Bald Eagles: The Tabooed Image of Cancer

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University of Wyoming

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INTRODUCTION

On February 20, 2014, my mother was diagnosed with cancer. On April 5th of that same year, I decided to honor my mother by shaving my head in support and solidarity with her. My personal interest in the subject of taboos arose from this life-changing decision. Freshly bald, I faced constant scorn from members of society, whether blatant or surreptitious, over my violation of this apparently compulsory and imperative social norm. I was not alone in this battle; my mother also experienced similar difficulties associated with her considerably less hairy and socially acceptable appearance. Upon speaking with other female cancer patients in the oncology ward of the hospital where my mother received her chemotherapy treatments, I arrived at the conclusion that the ostracism I faced due to my recent baldness was not unique to me. Because of the subconscious association with cancer, sadness, sickness, disease, and morbidity surrounding our new images, we suffered at the hands of a tabooed society.

There exists within contemporary American culture many taboos that seem to serve a sole purpose of instilling fear and blind obedience into the unquestioning masses. Concepts such as cancer and the uncomfortable, associated female baldness are tabooed to the point where they are no longer discussable; rather than inquiring, people stare questioningly, not actually daring to violate rigid social standards and breach the subject with words. As a result, the palpable tension grows as bystanders nervously swallow their words along with their curiosity and pretend nothing is wrong, pretend these taboos do not impact their lives when in reality, they dictate them.

In this project, I intend to scrutinize and critique the unwritten and seemingly unbreakable and undiscussable laws that currently dictate socially appropriate conduct. I illuminate and confront intolerant taboos and the ways in which they have developed, made necessary modifications to accommodate shifting times, and impacted society throughout the course of
history. This project will explore the taboos accompanying cancer and female baldness in American society from an academic standpoint accompanied by personal testimonies of brave women who possess firsthand experience battling these taboos.

I have chosen to research academic articles on the history of cancer, current social expectations, and gender and hair requirements as well as conduct in-depth interviews of personal testimonies provided by past and current female cancer patients. I will illuminate latent, unrelenting demands these taboos have previously instilled and still currently place upon American society from the perspective of those who have personally experienced their detrimental physical, social, emotional, and psychological consequences. I desire to forthrightly address the hidden, unmentionable taboos associated with gender, baldness, cancer, disease, death, and dying in the hopes that familiarity and honest confrontation will force these taboos, among others, to relinquish their currently monopolizing hold over human behavior and interactions. With this project, I strive to spread awareness and simultaneously wage war against the influence taboos have over societal conduct with the desire that these demonizing taboos may someday be desensitized, made powerless, and eventually eradicated from American society altogether.

Having been on the receiving end of the painful and unanticipated consequences of infringing upon these unwavering taboos, I am now empathetic toward female baldness and emotionally invested in the unaddressed cancer taboo. I will be adding my own personal testimony to this project in the hopes that I may more intimately cover the topic at hand and thoroughly convey the newfound passion I have for the tabooed image of cancer. The desired result of this project is to educate, expose, spread knowledge and awareness, and ultimately help overcome this taboo that readily exists within American society today.
TABOO

A taboo is a topic or practice that modern society prevents its people from openly discussing, condemning it as both uncomfortable and undiscussable, something that is “not acceptable to talk about or do.”¹ Robert Arthur ascertains that individuals are taught from birth that the prevalent view on a certain tabooed subject is expected, unquestionable, and correct.² Ray B. Browne argues, “Like all deep-set, powerful and complicated sets of attitudes and behavior, taboos are far too important and far-reaching to leave unexamined. Taboos are the ghosts of history, the attitudes and actions of time past; they are the power of our ancestral behaviors, which still haunt and control much of our present and to a large extent direct and control our future.”³

With the exclusive rights society holds over the perception and discussion of certain tabooed subjects, individuals are taught and reinforced over the course of their lives that these taboos are not only correct and indisputable, but are to be avoided at all costs, in practice, conversation, and the accumulation of knowledge. Similarly, Timothy Jay argues that a taboo is a prohibition or inhibition that results from conventional social practices. He also argues taboos are restricted both socially and individually because of the assumption that some indeterminate form of harm will befall a taboo violator. Although the harm sworn to befall taboo violators is not always clearly demonstrated or revealed, members of the tabooed society will remain loyal to this social demand out of fear of expected, unknown, and imminent consequences.⁴

Revered through fear, taboos can further be defined as prohibiting an action based solely on the belief that the behavior is either too esteemed and consecrated or too treacherous and

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accursed for ordinary human beings.⁵ Taboos are often either considered by society to be too valuable for even thoughts to penetrate their sacredness or too threatening for the mind to even risk allowing their presence. Metacognitively accepting taboos into one’s consciousness is being a glutton for punishment. The bold claim made by Chaim Fershtman, Uri Gneezy, and Moshe Hoffman is that a taboo is an “unthinkable” action for which even the mere thought of violation results in punishment.⁶ Taboos can be so potent that even entertaining the idea of violating a taboo triggers an internal punishment in the form of discomfort and anxiety.

Quantitatively, the strength of a taboo is determined by the number of individuals who deviate from or even consider opposing the taboo.⁷ Indeed, the power the taboo holds over society is directly affected by society: the greater the number of deviants, the weaker the taboo will become; the greater the obedience and submission to the taboo, the stronger it will become.

There is no clear, undisputed origin of the concept of taboo. There are, however, various explanations for their emergence throughout history. Anthropology argues that the origin of taboos is cultural experience whereas the psychoanalytical explanation emphasizes the passing of strong subliminal prohibitions through generations.⁸ Taboos are generally unique to each individual culture and once a taboo has been firmly established within a particular society, it becomes an accepted practice for it to be passed onward through future generations. Michael G. Levine boldly asserts that taboo restrictions are so common and widely accepted within a particular society that they do not actually come from anywhere at all, they are simply there. He calls them self-evident, arguing they enforce themselves on their own account.⁹ Although taboos are often

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⁶ Fershtman, Gneezy, and Hoffman, “Taboos and Identity,” p. 139.
unexplainable, an origin of some kind must exist; it is just likely unknown. Taboos are blindly followed by the majority of a society petrified of their power, too afraid to even try to understand their derivation or question the reasons they are obeyed.

Regarding general development, taboos originate when an opinion regarding a subject is based on misunderstanding, ignorance, and fear. Arthur explains the process of socially adopting a taboo as beginning as a point of view and slowly, over generations, becoming more widely accepted and subsequently eliminating rational arguments. What begins as an individual perspective evolves into a general consensus and then an incontestably accepted belief. Rather than investigating alternative arguments, these now deviant opinions are broadly and simply dismissed as offensive, intolerable, and even immoral. Eventually the taboo can stand on its own without needing to be consciously reinforced. Because opposing views are so negatively received by society, they decrease in number to avoid public persecution and character harassment. This results in the development of an irrefutable, undiscussable taboo.¹⁰

Taboos are not always permanent. Fershtman, Gneezy, and Hoffman maintain that taboos and their importance may change over time; some weaken or disappear, others grow stronger and increasingly dominant.¹¹ Taboos are only as strong as their following is compliant; the acceptance of a taboo may increase, decrease, or even be completely eliminated from society over time.

Taboos are developed from ignorance and fear but perpetuated by multiple systems. Jay claims taboos are defined and sanctioned by institutions of power and reiterated throughout child-rearing.¹² Forces of authority such as parents, religion, and media serve to define, enforce, and maintain taboos. Arthur argues one prominent characteristic of taboos is widespread ignorance.

Because taboos are often ingrained at such a young age but never explained, children grow up believing the taboo “natural” and never critically investigating its primary features. From parents to children, taboos are preserved through an intricate system of unspoken communication, passed from one largely unquestioning generation to the next.

Taboos are significant and extremely complex because the majority of society allows them to unquestioningly dictate a certain standard of living. Because the strength of the taboo is measured by the number of individuals in obedience to it, society consciously gives taboos permission to control lives by lacking the desire for deviance. Fershtman, Gneezy, and Hoffman argue a taboo is doing the “unthinkable.” Even mere thoughts of violating a taboo are problematic; a taboo is a form of “thought police” that governs both human behavior and thoughts. Taboos matter because they have invaded the deepest parts of the mind to plant the idea that even mere thoughts about a certain subject is worthy of reprimand.

Taboos can also place limitations upon the mind, determining what thoughts are considered appropriate. Arthur reasons self-censorship forces tabooed topics to exist without open discussion and accurate information, severely reducing the option of changing irrational views and ultimately hindering progress toward greater happiness. Instead of allowing a deeper truth revealed by a more knowledgeable understanding of a certain subject, taboos limit a society to a single perception, a predefined, seemingly indisputable truth. Placing barriers on the human mind by controlling thoughts destroys the potential for education to result in a higher degree of happiness.

Taboos are created, perpetuated, and obeyed by the majority of a society. Fershtman, Gneezy, and Hoffman note that societies guide the thoughts and behavior of their members through

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14 Fershtman, Gneezy, and Hoffman, “Taboos and Identity,” p. 139.
previously determined expectations and rules in the forms of social norms and taboos, which have a significant effect on their members’ lives.\textsuperscript{17} This effect is the blind conformity to established and expected behavior associated with a certain taboo.

Arthur argues there are two primary characteristics of taboos that feed off one another: the ignorance that surrounds them and their troubling nature. When the taboo goes unaddressed, people remain ignorant. The more unknowledgeable people are about a taboo, the more likely they are to be troubled by those trying to discuss it.\textsuperscript{18} The relationship between ignorance and discomfort described by Arthur clearly illuminates society’s self-perpetuating cycle of taboos. The more people are made uncomfortable by taboo violators, the more ignorant they will become; the more ignorant they are, the more uncomfortable they will be. Thus, increased ignorance results in increased discomfort, which in turn results in increased ignorance once again. Society feeds off its fears and misconceptions to create and maintain taboos.

Unsettling people enforces taboos because the anger or scorn a taboo violator receives from society results in decreased discussion of the taboo. Society also punishes anyone who attempts to violate these taboos, enforcing them through social punishment, the most familiar of which involves negative attitudes and reactions of other members of society. The strength of each taboo is determined by the collective behavior of the members of the society and, in turn, determines the severity of the social punishment imposed upon deviants.\textsuperscript{19} As mentioned above, attitudes and reactions of other society members are generally negative, if not outright hostile. The severity of the negativity determines the amount of deviance. The social punishment of aggression and ridicule translates into fear of nonconformity and perpetuates continued ignorance.

\textsuperscript{17} Fershtman, Gneezy, and Hoffman, “Taboos and Identity,” p. 139.
\textsuperscript{19} Fershtman, Gneezy, and Hoffman, “Taboos and Identity,” p. 143.
Taboos also affect people on a more personal and individual level. People are generally not exposed to fair arguments challenging a taboo. Accurate information supporting opposing views is difficult to find so even those with the desire to do independent research cannot acquire an accurate representation of the entire concept. In this way, members of a society are unable to acquire knowledge of these subjects; instead, they are taught to fear and evade them unquestioningly, even at the risk of personal happiness. Willingly or not, taboos invade the lives of each person within the larger society. Adopting a social identity implies accepting the associated taboos and the social norms. Taboos affect individuals so personally, they become an integral part of people’s identity within society. To maintain this identity, behavior is affected. Arthur argues that strong taboos protect certain foundations around which people have built their lives. People do not like challenging these assumptions. The stronger their conviction in a taboo, particularly when lifestyle issues are involved, the more negatively they will react to its violation.

**CANCER TABOO**

Cancer is a disease, a sickness, an illness; it is closely associated with pain, suffering, death, and dying. Levine summarizes,

‘Taboo’ denotes everything, whether a person or a place or a thing or a transitory condition, which is the vehicle or source of a mysterious attribute. This attribute charges them with a dangerous power, which can be transferred thorough contact, almost like an infection. This power is attached to all uncanny things, such as sickness and death and what is associated with them through their power of infection or contagion.

This is a perfect introduction into the explanation behind the tabooed subject of cancer. The most accurate way to understand cancer as a taboo is to gain knowledge and insight from those very

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23 Levine, “The Subject is Taboo,” p. 979.
closely associated with it. This is a complex subject, involving intangible ideas abstracted from how others experience the world.\textsuperscript{24} Because all unnatural, mysterious, and feared concepts such as sickness and death have an associated stigma of necessary evasion, this is especially true for many cancer patients. Rather than forthrightly confronting a cancer diagnosis boldly and unashamedly, patients often prefer to take an avoidance approach: denial.\textsuperscript{25} The perpetuation of this silence by those who, because of their diagnosis, have the most right to set standards of what is and is not appropriate to discuss when concerning cancer, encourages fear of conversation and confrontation by the rest of society, establishing a firm taboo around cancer. This taboo therefore is continually perpetuated by those closely associated with it and the predetermined response of silence expands to encompass the majority of society.

Cancer is often perceived as a death sentence and received by many as a challenge to act as if nothing has changed. Many individuals respond to a cancer diagnosis with optimistic and unrealistic denial, hoping the disease will somehow miraculously disappear.\textsuperscript{26} This impractical optimism invites others not so closely related to cancer to do the same: treat the disease as if it will disappear if ignored. People often do not want to ponder such a terrorizing subject, especially those at risk of becoming another cancer statistic. Discussing such a personal and private subject with someone who may die from cancer at any moment is generally not appropriate or encouraged.

There exists within American society a death taboo. In a world of uncertain beliefs, death – and talk of it – has become a prominent tabooed subject that is generally not openly discussed. This may be due to the harsh and unchangeable reality of death’s inevitability. People strive to tame death, to delay it as long as possible.\textsuperscript{27} It is uncommon for people, least of all those most

\textsuperscript{25} Davis, \textit{War on Cancer}, p. 226.
\textsuperscript{26} Davis, \textit{War on Cancer}, p. 246.
threatened by it, to desire to discuss their inescapable and unpredictable end. The unspeakableness accompanying the death taboo functions to alleviate anxiety over the inevitability of dying.\textsuperscript{28} When lives are turned upside down by unknown, unwanted, and unalterable reasons, many desire to restore some semblance of normalcy to their lives. The yearning for the comfort of familiarity drives most human beings to push aside any hint of danger.\textsuperscript{29} In order to combat the sheer terror of death, a taboo exists to limit the discomfort of discussion about such a frightening subject.

Historically, cancer has been a persistent part of human experience that has likely existed for eons, disguised as ordinary life.\textsuperscript{30} Unfortunately, very little is known about the natural history of the disease.\textsuperscript{31} The known information about the origin of cancer, such as that human beings and other animals have had cancer throughout recorded history, is collected within the field of paleopathology, the study of the primary evidence of disease in times past.\textsuperscript{32} Some of the earliest evidence of cancer found by paleopathologists is soft tissue tumors and fossilized bone tumors found within mummified human remains in ancient Egypt and other cultures. Ancient manuscripts dating back to 3000 B.C. that describe cancer have been discovered in Egypt and the origin of the word “cancer” is credited to the Greek physician Hippocrates.\textsuperscript{33} Although there is much evidence alluding to the existence of cancer since the beginning of time, there is no accurate documentation specifically referencing the genesis of cancer, or social responses to it.

Over time, there have been radical transitions in the societal approaches to this extremely tabooed subject. Cancer has a tendency of phasing in and out of the public spotlight. Devra Davis

\textsuperscript{29} Davis, \textit{War on Cancer}, p. 331.
\textsuperscript{30} Davis, \textit{War on Cancer}, p. 5.
notes that at the start of the twentieth century, cancer was a death sentence, and often a secret one.\textsuperscript{34} During this time, cancer was becoming more recognized and infamous among non-medical American society members. Most knew of the disease and its devastating consequences.

The recognition of the problems associated with this taboo and its surrounding silence prompted the formation of several organizations. A subsection of the American Society for the Control of Cancer (ASCC), known as the Women’s Field Army (WFA), was brought into existence in 1936. To this society of women dedicated to spreading awareness of the increasingly prominent disease, making cancer a word people could utter was good but not enough.\textsuperscript{35} The original motto of the ASCC was “Fight Cancer with Knowledge.” This was amended by the WFA to say: “Cancer Thrives on Ignorance. Fight It with Knowledge.”\textsuperscript{36} This was one of the first organizations to openly wage war against cancer, employing posters in this fight.

\begin{figure}
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\includegraphics[width=0.4\textwidth]{Image1.png}
\caption{Image 1\textsuperscript{37}}
\end{figure}

\begin{figure}
\centering
\includegraphics[width=0.4\textwidth]{Image2.png}
\caption{Image 2\textsuperscript{38}}
\end{figure}

\textsuperscript{34} Davis, \textit{War on Cancer}, p. 108.
\textsuperscript{35} Davis, \textit{War on Cancer}, p. 117.
\textsuperscript{36} Davis, \textit{War on Cancer}, p. 117.
\textsuperscript{37} Women’s Field Army, 1935.
\textsuperscript{38} Women’s Field Army, 1935.
These images relate to the tabooed image of cancer through the terms “fear,” “ignorance,” and “knowledge.” Taboos create fear which, in turn, perpetuates ignorance as people and even societies allow the fear to consume them and prevent their acquisition of information. The only way to overcome these taboos is through knowledge, for which these posters advocate. These provide direct evidence of the existence of a taboo surrounding cancer.

Despite early efforts, widespread fear, silence, and ignorance persisted. The controversy over cancer smoldered throughout the 1950s. Several popular magazines articles did not hesitate to soften their words as they published the bold accusations that if women got cancer, it was their own fault.\textsuperscript{39} Cancer became a subject upon which individuals were held personally accountable. Whether from poor diet, insufficient exercising habits, or failure to perform the necessary preventative measures, a cancer diagnosis was somehow the individual’s fault. These ideas are clearly evident on many print sources from the period, including covers of renowned magazines.

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\includegraphics[width=0.5\textwidth]{life_may_1958}
\caption{Cover of Life Magazine, 1958.}
\end{figure}

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Image 3\textsuperscript{40}
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\textsuperscript{39} Davis, \textit{War on Cancer}, p. 123.
\textsuperscript{40} Cover of Life Magazine, 1958.
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This image advocates for the importance of “saving yourself from malignancies,” implying that the responsibility lies with the individual to save themselves from cancer by getting screened and tested. The insinuation is that cancer can be prevented by actions of the individual and likewise created by inaction. These images shift the blame away from the feared illness onto the individual in an attempt to contain an uncontrollable disease. In this way, the taboo of cancer is demonstrated through the fear and ignorance surrounding this disease.

Although cancer remains a highly tabooed subject in modern American society, with the extreme desensitization of mass media comes more boldness and creativity with images considered “appropriate” for portraying the harsh reality of cancer to a silenced society. The shock factor portrayed by media in the form of what is considered by many to be gruesome and cringe-worthy images of cancer is the resort to which many cancer-combatting organizations have been forced to resort in order to capture the attention of viewers. Because the tabooed image of cancer has been so deeply engrained within society, it is now necessary to shamelessly display outright “vulgar” images of its horrifying effects to overcome the taboo enough to make people break their routine ignorance in order to contemplate this deadly disease.

Although still very limited, breast cancer possesses the most brazen, ostentatious, and notorious awareness campaigns, and all others are given little to nonexistent advertisement. For example, The Breast Cancer Fund’s controversial advertising campaign aims to promote breast cancer awareness by super-imposing mastectomy scars on professional models.\textsuperscript{41}

These images use familiar templates for the creation of their campaign. Upon first glance, one may expect a sensual image of a scantily clad woman; however, this is not the true captivating quality of the posters. When boldly confronted with mastectomy scars, the images require deeper consideration. Beholding these image is more uncomfortable than expected, revealing a certain unease with the unfamiliar and uncontainable. The tabooed image of cancer functions in this way as it makes people anxious over a disease about which they are taught to know very little.

All five of the images demonstrate the progression of American’s response to cancer throughout the twentieth century: initial outrage, curiosity, and confrontation; increased knowledge, awareness, and personal accountability; and ultimate discomfort due to emerging political correctness and corresponding taboos.

Cancer is an extremely prevalent disease that not only impacts American society today, but is prominent throughout the entire world. Although there is still no reliable national system for

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counting every case of cancer across the United States, complete prevalence methods are applied to actual data to generate more accurate and informative estimates than previous methods. According to verified data, cancer is the second leading cause of death in the United States, the leading killer of middle-aged persons, and the second-leading killer of children. About one-half of all men and one-third of all women in the United States will develop cancer during their lifetimes and millions of people are currently living with cancer or have had cancer. In America alone, there are currently more than 10 million cancer survivors. Davis describes cancer as the “price of modern life.” Cancer is common throughout the world today, yet remains tabooed.

One likely reason for the cancer taboo is a lack of knowledge distribution. Proof is hard to come by and, at times, may be completely unachievable. Once evidence of cancer is identified, there are no clear specifications about who is responsible for conveying this information to the public. The process of information development and deciding which information is allowed to be received by society is not a simple matter when it comes to extremely important subjects such as life, death, health and their connections to the world. Without the proper regulations for knowledge distribution, society remains ignorant and unrelenting taboos continue to persist.

This persisting taboo may contribute to the absence of information about cancer, as this subject is very complex. According to Davis, that which began as an earnest effort to understand the dangers of the real world has transitioned into a method of covering them up. Gaining more information about cancer over the years has propagated an unintended consequence: the

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44 Davis, *War on Cancer*, p. 4.
46 Davis, *War on Cancer*, p. 4.
47 “Early History of Cancer.”
49 Davis, *War on Cancer*, p. 4.
50 Davis, *War on Cancer*, p. 327.
perpetuation of the taboo surrounding cancer. Society, obsessed with being politically correct and insufferably obedient of taboos, attempts to prohibit the accumulation of knowledge about cancer.

BALDNESS AND GENDER TABOO

Taboos tend to attack diversity from social standards, creating a stigma against deviators. This is especially true in relation to the social expectations of both men and women to conform to certain gender-specific norms, involving the presence, or absence, of hair. Specific taboos surrounding, protecting, and enforcing certain social rules dictate of women the location, style, length, color, and existence of hair. These taboos create a need within people to viciously attack violators. Baldness is an extremely good example of a taboo violation, as there is plenty of shock value associated with bald women.\textsuperscript{52} Female hair thinning and even complete loss is a very real problem that exists within American society and many women lose an excessive amount of hair from their heads for a wide variety of reasons.\textsuperscript{53} Nevertheless, society still intolerantly treats women without hair as if they should feel shame and embarrassment simply because their appearance does not meet predetermined cultural expectations for their specific gender.

Throughout history, personal appearances have been not only judged, but dictated by societies. In ancient Greece, a shaved female head signified slavery and subsequent worthlessness. Some would suffer death rather than take that punishment as it was seen as an invasion of the person; to be stripped of their hair was a violation.\textsuperscript{54} At the end of World War II, female baldness

\textsuperscript{52} Larissa Dubecki, “The Bald Truth,” Academic OneFile (2007), n.p., 


indicated persecution by the Nazis as hundreds of thousands of women in concentration camps were stripped of their hair and their dignity. In modern United States prisons, it is still used as a form of punishment. In some cultures, it remains a sign of mourning. In others, it is viewed as an ultimate punishment, an expression of the oppression by the evil hand holding the razor.

The public reaction to a woman’s baldness is directly dependent upon the value the particular society or culture places upon hair. Some Catholic nuns shave their heads to signify their distance from the secular world. In convents, the shaved head is a signal of submission or humility, renouncing worldly vanities. Female baldness is often viewed as an expression of self-assurance and defiance. The associated shock and awe value was harnessed by skinheads and various gay rights movements. But one indisputable truth has remained evident throughout history: female baldness has always been seen as a stripping of the feminine.

Women have thus long been told that their hair is their literal crowning glory. Society constantly reinforces the message that hair is a significant part of what makes them feminine, attractive, distinguishable from men, and in many ways, a woman. In modern American society, this concept has been taken so far that the female body is now “controlled, whether through codes of fashion, ideal notions of femininity and beauty, forced sterilization, abuse, or rape.” This is a world in which women are primarily defined by their appearance, objectified, and forced to conform to culturally determined standards of beauty. Because the female body has become a

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55 Brown, “Bald Truths about Women.”
56 Brown, “Bald Truths about Women.”
57 Brown, “Bald Truths about Women.”
58 Brown, “Bald Truths about Women.”
59 Dubecki, “The Bald Truth.”
fabricated embodiment of the desires of American society, the taboo surrounding female baldness has been confirmed, reinforced, and strengthened.

Society assumes an unlimited authority to dictate its representation – the image of its members – by punishing persecutors, often extinguishing individuality. The human body is a complex construction comprised of a physical object whose actions can be forcefully and subtly controlled and manipulated by a larger society. Gender differences and subsequent expectations are essentially engraved into the body, as it is a construct to which notions of self, identity, and esteem are intricately and inseparably tied. Human beings may possess the belief that they are in control of their own bodies when, in reality, they are trained by society from birth how to think about gender, how to act in accordance with social norms, and even how to perceive themselves through the lens of society rather than with their own eyes.

American culture has unquestionable ideas about what is “beautiful” and “acceptable” and what is not. Society informs women that only certain standards are acceptable and they must conform to these norms in order to be considered physically attractive or appealing. Society judges women on their physical appearance, causing many women to feel pressure to achieve a certain physical ideal. This ideal includes well groomed, shiny and healthy hair. Specifically: texture is bad, silky straight hair is good, long hair is professional and accepted.

Many cultures view women's hair as a powerful symbol of femininity and strength. America is no exception, as it continually obsesses over female hair and unashamedly blanches at

66 Miles, “The Bald Movement.”
67 Thorpe, “What Causes Female Hair Loss?”
the absence of it. Many bald women are afraid to take off their head coverings and fully embrace their appearance because of stigmas society has placed on them. Existing social pressures can make baldness an uncomfortable topic for many women to discuss, much less accept or embrace.

A significant perpetuator of these social expectations and resulting stigmas is mass media. Magazines are arguably the largest propagator of these standards, but televisions, computers, phones, and other forms of technology have also distributed societal expectations to the masses, both implicitly and explicitly engraining beauty standards into the minds of its audience. These impossible expectations of beauty are originally based upon a very small selection of “physically ideal” models and are then technologically modified to achieve a truly unachievable standard of perfection. Struggling to conform to society’s unrealistic standards of beauty can cause extreme self-consciousness among women. Many often experience feelings of guilt and anxiety, especially when their attempts to conform to societal standards cannot be achieved. Through its depiction of females in the media, society reinforces these feelings and indicates that women should be ashamed of their inability to meet or exceed these required beauty standards.

When these social norms are violated, the spread of gossip is even more immediate and extensive than the transmission of the standard itself and can be extremely shaming and damning. Because of the shock value of a bald woman, it can warrant unwanted attention for no other reason than a scandalous lack of hair. Historically, when famous women shave their heads for one reason or another, devoted followers and idolizers become extremely upset. Popularity is often lost because hair is considered not only part of a woman’s identity, but also part of her beauty.

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68 Brown, “Bald Truths about Women.”
69 Paetkau, “Make Baldness Less Taboo.”
71 Dubecki, “The Bald Truth.”
The “appropriate” public response to taboo violators is latent and subconsciously reinforced by various forms of technology. Throughout history, movies and television programs have portrayed women who deviate from the culturally acceptable standard of beauty as grotesque caricatures worthy of ridicule and contempt. In theater, obese or physically undesirable female characters are often played by men, implying that women who do not conform strictly to social standards of physical acceptability are essentially non-female. Their unattractiveness is often associated with some internal character flaw such as cruelty or stupidity, thus insults and violence against them are viewed as amusing or justified. In the media, such female characters are either portrayed as tragic self-loathing outcasts or grotesque fools.\(^73\)

Directly related to these expectations fabricated by society and perpetuated by media are gender norms, the actions, behaviors, activities, characteristics, appearances, etc. considered “appropriate” for one gender but not necessarily the other. Because the human body is not just a physical entity, but also a cultural construct, its meaning and significance are shaped by differing cultural ideas\(^74\) which perceive men and women distinctively and often in contrast. Because the experience of the body is directed by cultural assumptions, constructs, and images,\(^75\) men and women often experience drastically different interactions with the world throughout the course of their lives. Conceptualizing the body as an object that can be manipulated and controlled has had profound consequences for women. Compared to male bodies, female bodies have been significantly more vulnerable to cultural manipulation and control. The body has traditionally been understood as the physical ground of gender differences that have been seen as natural and, thus, inevitable. The differences between the bodies of women and men have therefore been taken

\(^{73}\) Tanur, “Sociology of Stigma.”


as the justification for treating women and men differently.\textsuperscript{76} Although men face pressure to conform to certain societal expectations that dictate their appearance, most of the beauty standards enforced by society were created for and are expected to be obeyed by women.\textsuperscript{77}

Significant gender norms in American culture treat men and women extremely differently when determining the location and amount of hair according to sex. There are no standards to dictate hair on a man’s body, accepting its presence or absence with equal measure. While men are allowed the freedom to choose their own desired beauty standard without fear of persecution by a shallow society, women are not afforded this luxury. Women are informed from birth which areas of their bodies are somewhat acceptable to sprout hair (arms), which are mandatory (head, eyebrows, eyelashes), and which are intolerable (everywhere else). Women’s bodies, specifically, are subject to cultural practices that use the body to exert supreme control over them.\textsuperscript{78}

Baldness is currently socially acceptable only for men, highlighting a double standard in modern American society. Female baldness is much more stigmatized than male baldness. Bald men are portrayed as virile, sexy and extremely attractive but a bald woman is viewed as being less womanly or even outright unattractive.\textsuperscript{79} Men typically refuse to disguise their baldness and even sometimes willingly shave their heads, preferring this appearance. In contrast, bald women, fearing stigmatization, usually hide their baldness and refrain from mentioning it in public. This has led to the ignorant belief that female baldness is uncommon when, in reality, 40\% of people who suffer from hair loss in the United States are women.\textsuperscript{80} Hair loss in men is treated as normal, an accepted and acknowledged product of aging, but this is not the case for women.\textsuperscript{81} Because

\textsuperscript{79} “Social Attitudes towards Female Hair Loss.”
\textsuperscript{80} Tanur, “Sociology of Stigma.”
\textsuperscript{81} “Social Attitudes towards Female Hair Loss.”
societal standards determine the beauty in the eye of the beholder, rather than allowing smooth heads to be as sexy as smooth legs, women are ostracized for their baldness. According to Clara Chow, “People do not give a bald man a second look, but a bald woman is rare enough for folk to stare rudely at my head as I walk past. My hope is that, one day, a woman with all her hair shorn will be just another woman with just another hairstyle. I hope that ignorant people will get that having a shaved head does not make a girl unfeminine. Equality of baldness for the sexes!”

Female hair loss, regardless of its prominence, remains taboo. A historical association of baldness and insanity or mental illness comes from the practice of shaving asylum inmates’ hair and is perpetuated by the assumption that a woman would have to be crazy not to want to optimize beauty. Bald females have historically been linked in the popular imagination with instability, insanity, and malice. Hair loss is seen as a loss of their femininity and, when combined with the stigma regarding bald women, it can become extremely difficult to handle. A loss of hair for women is a huge psychological challenge. Many women fear rejection in their relationships due to taboos about female baldness. Losing her hair drastically alters a woman’s self-image and misperceptions cause many to feel isolated, ostracized, and believe everyone is staring at them. The word “bald” possesses a taboo in that it is very closely and inevitably associated with sickness, aging, stress, and masculinity. When actress Natalie Portman shaved her head for a film, she

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83 Chow, “Bald and Heroic Truth.”

84 Thorpe, “What Causes Female Hair Loss?”

85 Dubecki, “The Bald Truth.”

86 “Social Attitudes towards Female Hair Loss.”


88 Miles, “The Bald Movement.”
presumed, “Some people will think I'm a neo-Nazi or a cancer victim or a lesbian.”89

Unfortunately, because many people do not understand tabooed female baldness, it has been closely associated with other factors such as homosexuality, rebelliousness, and illness.

The taboo of baldness is closely associated and often intertwined with the tabooed image of cancer. Patients undergoing chemotherapy almost always experience a loss of hair, intricately associating the gendered taboo of baldness with the taboo of cancer. The current message society sends to females afflicted with cancer, undergoing chemotherapy, who have no choice in the matter of seeing their hair drop in clumps, is that they are punk, unfeminine, sloppy, or freaks and should be hidden away, or made to wear disguises rather than be accepted for who they are.90 Leighann Niles, who shaved her head for a theatrical performance, states, “Without my hair I was vulnerable. With no hair I met curiosity and confusion. People whispered, wondering whether I was sick or gay. On the Metro, people would leave their seats to get away from me. I was suddenly different.”91 When society sees a bald woman, it often assumes she is undergoing chemotherapy.

The common theme among all of these arguments is sickness, illness, cancer. When people encounter bald women, they automatically attempt to rationalize her socially unacceptable appearance and one of the most common explanations is cancer. It is for this reason that the gendered taboo of baldness has become irrevocably linked to the tabooed image of cancer.

PERSONAL TESTIMONIALS

To examine consequences of these taboos, this project considers the personal testimonies of twelve people who either involuntarily lost their hair to cancer treatments or willingly chose to

89 Dubecki, “The Bald Truth.”
90 Chow, “Bald and Heroic Truth.”
91 Brown, “Bald Truths about Women.”
shave their head in support of cancer. These testimonies were collected in twelve separate interviews, each lasting approximately 40 minutes and consisting of eighteen questions, any of which could be refused. Participants volunteered as much or as little information as they desired, based on their comfort and knowledge levels. Although there was variability among the answers, the consensus of the responses provided hours of supportive material for the main thesis of this project. The overall experience of the participants regarding their hair loss was one of negativity.

The first question concerned demographics of the participants, including full name, age, location, year and reason for losing their hair, and, if applicable, type of cancer with which they were diagnosed. The individuals ranged in age from 22 to 68 years old. The ages were: 22, 39, 39, 42, 49, 53, 57, 59, 60, 63, and 68. There were eleven female participants and one male, who was also the youngest participant. These individuals reside in various states across the nation: Alaska, Colorado, Nevada, and Pennsylvania, with the majority in various cities in Wyoming.

Of the twelve participants, two shaved their heads in support for cancer whereas the remaining ten are either currently undergoing cancer treatments or have done so in the past. Of the latter, all of whom are women, five were treated for breast cancer, three for ovarian cancer, one for lung cancer, and one for multiple myeloma, a cancer of the bone marrow. Two were diagnosed in 1999, three in 2012, two in 2013, two in 2014, and one in 2015. The two participants who shaved their heads in support for breast and brain cancer, one female and one male, did so in 2012 and 2013, respectively. Chemotherapy was cited as the cause of hair loss among the cancer patients, both past and present. The two volunteers provided information regarding their personal connection to cancer through friends for whom they willingly shaved their heads.

The introductory questions also investigated general feelings and emotions experienced by participants when they first shaved their heads or lost their hair. Almost every single participant
who had undergone cancer treatments was able to remember precisely how many days after their first chemotherapy session until their hair began falling out. Several even cited the exact day they shaved their heads, proving its lasting impact. The cancer patient participants knew exactly where they were when they first noticed their hair falling out, many citing pulling out handfuls in the shower or waking up to find clumps on their pillows as this defining moment.

Even though most had received ample warning of their inevitable hair loss, they were still shocked when it began to fall out. A cancer participant noted, “Even if you know it’s coming, that it’s going to happen, it’s a shocker. You just never imagine yourself without hair. Even though I knew it was going to happen, it was very traumatic. I felt unattractive, I felt betrayed by my hair that had so easily left me.”

Another admitted, “It was pretty devastating at first to think I was going to lose my hair. I was very frightened. Most of the girls I talked to that have lost their hair, they freak out. They’re scared, it’s very scary. I cried and cried and cried. I was extremely scared.”

Four women used the word “traumatic” when describing losing their hair and half reported crying. Jean Paetkau detailed, “It doesn't matter if you’re twenty. It doesn't matter if you’re five. It doesn't matter if you’re 80. Losing your hair, no matter what, is traumatic.”

Most of the cancer patients chose to shave their heads as soon as their hair began to fall out and many insisted that the loss of their hair was difficult to handle because it made their cancer diagnosis visibly real to them as nothing else had before. One female cancer participant recalled, “I knew it was inevitable that I was going to be losing my hair and I remember being in the shower and all of a sudden, handfuls of hair started coming out. I knew the cancer was real, but that really, really solidified that it was real. Somebody flipped the switch and said, ‘You’re going to see the

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92 R.S., interview by author, March 31, 2016.
93 C.F.M., interview by author, March 31, 2016.
94 Paetkau, “Make Baldness Less Taboo.”
difference now.’ So I cried in the shower.”

Another elaborated, “My feelings were in a turmoil. I lost all my fingernails and my toenails and that wasn’t as traumatic as losing my hair was. I think that was really a pivotal time when the realization that the cancer is right there, that this is real. I cried most of the night. I felt so self-conscious that it was tough for me to go out without a wig.”

Participants disliked the baldness because of the visibility of disease it conveyed to their families as well. One female cancer participant clarified, “I definitely didn’t want to walk around with a bald head because I knew it was difficult for my husband; it was a visible sign of my illness. I never really went bare-headed. It was a little too much exposure. I felt too vulnerable.”

About her family, another revealed, “It was super hard on my kids. They knew I had cancer, but I think as soon as they saw me with no hair, I saw the fear in their eyes because I think it showed them that it was real, that this is really happening.”

Several other participants communicated how difficult it was for them when their families became upset over the visibility of their illness.

These individuals reminisced that losing their hair yielded personal and emotional results that ranged anywhere from being mentally exhausting to outright nauseating. One female cancer participant who had always considered her hair to be her favorite part of her person confessed, “When I was told I had cancer, I had a meltdown about it, but I had a much bigger meltdown when I knew I was going to end up losing all my hair. I could handle the cancer, I didn’t know if I could handle being bald. It was far more traumatizing to me than the word ‘cancer.’ I made myself feel physically ill. I had a terrible migraine, I was sick to my stomach, I was traumatized.”

Three female cancer participants recollected hairdressers shaving their hair into mohawks at first to make

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95 J.S., interview by author, March 31, 2016.
96 R.K., interview by author, April 4, 2016.
97 D.L., interview by author, April 4, 2016.
98 C.F., interview by author, April 5, 2016.
99 A.D., interview by author, April 4, 2016.
light of the difficult and discouraging situation by humorously easing them into baldness. Female hair loss and resulting social isolation, confusion, and loss of confidence[^100] can be extremely difficult for many women to handle physically, emotionally, and psychologically.

During this first introductory section, many participants verbalized that losing their hair opened their eyes to the extreme importance society attributes to it, specifically female hair or lack thereof. After losing her hair to chemotherapy, one female cancer participant strongly asserted, “Hair is what people really use to define who you are. I felt like all my identity was in my hair and when I lost it, it was like I was gone; a big part of who you are is missing. Of all the things I went through with cancer, that was the hardest thing, to tell you the truth. I’m glad in a way I went through it because I never would have understood that it’s not just hair, it’s who you are.”[^101]

Another argued, “Every woman goes off their hair to judge their appearance. People look at and judge women by their hair and that’s how we look at ourselves as thinking that we’re pretty. When you’re looking at a bald person in the mirror, you feel like you lose your identity. You don’t feel like that whole person is there.”[^102] The majority of participants quickly discovered only after losing it how important and even necessary hair truly is.

The interviews then studied whether or not the participants wore wigs, hats, or any other forms of head coverings and if so, why they felt the need or desire to do so. All twelve affirmed wearing a form of head covering regularly and three wore a wig frequently. One to avoid being embarrassed and self-conscious,[^103] one for her own wellbeing because she didn’t want to look at herself in the mirror,[^104] and one because she was required by her job as a flight attendant to wear

[^100]: Paetkau, “Make Baldness Less Taboo.”
[^101]: C.F.
[^102]: C.F.M.
[^103]: R.K.
[^104]: A.D.
a wig. About the female volunteer who was forced to wear a wig for her job, her friend disclosed, “She said it wasn’t a good experience for her, she hated it. It was horrible, she’s like, ‘I don’t even want to work right now because they’re going to make me put a wig on.’ She fought it and asked, ‘What would you do if I really did have cancer?’ That would be discriminating.”

This unique circumstance provided insight into the beauty standards held by society.

Participants wore head coverings for various reasons, the most common cited by ten being protection against cold. All but two, a cancer participant and female volunteer, chose to wear head coverings at one time or another at the expense of their personal comfort for the sole reason of disguising the oddity and covering the abnormal to ensure those around them remained at ease in their presence. Several participants who tried wigs divulged, “I found myself trying to make everyone else comfortable. That’s the only reason that I wore a wig. It brings back memories of how uncomfortable I was in order to make everybody else comfortable. I found myself doing all the head ornaments for other people and not myself.”

Reasons for wearing head coverings either continually or periodically throughout baldness included: “I didn’t want to have to look at my bald head and then realize that I’m really a sick person;” “I felt very uncomfortable that people were looking at me and people would comment and being bald felt very unfeminine and the hats made me feel more confident, more normal;” and “I needed something to cover my bald head to feel somewhat normal and it’s just easier to put the wig on and not draw attention to myself and not have to explain everything that was going on.”

As soon as most individuals had acquired a bit of regrowth on their heads, they stopped

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105 J.A., interview by author, April 1, 2016.
106 C.F.M.
107 J.S.
108 A.D.
109 R.S.
110 P.T., interview by author, March 31, 2016.
wearing head coverings. Several noted that at the end of their cancer ordeal, they began to care less and less what people thought of their baldness. Multiple cancer participants confessed that in the beginning, they wouldn’t leave the house without some form of head covering on, but by the end of their treatment, they stopped caring as much about the opinions of others. One even declared, “By the end of it all, I was like, screw everybody else, I’m out for me.”

The questions next examined whether the participants experienced a decline in self-esteem, self-image, or self-confidence after losing their hair and their reasoning. Six women, including the female volunteer, absolutely identified with this statement; three women and the one male participant felt this way occasionally; and two women stated they did not experience a decline in self-esteem, self-image, or self-confidence due to their hair loss.

The women who identified wholeheartedly with this loss of confidence testified to feeling ugly and depressed, like they looked sick all the time, not put together and puny, and like less of a person as well as disliking looking in the mirror, being stared at and considered an oddity, and being treated poorly by other women. One cancer participant argued, “All of our lives as women, hair is very important and we try to make our hair look nice according to the current style. Society feels like hair says a lot about a person. So to not have any, especially as a woman, it felt very unfeminine, unnatural, and like I was an oddity in society.”

Larissa Dubecki reiterated, “One of the reasons we love hair is that it is one of the most informative aspects of a
person.” Another confirmed, “Your self-image will take a dip because you see these TV shows, commercials, and magazines and it’s all about the hair. For women, society is all about their image and looks. So you’re comparing yourself to everything you see everywhere you look.” Declines in self-esteem were attributed to public rejection, enforced by social expectations of women.

The individuals who identified somewhat with this idea indicated that they lost self-confidence until they became accustomed to their new appearance, ranging anywhere from a few days to a month. One cancer participant noted being self-conscious the first couple of days because “I had this long, thick blonde hair that was a big trademark of mine and then to have nothing, I just told myself no one’s probably going to find me attractive.” The male volunteer admitted to an occasionally lowered self-esteem, suggesting that “it definitely changed how I looked at myself. I missed my hair, that’s for sure.” Of the twelve participants, ten recalled experiencing at least some decline in their self-esteem, self-image, and self-confidence over the loss of their hair.

The two women who disagreed did so for reasons such as: “I’m a confident person I don’t think losing my hair really affected me as much as someone who was maybe more attached to their hair” and “I was fighting for my life and I wanted to live if I possibly could and I didn’t care who knew about that fight.” Resilience allowed them to overcome these discouraging feelings.

Next questioned was whether or not participants ever felt vulnerable, exposed, ashamed, or embarrassed of their bald appearance and why. Nine participants, including both volunteers, felt vulnerable and/or exposed when bald with several recalling always feeling this way. They even confessed to being uncomfortable to be bald in front of friends and loved ones. The female

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121 Dubecki, “The Bald Truth.”
122 J.S.
123 L.W., interview by author, March 31, 2016.
124 B.S., interview by author, April 4, 2016.
125 P.T.
126 S.H., interview by author, April 4, 2016.
127 A.D.
volunteer divulged, “I felt just the negative response that you receive from people that don’t know the story and don’t know the reason and make judgments that are derogatory or negative or just very condescending. It gets to you after a while. And I did find myself in a place where I didn’t feel very pretty.” Multiple women revealed feeling less attractive because of their baldness.

Regarding her personal vulnerability and exposure, a female cancer participant announced, “That’s why I always had a hat on, always. Because society expects women to have hair and that’s just the normal society expectation. Women that don’t have hair are considered an oddity or abnormal and often times means that that person is rebellious or that they’re gay, that they’re trying to make a statement or they’re dying, that’s what people think when they don’t have hair.” One female cancer participant blatantly summarized, “All I can say about being bald is you feel like you need to hide it because you already feel so vulnerable.” Many women’s hair is their signature and they attribute extreme importance to it, resulting in devastation over its absence.

The remaining three declined feeling these emotions. One refused to go without a wig unless in the presence of family and close friends; another felt comfortable, confident, and secure within herself; and the third because “once I got used to seeing myself like that, I found it very empowering like it was part of my journey, it was what I needed to do to survive, to stay alive because if I wouldn’t have had chemo, I probably wouldn’t be sitting here today.” These were also situations in which personal variability resulted in differing experiences with baldness.

Regarding the feelings of shame or embarrassment, eight participants, including the two volunteers, declined feeling ashamed and only one female cancer participant disclosed this feeling.

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128 J.A.
129 R.S.
130 D.L.
131 J.S.
132 L.W.
The participants rejected feelings of shame for reasons such as: an inability to change their situation, a lack of concern for the opinions of others, and pride in a worthy cause, asserted by the male participant. The cancer participant who confessed to always feeling ashamed of her appearance proclaimed, “Hair to me is important; if your hair is not put together, you’re can’t possibly put yourself together. Through that whole thing, I was always self-conscious because I knew I wasn’t put together, I couldn’t present an image of value.”

Six participants, including the volunteers, were not embarrassed and the remaining six verbalized this feeling. A cancer participant affirmed, “I felt embarrassed, wondering what people were going to say or think. Because I didn’t want everybody to know I was sick. I didn’t want to feel like I was sick. When you don’t have hair and you look in the mirror, it reminds you that you’re sick.” Another maintained this was “why I wore the wig. I was embarrassed to walk around bald because I knew how it made people feel and I didn’t really want to encounter that all the time every day. I think it’s because women don’t walk around bald! Women always have their hair so losing it is just not normal. It’s not really socially acceptable, not at all.”

The other half of participants did not feel embarrassed. Reasons cited included: fighting to be present for her children, belief in greater acceptability of bald cancer patients, and being confident and growing into the person she became throughout the process. The female volunteer advocated that although she personally did not feel embarrassed of her appearance, “If somebody has spent their whole entire life lacking self-esteem and was put in a situation like that, I can

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133 R.S.
134 S.H.
135 B.S.
136 D.L.
137 C.F.M.
138 A.D.
139 J.S.
140 L.W.
141 P.T.
imagine it would be extremely hard. If somebody struggled with body image, I can image it would be extremely hard to have such critical comments projected at you.”

The questions investigated whether or not participants believed people looked at or treated them differently when bald and if strangers unaware of the reason for their baldness treated them differently than friends and family. All twelve participants agreed people looked at them differently with one cancer participant summarizing, “people look at you a little bit differently because you don’t see a lot of bald people unless you’re a guy.” Multiple women acknowledged the negative societal assumptions that they were dying, rebellious, or possibly physically deformed or disfigured. The looks they received were understandably distressing. A cancer participant disclosed, “They would stare and you can’t really know what they’re thinking but you do know that they’re looking and basically you just want to disappear so nobody sees you. I think people stared because the hair gives you that shield and without it, you’re vulnerable.” The male volunteer echoed, “They definitely assumed the worst and took a negative mindset to it.”

One participant reminisced, “You’d see somebody else wearing a breast cancer pin and you’d get a smile or a nod from them. The other thing you would get is people wondering, ‘Is she a lesbian?’ People would look at me and think, ‘She’s a dyke.’ I think that probably bothered me the most. People were just judging me by how I looked.” Several observed different ways people looked at them based on knowledge and experience with cancer. One cancer participant communicated, “Many have been there before or have family that has, you can tell, you can see it in their face and then there’s people that almost can’t look at you, you watch them turn away.”

142 J.A.  
143 C.F.M.  
144 R.S.  
145 R.K.  
146 B.S.  
147 J.S.  
148 D.L.
A powerful example provided by the female volunteer predicted, “I think that people were intrigued, but it’s like when you see somebody in a wheelchair: you want to look but you feel like it’s rude so you don’t stare. Literally that was the best way I could describe how people reacted.”

This was supported by a cancer participant who responded, “They would feel like they needed to say something to me, but they didn’t really know what to say. So they just looked. Just because you don’t really know what to say or what to do.” The tabooed image of cancer is demonstrated in that people desire to know the truth but are restrained by social conduct that forbids discussion.

Nine participants maintained that they were also treated differently and for the majority of participants, this treatment was negative. Several noted that strangers would shy away from them simply because they would not know what to say. One elaborated, “There were even people that physically would step away from me as though cancer would be contagious. You stand out, you are different.” These reactions were because “they were afraid they might offend me or make me uncomfortable. I think they were almost afraid of answers. So I found myself initiating conversations to make them feel comfortable. But I found that people clamped up, they didn’t engage me in conversation nearly as much as when I had my hair or they avoided me.”

These noticeable reactions can be extremely detrimental to an individual’s self-esteem.

Along the lines of presumed homosexuality mentioned above, another female cancer participant detailed, “I did have a lot of girls try to hit up on me and that was the hardest part. The only negative thing for me was the couple times I was mistaken to be gay.” Another participant attributed her assumed homosexuality to “that stigma of the lesbian or butch type that have that
shorter hair.\textsuperscript{155} A medical article on female baldness repeated, “A bald woman can be viewed as being ‘butch’, as less than womanly or unattractive and this is upsetting for many women.”\textsuperscript{156}

Overall, the treatment received from others depended upon whether or not they knew the story or reasoning behind their baldness. According to the female volunteer, “Most of the time, if they didn’t know the story, they were standoffish for whatever reason. I think maybe they thought I was a lesbian and in their head that was negative or they just thought: ‘You’re a woman, why would you do that to yourself? Why would you make yourself so ugly?’”\textsuperscript{157}

Of the three participants that did not experience different treatment, one did not provide a reason, one was the male participant and he attributed the lack of difference in treatment to his gender, and the last reasoned that she was not treated differently because she and her husband “kept it pretty quiet from everybody.”\textsuperscript{158} In order to avoid being treated differently, this female cancer patient resorted to keeping her cancer diagnosis a secret from the majority of society.

The majority of participants testified that strangers unaware of their reason behind their baldness treated them differently than knowledgeable friends and family. The general consensus was that strangers treated them more negatively, but almost everyone reacted differently to the participants when they had hair versus when they were bald. Family and friends were more likely than strangers to treat participants normally\textsuperscript{159} after the initial shock,\textsuperscript{160} however, one cancer participant divulged, “Even among friends and family, I made them sad and that was hard.”\textsuperscript{161}

Four female cancer participants reiterated that the strangers most willing, and sometimes the only ones willing, and unafraid to approach them and ask about their cancer diagnosis were

\textsuperscript{155} L.W.
\textsuperscript{156} “Social Attitudes towards Female Hair Loss.”
\textsuperscript{157} J.A.
\textsuperscript{158} R.K.
\textsuperscript{159} P.T.
\textsuperscript{160} A.D.
\textsuperscript{161} D.L.
those who had been exposed to cancer and resulting hair loss in some way, either through family, friends, or even themselves. One female cancer participant clarified, “You either had people who just completely avoided you, didn’t engage in anything with you or you had people who treated you normal.” To combat this negativity, one cancer participant alluded, “I would try and wear something regarding breast cancer to try and make people like realize that’s why my head was bald so they wouldn’t look at me like I was an alien or something. That would ease people a little bit, eliminate their curiosity that they wanted to ask but didn’t know what to say.”

Although, one participant noted of the treatment she received from others, “Some people didn’t even know I was sick! Some people just thought that because now the punk look is kind of in I’d just shaved my head. Some people were afraid to approach me and I’d catch people staring out of the corner of my eye, but I didn’t pay much attention to it.” The female volunteer affirmed that “there were plenty of strangers that didn’t know the story that were accepting and lovely and didn’t treat you any differently. But that was far more rare than common, is what I found.”

Although one participant received positive feedback from those she encountered and others witnessed kindness from strangers amidst all the disapproval, the general consensus is that family, friends, and strangers all treated the bald individuals differently, primarily negatively.

Next the questions examined if strangers ever indirectly referenced or even outright questioned the participants about their lack of hair and whether this was more or less common than their silence. Four participants remembered people outright asking them about their baldness and seven, including the male volunteer, said not one single person ever approached them. Of those who encountered people blatantly questioning their hair loss, one mentioned quite a few people,

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162 J.S.
163 A.D.
164 C.F.M.
165 J.A.
another recollected several, and two recalled only one. The female cancer participant who claimed multiple people openly prompted her about her baldness detailed, “I’ve had people stop me and say, ‘You know, you don’t see a lot of bald girls around!’ I’ve had people come straight up to me and say, ‘Why would you shave your head? Is there a reason for it?’” She attributed this attention to her open personality coupled with the cancer ribbon she shaved in the back of her growing hair as an explanation for questioning glances and invitation to initiate conversation.

The female cancer participant who recalled several people approaching her reiterated, “I think people ask if they have been through a similar situation with a family member or themselves. But the general public shies away from a person without hair more than they approach them and ask questions.” Another illustrated, “One guy asked me, ‘Why would you shave your head?’ It was rude and snide like: I can’t believe you’d shave your head. And that hurt me a little bit. But when he found out, he wanted to know about my cancer and he was my buddy the whole week.” Other than these few exceptions, no one outright addressed the baldness of the participants.

Most reasons provided for this avoidance were that “it’s a sad thing to say, but I think it’s to the point that it’s just so common anymore that people understand that there must be a serious illness.” The male participant responded, “They expressed interest but they never verbally asked anything about it. I wasn’t approached once about it, not one time.” The vast majority of people would not ask the participants about their lack of hair and the few that did were either rude, had personal experience with cancer, or were prompted by visible confirmations of a cancer diagnosis, such as the presence of a cancer symbol; but these occurrences were still more rare than common.

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166 C.F.M.
167 R.S.
168 C.F.M.
169 R.K.
170 B.S.
Eight participants disclosed experiences of indirect inquiry while four were appalled at the thought of people openly discussing their baldness. Although fairly uncommon, when people approached and indirectly inquired about their hair loss, they normally did so through the subject of cancer and it was primarily survivors.\textsuperscript{171} One cancer participant recollected a positive situation in which a woman approached her and said, “I think we have something in common. I can tell because of your lack of hair that I believe you’ve gone through chemotherapy.”\textsuperscript{172} On the rare chance that people would approach, “they’d ask, ‘Which kind do you have?’ It wasn’t a whole lot of people, but there was a handful of people. But it was usually somebody, who had either themselves or someone close to them go through it. But only a handful of people, probably four or five.”\textsuperscript{173} The female volunteer expounded that a woman “came up and said, ‘Your hair’s cute,’ or something like that and I told them. And then later sometimes that crew member would tell the other crew members and then that’s when you could see the difference in their attitudes.”\textsuperscript{174}

Six female cancer participants volunteered information regarding commonality of people asking about their baldness. Responses ranged from nonexistent\textsuperscript{175} to extremely uncommon,\textsuperscript{176} with only one individual viewing it as more common.\textsuperscript{177} One explained, “I think they’re maybe fearful of what my response would be. And people fear cancer and they fear people that are dying. So I would say it’s less common for people to directly ask me about it.”\textsuperscript{178} The participant who alluded it was more common for people to discuss her hair loss with her again cited her visible cancer ribbon as a conversation initiator between herself and curious strangers.

\textsuperscript{171} D.L.  \textsuperscript{172} R.S.  \textsuperscript{173} J.S.  \textsuperscript{174} J.A.  \textsuperscript{175} L.W.  \textsuperscript{176} S.H.  \textsuperscript{177} C.F.M.  \textsuperscript{178} R.S.
Next questioned was if and how participants believe the treatment they received from others would have been different if their hair loss would have been due to the opposite reason than reality; for example, if cancer patients who lost their hair to treatments would not have had cancer and would have instead shaved their heads in support of cancer and if people who shaved their heads in support would have instead had cancer and lost their hair to treatments.

Three participants, including the female volunteer, argued that strangers would not have treated them any differently only if they would not have known the reason for their hair loss. A female cancer participant declared, “People are blissfully ignorant unless they’ve dealt with it. So I think among those people, you would be treated the same as someone with cancer because they don’t know any different.”\(^{179}\) The female volunteer clarified, “It’s not like you wear a badge. I think that people are just very judgmental. If people don’t know if a female is going through cancer or not, I don’t think they even try to question that. I just think that people tend to be a little bit more harsh and not even stop to really think for a second: why did this person do this?”\(^{180}\)

All twelve participants acknowledged that people would have treated them differently would their reason for hair loss had been publically opposite than reality. One female cancer participant specified, “I think that quite a few people who are familiar with cancer would recognize right away that you didn’t have it. There’s a different look to you.”\(^{181}\) Four participants, including the male volunteer, predicted cancer patients would likely be treated more positively and three presumed non-cancer patients would be treated more kindly and receptively than cancer patients.

For those who responded in favor of cancer patients, one female cancer participant illuminated, “I think there’s admiration and even support for the person who shaves their head
willingly in support, but there’s not sympathy. For someone who loses their hair unwillingly, there’s not really admiration for the person, there’s sympathy and compassion. I think the expressions of sympathy and empathy are more powerful than the expressions of admiration.\footnote{182} Another testified, “I would hope that I would be treated nicely but just from the way that people treated me, I don’t know if I would be treated better by saying that I was doing it in support of someone. I probably wouldn’t. I think it might be more negative.”\footnote{183} These participants trusted cancer patients would be treated better simply because they insisted non-cancer participants would be treated worse than the already-poor treatment they, as cancer patients, received.

Three cancer participants thought the opposite, believing the non-cancer participants would receive more support and even praise from society. One advocated, “I think they would have praised you as opposed to if they knew that it was cancer, then they’re sympathetic. If they knew you did it willingly, I think they would have been like, ‘You are amazing!’ Because that was a choice that you made in order to show your support. That’s really giving.”\footnote{184} Another suggested, “I think people would have engaged more with me. Because when they know you have cancer, a lot of people just don’t know what to say to you. But if they thought I did it willingly to support somebody, I think I would have been received easier knowing I’d done it willingly. I think they would have been more comfortable with that fact.”\footnote{185} Participants were ultimately debating not which group would be treated better by society, but rather which group would be treated worse.

There was a broad range of responses, roughly evenly divided on the opinion of who would be treated more positively. The male volunteer proclaimed, “I absolutely think people with cancer would hopefully experience a lot more compassion because no one’s really going to stand in their

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\item\footnote{182} R.S.
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same shoes.” A female cancer participant exclaimed, “I would certainly hope that anybody who
does it in support of someone, anybody should respect that tremendously. That’s what I would
want to believe.” Amidst all the debate over favorable treatment, the general consensus from
all participants was that everyone should be treated with respect and kindness, regardless of their
reason for experiencing baldness, but this is unfortunately not the case in society today.

The questions inquired if and how participants felt the treatment they received from others
would have been different if they were a member of the opposite gender. Every single participant
passionately agreed that the treatment they received from others would have been different, the
eleven women believing their treatment would have improved and the one male participant being
certain his would have declined. The women voiced the opinion that it doesn’t faze anyone to see
a bald man because so many men shave their heads on purpose all the time and for this reason, you
would never go up to a bald male and ask him why he doesn’t have any hair. It was predicted
people would stare less at bald men and wouldn’t know of a medical condition unless they asked.
The majority elaborated that men going through cancer who have lost their hair to chemotherapy
would not be assumed sick or rebellious, but rather society would assume they’ve lost their hair
naturally or they would simply be mistaken for someone who decided to shave their head.

When comparing bald men to bald women, participants gave passionate responses. One
cancer participant provided valuable insight based on personal experience when she exclaimed,
“How many people walk up to bald guys and say, ‘Why did you shave your head?’ They don’t
get funny looks. My fiancé, he’s bald. When we’re walking around together both being bald, we

186 B.S.
187 S.H.
188 L.W.
189 P.T.
190 R.S.
191 J.S.
do get some funny looks. People are friendly about it, but no one asks him if he is sick, obviously, because a lot of guys shave their head, women don’t. So I get asked a lot of the questions.”

According to these women who have experienced it firsthand, “It’s a very accepted, common thing for men to shave their heads as opposed to women. Whether it’s in support of someone or just out of personal preference, there are far fewer women who do it. People obviously react to men and women differently” in that “bald men would not have gotten the odd looks or the uncomfortable, awkward conversations compared to a woman” because “there’s this expectation of women that we have longer hair and with men, society doesn’t look at it that way. With women, it’s obvious something’s going on with her. I think society looks at it differently and it’s unfortunate.”

The women alluded to gendered social expectations: “The general perception towards bald women is: that’s just not pretty, it’s not what you should look like in order to be beautiful. So I absolutely do feel that there’s a double standard of a bald woman.” One cancer participant reasoned, “Girls have hair, that’s the way it’s supposed to be and with boys it doesn’t matter. I think it’s particularly hard for people to trust people they’re uncomfortable with and they’re uncomfortable with women that are bald. I think either they don’t trust them or they’re trying to find out why anyone would want to look that way when they could very well wear a wig.” All eleven female participants insisted they would have been treated more positively if they were male.

The sole male participant summarized, “Our culture, our society, our college culture, they’re very judgmental. Women acting out against the grain and women who stand out tend to be viewed negatively. Attitudes towards women are of resentment. So as a man, I think I avoided
a lot of that.” From his unique personal perspective, he claimed to have been treated more favorably than he would have been had he been a bald woman.

The questions investigated if participants believed there were any direct consequences to their lives because of their hair loss and to describe them, if applicable. Responses were divided with three participants, including the male volunteer, believing there were positive benefits to their hair loss, three affirming negative consequences, two remembering both positive and negative effects, and four, including the female volunteer, mentioning no lasting impact.

The benefits from this experiencing included becoming empowered, more positive toward not having hair, more compassionate, more understanding, and an overall better person through this character-building experience. Two female cancer participants admitted to enjoying the liberation from the time and energy consuming commitment that was their hair. One reasoned, “When you don’t have any hair, you realize you should be lucky for what you have.” Another revealed, “It’s funny, as much time as I would spend fixing my hair before I lost it, now my hair’s come back and I just don’t care if it’s fixed or not. It’s not important to me anymore.” Although significantly less common, there were certain benefits to baldness.

Overall, these individuals chose to acknowledge the adversity and difficulties that accompanied their new reality while simultaneously asserting, “Even though I was sitting there in the back of my head always thinking, ‘I wonder who’s staring at me,’ I kind of embraced it and let it empower me. You’re never the same person coming out of cancer as you were going in. I’m

198 B.S.
199 L.W.
200 C.F.M.
201 B.S.
202 S.H.
203 C.F.M.
204 R.K.
just a better me. And you just look at life differently and hair’s not a big deal.” These participants argue that perception of treatment is dependent upon perspective and through their personal experiences, they were able to extract certain positive benefits in their lives.

Many others were not as fortunate to be able to consider their experiences beneficial or even positive. Of other bald women, one female cancer participant divulged, “Some just can’t quite wrap their head around it and they really struggle the whole time they are carrying the weight of their bald head, they want to hide in the house.” About female hair loss, DeNeen L. Brown repeated, “A bald head is something that a woman has to wrap her mind around because once your security blanket is gone, you can be exposed. If you are not ready to face the darts, it can be traumatic. There is nowhere to hide behind a bald head” A second cancer participant supported, “I’ve had a lot of women that have been bald from cancer ask, ‘Do you feel like people are staring at you all the time? Do you feel like you’re getting negative comments? Because I do.’ I’ve had more people tell me they’ve gotten negativity than anything else and it breaks my heart.”

One female cancer participant reiterated, “I was much less likely to go out into public. I was much less likely to approach people in discussion, especially strangers. I became much more introverted due to my hair loss. I was much less confident.” Another disclosed, “It would remind me I do have cancer and people are awkward around me. It reminded me that I’m not really normal right now, I’m sick.” But perhaps the most devastating consequence was the permanent loss of hair experienced by one participant. She confessed, “I only got about a third of my hair back and that affects me every day. It definitely ruined my hair. Now I feel a lot more
homely and not put together. It even affects you inside, you don’t feel confident. I lost a lot of confidence in presenting myself to other people.” The consequences range in severity and longevity, but many experienced them nonetheless as a direct result of their baldness.

Four participants considered themselves free of lasting effects. Reasons for this resilience included one cancer participant proclaiming, “Honestly, I don’t think it really affected me either way because my eye was on the prize. I think attitude in general helps. I don’t really think there were any positive or negative psychological or physical effects to losing the hair. I just knew it had to be done in order to survive.” The female volunteer expounded, “I think any time you allow room for any negativity in your life, it can have a dramatic emotional and mental shift in not just yourself but your close relationships. I’m very fortunate that I don’t feel like it negatively affected me in any way but it potentially could have if I had let it.” This advocates for a personal choice whether or not to allow negativity from others to impact oneself physically, emotionally, psychologically, and socially. This is a concept upon which participants were greatly divided.

The questions studied any changes participants felt may have taken place in their relationship with their significant other, if applicable. Of the ten participants who responded, six examined a change in their relationship with their significant other; three describing negative changes and three, including the female volunteer, observing positive changes; and four, including the male volunteer, noted no change in their relationship with their significant other.

The general consensus was that baldness only altered relationships with significant others because it was a visual representation of the illness within. About her husband, one cancer participant confirmed, “I noticed he was scared. I could tell the day I lost my hair, he was freaking

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211 D.L.
212 J.S.
213 J.A.
out that it was for real. When the hair started coming out, he was more scared and more concerned because I think prior to that there was a lot of denial, but after my hair loss, it was real.” The three cancer participants emphasized that the negative change in their relationship was because the hair loss invoked feelings of sadness, concern, and even fear rather than the baldness itself.

Most participants voiced feelings of self-consciousness, but openly praised their significant others for the unconditional love, support, and empathy they received during this time. A cancer participant was grateful that “my significant other was incredibly understanding. As far as the hair being gone, I don’t think that changed our relationship. I think my husband was very sympathetic and I think he had a lot of compassion for me when my hair was gone.” With a compassionate and understanding significant other, this situation “tends to draw you closer together. You realize you are in a fight for your life. My husband was there every step of the way.”

The remaining four participants testified that they did not experience any change, whether positive or negative, in their relationships. One female cancer participant detailed that she and her fiancé would make jokes and have fun with it and another reminisced that her boyfriend “told me not to be scared to take my wig off around him. He knew how upsetting it was for me so he tried to tell me that it was just hair to him. It didn’t bother him at all.” The male participant pondered, “As far as any potential women out there that had attraction to me, I think they may have changed. I don’t know. But as a male, it’s definitely different than a female’s experience.”

The questions examined how participants felt their hair loss would have been received by society would their situation have taken place 30-50 years ago. All twelve participants vehemently

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214 J.S.
215 R.S.
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218 A.D.
219 B.S.
agreed that their hair loss would have been received more negatively by society 30-50 years ago as compared to today. Two female cancer participants believed people would have treated them as if they were contagious based purely upon their lack of hair. One reasoned,

Back then, if you had a disease, it didn’t matter whether you could catch it or not, I think they just wanted to keep them away from everyone else, almost like leprosy! People didn’t talk about stuff like that. I think nowadays people talk about it but there’s still hidden stereotypes. More people are aware baldness can either be by choice or due to treatment. Because before, I think if you were bald, you were going through cancer. And when I was going through it and lost my hair, then it was you’re either bald or you’re gay.220

Dubecki echoed, “On a scale of feminine desirability, baldness has for the history of human civilization rated somewhere below tuberculosis and leprosy.”221 The other cancer participant predicted, “I think people would have pointed their fingers and everyone would have stayed away from me because they were fearful they were going to catch something.”222 The belief that cancer is contagious has not died out in modern American society, but is thankfully less prevalent.

Two other cancer participants even argued that the majority of people would likely have looked at them during that time period as if they were a walking death sentence. One announced, “I think 50 years ago, if a woman didn’t have hair, they automatically assumed she was dying. Women did not shave their hair out of rebellion or to make a statement or because they were gay, that just didn’t happen then. So 50 years ago, people would have looked at hair loss as a death sentence, that the woman was not going to live.”223 Another repeated, “Times were so much different back then. I think back then I would have been looked upon with more of a death sentence hanging over my head, as more of a lost cause than we would have today.”224 All four participants advocated that it would have been presumed they were diseased, contagious, or close to death.

220 J.S.
221 Dubecki, “The Bald Truth.”
222 R.K.
223 R.S.
224 C.F.
Other participants responded that the treatment they would have received from others would have likely been much worse because cancer was less common and female baldness was definitely less common. One female cancer participant replied, “I think that they definitely would have been treated a lot different, probably a little bit worse because people wouldn’t understand as much. I think that they’d get ignored, I think they’d get mocked.” The female volunteer verbalized, “For some of the women I’ve talked to that are a little bit older and have experienced cancer, it was a shameful thing. Instead of women rallying around and supporting each other, you had a disease and it didn’t matter that it was out of your control, it was the fact that you had cancer and therefore, you were shunned.” A cancer participant voiced the belief that “even in this day and age, people are not comfortable with cancer. Back then, they probably would’ve been more uncomfortable because when you found out you had cancer, it was something you did to yourself, you caused yourself. So I would think it would probably have been worse, but I don’t think we’ve come very far in accepting’s people’s bald heads.”

The remaining five participants, including the male volunteer, alluded this would not have occurred during that time period because women simply would not have walked around bald and would have worn wigs or head rags to cover their baldness because they were too conscientious and wanted to avoid sticking out, being stared at, and being considered an oddity by society. One cancer participant revealed, “I know from personal experience, any variation is looked at. I had the side of my head shaved for surgery when I was eleven, so 48 years ago. Everybody stared

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225 C.F.M.
226 C.F.M.
227 J.A.
228 A.D.
229 L.W.
230 P.T.
231 D.L.
232 S.H.
at me. Back then, if you were that different, you didn’t go out in public. You weren’t different like that.”233 These participants indicated past treatment would have been worse than treatment received in the present because “today, you’re more free as a woman to decide to just shave your head because you want to. Forty to 50 years ago, that wasn’t part of society. You never saw bald women 40 or 50 years ago.”234 One cancer participant attributed this to the idea that “women have grown stronger and more confident so we’re not as afraid to go bald.”235 In times past, female baldness was unacceptable and unseen compared to a slightly more accepting modern society.236

Regarding bald men, the male participant provided a strong opinion that “I think even now there’s more awareness than there was and there is a little compassion. But if this happened 50 years ago as a male, it definitely would have been taboo. It would have happened before but was definitely not as common.”237 Although established by all twelve participants that bald men are treated more positively than bald women in American society today, the opinion of the male participant was that even men would have been treated more poorly 30-50 years ago.

The last two questions were centralized around gender and taboo, inquiring whether participants believed baldness to be a gendered subject and then examining whether or not they would describe the image of cancer, specifically female baldness, as a tabooed subject that cannot be openly discussed in modern society and supportive reasoning for both answers.

All twelve participants agreed that baldness is a gendered subject. They claimed that “It is more socially accepted for men to be bald than it is for women. It’s a social construct on what you expect to see.”238 One cancer participant even assumed, “Society would definitely look more

233 D.L.
234 P.T.
235 L.W.
236 Brown, “Bald Truths about Women.”
237 B.S.
238 D.L.
favorably upon a man. I think it’s more acceptable within society. A man can choose to be bald so honestly, you just would never think twice of looking at a bald man.”239 The female volunteer declared, “When men are bald or shave their head because they think it looks better, it’s so accepted in society for men to do that. But for women, it’s just not. It’s not an accepted look that is considered beautiful.”240 A cancer participant pondered, “I think it is still gender-based. I think a man being bald or shaving his head has been widely accepted for some time as a fashion statement. I think generally with women, most people who don’t know what the issue is would probably think, ‘It’s odd that she chooses this.’”241 Not only are there different expectations of the appearances of women and men in modern American society, but there are subsequent gendered reactions of how violators of social norms and expectations are received.

One cancer participant announced, “If you put a bald guy and a girl next to each other, you’re automatically going to think, ‘That’s just the way the guy does his hair,’ and with the girl: ‘She’s either going through chemo or she’s gay.’ With guys, it’s not obvious and with girls it is.”242 Another predicted, “It doesn’t matter whether a man’s bald or not because people don’t even think twice about sitting next to a bald male person. But with a woman they would probably find a way either to not be next to her or wonder why she was bald.”243 A final response was, “Whether you choose to shave your head or you are completely bald later in life, I don’t feel men get different treatment. I don’t treat men differently if they’re bald. But I know I was treated differently not having hair.”244 The treatment of men as opposed to women was not only different, male baldness was deemed by participants as more acceptable, which resulted in different social

239 P.T.
240 J.A.
241 S.H.
242 J.S.
243 R.K.
244 A.D.
expectations and subsequent reactions, which ultimately perpetuated powerful assumptions and negative treatment toward bald females. This idea can be summarized in that “I would definitely say that females with hair loss, it’s automatically more often assumed ‘cancer’ than with male hair loss. Cancer definitely takes its toll on a woman’s image more than it does on a man’s image”245 because “it’s the barrier between men and women and the equality fight.”246

The question about taboo was very provocative, with all of the participants either outright admitting to female baldness being taboo or describing their personal situation as characteristically taboo, with a handful being hesitant to use the exact word to define this societal phenomenon, demonstrating a taboo about taboo itself. The eight participants who declared female baldness taboo in modern American society testified that you don’t just go up to someone247 and ask those questions; it’s kind of an unwritten rule.248 A reason for this is that “baldness may identify that that person has cancer and people don’t want cancer to be seen. That’s a stigma of cancer is that women go bald. And here you have it right in front of you so it bothers people.”249 The male volunteer replied, “I still think it’s viewed rather negatively if people aren’t aware or understand the circumstances for it. It’s knowledge versus ignorance. The awareness is a great place to start, but there’s still a long way to go. It’s still taboo.”250 A cancer participant confirmed, “I think taboo’s a good word to use. I think it goes great with ‘assume.’ People are just so afraid to ask.”251

Of the twelve participants, there were only two female cancer participants who perceived female baldness to be not as tabooed in modern society as in the past. One powerfully summarized, “I think it is not as much of a tabooed subject today as it has been in the past because people are

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245 R.S.
246 B.S.
247 D.L.
248 P.T.
249 R.K.
250 B.S.
251 L.W.
better educated about it. But it’s like death: the general public doesn’t want to talk about it. They don’t want to talk about cancer, they don’t want to talk about death because they’re afraid and not everyone is educated about it. But people are more educated today than they were in the past.”

Although people are more educated and aware of reasons behind female baldness and it is definitely more of a widespread occurrence than in the past, it does not alleviate the discomfort of discussion or prevent the taboo from being readily perpetuated in American society.

My personal experiences play a significant role in this study because, after experiencing baldness at the age of twenty, I desired to better understand whether or not the responses I received from others were similar to the experiences of others. The eighteen questions I generated for the interviews with the one male and eleven female participants were based upon my personal experience with baldness and how I felt the world both perceived and received me during this time.

The treatment I received from those around me, including not only strangers but even close friends and romantic interests, was very negative, with people looking at me and treating me differently without ever outright inquiring about my baldness, causing me to feel vulnerable, exposed, embarrassed, and even ashamed of my appearance. My self-esteem, self-confidence, and self-image declined drastically. Although I shaved my head for my mother, whom I adore, with an honorable intention of supporting and encouraging her through her cancer treatments, I was made to feel as if I should hide my baldness from society because of their negative perceptions of both my appearance and even who I was as a person. In her article about female baldness, Chow supported, “For a teenage girl to shave her head can be a traumatic experience. It involves tears, hysterics and even hiding under blankets. The few young women with the courage to cast off vanity for a worthy cause should be applauded. Sadly, [they’re not.] For shame.”

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252 R.S.
253 Chow, “Bald and Heroic Truth.”
I am honored to have been able to show love and support for a woman I hold near and dear to my heart and I would agree I became more confident and secure within myself, but I will freely and readily admit that the treatment I received while bald was extremely discouraging. The female volunteer reminisced, “The gratitude from women who have undergone cancer was very heartfelt, very sweet. So there were those sweet moments where you just go, it was totally all worth it.”

I am grateful for this opportunity to have grown as a person, and if I had it to do all over again knowing what I know now, I would do it again in a heartbeat. Without knowing the chosen title of my thesis, one participant proclaimed, “If I had it to do all over again, which thank God I haven’t had to, I would have just gone bald as an eagle.” I personally could not agree more.

Through this thesis, I desired to utilize both my personal experience and the testimony of others to expose the true nature of a demanding society that dictates appearance and relentlessly punishes violators while simultaneously challenging the idea that hair equals beauty by showing hair does not make the woman. After accumulating data from various sources, interpretations about age, willingness, gender, social constructions, and individual variability can be drawn.

An interesting idea pondered by two cancer participants is a generational component to the tabooed image of cancer. Both insisted female baldness is more taboo for the older generations. One expounded, “What I found the most interesting, oddest thing out of this experience was that adults, especially the older adults, were the ones that stared the most and gave you funny looks and it really, truly never fazed kids. It’s that generation that’s 60-70 years old who are the ones that are staring. I feel like the older you got, it was more taboo.”

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254 J.A.
255 J.S.
256 Miles, “The Bald Movement.”
257 C.F.M.
258 L.W.
thing about it is kids are completely different than adults. The kids, all of them treated me exactly the same. The adults I think were more comfortable with me wearing the ball cap than me walking around bald.” The only two participants who mentioned age differences reiterated the same idea: the older generations were less accepting and tolerant of hair loss than younger generations.

One female cancer participant who was raised in this more rigid generation acknowledged, “My strict beliefs come from my 1950s and 60s upbringing. It’s a social thing, part of grooming. You’d take the time to be presentable, to look like you care and that being with them is worth your time. It’s an effort that you make to show respect for the people around you. If you don’t, you’re showing disrespect. I can’t help it, that’s just the way I was raised. I could never let go of that.”

There is notably an age component to the tabooed image of cancer, which seems to increase in severity with age. Discovered throughout the study was a general trend that the older participants appeared to be more devastated over their hair loss than the younger participants because they felt a need to always appear respectable and personable, with most refusing to go into public bald, favoring head coverings instead. This trend seems to fade slowly as the age of the participants decreases, with the younger participants experiencing increased tolerance of their appearance.

Another interesting age component to baldness is the assumptions surrounding young people versus older people. One female cancer participant argued that people would look less favorably upon a young bald person than an older bald individual. About my personal situation she reasoned, “You’re awfully young so people probably thought that you did it not for a purpose or a meaning or because of an illness, just because you wanted to be different. And they think girls who shave their heads are troublemakers. With older bald people, I think that society thinks,
‘She might be sick. Why would a 40-year-old woman shave her head for the heck of it?’” 261 Another justified that because of her age, “I’m not real sure they would think I would do it on purpose.” 262 In this way, age was a protective factor for these participants.

Younger people were significantly more difficult to find to participate in this study, which may indicate why people are much more apt to stare at bald youth, especially bald females: they are not as common. Hair loss due to any uncontrollable circumstance exists among youth, but it is much more prevalent and noticeable among adults, particularly older adults. As a result, people are more likely to assume an older bald woman is undergoing cancer treatments whereas they would assume younger females are either homosexual, rebellious, or seeking attention. Age plays an important role in determining differentiated treatment for each individual.

There were significant differences in the experiences of the three testimonies of those who willingly volunteered to experience baldness in support of cancer as opposed to the experiences of the ten women who lost their hair due to treatments of chemotherapy. All three non-cancer participants depicted additional pressures, such as being accused of seeking attention. The male volunteer recalled, “People will look at you then they’d double take and they’d be like, ‘What the hell? Is he doing that for attention, is he doing that for something?’ Today, you only see that kind of behavior if someone’s trying to look for some attention. But you very rarely see people doing this in support of awareness, support of loved ones. So people definitely assume the worst.” 263 It was discovered that curious strangers will not get close enough to be able to tell the difference between a cancer patient and a non-cancer volunteer, nor will they ask for clarification; they simply assume the worst. No cancer participants were ever accused of seeking attention for their baldness,
but two of three volunteers experienced this commonly. This may be attributed to young age, willingness to voluntarily choose baldness, or a combination of these two factors. People with this assumption ultimately need to arrive at the conclusion that the attention received over baldness is primarily negative, proving that shaving heads for attention is not a logical assumption.

Another unique component was the inability to openly inform people of the reason for baldness without being accused of bragging. The female volunteer disclosed, “I would never really go out and be like, ‘I shaved my head for a friend!’ I didn’t really offer up information.”

To approach people and answer their questioning stares by volunteering information about willingly supporting someone was also viewed negatively because it appeared to be a desire for praise and appreciation. Most would expect society would be inspired by a voluntary act, but in reality, people were more disproving. Volunteers recollected never discussing baldness unless directly requested, which rarely, if ever, happened. There was a strong desire for others to breach the subject to avoid being accused of seeking attention, but people never did so volunteers ended up being ignorantly presumed sick, gay, or rebellious with no way to win this Catch 22 situation.

The male volunteer verbalized he never had one person approach him and inquire of his hair loss, which prompted the question of whether or not he believed his baldness was really helping and making people more aware if no one ever actually talked to him about it. He responded, “I think it may have raised questions in their heads but not to the levels of what we were trying to achieve. It is a taboo, it is. It’s a tough one. It’s interesting. It’s sad.”

Shaving one's head in support of cancer is a bold and lasting decision that visually draws attention from others, but whether or not it raises awareness is dependent upon the number of individuals aware of the explanation or purpose; otherwise, skewed perceptions and assumptions amass.

264 J.A.
265 B.S.
When people discovered the reason for the volunteers’ baldness, generally by asking others familiar with the reason, their attitudes and behavior drastically changed. The female volunteer expounded, “I had coworkers that didn’t know the story yet and they would be very standoffish and very catty. As soon as they found out why my hair was gone, all the sudden their attitude completely changed and they were super, super nice. To me, the whole time that it took for my hair to grow out, it was an absolute roller coaster of the way people treated me.”

In closing, both the male and female volunteer expressed gratitude for the wisdom and personal growth that came from this experience. When the male volunteer experienced feelings of discontentment with his baldness and a lowered self-esteem, he stated, “I remembered why I was doing it and that put those feelings right away.” The female volunteer proudly announced, “It was an honor to do something so special for somebody that I care about that, let’s be honest, most women aren’t willing to do. They’re not willing to give up their hair. And it really took me by surprise of how much women identify themselves with their hair and their hairstyles. I didn’t fully come to understand that until I didn’t have any hair and saw how other women treated me.”

All three volunteers expressed appreciation for this eye-opening experience.

Cancer patients illuminated a drastically different picture. Complementing the additional pressures experienced by non-cancer participants were those experienced by the women who lost their hair to chemotherapy. The physical experience with hair loss was different for those undergoing cancer treatments in that not only did these women lose the hair on their heads, but they lost everything; hair everywhere on their bodies was gone. In her article about female hair loss, Thea Chassin prompts, “Imagine within just weeks losing every bit of hair...all over. It's
unpredictable and it can have a devastating effect on self-image, especially women’s.”269 One participant maintained that the loss of her eyelashes as more traumatizing than the loss of her hair270 and another expressed similar feelings over the loss of her eyebrows.271 This complete hair loss remains this way during their entire treatment for cancer, several participants clarifying that it lasted approximately nine months in duration272 before regrowth even began.

The most powerful difference was the presence of disease and the accompanying fear. One participant divulged, “I think people assumed that I was not going to make it through my cancer. I think they just assumed that I was dying, that I would not live so they looked at me as if I were an oddity but also I think with empathy that this poor woman is dying.”273 Not only do cancer patients have to struggle physically, mentally, emotionally, and psychologically with a potentially fatal disease, but they also are forced to endure social consequences of their hair loss, including effects upon family members. One participant detailed, “Our girls were only seventeen months old and not quite three and I wondered: ‘Are they going to look at me differently?’ And then you would see people while walking around Walmart and here I was with my little kids and they’re probably thinking, ‘She’s going to die and leave her kids behind.’”274 There is arguably more negativity toward cancer patients in this regard, but one cancer participant met it with a challenge that “I didn’t have a choice but to lose my hair. I do have cancer. I didn’t have an option other than to die. I did have long, pretty hair. I didn’t always look like this, but I chose to live and the only way that I could choose to live is to do chemo and to do chemo, it makes you lose your hair. I could either lose my hair or lose my life, which would you prefer?”275

269 Chassin, “Alopecia Areata.”
270 L.W.
271 S.H.
272 J.S.
273 R.S.
274 J.S.
275 C.F.M.
Another additional pressure concerned strangers. One voiced, “I was afraid at first that people weren’t going to want to talk to me or would be afraid of me because they didn’t know if I was going to give them something. That was my biggest fear.” Another confessed, “If people would have reacted unfavorably to my baldness, I probably would have felt bad about it.” A pressure unique to cancer patients was the concern with negative responses toward their disease, even going so far as to feel bad if their unavoidable hair loss caused someone else discomfort.

Also unique to cancer participants was pity. Cancer patients didn’t want attention whereas volunteers were accused of shaving their heads for solely for it. Five participants declared they did not want people feeling sorry for them or treating them any differently. One affirmed, “I did not want people to feel sorry for me because I felt that was like a negative part of my process, so that’s why we kept it quiet.” To avoid the negativity she believed would accompany her hair loss, the visible sign of her disease, she wore wigs and avoided publically mentioning her illness. Sympathy, rather than pity, was a protective factor in that a cancer participant supposed, “I don’t think anybody was rude ever or made any particular comments to me or anything.”

In addition to variances between cancer and non-cancer participants, there were significant differences between the testimonies of the male versus female participants. Unfortunately, this sample was chosen on a volunteer basis, so there was only one male to represent his gender in this study. However, he was able to provide excellent insight from his personal perspective as a male.

Several women in this study questioned, “I wondered how I was going to wear makeup so people would think that I’m a woman and not a man,” but the reality was that “if you try to do

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276 C.F.M.
277 S.H.
278 R.S.
279 J.S.
280 R.K.
281 S.H.
282 A.D.
your makeup and you don’t have lashes and brows you just look absolutely ludicrous.” Through the entire interview process, the conclusion arose that women are harsher on other women and themselves because they tend to value hair more, but only women’s hair, not men’s hair. American society does not judge men’s hair. Men, on the contrary, do not value their hair or the hair of others as much as women do. About his personal experience, the male participant elaborated,

As far as losing hair, it’s losing a part of yourself. It differs with everyone how much they put themselves in their hair or how they look. Personally I don’t think it bothered me as it would if I were a female because it seems like hair is more of an identity for a woman than a man. I don’t think I was treated any differently, maybe more curiously. But nobody was mean about it, that’s for sure. So I did have a totally different experience than most girls would have. I can’t imagine that experience as a woman. Society’s a lot crueller and harsher on women.284

He suggested that his gender allowed him to avoid the negative attitudes from people to which the majority of bald women are generally subjected, as demonstrated by this study.

Just as some women were more devastated over the loss of their eyelashes or eyebrows, this male participant claimed that his shaving his beard was more traumatic than his head. He reasoned, “I’ve always had a beard, it’s always been a way to express myself. So for me, my saddest part was when I had to shave my beard and then it felt like I was losing a part of myself.”285

Many participants, both male and female, were distraught over the loss of hair located somewhere on their bodies, demonstrating the value and importance placed on alterable factors such as hair.

I chose to inquire of the sole male participant his personal perception of bald women. I investigated his first thoughts and reactions, as a man, when he sees a bald woman. He answered, “Knowing many friends that have gone through it, that’s my always question: are they battling cancer? I tend to assume the worst. For others without medical reasons, they’re allowed to express

283 D.L.
284 B.S.
285 B.S.
themselves. I respect and commend women who do stand out like that, or men. It takes courage to do that.\textsuperscript{286} He admitted to being curious yet assuming the worst, as the majority of American society tends to do when confronted with female baldness and the tabooed image of cancer.

The importance of hair is a societal construction. When taken at its most basic value, hair is nothing more than dead keratin sprouting from the skin.\textsuperscript{287} The only value it has is determined and enforced by society. One cancer participant blatantly announced, “My opinions are definitely societally constructed. Women particularly are expected to look pretty. Through all the stages of life, you’re critiqued and people make comments, whether you like it or not. And then there’s always the magazines that make it worse.”\textsuperscript{288} Women are generally identified with and by their hair and society causes them to feel as if losing it is the worst situation that could possibly occur.

The male volunteer asserted, “I think that hair is almost a shield for some people to hide under. It’s a personal barrier that’s gone. When that’s taken away, a lot of people have very, very little besides that.”\textsuperscript{289} Brown powerfully supports, “Go ahead and stare if you dare. She doesn’t need eyes in the back of her head to know you are looking. Her hair – or lack thereof – says something to all those who would have the audacity to ask her what happened. Cutting off her hair is like pulling back a curtain. Now you can see her. But you don't.”\textsuperscript{290}

An important component of this study that deserves emphasis is the individual variability among participants. Although many responses were similar, participants were quite different in nature with a great deal of variation in demographics, characteristics, and subsequent responses. One female cancer participant stated, “I had short hair and not a whole lot of it so it wasn’t that I

\textsuperscript{286} B.S. 
\textsuperscript{287} Chow, “Bald and Heroic Truth.” 
\textsuperscript{288} D.L. 
\textsuperscript{289} B.S. 
\textsuperscript{290} Brown, “Bald Truths about Women.”
was extremely attached to my hair because I knew it would grow back. I guess it was just another step or another process you would have to go through to get well. I didn’t have a choice, that’s what it was.” An interesting observation that arose is that the longer the hair of the participant, the more traumatic response over the loss of their hair. Another participant strongly proclaimed, “I felt personally that the loss of my hair was an indication, a symbol of the fact that I was in the fight of my life and I was fighting for my life. And it didn’t matter to me what people thought. It was only what I was comfortable with. I don’t know that I was overly conscious of it. I just went with it. I just went on with my life.” These two women illuminate resilience, providing reasons for which they were able to overcome a lowered self-esteem and poorer self-image from the negative reactions of others. The two volunteers maintained that reminding themselves of their voluntary decision to support those without a choice helped them overcome this negativity as well.

Some participants discussed baldness as if it were a swear word; others joked about it with a laughing tone, having learned humor as compensation. Many expounded on qualities unique to them that reflected their internal character and helped them survive their hair loss, some being less concerned with society and appearance, resulting in higher levels of self-confidence. Responses were dependent upon age, generation, gender, length of hair, marital status, occupation, attitude and approach, confidence levels, presence or absence of cancer, functionality based on symptoms, personal connection with the cancer identification, etc. But one thing remains true among all participants: all were made to feel bad in one way or another because of their lack of hair.

There were multiple coping mechanisms utilized to overcome the negativity experienced by the participants. Two detailed the incorporation of humor into their situation and acting as if

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291 P.T.  
292 S.H.
baldness were normal with children and other family members. One specifically reminisced, “We ended up having to make games of it and just make light of it. My sister and I would go to the stores and we’d walk by people and we’d count to three and turn around and every single time, those people would be turned around looking at us. It can just really get you down and get to you, but I ended up making it fun. It was just part of life and you get used to it after a certain time.”

Choosing to remain positive in light of negative situations and circumstances is a difficult yet powerful coping mechanism implemented by several participants.

The female volunteer acknowledged, “Always in the back of my head was this thought that I did this for a really good friend of mine that didn’t have a choice. She was going through chemotherapy, she was going through radiation, and whatever feelings I had, she had so much more and if there was this one little tiny thing I could do for her to help her out, don’t complain.”

A cancer participant declared, “You’re fighting a battle that they might not ever understand and if it’s somebody that’s going to be negative around you or give you negative comments, you don’t need to be around them. A lot of people do talk, but I just chose not to listen because I didn’t need any more negativity in my life. Don’t get me wrong, I did notice, I just walked by and waved.”

Having confidence and pride in oneself results in the opinions of others mattering less and less.

Discovering an identity and support system within the cancer community is also a method utilized to cope with the impact and effects of the disease, including hair loss. The women refer to it as a sisterhood, a great club to which no one really wants to become a member, a community of others who have undergone similar experiences and desire to give encouragement and support.

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293 J.S.
294 C.F.
295 J.A.
296 C.F.M.
297 J.S.
through it. One cancer participant recollected, “I had a feeling of understanding of all the people I had ever known that had gone through cancer and lost their hair.” Chow verbalized, “I see more people rocking the near-bald look, looking fresh and wonderful with fuzzy re-growth on their heads. When we catch each other's eye, there is a spark of recognition, a silent fellowship.”

Another cancer participant summarized, “Once you have cancer, you’re always exposed to groups of people, during treatment and so on, that are all facing the same thing and it’s very common. The conversations flow easily among cancer fighters, cancer survivors, cancer circles.”

Another coping mechanism was found through the love and support of friends and family. My mother, through tears, revealed, “One thing that really helped me with my hair loss was when my twenty-year-old daughter shaved her head before me to make it easier for me and in support of my cancer. She sacrificed her beautiful hair in honor of me.”

Another cancer participant advocated, “People that have support are the ones that survive. They’ll have the greatest chances of surviving cancer; those who do not just never do well.” Support and encouragement are vital to success and survival but unfortunately, taboos strive to suppress these uplifting actions.

Another important variation is that some desire to discuss female baldness and spread awareness to help eliminate corresponding taboos, but others do not desire to ever be approached about it. One cancer participant presented the idea that “I think especially cancer survivors are very conscious that we’re not all the same, that some people do not talk about it. When you come through it, you don’t want to be defined by it even though you are.” Another supported, “From my own personal feelings, I would not want to approach someone I didn’t know and blatantly say,
‘Why are you like this?’ for concern that I would hurt their feelings or they would consider me rude for asking. I don’t want to make somebody feel uncomfortable if I can avoid it.”\textsuperscript{304} This powerful observation explains fear over approaching bald females to investigate their hair loss. Many do not want to offend or cause discomfort by their curiosity; instead, they remain ignorant, taking second glances, staring while trying not to be seen, and treating bald women differently.

After my hair had grown back to a socially acceptable length, I encountered a bald girl approximately my age and having pleaded silently to no avail that people would approach me and request information about my baldness so I could spread awareness for cancer, I approached this young woman and inquired about her baldness. The response I received was appalling as she promptly exclaimed her baldness was absolutely none of my business and informed me how incredibly rude it was of me, a complete stranger, to approach her and question something so personal. Her response shocked and disheartening me. I explained that I, too, had experienced baldness and had wanted people to ask and that I meant no offense whatsoever by my curiosity. She remained outraged and insulted, informing me that my personal experience gave me no right to ask her such an offensive question. It is for reasons such as this that people are afraid to approach bald women and ask questions because they are afraid of receiving such a response.

Within American society, there are certain appearance attributes that are acceptable to discuss and others that are not. The female volunteer insightfully realized,

I feel with any abnormality, you don’t just walk up to somebody and say, ‘Wow, you’re really fat,’ or ‘Wow, you’re in a wheelchair.’ But I have a sister that’s extremely skinny and people find it okay to go up to her and say, ‘You’re really skinny, are you anorexic? Are you bulimic?’ And I’m 4’9” and people will come up to me and be like, ‘Wow, you’re really short,’ and it’s okay to make jokes. So there’s some things that society finds okay to address even though they’re not the accepted mainstream normal, but there’s other things like baldness and obesity and the things that people consider negative that they won’t address face to face.\textsuperscript{305}

\textsuperscript{304} S.H.
\textsuperscript{305} J.A.
Those subjects with taboos, such as female baldness, obesity, disabilities, and cancer, are not considered appropriate for open discussion in society. Those without taboos, including height, thinness and anorexia, are generally regarded as perfectly normal conversation topics. The taboos do not follow a concrete pattern: obesity and thinness are both considered a choice whereas disability and height are not; anorexia and cancer are very serious and take many lives. Taboos are constantly changing and it can be extremely difficult to understand their origin or why society maintains that a certain subject cannot be discussed. One thing remains: the presence or absence of taboo is the deciding factor as to the ability to address a particular subject within society.

None of the participants reacted in such a manner; in fact, several appreciated my inquisition, claiming that they valued the awareness that is raised from curiosity and questioning. One female cancer participant insisted, “When people would ask me questions, I loved it. The more I can get my story out there, the better I felt. So not having hair it brought that attention to bring the story out.”306 Another viewed her baldness as “a very good conversation piece, if they were brave enough to talk to me about it. I do wish the ones that were staring would have just asked or said something. I appreciated it when people would talk to me about what I was going through.”307 Many women appreciated the awareness that was spread through questions people would ask of them, sparked by the visual indicator that was their baldness.

Unfortunately, there is no way of predicting how people will react to questions about hair loss, so the subject remains a never-ending cycle of fear. Taboos are taboo for a reason; people are afraid to ask due to ignorance and potential for negative responses and possible repercussions. The only solution to this problem is to break the cycle by increasing awareness and acceptance for female baldness. In order to overcome these taboos, cancer patients need to be more open and

306 C.F.M.
307 L.W.
approachable so members of society will feel more comfortable discussing this topic. Society, in return, must become more comfortable with the subjects of cancer and female baldness in order to more appropriately and inoffensively approach and support individuals who experience hair loss and encourage them to become more open and welcoming. Female baldness is a fact of life and those who have it need to lead the charge in breaking the cycle and making open discussion more societally acceptable in the hopes that the rest of the world will follow their example.

CONCLUSION

The personal experiences discussed above not only support, but also clarify the historical component of the combined taboos of gender, cancer, and baldness in American culture. These three concepts are not only interrelated, but inseparable and their united implications have extreme consequences for women undergoing such frightening, potentially life-threatening situations. Academic sources, interviews, and personal experience all combine to highlight not only the reality of these taboos in modern American society, but also illuminate the importance for breaking the silence around them to allow for the freedom of more open and honest discussions.

The negative social reactions described throughout the twelve interviews are heartbreaking. One cancer participant admitted, “I have no idea what people think when they see me, I just know I don’t feel put together. I really wish I could get my hair back.”308 Another revealed,

Friends would say, ‘You look really good bald,’ and I would be like, ‘Thanks for the compliment, but I don’t like being bald.’ And I had several girl friends that said, ‘We love you, but we’re not going to shave our head for you’ and I said, ‘I would never ask you to do that.’ It was too traumatic for me to do it. ‘Cancer’ unfortunately is a common word nowadays that you would think it would be a little more socially acceptable but it’s definitely not.309

308 D.L.
309 A.D.
Some reactions were explicitly negative, even cruel. There were stories about individuals who were outright offensive in their approaches to the bald participants. Individuals asked them what the hell happened to their hair, exclaiming that they simply could not believe a woman would be seen bald, calling female baldness stupid and wondering why anyone would not want long, beautiful hair. The female volunteer specified, “I have one particular incident that always stuck out in my mind. This elderly woman shook her head at me and said, ‘Oh honey, you look like a boy.’ And it just really took me back that someone would say something like that. God forbid it had been me that had gone through cancer.” These disrespectful and destructive reactions had severe implications on the self-esteem and emotional well-being of the participants.

The responses to these individuals ranged from participant to participant, but all were hurt and offended by these heart wrenching words aimed directly at them, some even admitting that in their anger, they want to strangle or punch the ignorant perpetuator of the negativity, but thankfully refrained. One female cancer participant voiced the opinion that “I wish society could be like children. They didn’t look at me one bit different and they embraced my baldness! If the whole world could be like those little ones without judging and everything, I think that would be a wonderful world!” What a wonderful world that would be indeed!

Rather than allowing these taboos the right to exclusively dictate socially appropriate responses to female baldness, the recommended course of action is to teach women that their strength, integrity, kindness, intellect, and compassion are what truly make them beautiful. Society needs to arrive at the anxiously awaited conclusion that “Hair is an accessory. It does not

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310 L.W.
311 C.F.M.
312 J.A.
313 L.W.
314 C.F.M.
315 J.S.
316 Chow, “Bald and Heroic Truth.”
define who you are; you do, your mind, heart and soul do. You don’t need to change anything about yourself. You need to start to accept yourself first.”

Without personally experiencing baldness from the standpoint of a woman in American society, it is extremely difficult to understand their unique perspectives and lives, indicating that this condition should be appropriately treated with empathy and understanding rather than harsh judgement from a society in which taboos demand fear and ignorance. These taboos surrounding gender, cancer, and baldness amass to unveil the powerful, yet combatable tabooed image of cancer.

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