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To cite this article: Jessica La, Sue Jackson & Rhonda Shaw (2019) 'Flat and fabulous': women's breast reconstruction refusals post-mastectomy and the negotiation of normative femininity, Journal of Gender Studies, 28:5, 603-616, DOI: [10.1080/09589236.2019.1601547](https://doi.org/10.1080/09589236.2019.1601547)

To link to this article: <https://doi.org/10.1080/09589236.2019.1601547>



Published online: 11 Apr 2019.



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'Flat and fabulous': women's breast reconstruction refusals post-mastectomy and the negotiation of normative femininity

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ABSTRACT

The 'pinkification' of breast cancer culture in recent years conflates women's empowerment with the celebration of hyperfemininity. Consistent with this trend, reconstructive surgery post-mastectomy is increasingly normalised: restoring the breasts is to restore 'lost' femininity. Contextualised within the pressures of this normalisation, our article explores how women who decide against breast reconstruction negotiate their non-normative 'flat' bodies. We examine women's posts in a breast cancer forum about their refusals of breast reconstruction. Using thematic and feminist post-structuralist analyses, we suggest that although health and body acceptance discourses enable resistance to embodied femininity norms, pressures to conform permeate practices related to appearance. Clothes and prosthetic breasts enabled forum participants to pass as 'healthy', 'whole', and 'recovered'. The study's findings emphasise the limitations to agency and resistance that emanate from the ways constraining gender discourses infiltrate every aspect of a woman's life. In line with a critical awareness approach to breast cancer education, we discuss the possibilities of resistance afforded by the safe spaces of online communities.

ARTICLE HISTORY

Received 20 November 2017

Accepted 27 March 2019

KEYWORDS

Breast cancer; femininity; discourse; breast reconstruction; breast prostheses; gender and illness; Internet

Introduction

Documenting her own experience of breast cancer, Audre Lorde (1997), an influential black feminist, writer, and activist, expressed outrage at the construal of breast cancer as a cosmetic crisis rather than a deadly disease. She argued that the primacy given to breast cancer as a threat to femininity further endangers the health of women who have the disease. Lorde took issue with commonly held assumptions that reconstructive surgery or breast prostheses are imperative to recovery. For Lorde, the absent breast was a reminder of a battle won, rather than a sign of stigma or a vestige of lost sexuality. However breast reconstruction remains a reality for women, as demonstrated, for example, by the increasing numbers of surgeries performed in the United States from 2000 to 2015.¹ The normalisation of breast reconstruction is also reflected in medical literature where it is often positioned as beneficial to quality of life and psychological adjustment (Fang, Shu, & Chang, 2013). Some women, especially younger women, report feeling pressure to reconstruct as part of the expected course of treatment from medical professionals (Gershfeld & Jacoby, 2017; Holland, Archer, & Montague, 2016).

Breast cancer culture, and the broader medical literature, positions surgical reconstruction as a necessary step in the 'journey' towards recovery (Cromptoets, 2003, 2006, 2012). Women's breast

cancer narratives present reconstruction as a way to recuperate a woman's feminine identity, restoring 'wholeness' and wellness to the body (Cromptvoets, 2003; Rubin & Tanenbaum, 2011). Similarly, plastic surgeons who perform reconstructive breast surgery draw on discourses to construct healthy bodies as those that clearly align with normative ideas of femininity and pathologise non-reconstructed post-mastectomy bodies as incomplete and physically deformed (Coll-Planas, Cruells, & Alfama, 2017). The normalisation of breast reconstruction is linked to norms of femininity. At its most basic, 'femininity' can be understood as a way of 'doing' gender as a girl or woman (Paechter, 2006). There are many ways that femininity is lived, experienced, and represented and the term 'femininities' is used by scholars to reflect this plurality. Some forms of femininity are upheld as the typical ideal and they define what or who can be normatively considered as feminine. For some scholars who have had breast cancer like Sedgwick (1999) or Jain (2007), mastectomy has disruptive potential and can destabilise normative understandings of femininity. However some women might have difficulty escaping the normalising pull of powerful femininity norms. Some post-mastectomy women report feeling 'pushed' into getting breast reconstruction or additional breast augmentation surgery by their plastic surgeons who perceive having breasts that conform to beauty standards as a 'gain' for their patients (Greco, 2015). It is perhaps because of its possibility for transgression that breast cancer has become a site where femininity is both produced and policed.

The conflation of breast restoration, femininity, and wellness accords with the cultural significance assigned to breasts. As Young (2005) points out in her highly-regarded essay 'Breasted experience: The look and the feeling', breasts are a visible, tangible signifier of a woman's femininity, motherhood, and sexuality. Young argues that male-dominated Western cultures are obsessed with breasts, which are the focus of men's (hetero)sexual desire, fetishisation, and objectification. The size and shape of a woman's breasts are subject to public scrutiny, emblematic of her ability to successfully fulfil a prescribed feminine role that is inextricable from her social worth (Millsted & Frith, 2003). Young (2005) goes on to say that few women 'escape having to take some attitude toward the potentially objectifying regard of the Other on her breasts' (p. 78). Yet she also suggests that women's response to the visual scrutiny of the Other is not culturally uniform. For instance, some women enjoy the sense of sexual power they gain from being looked at and may use their bodily appeal as a form of 'erotic capital' (Hakim, 2010). Contrastingly, some women loathe or fear the gaze and seek to minimise attention being drawn to their bodies. While others may ignore the objectifying gaze, they still retain a sense of ambiguity and uneasiness about their lived body and the kinds of projects they can enact, depending on context and situation. Young's account of women's breasted experience is phenomenological. Women's subjectivities are inseparable from how they experience the world through their breasted embodiment. Constant scrutiny makes women more conscious than men of their bodies, thereby inhibiting their actions and being-in-the-world. Even when women's embodied identities do not rest on appearance norms or cultural ideals about feminine attractiveness, the long-term effects of heteronormative relations of looking are culturally entrenched, in such a way that a woman's body cannot be absent from her experience in the same way that it can be for men.

The link between breast cancer and femininity plays out most visibly in breast cancer culture, a site where gender is reified, policed, and (re)produced (Jain, 2007; Porroche-Escudero, 2014; Schulzke, 2011). Breast cancer awareness has grown into a profit-driven, multi-billion-dollar industry and has established a deeply ingrained 'pink ribbon culture', a distinct cultural system that informs cultural meanings and personal experiences of breast cancer (Sulik, 2010). 'Pink ribbon culture' is grounded in deeply-rooted beliefs about gender, traditional femininity, and consumption (King, 2008). These beliefs converge in a unique model of breast cancer survivorship described by Sulik (2010) as the 'she-ro' – 'a feminine hero with the attitude, style, and verve to kick cancer's butt while wearing 6-inch heels and pink lipstick. She returns from the battle, if not victorious, then revitalised and transcendent' (p. 16). The figure of the 'she-ro' reflects the many facets of 'pink ribbon culture' such as war metaphor, triumphant survivorship, pink consumption, and narratives

of quest and transcendence. These discourses perpetuate contradictory norms for women with breast cancer. Sufferers are expected to be optimistic and strong yet attempt to restore their bodies to traditional femininity through wigs, makeup, prostheses, and breast reconstruction. Scholars and activists argue that pink ribbon culture oppressively 'demands a surrendering to femininity' (Jain, 2007, p. 505) as well as gendered notions of responsibility to family (Porroche-Escudero, 2014). In her notable essay, 'Welcome to cancerland', Ehrenreich (2001) critiques the ways in which breast cancer culture presents the disease as a makeover opportunity where women can emerge 'prettier, sexier, more femme' (p. 49). Cobb and Starr (2012) argue that framing breast cancer within a 'makeover metaphor' obscures the pain and suffering that constitute the reality of the disease for many women. Moreover, the focus on restoring feminine appearance, positive thinking, and progress makes it difficult for women to mourn bodily changes, and express anger at their pain or voice fears about death (Sulik, 2010).

Literature examining women's practices in relation to breast cancer, mastectomy, reconstruction, and femininity focus on the constraints posed by a hyperfeminine breast cancer culture, suggesting a binary where women are polarised as either reproducing or resisting femininity norms (Cobb & Starr, 2012; Cromptoets, 2006; Langelier, 2001; Lorde, 1997; Schultz, 2013). Ehlers (2012) argues that such an approach ignores the lived experience of the body-subject. Whether breasts are reconstructed or not, women recovering from breast cancer have endless possibilities of embodiment, which involve continual negotiations with the norms of femininity. Recent studies examining women's sense-making of their post-mastectomy bodies (Grogan & Mehan, 2016), scarred bodies (Slatman, Halsema, & Meershoek, 2016), and post-cancer bodies more broadly (Parton, Ussher, & Perz, 2016), show that the discrepancy between women's bodies and idealised discourses of femininity are managed in complex ways that operate outside binaries of oppression and empowerment. Parton et al. (2016) show that some women position their post-cancer bodies as 'abject', a term used to capture women's experiences of their bodies as outside the norms of bodily functioning and idealised forms of femininity. These women managed unease with their abject bodies through concealing bodily practices like dress and make-up and demonstrated resistance through acceptance and personal transformation discourses that reject dominant constructions of embodied femininity.

There are voices, spaces, and pockets of resistance that challenge the 'pinkification of breast cancer' and build an alternative and less homogenising representation of the disease, a point Young (2005) makes with regard to women's experience of their breasted embodiment generally. For example, one of the most iconic acts that brought breast cancer into the public sphere was the post-mastectomy self-portrait of the artist and activist, Matuschka, who posed with her mastectomy scar clearly visible on the cover of the New York Times in 1993 (see Petersen & Matuschka, 2004). Similar photography work like those by feminist artist Jo Spence (2012) and David Jay's *The SCAR Project* (as cited in Ehlers, 2015) also capture the corporeal realities of women affected by breast cancer, making the suffering which accompanies the disease visible.

The internet is also considered to be a space of empowerment for women with breast cancer. In line with Rose's (2007) discussion of 'biosociality' to explain the emergence of new social groupings around biological and bodily identities, Pitts (2004) observes that women with breast cancer use the internet to share information about the medical, personal, and social aspects of the disease. The women in her study used social networking sites to discuss the highly intimate aspects of their lived experiences with breast cancer, such as the unpleasant bodily aspects of the sickness and side effects of the treatment. Thus, the internet holds potential to destabilise the dominant 'sugar-coated' aesthetic of breast cancer. It enables women to collectivise their breast cancer stories 'around the commonality of a shared somatic or genetic status' (Rose, 2007, p. 134), creating the potential for alternative narratives and the formation of supportive networks grounded in what Porroche-Escudero (2014) identifies as a critical awareness approach to breast cancer education that goes beyond compliance to femininity norms and patient-subordination.

Recognising the internet's potential for women to share breast cancer experiences (Pitts, 2004) and challenge mainstream, hyper-feminine aesthetics, in this article we examine how women in online communities negotiate femininity in relation to their refusals of reconstructive surgery. To do so, we draw on analyses grounded in feminist poststructuralist and critical realist theoretical frameworks. Feminist post-structuralist discourse analysis draws on Foucauldian understandings of how knowledge and power flow through discourses to construct the social world and people's experiences of living within it (Willig, 2001). Discourses make available particular ways of seeing and being in the world – referred to as subjectivity – that are inextricably tied to power relations (Gavey, 1989). However, to avoid reducing the body to a discursively produced object and negating the lived experience and embodiment of women who refuse construction (see Nightingale & Cromby, 1999), we also adopt a critical realist framework which 'recognises the materiality of somatic, psychological and social experience but conceptualises this materiality as mediated by culture, language and politics' (Ussher, 2011, p. 106). Such an approach legitimises subjective experience, acknowledging the interaction between discourse and materiality.

Drawing on these theoretical underpinnings, our discursive analyses map the discourses women drew on to deliberate breast reconstruction, their femininity, bodies, and selves. Together, these capture the rich and detailed accounts of how women made meaning of their experiences in their post-mastectomy bodies. In this article, we are interested in the ways that cultural discourses of women's breasted embodiment or 'lack' thereof, articulate with their lived experience and constitution of subjectivity. We trace the fluidity of women's subjectivities as they positioned themselves in different discourses across different contexts. We also draw on the Foucauldian notion of discourse as constraining yet simultaneously holding possibilities for resistance, examining the ways that women with non-reconstructed, post-mastectomy bodies work within, but also disrupt, discourses of femininity to achieve greater agency. Instead of reproducing binaries to argue that women who remain 'flat' are inherently liberated, this article builds upon the feminist phenomenology of Young (2005), in conjunction with Ehlers (2012) recent work to explore how the lived experience of being 'flat' is a continual process of negotiation marked by tensions between conforming and resisting normative femininity.

Method

Breastcancer.org is the website of a non-profit organisation which provides information and community for individuals who have been impacted by breast cancer. We selected this website for our study because of the potential to yield rich data from its large, engaged community and highly active forum. In line with our research focus, we drew data from the sub-forum *Living without reconstruction after a mastectomy*, the most concentrated location for discussions about women's breast reconstruction experiences. Appended to posts were brief descriptions of women's medical biographies. These revealed most women had undergone a mastectomy after being diagnosed with breast cancer (very few had preventative mastectomies) and opted against reconstruction after surgery. A few women indicated that following breast reconstruction after a mastectomy they required 'deconstruction' later on where implants were taken out. To make the data pool more manageable (1089 topics and 39,777 posts), we chose six of the 30 most recently active topics which concerned dressing the non-reconstructed body and lived experiences of being 'flat'. These best aligned with our focus on ways women negotiate post-mastectomy femininity. To further refine the data pool for analysis we selected only posts specific to non-reconstruction decision-making that also related to issues of femininity (130 posts).

Ethics

Although forums are public in the sense that anyone can access content, those who are posting may treat the forum as a private context and not expect their messages to be observed or reported (Flicker, Haans, & Skinner, 2004). This raises ethical issues regarding the use of posts without first

gaining consent (Holtz, Kronberger, & Wagner, 2012) and also whether researching a forum group will be detrimental to the community and its unique environment (Eysenbach & Till, 2001). Internet forums do explicitly acknowledge the publicly available nature of information on their sites in their community guidelines and do not require a login account to access the forum. Further, forum users have usernames and are encouraged to avoid posting personal information online, so their identities remain anonymous. But although these factors meant our study did not require formal ethical clearance because data were sourced from 'existing publicly available documents', we maintain that the 'burden of proof of ethical research lies with the researcher' (Lunnay, Borlagdan, McNaughton, & Ward, 2015, p. 106). Accordingly, the core principles of research ethics remain pivotal to this study: respecting the autonomy of women who have produced the online data, 'fair use', recognition of copyright regarding their material, and ensuring the benefits of the research approach outweigh any potential harms. In recognition of the principle of merit and scientific value of the research, we believe that women's narratives about their post-mastectomy bodies can yield valuable knowledge about their exercise of agency in a powerful medicalised field. Our endorsement of an ethic of social responsibility to the women producers of the data means that we approach the data respectfully.

Data analysis

Analyses began with a recursive process of actively reading and re-reading the forum posts, where the corpus data were thematically categorised and constantly refined (Braun & Clarke, 2006), ultimately resulting in two separate but related themes into which all of the data could be coded: disrupting normative femininity and performing femininity. We defined the latter in terms of women's deployment of clothing and prostheses in order to perform conventional femininity. These themes jointly capture the rich and detailed accounts of how women made meaning of their experiences in their post-mastectomy bodies. As discussed earlier, feminist post-structuralist discourse analysis and a critical realist framework informed our analysis of the extracts that constituted each theme. Each of the two following analytical sections addresses the key strategies through which forum participants negotiated and managed their non-reconstructed, post-mastectomy bodies.

A note on terminology and 'flat' bodies

The term 'flat' bodies is used by women in the forum, and likewise the authors, to refer to non-reconstructed post-mastectomy bodies that have had either one or both breasts removed. Although the analysis focuses on 'flat' bodies in general, it should be noted that the lived experiences of women with one breast and those without any breasts is not the same. One main distinction is the asymmetric quality of the one-breasted body. Women with a single breast express a desire to achieve symmetry and balance in both look and feel by using prostheses and breast forms that match the size and weight of the remaining breasts (Emilee & Perz, 2010). In the forum, women also reported feeling heightened discomfort in public due to their asymmetry. Because of their asymmetrical bodies, single-breasted women's management strategies may have qualities both similar to and different from their 'flat-bodied' counterparts. However, it is beyond the analytical scope of the article to address qualities specific to women with one breast.

'Fabulous flatties': disrupting normative femininity

The women's posts presented in this section draw on discourses that interrogate, challenge and redefine meanings of femininity. Their absent breast/s, or 'flat' bodies, immediately place them as

'other' to normative embodied femininity. However, rather than positioning themselves and their bodies as unfeminine or deviant, they engage with meanings of femininity in alternative ways that challenge dominant notions of womanhood:

Extract 1

I don't have personal experience with removing implants, as I chose to forgo recon. Also, I had a unilateral Mx. Having said that, I am SO happy with my decision. I'm 47 and fairly active, with two kids and an active job, and I just didn't want to be down with multiple surgeries, and I didn't want the extra risks. I'm acclimating to my body quite well. I still feel strong and sexy, and 7 weeks out from Mx my range was nearly normal, and I'm fully functional. I feel proud of my scar

Marsha,² 5 March 2016, *Going from Silicone implants to flat*

Note: 'Mx' is an abbreviation often adopted by forum users to refer to mastectomy.

The above extract is an abridged description of Marsha's experience of rejecting reconstruction after undergoing a unilateral mastectomy. She presents her experience with a clear sense of agency and personal choice – 'I chose to forgo recon', a 'decision' that she made. One reading of her invocations of 'empowerment' and 'choice' would be through an intersecting neoliberal and post-feminist lens. Although these two terms are traditionally associated with feminist political activism, they have since been co-opted and repackaged into postfeminist discourses of individualism and consumerism (McRobbie, 2009). At the same time, neoliberal health discourses place a high value on choice, positioning the subject as both patient and consumer who actively and responsibly seeks health information and produces health by regulating their choices accordingly (Briggs & Hallin, 2007), and in line with the information provided by health professionals and public awareness campaigns (Porroche-Escudero, 2014). Within this neoliberal rhetoric, a breast cancer patient bears responsibility to make the 'right' and 'best' decision (Gibson, Lee, & Crabb, 2014). Such a rhetoric contextualises Marsha's positioning of herself within a neoliberal patient-consumer subjectivity, emphasising her 'correct' choice.

In contrast to forms of agency shaped by neoliberal inducements, Marsha also exerts agency by positioning herself within a normalising discourse as a strong, healthy, and independent subject. Throughout the post, there is an emphasis on the descriptor 'active'; Marsha describes herself as an 'active' person with an 'active job' and also implies that she is 'active' as a mother. Taken together, activity and strength, suggest an able-bodiedness that works to distance Marsha from constructions of the breast cancer patient in relation to illness, disease, and disability. This distancing reflects Wendell's (1996) concept of the 'rejected body', where weak and suffering bodies are devalued in a society obsessed with the pursuit of youth, health, and longevity. Moreover, Marsha's reason for not undergoing reconstruction, as it would require 'multiple surgeries' and create 'extra risks', preserves the ability to be active. Her post emphasises her subjectivities as a mother, a career woman, and independent woman, which are strongly associated with able-bodiedness and independence.

Furthermore, a body acceptance discourse is evident from the way in which Marsha constructs herself as a woman who remains 'strong and sexy' and 'fully functional' in her post-mastectomy body with a 'nearly normal' range of movement. In cultures that define breasts as a visible and tangible signifier of womanhood, it would be understandable for women to reproduce embodied stereotypes in line with assumptions that the primary issue for post-mastectomy breast cancer patients is loss of femininity and sexuality (Langellier & Sullivan, 1998). However, Marsha's body acceptance is relocated in the phenomenological experience of embodiment rather than the appearance of the body; emphasising feeling rather than looks. She positions herself within a positive subjectivity where meanings of femininity are extended to female embodiment. That is, her feminine identity is constructed from her experience of being-in-the-world, where she feels strong, sexy, and physically capable.

Whereas Marsha enacts agency and empowerment by redefining femininity to better fit her own experiences of being-in-the-world as a woman with a non-normative body, some women more directly challenged the normative requirements of femininity. Both women in the section below use different discursive strategies to reject ableist and gendered policing of their bodies.

Anna offers specific critiques of the normative expectations about women's appearances held by doctors and surgeons, and Beth takes issue with society's narrow and limiting conceptions of gender.

Extract 2

It's not any doctor's place to tell you how you should express your social identity or gender, unless you ask them for that advice! Any surgeon who implies that it is an idiot at best. I have a buzz cut, no boobs, and no period. So, should I express myself as a man? Pffffft. Not unless I feel like it!

Anna, 9 September 2016, Thread: *I look for other flat chested women. A rant.*

Extract 3

I do think people don't notice us fabulous flatties as much as we might think. On the other hand, I feel like if they do notice and it changes their preconceived notions about what I "should" look like, then I have done them a service. I is what I is and am happy to be me!

Beth, 13 May 2015, *I look for other flat chested women. A rant.*

Anna's post responds to comments made by others within the community about doctors who pressure women to have reconstruction. She resists the authority of medical expertise, challenging the way in which doctors enforce the norms of femininity, tantamount to policing women's bodies. As a result of disease and surgery, Anna's body is without breasts, menstruation, and lacking hair: 'I have a buzz cut, no boobs, and no period'. Her body can thus be recognised theoretically as a 'rejected body' and an 'abject body', residing outside the norms of femininity and social acceptability. Rather than accepting her marginalised position, Anna draws on a gender-queer discourse that disrupts meanings of female and male embodiment to position herself as a 'queer' body that exists outside of the gender binary. Although her body is not traditionally feminine, it is also not positioned as masculine: 'So, should I express myself as a man? Pffffft. Not unless I feel like it!' Here, she takes on an embodied queer subjectivity where her gender identity is not based on the extent to which her body matches with gender appearance norms.

Beth's post can be understood as a reassertion of the 'truth' surrounding gender and identity and a refusal to be subservient to norms of femininity. Her talk refers to herself, and others like her as belonging to a group of 'fabulous flatties'. Understanding the use of 'fabulous' in this context requires consideration of 'fabulous' within queer culture. As Kushner (cited in McRuer, 2013) writes: '...it became a battle cry of a new queer politics' (p. 306). Buzny (2010) explains fabulousness as the ability for queers to reclaim what heteronormativity deems negative and shameful and, instead, to celebrate alternative gender identities. Beth borrows from a queer empowerment discourse positioning herself and others with 'flat' bodies within a fabulous subjectivity. She celebrates one-breasted bodies as 'fabulous' when they are so often shunned by compulsory able-bodied society. By adopting a fabulous subjecthood, she resists common constructions of the 'flat' breast cancer patient as ashamed, melancholic, difficult or, in some cases, mentally unstable (Sandell, 2008).

Beth's resistance is also embodied. Her talk constructs her body as a fleshy, living point of resistance to societal norms, observing that people do not typically notice the absent breasts of women who have forgone reconstruction but, when noticed, she argues that the sight of her body 'changes their preconceived notions about what I "should" look like'. She constructs this moment as an opportunity to challenge people's body expectations, suggesting that she has 'done them a service'. Beth therefore takes up a subject position where she is both an educator and an activist. Her embodied, non-normative self helps to deconstruct preconceptions of gender, femininity, and body normativity and actively promotes inclusivity of her post-mastectomy body. Beth's body makes visible the experience of breast cancer and breast loss. This is powerful in a society that Lorde (1997) described as dangerously obsessed with a return to normalcy through reconstructive surgery, which keeps non-reconstructed women invisible and contributes to the silence surrounding breast cancer. Lorde argues that this makes it difficult for women to come to terms with their

own bodies. A mastectomy is frequently constructed as a phase on a journey toward a return to normal through reconstructive surgery (Sandell, 2008). However, Beth incorporates her experience of having undergone a mastectomy into her sense of self and identity as a 'fabulous flattyy'. She also draws on a body acceptance discourse and projects a positive embodied subjectivity: 'I is what I is and am happy to be me!'

Another significant discursive strategy that women employed to disrupt norms of femininity was to challenge the social significance assigned to breasts as a symbol of femininity. One woman writing about her decision against reconstruction suggested that her feminine identity and sexuality were not located in the breasts: 'I leaned a lot on my husband and he has always told me he did not marry me for my boobs and that my boobs did not define who I was'. Another woman defined her breasts as deadly and not worth grieving over, as a striking counterpoint to discourses that construe breast loss as one of the worst tragedies that could happen to women in a cultural context that hyper-values breasts as a symbol of femininity. Writing about her life without breasts post-mastectomy, she stated 'I don't miss them. At all. After all, they tried to kill me'. Other women challenged the discourse that one of the most significant concerns for women with breast cancer is a loss of femininity (Sedgwick, 1999; Sulik, 2010). Across a number of forum posts, women asserted more pressing concerns such as being cancer-free and healthy or physically active and functional. As one woman commented, 'this was never about looks, it was about getting the cancer gone'. At the same time, women in the forum also recognised that choosing a non-normative body is a difficult decision and the ease of resisting gender norms is not the same across all women. Some pointed out that there is a tension between choosing 'health' and 'looking good', which was considered by some as especially consequential for single and/or younger women.

'Fluff' and 'silicone foobs': performing femininity

In the previous section, forum participants challenged, resisted, and redefined normative femininity. This section examines the ways in which women must negotiate cultural constraints of femininity, revealing how women need to manage their 'flat' embodiment through tools that women commonly use to perform conventional femininity. For some women, wearing clothes and accessories strategically disguises and conceals a 'flat' appearance to avoid the stigma associated with a 'deviant' body. Others choose to wear prosthetic breasts and padded bras in order to 'pass' as a reconstructed and recovered subject. Libby is an example of the former:

Extract 5

I choose to be flat mostly all the time. Like someone else said, ask to join Flat & Fabulous on facebook, a very supportive group of women who choose to go flat. All ages. It is a very valid choice. You can disguise yourself with scarves, or just be comfortable with who you are now. Sometimes when I have to deal with the public. I will wear a breast cancer ribbon necklace, it sorta answers everyone's questions. But honestly, I seem to find very few people notice, they just think I am "very small" LOL. Being flat can be very freeing, it can open up a new acceptance to yourself you never quite imagined. And of course, if the clothing feels wrong, or if you feel emotionally uncomfortable, you always have a choice to wear fluff:-)

Libby, 10 March 2015, *All things bras & prosthesis*

Libby draws on a choice discourse to construct herself as an agentic and self-choosing subject who has made the empowering decision to 'go flat' and not wear prostheses or mastectomy bras that would create the outward appearance on breasts. To account for her decision to 'go flat', she draws on a body acceptance discourse to construct a positively embodied self, suggesting that she 'goes flat' because she is 'comfortable' with her body as it is. This presents 'going flat' as advantageous, allowing those who are uncomfortable with their bodies the freedom to manage their appearance. With the assistance of clothing, these and other women who decide against reconstruction can 'disguise' the shape of their bodies and their absent chests. Clothing is a powerful tool that allows individuals to construct and project desired images of self that simultaneously discipline and restrict the female body (Entwistle,

2015). Wearing clothing that conceals is a strategy employed by women to manage stigma associated with an absent chest and gender non-conforming body, thereby 'passing' as normal (Goffman, 1963). Grogan, Gill, Brownbridge, Kilgariff, and Whalley (2013) found that clothes were strategically employed to achieve feminine body ideals by concealing or diminishing perceived physical flaws such as unwanted weight. Similarly, Libby's post suggests that women can conceal their chests by wearing strategically placed scarves or 'fluff', a soft insert placed within the bra to create the illusion of a chest. These tools of conventional femininity mask the physical trauma left from cancer. Deliberately dressing the body to create the illusion of a traditionally feminine embodied self for the public functions as a creative strategy to mediate emotional discomfort for Libby and others like her who have chosen to live with a 'flat' body.

Despite feeling 'comfortable' with her post-mastectomy body, Libby's post conveys a need to justify her body to the world. To 'deal with the public', Libby explains that she will wear a breast cancer ribbon necklace which signifies her experience with breast cancer and subsequently explains her breast loss. In this particular instance, through dress and accessorising, she adopts an illness discourse and positions herself as a breast cancer survivor who has undergone mastectomy. Presenting a need to account for her non-normative appearance to the public suggests that, under some conditions, constructing the self as a non-reconstructed, post-mastectomy subject is preferable to being labelled as disfigured or deviant. Libby demonstrates how negotiating her 'flat' body is not without tension. An underlying awareness of more dominant constructions of the non-normative female body as deviant and even repugnant troubles her sense of empowerment and self-acceptance. Wendell (1996) argues that the stigmatisation of disabled bodies is rooted in the collective cultural denial of the body's inevitable weakness. However, these complexities do not detract from the significance of publicly adopting a 'flat' embodied subjectivity. Lorde (1997) contends that 'wearing mastectomy' is empowering for all women because it brings corporeal difference, disability, and the trauma of breast cancer into visibility, thus challenging heteronormative expectations of femininity and its narrow ideals of beauty and normalcy.

Libby demonstrates how, through clothing and dress, women can choose to be 'flat' while simultaneously maintaining a normative embodied appearance for the public. The following extracts focuses on Sandy's and Chloe's use of prostheses and padded bras.³ Similar to clothing, prostheses are used to reconstruct a normative feminine appearance. However, a key difference lies in the emphasis on looking 'authentic' and 'passing' as a recovered subject. Where Sandy seeks to appear, feel, and pass as her pre-mastectomy self, Chloe wears prostheses to 'pass' as a recovered and reconstructed body whilst avoiding the risks of surgery.

Extract 6

Also, with a good fitter you can get some nice silicone foobs that pass the hug test. Don't have to worry about trying to get them balanced with more procedures. I am 62 and nursed my babies so had very relaxed boobs. LOL. She was able to replicate my previous appearance with a natural feel that is comfortable in my Genie bra. Not overly perky. Now I don't have to struggle with weight fluctuations that used to affect my bra size.

Sandy, 15 March 2015, *All things bras & prosthesis*

Sandy's account describes her experience with 'silicone foobs', which are silicone breast prostheses or vernacularly called 'fake boobs'. Sandy's discussion emphasises the ability of prostheses to create an authentic and natural appearance. She positions good prostheses as those that can replicate the 'natural feel' of her pre-mastectomy breasts and 'pass the hug test', to authentically 'replicate [her] previous appearance'. Young (2005) describes the ideal breasts as resembling Barbie's, 'round, sitting high on the chest, large but not bulbous, with the look of firmness' (p. 79). Counter to this normative ideal, Sandy presents an embodied self with breasts that are 'relaxed' and 'not overly perky'. They are 'natural' in the sense that they are congruent with the embodied subjectivity she positions herself within, as an older woman who is also a mother – 'I am 62 and nursed my babies'. Sandy deploys a normalising discourse that constructs prostheses as a tool to recreate an appearance that can pass

as her pre-mastectomy body. Her strategy is readily understood within readings of the 'flat' body as an ill body. With the aid of prosthetic breasts, Sandy can erase the signs of illness and appear as a 'whole body' and therefore 'well' body. By physically feeling and looking the same, she can restore the appearance of a healthy embodied self.

Extract 7

This time I gave reconstruction a thought, for about 5 minutes and decided that I wanted the freedom of no boobs. I was always very tiny and it never made a difference. My husband was just happy that I am alive and actually did not want to risk me having any more surgery. I didn't either after hearing tales of infections etc. from friends. So, I wear coobies, and am planning on getting very small fakes, or as we call them in Italian fugazis so I can go 'braless'. Because of my profession, no one knows I have no boobs as they just assumed I'd do reconstruction. Since my last and final mastectomy all I hear are compliments about my great "new set" – little do they know they are cotton balls.

Chloe, 26 May 2015, *Going Flat: Choosing No Reconstruction*

Consistent with Sandy's use of prostheses as a strategy to 'pass' off her body as authentic, natural, and healthy, Chloe's post adopts a discourse of 'passing' to negotiate her 'flat' body. However, the focus for Chloe is 'passing' as a recovered self as opposed to reconstructing a pre-mastectomy body. Recently diagnosed with breast cancer in her remaining breast (as noted in previous comments), Chloe chose not to reconstruct after her mastectomy and wears a brand of bra named Coobie, which is a seamless, wire-free bra with removable pads. Chloe's decision to not reconstruct and her resulting 'flat' embodied subjectivity is a point of resistance to the breast cancer recovery discourse. According to Crompton (2006), breast reconstruction is offered as the final step in the trajectory of recovery, where one can finally achieve wellness and recovery by regaining a complete sense of femininity. This step positions the 'flat' body as a liminal or transient phase that can only exist up until the point a decision about breast restoration is finally made. The pervasiveness of this discourse becomes evident as Chloe talks humorously about those who mistakenly assume she has reconstructed breasts: 'no one knows I have no boobs as they just assumed I'd do reconstruction... all I hear are compliments about my great "new set" – little do they know they are cotton balls'.

Discourses that position reconstruction as a crucial part of breast cancer recovery leave little space for women to experience their post-surgery bodies as normal or feminine without breasts. However, Chloe presents herself as dressing to avoid subjectification as abnormal or unfeminine by wearing a padded bra to take on the embodied subjectivity of a 'whole' bodied woman with two breasts. This ensures that her 'flat' body and her decision to remain 'flat' remain private. Chloe draws on an empowerment discourse to construct herself as an empowered subject with the 'freedom of no boobs'. She is free from any additional surgery and any potential complications associated with reconstruction yet retains the ability to 'pass' as a reconstructed body. It should be noted that her commentary positions ease of 'passing' as contingent on the size of her mastectomised breasts. She describes her pre-mastectomy breasts as 'very tiny'. With relatively minimal difference in her appearance before and after mastectomy, a padded bra (as opposed to a sizable prosthesis) is enough for Chloe to avoid any possible stigma her decision could garner and allow her to pass as a reconstructed and therefore recovered subject.

Concluding discussion

We have explored how women in online communities negotiate non-reconstructed post-mastectomy bodies within a hyperfeminine breast cancer culture where reconstruction is presented as the norm. The findings capture the tensions between resistance to, and conformity with, normative femininity, moving beyond binaries of liberation and oppression (see Ehlers, 2012). The women's accounts bear many similarities to the practices of concealment and resistance to manage the 'abject' post-cancer body discussed by Parton et al. (2016). In particular, the women's accounts reveal how the lived experience of having non-normative 'flat' bodies can destabilise notions of

gender and sex (Butler, 1990). The experience of being women without breasts ruptures social constructions of femininity as located within the body. In a small way, the experiences of women with 'flat' bodies resonate with a transgender exposé of the untruth behind the dominant assumptions that a person's sex determines their gender (Connell, 2012; Salamon, 2010). Although they felt and identified as women, the women in these forums were discursively stripped of their femininity by a society that reads their bodies as primarily 'ill' and 'deviant'. The disjuncture between their experiences of femininity and broader gender norms, forced these women to extend and redefine the boundaries of femininity to fit their 'flat' bodied experience. Through their discursive constitutions of themselves, they were able to exert agency and empowerment against the abjection and objectification of their bodies.

Despite resistance to narrow definitions of femininity, 'flat' bodied women were also constrained by gendered and heterosexual discourses which equate femininity with an idealised body image that conflates 'wholeness' with wellness (Crompvoets, 2012). Recognising the privilege that is packaged into a 'whole' and normative body, some of these women, like those who dress to look slim or obtain an hourglass figure (Grogan et al., 2013), used clothes and prostheses to 'conceal' the signs of illness to 'pass' as 'normal'. This highlights how, even after facing a life-threatening illness, women are not exempt from discourses that celebrate a very narrow ideal of femininity and render all other subjectivities inadequate.

Performing normative femininity is a resourceful strategy for 'flat' bodied women to navigate the constrictive pressures of normative femininity, but this also risks rendering the body invisible to the public, and to each other (Lorde, 1997). The alienation of women from each other fortifies femininity norms, perpetuating a cycle of conformity which leaves the status quo unchallenged. However, it needs to be acknowledged that wearing prostheses and dressing to perform femininity should not be reduced to mere conformity. Experiencing breast cancer, suffering chemotherapy, and having a mastectomy, is a painful process that can leave a person feeling dehumanised and degendered (Crompvoets, 2006; Rubin & Tanenbaum, 2011). Deciding against reconstruction was described in many of the forum posts as a way to avoid extra surgery. Dressing to perform femininity, then, can be a means for gender expression rather than conformity. Yet it is crucial to remain critical of the power relations which constrain choice for women living in a patriarchal society whose interests lie with upholding its own power.

In a dominant breast cancer culture where women who remain non-reconstructed are marginalised, the internet can provide a safe space to foster an alternative forum where their experiences and feelings are validated, and the decision to be, and continue to be, 'flat' can be celebrated as positive and permanent. The ongoing connections created by the women's participation in an online community strikes a chord with the individual work of Rose (2007) and Porroche-Escudero (2014), in relation to the practice of sharing and collectivising stories to normalise women's experiences. Engaging in discussions about living without reconstruction is empowering as it allows 'flat' bodied women to realise that the shaming of their bodies is not a personal problem. Instead they come to understand it as a shared experience, a manifestation of wider systemic inequalities on gendered lines. Through the internet community these women were able to generate their own definitions of self, femininity, and womanhood, empowering each other to resist the regulation of their bodies and sharing knowledge of how to navigate the world in non-normative bodies. Although women's empowerment on the internet is not free from corporate interests, medical power, and dominant ideologies (Pitts, 2004), the internet does offer opportunities to challenge hegemonic authority and knowledge.

The complex negotiations of femininity by women with non-reconstructed post-mastectomy bodies online that we have shown here highlights how gender discourses infiltrate every aspect of a woman's life. Under heightened femininity pressures, the lived experiences of 'flat' bodied women provide insight into how all women are in some way enabled and constrained by gender discourses. These discourses are mobilised in different ways. As we aim to show, women's use of

the internet highlights the crucial role of community in resisting oppression. By coming together and sharing their lived experiences, women can move out, if only momentarily, of silence and regulation. Online spaces remove some of the restrictions to building community that exist offline. Obstacles of physicality such as distance, time, and space, frustrate the coming together of 'flat' bodied women. The ease of accessibility and the possibility of anonymity contribute to the safe space of a supportive internet forum where women are able to present the body as it is lived, creating their own truths surrounding femininity, illness, and identity.

Notes

1. Data from the United States suggests reconstruction rates are rising (Jagsi et al., 2014). In 2016, 109,256 American women received reconstructive surgeries, a 39 percent increase from 2000 (American Society of Plastic Surgeons (ASPS), 2016, p. 10).
2. All women have been given pseudonyms to preserve a sense of personhood.
3. A prosthetic breast (sometimes called a breast form) is commonly used by 'flat' women to create the shape of a breast on their bodies. It is a detachable object that is either placed in a pocket sewn into the bra interior or adhered to the skin.

Disclosure statement

No potential conflict of interest was reported by the authors.

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References

- American Society of Plastic Surgeons (ASPS). 2016. *Plastic surgery statistics report*. Texas: ASPS. Retrieved from <https://www.plasticsurgery.org/news/plastic-surgery-statistics>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Briggs, C. L., & Hallin, D. C. (2007). The neoliberal subject and its contradictions in news coverage of health issues. *Social Text*, 93(25), 4.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- Buzny, J. A. (2010). *Queer alchemy: Fabulousness in gay male literature and film* (Master's thesis). McMaster University, Canada.
- Cobb, S., & Starr, S. (2012). Breast cancer, breast surgery, and the makeover metaphor. *Social Semiotics*, 22(1), 83–101.
- Coll-Planas, G., Cruells, M., & Alfama, E. (2017). Breast surgery as a gender technology: Analysing plastic surgeons' discourses. *Studies in Gender and Sexuality*, 18(3), 178–189.
- Connell, R. (2012). Transsexual women and feminist thought: Toward new understanding and new politics. *Signs: Journal of Women in Culture and Society*, 37(4), 857–881.
- Cromptoets, S. (2003). Reconstructing the self: Breast cancer and the post-surgical body. *Health Sociology Review*, 12(2), 137–145.
- Cromptoets, S. (2006). Comfort, control, or conformity: Women who choose breast reconstruction following mastectomy. *Health Care for Women International*, 27(1), 75–93.

- Cromptvoets, S. (2012). Prosthetic fantasies: Loss, recovery, and the marketing of wholeness after breast cancer. *Social Semiotics*, 22(1), 107–120.
- Ehlers, N. (2012). Tekhnē of reconstruction: Breast cancer, norms, and fleshy rearrangements. *Social Semiotics*, 22(1), 121–141.
- Ehlers, N. (2015). The SCAR project: Disability aesthetics of dis-ease. *Journal of Literary & Cultural Disability Studies*, 9(3), 331–347.
- Ehrenreich, B. (2001). Welcome to cancerland. *Harper's Magazine*. 1 November, 43–53.
- Emilee, U., & Perz. (2010). Sexuality after breast cancer: A review. *Maturitas*, 66(4), 397–407.
- Entwistle, J. (2015). *The fashioned body: Fashion, dress, and modern social theory*. Malden: Polity Press.
- Eysenbach, G., & Till, J. E. (2001). Ethical issues in qualitative research on internet communities. *British Medical Journal*, 323(7321), 1103–1105.
- Fang, S. Y., Shu, B. C., & Chang, Y. J. (2013). The effect of breast reconstruction surgery on body image among women after mastectomy: A meta-analysis. *Breast Cancer Research and Treatment*, 137(1), 13–21.
- Flicker, S., Haans, D., & Skinner, H. (2004). Ethical dilemmas in research on Internet communities. *Qualitative Health Research*, 14(1), 124–134.
- Gavey, N. (1989). Feminist poststructuralism and discourse analysis: Contributions to feminist psychology. *Psychology of Women Quarterly*, 13(4), 459–475.
- Gershfeld, L. A., & Jacoby, R. (2017). Immediate breast reconstruction: Does it restore what was lost? A qualitative study. *Illness, Crisis & Loss*. doi:10.1177/1054137317705876
- Gibson, A. F., Lee, C., & Crabb, S. (2014). 'If you grow them, know them': Discursive constructions of the pink ribbon culture of breast cancer in the Australian context. *Feminism & Psychology*, 24(4), 521–541.
- Goffman, E. (1963). *Stigma: Notes on a spoiled identity*. New York, NY: Jenkins, JH & Carpenter.
- Greco, C. (2015). Shining a light on the grey zones of gender construction: Breast surgery in France and Italy. *Journal of Gender Studies*, 25(3), 1–15.
- Grogan, S., Gill, S., Brownbridge, K., Kilgariff, S., & Whalley, A. (2013). Dress fit and body image: A thematic analysis of women's accounts during and after trying on dresses. *Body Image*, 10(3), 380–388.
- Grogan, S., & Mehan, J. (2016). Body image after mastectomy: A thematic analysis of younger women's written accounts. *Journal of Health Psychology*. doi:10.1177/1359105316630137
- Hakim, C. (2010). Erotic Capital. *European Sociological Review*, 26(5), 499–518.
- Holland, F., Archer, S., & Montague, J. (2016). Younger women's experiences of deciding against delayed breast reconstruction post-mastectomy following breast cancer: An interpretative phenomenological analysis. *Journal of Health Psychology*, 21(8), 1688–1699.
- Holtz, P., Kronberger, N., & Wagner, W. (2012). Analyzing internet forums. *Journal of Media Psychology*, 24(2), 55–66.
- Jagsi, R., Jiang, J., Momoh, A. O., Alderman, A., Giordano, S. H., Buchholz, T. A., ... Smith, B. D. (2014). Trends and variation in use of breast reconstruction in patients with breast cancer undergoing mastectomy in the United States. *Journal of Clinical Oncology*, 32(9), 919–926.
- Jain, S. L. (2007). Cancer butch. *Cultural Anthropology*, 22(4), 501–538.
- King, S. (2008). *Pink ribbon, inc: Breast cancer and the politics of philanthropy*. Minneapolis: University of Minnesota Press.
- Langelier, K. M. (2001). You're marked': Breast cancer, tattoo, and the narrative performance of identity. In J. Brockmeier & D. Carbaugh (Eds.), *Narrative and identity: Studies in autobiography, self and culture* (pp. 145–184). Amsterdam: John Benjamins.
- Langellier, K. M., & Sullivan, C. F. (1998). Breast talk in breast cancer narratives. *Qualitative Health Research*, 8(1), 76–94.
- Lorde, A. (1997). *The cancer journals*. San Francisco: Aunt Lute Books.
- Lunnay, B., Borlagdan, J., McNaughton, D., & Ward, P. (2015). Ethical use of social media to facilitate qualitative research. *Qualitative Health Research*, 25(1), 99–109.
- McRobbie, A. (2009). *The aftermath of feminism: Gender, culture and social change*. London: Sage.
- McRuer, R. (2013). Compulsory able-bodiedness and queer/disabled existence. In D. H. Hall & E. A. Jagose (Eds.), *The Routledge queer studies reader* (pp. 488–497). London: Routledge.
- Millsted, R., & Frith, H. (2003). Being large-breasted: Women negotiating embodiment. *Women'S Studies International Forum*, 26(5), 455–465.
- Nightingale, D. J., & Cromby, J. (1999). *Social constructionist psychology: A critical analysis of theory and practice*. Philadelphia: Open University Press.
- Paechter, C. (2006). Masculine femininities/feminine masculinities: Power, identities and gender. *Gender and Education*, 18(3), 253–263.
- Parton, C. M., Ussher, J. M., & Perz, J. (2016). Women's construction of embodiment and the abject sexual body after cancer. *Qualitative Health Research*, 26(4), 490–503.
- Petersen, & Matuschka. (2004). Interview with Matuschka: Breast cancer, art, sexuality and activism 1. *International Journal of Qualitative Studies in Education*, 17(4), 493–516.
- Pitts, V. (2004). Illness and internet empowerment: Writing and reading breast cancer in cyberspace. *Health*, 8(1), 33–59.

- Porroche-Escudero, A. (2014). Perilous equations? Empowerment and the pedagogy of fear in breast cancer awareness campaigns. *Women's Studies International Forum*, 47, 77–92.
- Rose, N. (2007). *The politics of life itself: Biomedicine, power, and subjectivity in the twenty- first century*. Princeton: Princeton University Press.
- Rubin, L. R., & Tanenbaum, M. (2011). "Does that make me a woman?" Breast cancer, mastectomy, and breast reconstruction decisions among sexual minority women. *Psychology of Women Quarterly*, 35(3), 401–414.
- Salamon, G. (2010). *Assuming a body: Transgender and rhetorics of materiality*. New York, NY: Columbia University Press.
- Sandell, K. (2008). Stories without significance in the discourse of breast reconstruction. *Science, Technology & Human Values*, 33(3), 326–344.
- Schultz, J. E. (2013). Valid/invalid: Women's cancer narratives and the phenomenology of bodily alteration. *Tulsa Studies in Women's Literature*, 33(1), 71–87.
- Schulzke, M. (2011). Hidden bodies and the representation of breast cancer. *Women's Health and Urban Life*, 10(2), 37–55.
- Sedgwick, E. K. (1999). Breast cancer: An adventure in applied deconstruction. In J. Price & M. Shildrick (Eds.), *Feminist theory and the body: A reader* (pp. 153–156). New York, NY: Routledge.
- Slatman, J., Halsema, A., & Meershoek, A. (2016). Responding to scars after breast surgery. *Qualitative Health Research*, 26(12), 1614–1626.
- Spence, J. (2012). [Exhibition]. *Jo Spence: Work (Part II) [Exhibition catalogue]*. London, United Kingdom: Studio Voltaire.
- Sulik, G. A. (2010). *Pink ribbon blues: How breast cancer culture undermines women's health*. Oxford: Oxford University Press.
- Ussher, J. (2011). *The madness of women: Myth and experience*. New York, NY: Routledge.
- Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. New York, NY: Routledge.
- Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method*. Buckingham: Open University Press.
- Young, I. (2005). *On female body experience: "Throwing like a girl" and other essays*. New York, NY: Oxford University Press.