Hair Loss Induced by Chemotherapy: An Anthropological Study of Women, Cancer and Rehabilitation

Helle Ploug Hansen Professor

Online Publication Date: 01 April 2007
To cite this Article: Hansen Professor, Helle Ploug (2007) 'Hair Loss Induced by Chemotherapy: An Anthropological Study of Women, Cancer and Rehabilitation', Anthropology & Medicine, 14:1, 15 - 26
To link to this article: DOI: 10.1080/13648470601106335
URL: http://dx.doi.org/10.1080/13648470601106335

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.informaworld.com/terms-and-conditions-of-access.pdf

This article maybe used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
Hair Loss Induced by Chemotherapy: An Anthropological Study of Women, Cancer and Rehabilitation

Helle Ploug Hansen

Throughout history hair has universally been a powerful symbol of the relationship between individuals and society, denoting religious affiliation, and has acted as a symbol of the social, cultural and political status quo. Hair loss, which is often perceived as a loss of individuality and attractiveness, has been related to the absence of status in these areas. The impact of hair loss on women undergoing chemotherapy treatment for cancer has primarily been explored by health professionals focusing on its psychological effects. This paper looks at women’s experiences with hair loss induced by chemotherapy in a Danish context. It draws on an ethnographic fieldwork study comprising participant observation at three residential cancer rehabilitation courses in Denmark, subsequent in-depth interviews with some of the women and examination of written sources. The women equated hair loss with the loss of womanhood, sickness and death, and used wigs and make-up to minimize these effects. The analysis demonstrates how the women’s embodied experiences are pervaded by culturally embedded signs, and how cancer rehabilitation is less concerned with total recovery in the sense of ‘being cured’ than with normalizing and integrating the individual in personal and social contexts.

Introduction

Throughout history, hair has universally been a powerful symbol of the relationship between the individual and society (Frazer 1935; Leach 1958; Obeyesekere 1984; Freedman 1994; Hildebeitel 1998). It has signalled religious affiliation and has acted as a symbol of the social, cultural and political status quo. Hair has been associated with maturity, beauty, age and gender, and absence of hair has denoted a loss of individuality, sexuality and attractiveness (Firth 1973; Freedman 1994; Batchelor 2001). Female cancer patients who undergo chemotherapy treatment often experience hair loss (e.g., Batchelor 2001; McGarvey 2001; Rosman 2004).
A number of cancer chemotherapy treatments cause partial or complete hair loss (Crounse & van Scott 1960). One to two weeks after the first treatment hair loss typically begins, accelerating over the course of the subsequent one to two months (Davidhizar & Bartlett 1993; McGarvey 2001, p. 284). Loss of hair occurs not only on the scalp but often also on other regions of the body. Patients can lose eyebrows and eyelashes, as well as axillary and pubic hair (Howser 1996; Seipp 1997). On some patients scalp hair slowly becomes thinner day by day; in others it falls out within a few days. Once chemotherapy is completed, the hair usually grows out again (McGarvey 2001, p. 284; Batchelor 2001, p. 151).

As part of an anthropological research project on women, cancer and rehabilitation (Hansen 2004), the author carried out ethnographic fieldwork during three cancer rehabilitation courses in Denmark. The purpose of this part of the project was to gain an insight into how women cancer survivors experience a rehabilitation course, and if and how the course had an effect on their everyday lives afterwards. During participant observation on the courses one issue arose spontaneously. Most of the women had experienced hair loss induced by chemotherapy, and the impact on their individuality, their social relations and everyday lives led me to focus on this issue.

This paper proposes to explore the women’s experiences of hair loss induced by chemotherapy used to treat cancer. ‘Experience’ will be understood as being located both within and beyond the individual woman, ‘...as held in a tension among the components of the “lived life”, which include the structures, ideologies, and relations in which the woman is intrinsically a part’ (McDonald & McIntyre 2002, p. 263).

Biology and Culture

Hair is a bodily appendage to the skin. It is a remnant of the insulating hairiness left behind when our ancestors became upright human creatures. Hair comes in two different types: Guard hair (hair on the scalp, eyebrows and eyelashes) and velus (down) hair. The fine down hair in armpits and pubic area turns into guard hair in puberty. Scalp hair protects the scalp against sunlight, snow and heavy rain, eyebrows protect eyes against rain and sweat, and eyelashes provide protection against insect and foreign bodies. Hair is, however, not just a product of our biological inheritance.

Frazer conducted one of the earliest anthropological studies about hair customs, the significance of the head and the methods used by people of widely different cultures to dispose of unwanted hair and nails (1935). The head and head hair became sacred and taboo, because people believed spirits or divinities resided there. ‘When the head was considered so sacred’, Frazer concludes (p. 258), ‘it is obvious that the cutting of the hair must have been a delicate and difficult operation’. Leach found head hair to be widely used as a ritual symbol with genital and anal connotations arguing that it is the ritual situation that makes the hair powerful, not vice versa (Leach 1958, pp. 157, 159). Obeyesekere follows Leach in seeing the essence of public symbolic behaviour (here in relation to hair) as communication (Obeyesekere 1984, p. 14). Obeyesekere also suggests that psychic mechanisms can have cultural significance and, obversely, publicly shared symbols relating to hair can have individual psychological meaning. A public symbol as ‘the matted hair of the
Hindu ascetic\(^2\) must be recreated each time by individuals in that social group. If not, it would cease to exist as a symbol except in texts (pp. 18, 33).

Despite a growing research interest in corporeal regimens of the body in relation to cancer, such as physical exercises, dieting and cosmetic surgery (Adamsen et al. 2004; Manderson 1999; Pinto & Meruyama 1999; Courneya 2003), the impact of hair loss on cancer patients has mainly been examined from the perspective of the health professional. Some of these studies examine the psychological and social impact of hair loss especially in relation to women (Sim 1990; Freedman 1994; Gallagher 1997; Williams et al. 1999; Batchelor 2001). Batchelor identifies in her literature review the following themes, ‘... preparing for hair loss, experiencing hair falling out, realizing an altered sense of self, trying to look normal, being reminded of the disease, joking about alopecia, sharing being bald, having problems with wigs, taking control, experiencing hair growing back’ (p. 148). A few studies show the refusal of patients to undergo chemotherapy for fear of losing their hair (Tierney & Taylor 1991; Bachelor 2001) and a few studies examine women’s experiences with scalp cooling to reduce or prevent inevitable total hair loss (Dean et al. 1983; Tollenaar et al. 1994; Peck et al. 2000). One study examines hair loss induced by chemotherapy from a sociological perspective using Goffman’s notion of stigma as a conceptual framework (Rosman 2004). Patients with cancer suffering from hair loss are discredited. When they do not hide their hair loss, their stigma is instantly visible. When they wear a wig they are discreditable, even though their stigma may not be immediately visible (p. 337). A few women adopt a strategy of total disclosure. They do not wear wigs or only wear them in certain situations. These women see baldness as a logical and inevitable consequence of the treatment (p. 338).

**Study Design**

Data was generated from an ethnographic fieldwork study comprising participant observation, informal interviews, in-depth interviews and the study of written sources. The fieldwork took place during three week-long, residential rehabilitation courses, and subsequently in the homes of the women participating, and in a self-help group of five women cancer survivors. All women on a course or in the self-help group received in advance a letter about the research project and the ethical issues involved, including those relating to confidentiality. The author also asked for permission to interview them after the course.

**The Rehabilitation Courses**

The first course, entitled *Getting Going Again* (I gang igen), was for women with breast cancer and was held at a Folk High School in East Jutland with 18 women participants. The second course was called *Spa and Recreation* (Spa og rekreation) and was for men and women with different kinds of cancer along with their relatives. It was held at a Health Resort and Spa Hotel north of Copenhagen and seven women and one relative, a daughter, took part. The third course, *Body Image*, was for women
with different kinds of cancer. It was held at a Holiday Centre in Northern Jutland and was attended by 24 women.

The courses were conducted by health-care personnel from the Cancer Supervision Centre under the auspices of the Danish Cancer Society. The women participating had heard about the courses either from earlier course participants, a social worker or a psychologist at a Cancer Supervision Centre or had read about them in a brochure published by the Danish Cancer Society. Uniting the participants was the decision ‘to do something for themselves’, as they expressed it. Most of the women on the courses and in the self-help group were between 45 and 55. They had to pay 250–600 € for the whole course including board and lodging, though many received grants from the Danish Cancer Society, for instance, reducing the amount actually paid to 50–150 €.

The three courses were organized in similar ways. The programme of the week included daily physical exercises in a hot pool and in the gym led by a teacher, lectures about subjects such as various cancers, social and psychological problems and needs, spiritual and religious matters, make-up and style, alongside small group discussions on themes such as life after cancer, social support and partnership. Throughout the day and in the evenings informal gatherings took place.

**Participant-observation and informal interviews.** At the courses the author carried out participant-observation from early morning to late evening. She took part in the same activities as the women (Hansen 2004) and, particularly in the evenings, conducted informal interviews. The author took field-notes during the different activities and each evening revised them thoroughly. During the course she selected women for the in-depth interviews—a task made easier because nearly all were willing to be interviewed. The process of selecting the women took place in two steps. First the author selected women to whom she had already established a good rapport and who were interested in sharing their experiences with her. The author then chose from among these women to establish a variety of respondents—women living singly and in a partnership, women of different ages, with different cancers and from geographically and socially distinctive parts of the country.

**In-depth interviews.** The author conducted in-depth interviews with a total of seven women from the first course, two from the second and 10 from the third. In addition she interviewed the self-help group four times during one year. The individual interviews took place in the women’s homes three to six months after they had participated in a course, and the interviews with the self-help group took place at one of the Cancer Supervision Centres on Zealand. The interviews were guided by field-notes and the activities at the courses and were tape-recorded and transcribed verbatim. The purpose of the interviews was to support the data from participant observation and to gain a deeper insight into the women’s experiences of hair loss in particular.

**Written sources.** The written sources consisted of Danish textbooks for nursing students, published autobiographies, papers by or interviews in Danish weekly
magazines with Danish women who had survived cancer. The sources had to have been published in the period 1998–2003 to match the period of the fieldwork data and they had to focus on the women’s experiences with cancer, treatment and/or rehabilitation. The written sources acquired the status of empirical data and were included in the analysis together with the data from participant observation, informal and in-depth interviews.

**Analytical Considerations**

In analysing the data, three themes relating to hair loss were prominent—‘loss’, ‘appearance’ and ‘minimization of effects’. In what follows the author shall use three dialogues, an extract from an interview and a tiny part of my written sources to ground my analysis in the empirical data. The data are representative of the rest of my empirical material. The data relating to ‘loss’ and ‘appearance’ will be analysed semiotically (Peirce 1958). With the theories of Leach (1958), Firth (1973) and Obeyesekere (1984) we can explore hair and hair loss from different symbolic theoretical perspectives. We may explore how psychic mechanisms can have cultural significance, and, vice versa, how publicly shared symbols about hair can have individual psychological meaning (Obeyesekere 1984, p. 14).

We can decode the symbols surrounding hair and hair loss semiotically. Peirce emphasized signs as being the fundamental features of human life, ‘Every thought is a sign, and we cannot think without the use of signs, verbal or gestural. Signs stand for something to somebody’ (Peirce 1958, p. 16). He classified signs into three types according to the relationship between the sign and its object. The symbol is just one kind of sign, the icon and the index are other sign types (Peirce 1958; Daniels 1987). The iconic sign and its object must share some quality and in some way resemble each other. The link between the indexical sign and its object is contiguity or concurrence. The link between the symbolic sign and its object is convention. The sign and the object are brought together by virtue of an agreement (Daniels 1987, p. 31). This part of the analysis can contribute to an understanding of how culturally embedded signs relating to hair loss permeate the women’s embodied experiences.

The theme of ‘minimization of effects’ will be explored from another theoretical perspective to gain insight into the relationships between individual and society, agency and power (Samuelsen & Steffen 2004, p. 4). With the notion of agency we can stress the status of the individual women as subjects experiencing, acting and manoeuvring in the world. They ‘... make strategies and reflect in spite of the frames and perhaps limitations set by the structures of societies’ (p. 4). A small portion of Foucault’s work dealing with the relationship between the subject and society and with the forms of understanding subjects create about themselves through technologies of the self and technologies of power will be used (Foucault 1988, p. 18). The ways in which the women seek to minimize the effects of hair loss can be understood as forms of technology of the self and technologies of power engaged in processes of ‘taking care of oneself’ and of regulating the body. Technologies of the self concern heterogeneous strategies the individual woman mobilizes in order to change or transform herself—for example, through breast prostheses, wigs, caps
and make-up. Technologies of power are mechanisms and initiatives of various kinds (for example, at the political and organizational level), aimed at targeting, regulating and disciplining individuals, through exercise and training, for example (p. 18).

‘My Bald Head Always Freezes at Night’

Many of the women experiencing hair loss talked about their experience of freezing and being unprotected without head hair but also without eyelashes and eyebrows. During participant-observation on the course: ‘Getting Going Again’, the author overheard the following dialogue:

Sara: What is this? (points at a piece of cloth on the table)
Mary: It’s a small cap, I use at night. My bald head gets very cold, and I don’t like wearing the wig in bed. Anyway, I got the idea of making small caps out of baby vests (she picks two or three out of her bag). Have a feel—they’re really soft.
Jacky: Oh! What a good idea. My bald head always freezes at night. (she puts the cap in her hand)
(The conversation continued for a few minutes. Jackie borrowed the cap for the following night.)

If we start by taking the utterances literally, the women lose something, when they lose their hair, namely the ability to keep their head warm. Hair loss is constituted as an indexical sign. This is the sign type where contiguity or concurrence defines the relationship between the sign (the bald head) and the object (the freezing effect): ‘Indexical signs are what we call facts. They are “obvious”, even more obvious than icons to their users’ (Daniels 1987, pp. 31–32). The women treat hair loss functionally. It becomes a cause leading to a specific effect.

If we do not take the utterances literally, another relationship, iconic in nature, can be distinguished in this creative act of communicating experiences. Perhaps the utterances ‘my bald head gets very cold’ and ‘I don’t like wearing the wig in bed’ also refer to the women’s experience of losing something else—for instance, femininity, sexuality and womanhood. This assumption will be in focus in the following.

‘For a Girl to Lose Her Hair is a Big Deal’

During a group session (four women and the author) about life after breast cancer at the ‘Getting Going Again’ course, the women talked about hair, hair loss and make-up.

Ann: For a girl to lose her hair is a big deal.
(The other women nod.)
Kathy: Yes, I have a sense of vanished femininity without my hair.
(The other women nod.)
Ann: You see, I didn’t realize before I lost my long blond hair, my eyebrows—everything, how much my hair meant to me.
Susan: I joined one of these workshops, you know called ‘Look good—feel better’.
(Someone says ‘yes’.)
I got this huge bag with cosmetic products such as lipstick, cover cream, rouge, powder—mascara, eye pencil, eye shadow and . . . . This really helped me regain a bit of my womanhood.

Kathy: I think you also lose some of your sexual attraction—I can’t wait to get my hair back. My husband says he likes my bald head—he wants to kiss it (she laughs a bit). He can’t understand why I can’t just be happy surviving the cancer.

Doris: Without hair you look like a child—no, rather like a nun, like you’ve been neutered, and who wants that!

(The women continue their exchange of stories for a while returning frequently to the loss of their womanhood.)

The utterances are centred round ‘loss’. In the analysis of the dialogue about the cap the author suggested the involvement of an iconic relationship in the women’s creative act of communicating experiences. She will qualify this assumption. The women showed up an association between hair loss and loss of femininity, sexuality, attractiveness and womanhood. Only one woman in the study never wore wig or make-up. She stated, ‘I did not want to get on the beauty bandwagon, and anyway the wig was too hot’. Baldness as a result of hair loss is for most of the women interpreted as a sign referring to the object ‘loss of womanhood’. The sign and its object share some quality and in some way resemble each other. In the context of hair loss the word ‘loss of womanhood’ may be understood as representing the iconic relationship par excellence. Loss of femininity, sexuality, self-confidence and good looks may also function as icons when they take part in the women’s interpretation of loss of womanhood. The dialogue between the women also shows their experiences to be not simply either subjective or objective, but also constituted through discourses about hair loss (for instance the workshops ‘Look Good—Feel Better’) and through relationships between the women taking part in creating these realities. This part of the analysis shows how the signs about hair loss are culturally embedded and how they penetrate the women’s embodied experiences. The following focuses on references of hair loss to death.

‘You Look Like Death’

During an interview at Lisa’s, she told the author this story:

When you lose your hair, you really look sick. One day when my father-in-law was coming to have lunch with us—as he does every Sunday—I’d been asleep and I just forgot to put on my wig. When he rang the doorbell I opened the door, and I could see something was terribly wrong. He entered the hall and closed the door. Then he said with some annoyance: ‘Please put your wig on. You nearly scared the life out of me. You look so sick and . . . ’ Here he stopped. I ran into the bedroom with tears in my eyes. I knew he had been going to say I looked as though I was going to die soon. So I put my wig on, went into the bathroom, put some rouge on my cheeks and continued preparing the lunch. I felt so sorry for him—I didn’t mean to frighten him.

One evening at the ‘Body Image’ course, I listened to a conversation between some of the women. Among other things they talked about their experiences of hair loss, wigs and make-up. Conny had described the distressing process of hair loss and how her husband had at last taken the electric hair trimmer and removed the rest of her hair.
She had cried and her husband had convinced her to look at her bald head in the mirror. She ended her story by saying, ‘I remember I just screamed: “Oh my God, I look like death!”’

Helen: I know exactly how you felt. Without your hair you look like someone who’s going to die. I phoned a girlfriend of mine and I tried to be very humorous—so after saying hello to her I said: ‘I would like you to come over to my house, I want to show you what it looks like being at death’s door’—I burst into tears—I can’t remember what she said, but she came over. And throughout my chemotherapy treatment I wore a wig so people wouldn’t think ‘Oh no, she is really sick.’
Paula: I don’t know about you, but all these months without hair, eyelashes, eyebrows and so on, I have worked so hard at not letting other people see I was sick—only my husband has seen me without wig and make-up a few times.
Susan: Yes, I never left the house without my wig and make-up on. I needed my ‘war paint’, and I’ve always been good at using an eye pencil. At work no-one noticed. I drew on my eyebrows, and then I drew a line around my eyes. You care for others by wearing a wig and make-up, and I didn’t want to remind people of death.
Conny concludes this theme: It was only after I got sick that my friends started saying ‘You look really great.’

The notion of ‘appearance’ is prominent. The women talk about the ways they see themselves as sick and deathlike and the ways they interpret how they might look to others. The data point up an interpretation of the woman’s bald head as a very powerful sign associated with gender, the body and death. Iconic sign relationships become created again and again during the dialogues and the story-telling processes. Furthermore the data show the process of the women seeking to minimize the effects of hair loss.

Minimization of Effects

To minimize the effects of hair loss the women act and manoeuvre in different ways. In the first dialogue the women talked about using caps at night. This can be understood as a means to minimize the effect of cold on their head. But it can also be viewed as a means to minimize the effect of looking neutered, like a nun or a child. The cap might then be viewed as part of the women’s post treatment, a body image constructed to recreate a woman. Perhaps the cap or a wig and make-up function as an extension of the body—for instance, in intimate situations in the same way that breast prostheses, t-shirts or bras do for women who have undergone a mastectomy (Hansen 2003; see also Young 1990).

In the second dialogue Susan talks about the workshops ‘Look Good—Feel Better’ and how the cosmetic products helped her regain a sense of her womanhood. In using the products, she demonstrated to the other women the ways in which she saw herself as an agent in her everyday life. By bringing a small portion of my written sources into the analysis, we can focus on the relationship between the women and society. In a Danish newspaper a journalist wrote a paper about the ‘Look Good—Feel Better’ workshops. The journalist wrote, ‘They [the women with hair loss induced by chemotherapy] do not like to look at themselves in a mirror, because what greets them is not a pretty sight’ (Bryld 1999). She also quoted a nurse,
‘After the workshop, when all the women have had their skin cleansed and got some colour in their cheeks, eyes and lips, they often feel their self-confidence has been boosted and many go out with their partner after the course—it’s been a long time since they’ve felt this good... Your body image has a lot to do with self-confidence. If you can look at yourself in the mirror and feel good about what you see, you simply get better.’

The first ‘Look Good—Feel Better’ workshops took place in 1989 and came from USA. Their aim is to help women with hair loss induced by chemotherapy to regain their self-confidence and their normal looks and to accept themselves, among other things through learning to apply make-up to hide the loss of their eyebrows and eyelashes, to bring colour to their faces and take care of their skin (www.lgfb.org.au). The concept is widespread in Canada, Australia, New Zealand, England, USA and Denmark. In Denmark the Danish Cancer Society, cosmetic industries and nurses at a number of oncology units at university hospitals collaborate in offering a three-hour-long make-up workshop to women with hair loss induced by chemotherapy.

In ‘looking like death’ Lisa and her father established an iconic relationship between Lisa’s bald head and looking deathlike. The dialogue between women at the ‘Body Image’ course also pointed to wigs and make-up being used so people would not think of serious illness or death. As Rosman argued (2004, p. 337) women with cancer suffering from hair loss were discredited. When they did not hide their hair loss, their stigma was instantly visible. When they wore a wig they were indiscriminate, even though their stigma was not immediately visible. My data support this argument. The wearing of wigs and make-up can be understood as actions intended to minimize the stigmatizing effects of hair loss. Danish textbooks about cancer nursing care support this (Andersen et al. 1990, pp. 186–187; Esbensen 2002). The textbooks indicate the great psychological strain placed on patients by the loss of their hair. Hair loss becomes a daily reminder of cancer since the sickness of the patient suddenly becomes obvious to others. They emphasize the urge of many patients not to look sick to people around them—and the importance of receiving a wig free of charge.

Such use of wigs and make-up are—like body adornment, styles of dress or cosmetic surgery—an attempt to re-shape the body into culturally specific aesthetic ideals, ‘The effect of clothing on the constitution of subjectivity, and the use of dress as a cultural metaphor for the body, bring theories of identity formation directly into contact with the regulation of the body’ (Finkelstein 1997, p. 160). Wigs and make-up might be seen as forming part of the women’s constitution of subjectivity and of repossessing their womanhood. They function as cultural metaphors for body, gender and life, suppressing iconic references of baldness to child, nun, sexlessness, sickness and death. From this perspective wigs and make-up play a part in the processes of regulating bodies.

Regulating the Body

The relationship between the women and society, agency and power will be explored by using the Foucault’s two concepts ‘technology of the self’ and
‘technology of power’. These two technologies are closely related in the process of regulating the body (Foucault 1988). The term ‘technologies of the self’ refers to different ways/practices of dealing with subjectivity (1988, p. 5). The practices ‘...permit individuals to effect by their own means or with the help of others a certain number of operations on their bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality’ (p. 18). ‘Technologies of power’ relate to mechanisms and initiatives of various kinds aimed at targeting, regulating and disciplining individuals, for example through exercise and training (p. 18). The author has shown how the women seek to minimize the effects of hair loss through wigs, caps and make-up. These may be understood as practices (technologies of the self) that the individual woman mobilizes in order to re-shape or transform herself (body and gender) into culturally specific ideals of womanhood, femininity and health and in order to take care for herself and others. These practices are closely related to practices (technologies of power) where the women and the welfare of the women are increasingly organized and regulated (Samuelsen & Steffen 2004, p. 8) through the offer of free wigs, for instance, of ‘Look Good—Feel Better’ workshops and perhaps most importantly through rehabilitation courses. Each of these technologies is associated with specific types of domination or forms of power, and each of them implies training and ‘modification of the individual’, who in the process acquires not only skills but also knowledge and attitudes (Hansen & Tjørnhøj-Thomsen 2007). The data demonstrate the agency of the women. They are not passive recipients or victims of technologies of power. They make strategies, they act and manoeuvre in their everyday life despite the frameworks—limitations, perhaps—set by social structures (Samuelsen & Steffen 2004, p. 4). In doing so they articulate and manipulate the modern forms of power engaged in the processes of regulating the body.

**Conclusion**

In this paper the author has explored some Danish women’s experiences with hair loss induced by chemotherapy in the case of cancer. The results support the literature. Hair loss has a considerable impact on the women, on their social relations and their everyday lives. The signs of hair loss are produced and reproduced in the women’s actions, in discourses, in structures of rehabilitation and in social relations. Hair loss is associated with loss of womanhood (femininity, sexuality and attractiveness), with the seriousness of cancer, with death. The regulation of the body, gender and death form an on-going creative and dynamic process in which these women become active interpreters. The analysis of the women’s experiences and practices show the women’s equation of hair loss with the loss of womanhood, with sickness and with death. Furthermore the analysis shows the technologies used by the women in order to re-shape or transform themselves and how their embodied experiences are permeated by culturally embedded signs. By using wigs and make-up these women may hope not only to regain womanhood but also to thwart death itself. The Danish state, the health-care system, the rehabilitation courses etc. all form
part of this process of regulating these women’s bodies—to act as if nothing has changed and to ensure a successful rehabilitation. Cancer rehabilitation is not concerned with total recovery in the sense of ‘being cured’. For whereas recovery involves seeking to remove and drive out ‘the bad’, rehabilitation is about normalization, about integrating the individual, through various kinds of technologies of the self and technologies of power, into personal and social contexts. Rehabilitation is continuously working at closing the experiential gap between the body out of health and the body in health.

Acknowledgement

The research was supported financially by the Danish Cancer Society.

Notes

[1] The fieldwork was conducted between 1 August 2000 and 1 December 2001.
[3] The Supervision Centres are located in different towns and cities in Denmark.
[4] All the names of the women in this paper are fictitious.

References


