag's elaborations can be supported by a study done twenty years later by Juanne Clarke who compared articles on cancer and heart disease in selected magazines.³⁸ She concludes that the media portray cancer as "mutilation, excruciating and disgusting suffering, and finally death. To some extent, persons with some cancers are held blameworthy because the cancers could have been prevented through early medical checkups." She concludes that the media make us believe that "it is the individual who is ultimately culpable". Heart disease is portrayed in a far more optimistic way. It does not affect the whole person or the moral being of the person. "Heart disease is an outsider that can be repelled through quick decisive action" and medical care.³⁹

— From Private Experience to Public Issue

The metaphorisation of the body and illness strongly reflects the influence of society and culture on health and disease. Both depend on the respective social situations, cultural values as well as medical and physical ideologies of the era.⁴⁰ Different cultures treat diseases differently. A very distinct example is breast cancer, a disease that is only slowly losing its taboo in Germany. This is different from the United States, where during the last ten years a certain openness towards this disease can be noticed, at least in perception by the public. One could say that breast cancer is "going public". A transformation "from private expression ... to public issue" has taken place.⁴¹ Samantha King, in her doctoral thesis, "Civic Fitness: The Politics of Breast Cancer and the Problem of Generosity" expresses this change more clearly:

The first transformation involves the reconfiguration of breast cancer in the public discourse from a stigmatized disease and individual tragedy best dealt with privately and in isolation, to a neglected epidemic worthy of public debate and political organizing...⁴²

This phenomenon of going public can be seen in "Celebrity Survivors" like actors, politicians, and other famous women who become "ambassadors", telling the public they have or had

breast cancer, such as the actress Shirley Temple, Olivia Newton John or the former American First Ladies, Betty Ford and Nancy Reagan. In the same vein, well-known models show their “new” bodies after a mastectomy or lumpectomy in magazines. The most famous example is probably Matuschka, the artist and model who tries through photographs and special exhibitions to point to breast cancer and its bodily consequences.

Especially in the United States corporations play an important role in defining the values, rights and obligations of citizenship; and they create transnational philanthropy and community related programs.⁴³ This is reflected by the many fundraising occasions organised and supported by various groups to draw attention to breast cancer through different events like Breast Cancer Awareness Month, Races For The Cure and also through art exhibitions.

The pink ribbon is an example of how Americans publicly raise awareness for the fight against breast cancer. The Pink Ribbon, invented in 1991, is a symbol for breast cancer awareness.⁴⁴ The colour pink is believed to be “the quintessential female colour”, it is playful and life-affirming, as Margret Welch, director of the Colour Association of the United States, remarks. She goes on to say that pink “is everything that cancer is notably not.”⁴⁵ Today it is frequently promoted by Avon, the cosmetic company. This company, which calls itself “the company for women”, advertises through a project called Breast Cancer Crusade, which started in 1993. The company promotes different kinds of fundraising, among them various sales of cosmetic products such as the special Pink Ribbon products or the “global Kiss Goodbye to Breast Cancer campaign”.⁴⁶ To provide a few numbers: according to King, Avon raised \$32,700 in Germany in the years 1996 and 1999 to support the Breast Cancer Fund whereas in the United States these numbers reached \$25,000,000 in 1993.⁴⁷ This shows a tremendous difference, which can be accounted for by various reasons which cannot be explored within the scope of this article.

The Susan G. Komen Breast Cancer Foundation also uses the Pink Ribbon to raise breast cancer awareness within the population. This foundation raises funds through its “Races For The Cure” in many different countries. Among the various sponsors for these races are many large and internationally known companies selling cosmetic products, jeans, shoes, food and even cars. Unexpectedly, even a chemical company can be found among the many sponsors. Usually the chemical industry is accused of producing risk factors that causes cancer, but maybe this company is seeking to appease its conscience.⁴⁸

The NFL, too, wants to support the fight against breast cancer. Since it was found in 1991 that 40% or over 68 million of the NFL’s weekly television viewers are women, the NFL instigated advertising spots showing their shield wrapped around a pink ribbon with the logo “Real Men Wear Pink.” Is it only to help women with breast cancer, or is it an attempt to portray the NFL in a different light? The public associates it with masculinity, sometimes aggression, brutality and also – due to scandals involving certain players – sexism and rape. For the NFL the “character issue”⁴⁹ is important. Through this campaign it tries to transmit a different image of masculinity, one that is emotional, giving, charitable and compassionate.

Industry and governmental offices have also joined the battle against cancer. The slogan “Fund the Fight, Find a Cure,” has been on 40- and 45-cent U.S. Post Office stamps since 1998 and 2002 respectively⁵⁰; and it has also appeared on the cover of some brands of yoghurt and other food.

But not only profit and non-profit organisations support the fight against cancer. For instance, the American Heart Association and its many sponsors try to raise awareness of heart-related diseases. The American Heart Walk with its over 600 annual events is one way to draw attention.⁵¹ However, it seems that these programs are momentarily somewhat overshadowed by those of the cancer campaigners, and there are no special events concentrating exclusively on women.

A new awareness can also be noticed in the field of publications, online as well as in the printed media. Breast cancer is no longer limited to medical literature. Besides the humanities that are now taking up this disease in their research, individual women write about their personal experiences with treatment and coping, expressed in autobiographies, poetry and prose. Lately, even the film business is interested in breast cancer. Fine art is another way to publicly express inner feelings related to breast cancer. In the United States there are many specially organised exhibitions with paintings, sculptures and photographs, which are also documented in specially designed art catalogues. Germany is still far behind, although the first publications are now appearing on the book market.

However, this new openness and public awareness cannot be found in the literature on women with cardiac disease, not even in the United States. The dominating literature almost exclusively deals with medical aspects, such as prevention and rehabilitation. Women are thus put in the same boat as men. As in many other areas of their lives, their own identity is being under-acknowledged or only recently being acknowledged.

— The Battle for Visibility in the Medical Discourse and the Invisibility of a Disease

One area for the late awareness of women's own identity is the medical discourse, in which females have always been overshadowed by men; with male physicians exercising social control over women. Over the centuries, comparative anatomy was used to explain the differences between men and women on the basis of the location of their sexual organs. It was argued that the outwardly invisible sexual organs justified the subordinate position of women. (It seems as if the breast was ignored in this discussion.) Women's biological task was to bear children. Physical changes such as menstruation, pregnancy and birth, even when they did not appear, were considered as diseases.⁵² Certain women's diseases, like hysteria in the nineteenth-century or anorexia and bulimia today, are constructed by a particular society and can be seen as cultural-historical phenomena.⁵³ This historical "pathologization of the female" is still predominant in the assumption of the weak and fragile woman versus the strong man.⁵⁴

Through the new women's movement in the 1970s in Germany and the United States a number of women's self-help groups, counselling centres, educational contexts and women's health centres were organised. At this time feministic-orientated health research was also initiated that explored illness, disease and the suffering of women within a patriarchal society.⁵⁵ Another aim was and still is to find the reasons and conditions for the different health situations of men and women. It has therefore become necessary to integrate women in medical studies and not to exclude them as was often done in the past.⁵⁶

Except for typical female diseases, the epidemiological studies of the last decades were primarily done on men. Women were under-represented or not even part of such studies. Especially for cardiac disease, scientists equated the symptoms and progress of women with those of men. "In the big cardiac studies of the last years the woman was treated as a completely heartless being."⁵⁷ However, the above-mentioned numbers indicate clearly that today there are more women in Germany and the United States that suffer from heart disease than men. But due to their late inclusion in medical discourse, women are quite often misdiagnosed, even when they show typical signs of cardiac failure.⁵⁸

In the context of the women's movement of the 1970s a change appeared in the therapy of breast cancer as well. Since then women have slowly gained a voice in their own affairs and do not necessarily have to have a mastectomy (a complete breast amputation) when they have a relatively small tumour. Nor does the unaffected breast need to be removed, contrary to the opinion of the surgeon George Pack in the 1950s, who wrote that a woman no longer breast-feeding should have her second breast removed prophylactically, because "except for sexual enhancement" it would be "useless".⁵⁹

Just like cancer, cardiac disease can be life-threatening, and there is a constant fear of relapse. But surgical scars are not outwardly visible and can be covered by clothing; and sometimes surgery is not even necessary. A malign tumour in the breast, however, always has to be surgically removed, either via breast-conserving amputation or mastectomy. In connection with this surgery, lymph nodes close to the breast must often also be removed. This can result – for almost half of the women who have had surgery for breast cancer – in a visible lymphoedema, because the lymph fluid cannot drain.⁶⁰

A mastectomy or a partial mastectomy is often followed by reconstruction of the breast or the use of a prosthesis, if the woman feels the need to hide the disease or the visible scarring from the public, or just because she feels the necessity to be a "complete" woman; but a lymphoedema of the arm cannot be hidden.

Today the prostheticisation of the human body makes it possible to replace almost each body part artificially. Susan Bordo talks about "the precision technology of body-sculpting"⁶¹, meaning that the body is individually crafted through physical exercises, diets or external manipulation offered by various kinds of cosmetic surgery, ranging from remodelling of the nose and lips to face-lifting to liposuction of various body parts to breast enlargement or reduction. Due to medical progress, there are no more restrictions, and "polysurgical addicts" or "scalpel slaves" have been created, who are on an eternal search for a perfect body.⁶²

Despite these rather critical remarks it should also be mentioned that artificial body parts are often needed for purely medical reasons. Artificial body parts, among them cardiac pacemakers and prostheses, can help in coping with a disease or with the associated bodily "defects" or limitations and can facilitate re-integration into everyday life; however, they do not have the power to heal.⁶³ In the case of cardiac disease, these are for instance, pacemakers, artificial heart valves and artificial hearts, which represent immediate medical necessities. Others, like plastic surgery, can (but need not) play an important role in recovering mental balance and a positive body image. Implants or breast reconstruction after breast surgery in the case of cancer are not vital. However, depending on a woman's subjective experience, they may be necessary

for her mental and social well-being. Furthermore, they can support her re-integration into the social environment and play a role in her body-soul-environment relationship.

For women with breast cancer “prostheticisation” is very common. This is either done via artificial prostheses or the implantation of artificial or autologous tissue. But here, too, it depends on the individual. To some extent, society exerts pressure on women who have lost a breast to wear a prosthesis to show the public the symmetry of their bodies. Lorde writes: “Nobody will know the difference”, but she also emphasises that by accepting the mask of prosthesis, one-breasted women reinforce their own isolation and invisibility from each other and thus avoid stigmatisation, instead of telling other afflicted women that they are not alone.⁶⁴ What Lorde implies is that the hiding of this disease is a kind of deception because these women fear a stigmatisation by society forced upon them by social pressure.⁶⁵ But doesn't it go further? Aren't they deluding themselves?

CONCLUSION

The female breast plays a special role as a socially accepted symbol of femininity, eroticism and sexuality in Western body history and culture. It has become a focus of not only biological, but also artistic, literary, religious, political and commercial discourse. The heart, on the other hand, is less of a transcendental object than a symbol in our language, art and even everyday life.

The visibility or invisibility of these organs and, subsequently, their public perception, also influences whether diseases related to these organs are considered taboo, a restriction imposed by social custom. For many years breast cancer has been under a taboo; and affected women did not talk about it. In older generations and in some countries, such as Germany, it is still treated as one. Davis Mitchell and Sharon Snyder call it “the private subject of disability”.⁶⁶ In such situations, women do not talk about their disease. Even though they are missing a non-vital body part, this body part may nevertheless be vital for their personal identity, for their body image and individual relation towards the body. It is now missing. Doubts might arise: “Am I still a woman? I am not a man. Who am I? Am I still attractive for my partner or do I have a desexualized body?” Besides these problems of identification there is also the fear of a relapse and subsequent death. Women with cardiac disease also share this fear of death when a change for the worse occurs; but they are not, however, missing a visible body part closely related to their sexual identity.

Despite the silence of many that have breast cancer and the social pressure to cover or hide the amputated breast through prostheticisation, there are women who show their changed or “new” body in public. An example is former American model Matuschka, who has had a mastectomy and considers herself a breast cancer activist and artist. She states in an interview: “I wanted to show that a woman can be beautiful, sexy, strong and powerful, no matter what her body looks like.” She goes on: “My pictures are not allowed to be published in certain countries”. Then she mentions Germany. She goes on and says “France just hates imperfect bodies so I'm out there also”. In the United States only some of her pictures have been published; there it is because of the “nudity rules”⁶⁷.

However, in countries like the United States, the long-lasting suppression of breast cancer seems to be ending. The shift from private experience to public issue can be witnessed through

various phenomena in the spheres of art, literature, media and public relations. But through this new openness the risk of commercialisation and politicisation of this disease arises. By means of “breast cancer philanthropy” a new and profitable way has been found to sell products, as King points out.⁶⁸ Not only does “cancer sell”, but a new “epidemic” is being shaped by one being constantly reminded of breast cancer in everyday life and through the many breast cancer awareness activities, as Anna Kasper and Susan Ferguson refer to in the subtitle “Society Shapes an Epidemic” of their book, *Breast Cancer*.⁶⁹

Constantly being reminded of a life-threatening disease leads to panic and might be a reason why women have the misconception that breast cancer is a higher cause of death than heart disease.⁷⁰ But in reality, heart disease is the number one cause of death in men and women. Heart disease in women is an illness that never carried a social taboo, but a medical one in the sense that it was ignored by medicine. The above-mentioned phenomenon of “going public” as a means of coping with breast cancer does not apply to women with heart disease, although many more women die of this disease than of breast cancer. This illness seems to carry a different burden, because it is less related to bodyness, femininity and sexuality.

- 1 This is the American model Matuschka speaking in an interview after her mastectomy, see www.matuschka.net/interviews/gtgoffchest.html.
- 2 Jane Edwards, “Private Cancer, Public Cancer: Guilt and Innocence in Popular Literature”, *Australian Journal of Communication*. Vol. 21 (1994): 2-3.
- 3 Elisabeth von der Lohe, *Koronare Herzkrankheiten bei Frauen. Prävention, Diagnostik, Therapie* (Berlin and Heidelberg: Springer Verlag, 2002), 3; Anne S. Kasper, “The Social Construction of Breast Loss and Reconstruction”, *Women’s Health: Research on Gender, Behavior and Policy* 3 (1995): 197; Gudrun Kemper and Ulla Ohlmes, eds, *Jede Neunte...Frauen berichten von ihren Erfahrungen mit Brustkrebs* (Berlin: Orlanda Verlag 2003), 9-10.
- 4 Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley, Los Angeles and London: University of California Press, 1993), 34.
- 5 Ommo Grupe, *Bewegung, Spiel und Leistung im Sport*. (Schorndorf: Hofman Verlag, 1982), 45; Ommo Grupe, “Körper”, in Ommo Gruppe and Dietmar Mieth, eds, *Lexikon der Ethik im Sport* (Schorndorf: Hofmann Verlag, 1998), 329.
- 6 Grupe, “Körper”, 329.
- 7 Grupe, “Körper”, 329.
- 8 Jean Comaroff, “Medicine: Symbol and Ideology,” in Peter Wright and Andrew Treacher, eds, *The Problem of Medical Knowledge: Examining the Social Construction of Medicine* (Edinburgh: University Press, 1982), 51f.
- 9 Dietrich von Engelhardt, *Krankheit, Schmerz und Lebenskunst; Eine Kulturgeschichte der Körpererfahrung* (Nördlingen: becksche reihe, 1995), 10.
- 10 Audre Lorde, *The Cancer Journals*. Special Edition (San Francisco: aunt lude books, 1992).
- 11 Grupe, *Bewegung, Spiel und Leistung*, 58.
- 12 Gertrud Pfister, *Sport im Lebenszusammenhang von Frauen* (Schorndorf: Hofmann Verlag, 1999), 43.
- 13 Karl-Josef Pazzini, “Haut: Berührungsehnsucht und Luckreiz”, in Claudia Benthien and Christoph Wulf, eds, *Körperteil: Eine kulturelle Anatomie* (Reinbek: Rowohlt, 2001), 158. This is especially true for women’s bodies as various publications show, among them Patricia Vertinsky, *The Eternally Wounded Woman* (1989); Susan Bordo, *The Unbearable Weight* (1993); Naomi Wolf, *Beauty Myth* (1990) or Barbara Duden, *Der Frauenleib als öffentlicher Ort* (1991).

- 14 Iris M. Young, "Breasted Experience: The Look and the Feeling", in Rose Weitz (ed.), *The Politics of Women's Bodies: Sexuality, Appearance, and Behavior* (New York and Oxford: Oxford University Press, 1998), 127.
- 15 Marion Yalom, *A History of the Breast* (New York: Ballantine Books, 1997), 10-15, 32; 40-48.
- 16 During that time two depictions of breasts became common: the small, high-class breast and the huge, full, milk-giving breast of lower-class women such as wet-nurses, farmers' wives or witches. See, Yalom, *A History of the Breast*, 72-75.
- 17 Yalom, *A History of the Breast*, 73f.
- 18 This is not the case with the male breast, which hardly ever drew any attention until recently. A shift can be noticed in current advertising that now also focuses more intensely on the naked male upper body with its "six-pack abs" and well-defined chest musculature, see Gertrud Pfister, "Die Balance der Differenz – Inszenierungen von Körper und Geschlecht im Sport (1900 bis 2000)," in Michael Krüger (ed.), *Menschenbilder im Sport* (Schorndorf: Hofmann Verlag, 2003), 229.
- 19 Yalom, *A History of the Breast*.
- 20 Yalom, *A History of the Breast*, 183.
- 21 Yalom, *A History of the Breast*, 3.
- 22 Merijane Block in *Art. Rage. Us: Art and Writing by Women with Breast Cancer* (San Francisco: Chronicle Book, 1998), 126.
- 23 Written by Lois Tschetter, in *Art. Rage. Us: Art and Writing by Women with Breast Cancer* (San Francisco: Chronicle Book, 1998), 134.
- 24 Audre Lorde, *Cancer Journals*, 56.
- 25 Susanne Hahn, ed., *Herz. Das menschliche Herz: Der herzliche Mensch*. Begleitbuch zur Ausstellung "Herz" vom 5. Oktober 1995 bis 31. März 1996 im Deutschen Hygiene-Museum Dresden (Dresden and Basel: Verlag der Kunst, 1995), ix.
- 26 Maurice Merleau-Ponty, *Phänomenologie der Wahrnehmung* (Berlin: Walter de Gruyter, 1966), 239.
- 27 Claudia Benthien, *Haut: Literaturgeschichte-Körperbilder-Grenzdiskurse* (Reinbek: Rowohlt 2001), 43.
- 28 Exhibition "Herz" in the Deutsche Hygiene-Museum in Dresden October 5, 1995 to March 31, 1996.
- 29 Helmut Hartwig, "Wenn es dich zückt von rückwärts – das Alter gleicht dem Kinderherz: Das Herz in der Kunst – ein polymorph-erotisches Symbol", in Susanne Hahn, ed., *Herz: Das menschliche Herz: Der herzliche Mensch*. Begleitbuch zur Ausstellung 'Herz' vom 5. Oktober 1995 bis 31. März 1996 im Deutschen Hygiene-Museum Dresden (Dresden and Basel: Verlag der Kunst 1995), 124.
- 30 Claudia Benthien, "Zwispältige Zungen: Der Kampf um Lust und Macht im oralen Raum", in Claudia Benthien and Christoph Wulf, eds, *Körperteile: Eine kulturelle Anatomie* (Reinbek: Rowohlt, 2001), 9.
- 31 Jacob Grimm and Wilhelm Grimm, *Deutsches Wörterbuch*. (Leipzig: Verlag von S. Hirzel, 1877).
- 32 Claudia Benthien, "Zwispältige Zungen", 104-105.
- 33 Susan Sontag, *Illness as Metaphor* (New York: Farrar Straus & Giroux, 1978), 6-8.
- 34 Sontag, *Illness as Metaphor*, 15; 21f.; 50-55.
- 35 Sontag, *Illness as Metaphor*, 68.
- 36 Sontag, *Illness as Metaphor*, 83-85.
- 37 Sontag, *Illness as Metaphor*, 9.

- 38 Clarke also concentrates on AIDS which I omitted.
- 39 Juanne Clarke, "Cancer, Heart Disease, and AIDS: What do the Media Tell Us About These Diseases?", *Health Communication* 8 (1992): 115-117.
- 40 Gertrud Pfister, "Frauen, Sport und Gesundheit im historischen Wandel", in Ministerium für Stadtentwicklung, Kultur und Sport des Landes Nordrhein-Westfalen, ed., *Zwischen Utopie und Wirklichkeit: Breitensport aus Frauensicht* (Düsseldorf: Satz und Druck GmbH, 1998), 166.
- 41 Edwards, "Private cancer", 1.
- 42 Samantha King, "Civic Fitness: The Politics of Breast Cancer and the Problem of Marketing Generosity" (Ph. D. thesis, University of Illinois at Urbana-Champaign 2000), 3.
- 43 Samantha King, "Marketing Generosity: Avon's Women's Health Programs and New Trends in Global Community Relations", *International Journal of Sports Marketing & Sponsorship*. September/October (2001): 267.
- 44 The inventor was Evelyn H Lauder, founder and president of the Breast Cancer Research Foundation and Alexandra Penney, then editor of *Self Magazine*. See www.pinkribbon.com.
- 45 Sandy M. Fernandez, "Pretty in Pink," *Mamm* June (1998): 54-55.
- 46 See, www.avoncompany.com/women/avoncrusade/pinkribbon/supportthecrusade.html. King concentrates in her article "Marketing Generosity" on Avon and its World Wide Fund for Women's Health and the Avon Running Global Women's Circuit.
- 47 King, "Marketing Generosity", 279-281.
- 48 For a more detailed list of sponsors see www.komen.org/sponsors.
- 49 King, "Civic Fitness", 132.
- 50 www.usps.com/news/2002/philatelic/sr02_013.htm 60.
- 51 www.americanheart.org (September, 9, 2003).
- 52 Pfister, "Frauen, Sport und Gesundheit im historischen Wandel", 169.
- 53 Ulrike Maschewsky-Schneider, "Zur gesundheitlichen Lage von Frauen", in Ministerium für Stadtentwicklung, Kultur und Sport des Landes Nordrhein-Westfalen, ed., *Zwischen Utopie und Wirklichkeit: Breitensport aus Frauensicht* (Düsseldorf: Satz und Druck GmbH, 1998), 180.
- 54 Ingeborg Stahr, Frauen-Körper und Gesundheit: Ein Plädoyer wider die Entkörperung", in Ministerium für Stadtentwicklung, Kultur und Sport des Landes Nordrhein-Westfalen, ed., *Zwischen Utopie und Wirklichkeit: Breitensport aus Frauensicht* (Düsseldorf: Satz und Druck gmbh 1998), 151.
- 55 Stahr 1998, "Frauen-Körper und Gesundheit", 151.
- 56 Maschewsky-Schneider, "Zur gesundheitlichen Lage von Frauen", 180.
- 57 B. Moreano, " 'Ach, welch ein schwaches Ding das Herz des Weibes ist!': Medizinisches zum Herz der Frau", in Susanne Hahn, ed., *Herz. Das menschliche Herz: Der herzliche Mensch*. Begleitbuch zur Ausstellung "Herz" vom 5. Oktober 1995 bis 31. März 1996 im Deutschen Hygiene-Museum Dresden (Dresden and Basel: Verlag der Kunst 1995), 70. Women are now included in longitudinal studies such as the US Nurses Health Study and the Framingham Study.
- 58 Cornelia Burgert, "Frauen und das Herz", *CLIO: Eine Zeitschrift für Frauengesundheit* 24 (1999): 26.
- 59 Barron Lerner, "Inventing a Curable Disease: Historical Perspectives on Breast Cancer", in Ann S Kasper and Susan J Ferguson, eds, *Breast Cancer: Society Shapes an Epidemic* (New York: St. Martin's Press, 2000), 39-41.
- 60 Susan M Love and K Lindsay, *Dr. Susan Love Breast Book* (Cambridge, Mass.: Perseus Publishing 2000), 530-533.

- 61 Bordo, *Unbearable Weight*, 246.
- 62 "The body sells" can not only be seen in literature and media, but also with regard to cosmetic surgery. According to The American Board of Plastic Surgery more than 6.5 million American women had cosmetic plastic surgery procedures in 2001. After nose shaping and liposuction, breast surgery is the leading cosmetic surgery in the United States (see www.plasticsurgery.org/mediatr/6-5_million_women.cfm). More than one million American women have voluntarily chosen to have such surgery, see Bordo, *Unbearable Weight*, 248. These are the numbers Bordo mentioned in 1993. Such surgery costs between \$3500 and 6000, see Matthias Schulz, "Venus unterm Faltenhobel", *DER SPIEGEL* 41 (October 7, 2002): 216.
- 63 Stefanie Wenner, "Ganzer oder zerstückelter Körper: Über die Reversibilität von Körperbildern", in *Körperteile: Eine kulturelle Anatomie*, ed. Claudia Benthien and Christoph Wulf (Reinbek: Rowohlt, 2001): 369.
- 64 Lorde, *Cancer Journals*, 62.
- 65 "Visibility of a stigma" is a chapter in Erving Goffman, *Stigma: Notes on the Managements of Spoiled Identity* (Englewood Cliffs: Prentice-Hall, Inc., 1963).
- 66 Davis Mitchell and Sharon L. Snyder, "Introduction: Disability Studies and the Double Bind of Representation", in Davis Mitchell and Sharon L. Snyder, eds, *The Body and Physical Difference: Discourse of Disability* (Ann Arbor: The University of Michigan Press, 1997), 9.
- 67 Matuschka in an interview: www.matuschka.net/interviews/gtgoffchest.html.
- 68 King, *Civic Fitness*, 97, 122.
- 69 Anne Kasper and Susan J. Ferguson, *Breast Cancer: Society Shapes an Epidemic* (New York: St. Martin's Press 2000).
- 70 In 1995, 40 percent of women believed that breast cancer is the leading reason for death, followed by 19 percent that believed this of other forms of cancer and 19 percent who believed it of heart disease. See Von der Lohe, *Koronare Herzkrankheiten*, 6.

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