

Male Breast Cancer and Representations of Gender

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Abstract

In the article, I am concerned with evaluating and researching gender implications of a relatively new phenomenon of *male breast cancer* (MBC) in American culture. Keeping in mind, that MBC presents an apparently similar pathology to female breast cancer, diagnosis and treatment rely on experiences that have been developed in women. The primary visual representations considered - the male part of the SCAR Project and the Camp Lejeune Story – caused me to question the strict boundaries between gender and identity in breast cancer milieu, dictated by the politics and power of the new media (Donovan and Flynn 2007). I argue that these representations of men with breast cancer form a specific case study for analyzing a model not yet treated in gender studies. The frame of the research

demonstrates the unique positioning of MBC in relation to global gender systems where men's health and gender-tailored solutions have surprisingly been overlooked.

Keywords: male breast cancer, gender, masculinity, representation

1. Introduction

One of the central areas of debate in cancer discourse concerns the fact that although only one percent of breast cancer develops in male patients, incidences of male breast cancer have been increasing in the last twenty years which raises the probability of all other family members developing it (Thomas 2010). For male patients, breast cancer «may be the first time they are called to think critically about their gendering» (Skinner 2012, 73). At a more general level avoiding and neglecting illness culture in breast cancer changes the way we look at normality, mortality and death, as well as puts such fundamental values as bodily integrity and fair health care at stake. A one percent risk for male breast cancer associated with carrier status of a BRCA2 mutation gene becomes a hundred percent concern when male patients, assuming their risk to be zero, do not appreciate a need for medical attention. In my research such reality is supported on multiple levels: media, political, cultural and legal. Not only do numerous breast cancer educational campaigns exclusively approach women, the legal system concerning gynecological treatment also differentiates male breast cancer patients. Furthermore, the research manifests the dominance of the pink ribbon culture in the breast cancer discourse embedded in all spheres raising awareness for breast cancer.

First of all, I have to state that cancer, and breast cancer in particular, have been constructed and represented in certain and often self-evident ways which highlight certain gaps in medical research. As far as cancer studies are concerned, the problem is that gender is rarely treated as constitutive of experience (Skinner 2012). I stress the significance of cancer-gender or breast cancer – gender connection. On the one hand, cancer has developed

into the lens that allows us to investigate the world; we cannot describe our contemporary society without mentioning cancer that has changed the way we treat all other categories (Mukherjee 2011). On the other hand, there is a notion that illness is normally lived through other categories of identity and community (Cartwright 1998). In case of group formation, gender could develop throughout the course of cancer; at the same time, gender is basic to the experience of cancer and shapes its social representations. Approaching breast cancer in this framework, the combination of these two categories – illness and gender - makes the topic worth studying on a multidisciplinary level within cultural, social and historical perspectives.

The analysis of male breast cancer representations in the United States takes the contemporary visual culture and the new media context into account and approves of the fact that there is lack of information and awareness on all aspects of the disease. I argue that representations of male breast cancer in American culture are basically constructed through gendered assumptions and experiences, i.e. perpetuating the inequalities based on gender, unawareness of its centrality keeps in place the power of men over women, the power of upper and middle-class men over working-class men, white and native born over non-white or non-native, straight over gay, healthy over sick, which are among the central mechanisms in society (Kimmel 2012). In fact, there is no real access to biological truths which means that «sexed bodies are always represented as the production of regulatory discourses» (Barker 2002, 111).

I find theoretical inspiration in the social constructionist approach of illness (Conrad and Barker 2010), Stuart Hall's (1997) theory of representation, Michael Kimmel's (2012) gender invisibility, Will Courtenay's (2000) theory of gender and health, and, last but not least, Paul Du Gay's (Du Gay *et al.* 1997) circuit of culture analysis.

2. Masculinity and breast cancer

For a variety of reasons, breast cancer culture is ideal for use as a case study for analyzing the relationship between gender and illness; the idea that there is no unitary and

homogeneous concept of breast cancer is supported by *male breast cancer*. In line with this, there are a number of issues shaping constructions of gender, its language and beliefs in health discourse: masculinity opposed to femininity, losing gender through disease, hegemonic masculinity, etc. As Robert Saltonstall suggested, «the doing of health», linked to the social and cultural interpretations of masculine and feminine selves, «is a form of doing gender» (1993, 12).

The word ‘cancer’, as well as ‘breast cancer’, usually arrive in highly gendered contexts which means that «different cancers, taken in their specific cultural positions, refract differently through gender» (Skinner 2012, 72). I am convinced that a biologically underpinning term ‘disease’ and a socially constructed term ‘illness’ can be used parallel, and in my research I am operating with both terms applying them to one and the same phenomenon of MBC. Moreover, there are frequently used fixed expressions in the language itself - a ‘women’s’ disease or a female illness – which are equally used in the cultural context.

In *Technologies of Gender* (De Lauretis 1987), the social construction of gender in health discourse is said to be «the product and the process of both representation and self-representation» (9). With such an understanding, «gender has been a central means of comprehending and constructing cancer» (Reagan 1997, 1785). Apart from being essential to the definition, diagnosis and treatment, gender as a key organizing principle in breast cancer discourse has determined its exclusiveness in a white, heterosexual, middle-class female environment. Moreover, social attitudes as well as gendered concepts have always been embedded with our knowledge of cancer (*ibidem*, 1779).

According to the sociologist Michael Kimmel, «gender is constructed from cultural and subjective meanings that constantly shift and vary, depending on the time and place» (Kimmel 2006 in Courtenay 2000, 1387). Especially in health discourse, feminine and masculine characteristics, which are generally believed to be typical either of women or of men, are among the meanings used by society in the construction of gender. Due to these shared meanings and beliefs, there is very high agreement about what is considered to be typically feminine and typically masculine (Courtenay 2000, 1387). Both cancer patients

and professionals are influenced by gender roles in the course of cancer treatment; for instance, the consequences of breast cancer therapy can bring with themselves the risk of losing some of gender characteristics. Forming an integral part of the breast cancer experience, gender as an element of clinical care is often disregarded in research and medical practice.

For many breast cancer patients, a diagnosis of cancer may be «the first time they are called to think critically about their gendering. In this sense, the (patient) must negotiate the myriad challenges cancer presents while simultaneously negotiating changes in gender» (Skinner 2012, 73). Interestingly though, «cancer texts and representations produced for the public have consistently used gender as the primary device for attracting attention and conveying information» (Reagan 1997, 1779). Through these materials, for instance, the cartoon film *Man Alive!*¹, the public has learned about cancer and gender norms (Cantor 2014).

In *Manhood in America*, the social movements of the 1960s and 1970s – «the women’s movement, the civil rights movement, and the gay liberation – all offered scathing critiques of traditional masculinity» (Kimmel 2006, 179). In my opinion, men have more stereotypes and prejudices concerning their gender and masculinity; research, in its turn, indicates that men experience greater social pressure than women to follow gendered societal prescriptions – «such as the strongly endorsed *health-related* beliefs that men are independent, self-reliant, strong, robust and tough» (Courtenay 2000, 1387, original emphasis). Today in American culture, hegemonic masculinity, which stands for power and authority and represents white, heterosexual, educated middle-class American men, is the dominant masculine representation (*ibidem*, 1388).

Health care practices can be interpreted as «a means of constructing or demonstrating gender» (*ibidem*), simultaneously defining and enacting representations of gender. Obviously, many men dismiss their health care needs to demonstrate dominant masculine

¹ A 1952 American Society cartoon film was the first cancer education film to try to get its message about cancer across by using “the male obsession with cars.” The idea behind was that if men had the slightest suspicion of cancer they had to run to the doctor (Reagan 1997, 1782).

ideas that clearly establish them as men. Cancer can affect masculinity in different ways, it «can reduce a man's status in masculine hierarchies, shift his power relations with women, and raise his self-doubts about masculinity» (*ibidem*, 1389). As Susan Sontag puts it, the masculine ethos represented by men «aligns with imagery of victorious heroism, sporting competition, and war metaphor» (Sontag 1979, in Sulik and Zierkiewicz 2014, 119), it «demands individualism and requires emotional suppression of the needs while taking a competitive and aggressive stance» (*ibidem*) that is highly valued in American culture. The contribution of different health professionals has resulted in portrayals of men as a healthy and superior gender, which is structurally efficient and powerful. In *Constructions of Masculinity and their Influence on Men's Well-being* (Courtenay 2000, 1389), the author takes the discussion one step further:

Additional health-related beliefs and behaviors include the denial of weakness or vulnerability, emotional and physical control, the appearance of being strong and robust, dismissal of any need for help [...] These health-related demonstrations of gender and power represent forms of micro-level power practices [...] When a man brags, “I haven't been to a doctor in years“, he is simultaneously describing a health practice and situating himself in a masculine arena. Similarly, men are demonstrating dominant norms of masculinity when they refuse to take sick leave from work [...] Men also construct masculinities by embracing risk.

The practice shows that male breast cancer is a shared experience, however, those who are newly diagnosed with breast cancer feel «the discomfort of being tagged with what some have called “a woman's disease”» (Barnes 2015). As I will illustrate further, most men are conditioned by female breast culture and need time to reshape their judgment of breasts. Apart from the belief that they are less man-like because one breast has been removed, men face disbelief and discomfort not only of the society, but even of their family members and friends.

3. The prevailing theory

Any illness experience, in my research male breast cancer experience, breaks the concept of normalcy and constructs a new revised identity. The very term that permeates our contemporary life – the ‘normal’ – is a configuration that arises in a particular historical moment. (Davis 2010, 12) The hegemony of normalcy has permeated breast cancer culture to the extent it focuses on everything that could disguise trauma and disruption caused by cancer. Apart from this, the promotion of positive thinking dominates illness narratives, treating health as a normal condition that has to be restored at all cost. Without questioning the affected people, invasive medicalization dictates a combination of surgery, radiation, chemotherapy, and hormone therapies, all that to make the machine – the body – function again.

In contemporary cultural and social studies, the body is seen as a *project* that can be constructed and reconstructed. As Marcus Schulzke (2011, 44-45) emphasizes,

there is nothing unnatural about amputation and prosthetics, yet it is striking that breasts were considered removable parts long before the 19th century. At least as far back as the Greeks, there is evidence of doctors treating them as unnecessary parts, despite the prevalence of essentialist views of the body as an indivisible whole.

A Greek participant on a breast cancer patients’ forum says: «In my country doctors don’t care about reconstruction and mean that the time you have the cancer, you have to forget the breast» (Orgad 2006, 18-19).

The circumstances that Audre Lorde described in *The Cancer Journals* (1980) have become widely spread. Confronting us with the idea of normalcy, Lorde portrays «a social imperative for (survivors) to perform normalcy and hide their condition for the benefit of others» (Lorde 1996, 46). To be sure, since Lorde breast cancer culture has focused on «all of the things she was against. Women are still directed toward disguising through make up, wigs, and prostheses rather than toward politics» (Jain 2007, 508).

Representing the breast cancer experience on the Internet, there are constant links to all possible products which are meant to veil and disguise the signs of cancer. The «Look Good, Feel Better: Supporting Women with Cancer» web site www.lgfb.co.uk is set up by the Cosmetic, Toiletry and Perfumery Foundation and describes itself as «a registered charity established in 1994» (Seale, 2005, 526), sponsored and supported by the Cancer society, as well as most of the national and international cosmetic companies in the United States and the United Kingdom to teach women to recover from the whole treatment and surgery. As for male breast cancer patients, they are not even offered an opportunity of reconstruction surgery. Theoretically, those who have had a mastectomy or who have had a nipple removed may also be offered reconstruction. In general, there are completely different reactions to the signs of cancer; some men need to show their scars to others just to prove they have had breast cancer and a mastectomy.

What one can see is that the cultural representational order is instantiated in a one-sided way: pink ribbons are merely one manifestation of the representational politics of breast cancer. According to Barbara Ehrenreich, «the relentless promotion of positive thinking» propagates perverse narratives that promise that female breast cancer survivors may even come out on the survivor side “prettier, sexier, more femme”». In her account, all the measures are pitched as opportunities for starting over (Ehrenreich 2009, 30 in Skinner 2012, 66-67).

In Arthur Frank’s words, «contemporary culture treats health as the normal condition that people ought to have restored» (Frank 1995, 77). In his book *The Wounded Storyteller*, Frank writes about

the principal plots of Western illness narratives: the restitution, the chaos, the quest and the testimonial narrative [...]. The restitution narrative dominates stories of most people who have become recently ill and who are chronically ill. By restitution he means narratives characterized by “yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” (Dein 2006, 31).

This kind of narrative predominates in American culture, as a consequence those whose breast cancer stories exclude «recovery may be marginalized by the cultural dominance of the restitution narrative» (Lupton 2012, 88). Men with breast cancer have to construct their own «lifeworlds» (Hall 1997, 5), the concept used in health discourse «to denote the conglomeration of discourses and beliefs that people accumulate through everyday experiences and activities» (Lupton 2012, 86). First of all, the most frequent question ‘Why me? Why not someone else?’ is asked. Men are often ashamed of their diagnosis as if they have broken a norm and view themselves as men with a ‘women’s’ disease. These men begin to create a new narrative, formulate their new breast cancer identity, and construct a new context.

4. The breast

In the case of a male breast cancer patient T.S., his doctors told him to «come in three weeks to have the lump checked out», his boss said he was a man and needed «to stop being a baby and wanting to be treated like a woman», his insurance company declined breast reconstruction, one doctor declined a council referral because T. «did not need his breasts anyway» (Sword 2012). One of the lay misconceptions about breast cancer is that it is a disease mainly of concern for white, heterosexual, middle-class women who are the face of breast cancer in the media (Colditz 2015). This assumption alone stigmatizes the male breast cancer experience and, as a consequence, the symptoms are ignored and the disease is discovered at an advanced stage.

After Ron Bush’s wife had told him to check out for breast cancer, he launched his way through his description of the mammogram. “They had me stand up in front of this machine and they were trying to squeeze something that wasn't there” (Mandel 2013).

By introducing the problematics of the breast, I mean to highlight the fact that breasts have always been treated as something carrying a separate identity and something that only women can possess. The first thing that needs to be said is that all of the responses to the breast are «conditioned, if not wholly determined, by the culture in which they operate» (Leopold 1999). Having strong cultural biases, American culture is bombarded with images of breasts which attract much attention and lead to a public polemic.

In approaching the issue of the breast, we should consider the fact that the representation of female bodies and breasts has a long history, in contrast, there has been much less interest in the representation of male bodies. According to the study conducted by Lindwall and Bergbom (2009), «the altered body has become a prison for women when the body has made room for a tumor in a breast» (282, original emphasis). Whereas a woman's breast is the most profound symbol of sexuality and nurture, a male breast is definitely not. The Male Breast Cancer Coalition launched a project – the 'TopsOff NY' photo shoot – which drew male breast cancer patients from seven different states as well as their female colleagues and supporters. As the creators of the project claim, «because breast cancer surgery changes the look of a man's chest, taking our tops off has a strong meaning for men, as it always has for women» (Carmichael 2015). In our culture there is though a difference if it is a male or a female demonstrating his or her breasts.

In the book *Breasts: A Natural and Unnatural History* (2013), Florence Williams writes that breasts are said to be the most «tumor-prone organ in the human body» (Clark-Flory 2012). There is an assumption that male patients are not dashed by their breast cancer diagnosis and subsequent treatment. Men do have a relationship with their breast, although for men it is more about their general chest area than their breast tissue in particular. Breasts do play a secondary role for men in comparison to their function for women, but what really changes male self-perception of the body are the scars left.

We live in a consumer society where «the body is not accepted as a given; rather, it is malleable, capable of being transformed and reconstructed» (Patterson and Elliott 2002, 6). In «The Psychologist» article *Psychology, Men and Cancer* (2014), the authors argue that:

Breasts and breast cancer are surely an example of treating something that is gendered as if it were biologically determined. In Western society, breasts are arguably symbolic of femininity, both in terms of biological sex and psychosocial gender (...). Anatomically, both men and women have breasts. We could make a distinction between the size of breasts between men and women (that men's are too small to be considered breasts), but this would be to ignore the great variation in our bodies. At a young age, there is rarely any difference in breast size between boys and girls. In adulthood, both men and women's breasts vary in size. Breasts in men are sometimes mockingly referred to as 'moobs' (man boobs) [...] Breasts are not technically a sex difference, even if they play a considerable role in gender differences (Branney, Witty and Eardley 2014).

Due to the fact that men have lower levels of estrogen, the breast tissue growth is reduced but in some cases men do develop breast because of high levels of estrogen in the blood stream. In the breast anatomy male and female breasts are said to be nearly identical, «except that the male breast tissue lacks the specialized lobules, and there is no physiologic need for milk production by the male breast» (*Anatomy and Physiology of the Breast*).

Breasts have been the object of masculine conversations and attention for much of recorded history, so it's no surprise that they carry a separate sort of identity than the breasts of the men who are doing the talking [...] Men find it more difficult to speak up when they find a body part out of whack [...] By the time their breast cancers are discovered, they are often already at an advanced stage [...] a simple name change of the medical procedures might help men to talk more openly about their bodies. A 'man-o-gram' might convince more guys to have their breasts checked (Barnes 2015).

Men with breast cancer lack awareness and general knowledge about their cancer in order to reestablish their biography and as such are placed in a marginalized position (Park 1928). They cannot be either fully integrated into the breast cancer community as their loss is said to be less significant than the loss of women.

5. Representations of gender: The SCAR Project and the Camp Lejeune story

5.1 *The SCAR Project*

Still not found in major histories of photography, breast cancer photography tradition lies in a combination of x-rays, MRIs and collections of medical photographs designed for the purposes of documentation or instruction (*Representation of Breast Cancer*). The SCAR Project – «Surviving Cancer. Absolute Reality» – shot by the fashion photographer David Jay opens new perspectives for representing breast cancer and bodies in breast cancer.

This is the productive potential of these images: the very fact that there is such a wide range of responses means that an actual conversation is initiated around the realities of the disease. Such dialogue has the capacity to create new understandings of male breast cancer and the change the politics surrounding the disease – away from the normative aesthetics of breast cancer and its focus on abstraction (embodied in the pink ribbon), consumerism, and triumphalism (Ehlers 2015, 343-344).

The documentary black and white images of the SCAR Project clearly indicate the harsh and ravaging effects of breast cancer treatment. While looking at the photo of the first male participant Oliver Bogler² next to a radiation machine, we learn that the «body bears the evidence of medical treatment, a «text» which is laid over the body's previous history» (*Representation of Breast Cancer*).

As Tara Parker-Pope notes in «The New York Times» article, Oliver Bogler, a breast cancer patient and a cancer biologist at the leading MD Anderson Cancer Center himself, “stumbled across the SCAR Project and asked Mr. Jay if he would consider including men in the series» (Parker-Pope 2014).

² <http://malebreastcancercoalition.org/Survivor%20Stories/oliver-bogler/>



Figure 1. Oliver Bogler

The SCAR Project portraits create a connection between the viewer and the subject: «the men's project is distinct from the women's and its goals are different. It's more about the fact that men, regardless of age, get breast cancer too, and how it affects them differently, in terms of their bodies and self-image» (Bogler 2013b). Oliver Bogler became interested in the intersection between male breast cancer and photography:

The photos of men with breast cancer are admittedly less jarring than those of women. One reason may be that it is less surprising to see a shirtless man, and the absence of his breast and nipple is not as immediately noticeable. But the portraits of the men are still haunting and show the spiritual ravages of cancer. The photos are also similar in that they capture both the vulnerability and the strength of breast cancer patients, regardless of their sex (Parker-Pope 2014).

As one can see, while the photo denoting a male person with breast cancer, provides documentary evidence of a scar, the meaning is much broader. This image connotes a collective journey of life and death relations, of male and female, of healthy and sick in terms of Stuart Hall's (1997) binary oppositions. Linked to ideas of self-transformation through the cancer experience, the constant fear of recurrence, the fear of dying from cancer and at the same time the concept of life as a journey are very common among men with breast cancer (Seale 2002, 114). A great majority of men do not have the same

connectedness to their breasts as women do. As cultural artifacts, it is the scars that draw the eye and have an enormous representational power reminding of the past, standing for something experienced and at the same time extremely real. All in all, mastectomy scars «display the traces of illness, the memorial of death» (Jain 2007, 522) and proclaim empowerment.

Demonstrating the physical reality of cancer that most people do not know (Semler and McKenna 2014), the starting point of the SCAR Project initiated a series of large-scale portraits of female breast cancer survivors and only then developed and depicted men with breast cancer. David Jay narrates in «The Beauty of Scars» about his first photo:

When they removed her breast, I had to take her picture. I took a photograph of her standing there in a pair of jeans and no shirt on. It was a very honest portrait. There was no intention, no future project, it was just something I felt I had to document myself (BBC News 2014).

Through the focus on men, Jay's images completely «redress the cultural assumption that breast cancer is a disease» (Ehlers 2015, 336) associated only with women, widening the representations of those affected by breast cancer (*ibidem*, 340).

One of the dominant mythologies of breast cancer that pervades American culture today is that of curing, «thereby effectively erasing those whose bodies and stories do not match the myth» (Quackenbush 2008, 34). The «images in the SCAR Project importantly re-situate the focus away from the idea of 'the cure' and toward more tangible aspects of the disease, such as its daily lived disabling impact» (Ehlers 2015, 342). It is pertinent to note that the images expose physical evidence of male breast cancer surgery, which has never been a subject in the mainstream press. The message of each photograph of the SCAR Project was not to show male, as well as female participants, having undergone mastectomy, to be sympathized with. It is more about the representation of beauty and its «apparent evocation of the natural and the technological as they pertain to these issues» (Cartwright 1998, 126).

As Lisa Cartwright argues, in media texts among other categories gender becomes a key factor «in the formation of distinct public cultures around breast cancer» (*ibidem*, 121). First of all, the images foreground the scar as a «physical and aesthetic transformation of the body that is significant to the experience of breast cancer as other techniques and their more conventional (and familiar) results» (*ibidem*, 128). Additionally, they also foreground the «cultural aspects of breast cancer that are repressed not only in the erasure of the post-operative body, but in the elision of cultural differences among (wo)men impacted by the disease» (*ibidem*, 131).

As long as the stereotype of breast cancer as a women's disease circulates, each change in context produces a change in meaning. The SCAR Project presents both female and male cancer in a black and white format which is associated with photographic truth but in this context cannot be seen as «a purely aesthetic choice but rather an ideological one» (Sturken and Cartwright 2001, 24). For one of the SCAR Project participants Michael Dale cancer has always been a part his life, but he never imagined that as a male he was at risk:

The nurse arrived with two small pink and white floral ice packs [...] and printed instructions that said “Place the ice packs in your bra.“ That was the beginning of my journey with Invasive Ductal Carcinoma, or Male Breast Cancer. There is an impact when you see your body altered. Cancer is a huge interruption in life [...] and the uncertainty of a recurrence does stay with you. I began to understand spirituality and I found acceptance of myself and my “journey with cancer” (Dale 2014).

Another SCAR Project participant Joe Clark says that after networking with Oliver Bogler, he was honored to take part in the SCAR Project photo shoot in Houston (Clark 2015). «In my whole life, I always tried not be ‘normal’. And when they told me you’re normal, that’s great» (Bogler 2013a). Such representations «take up complexities of gender and beauty as they pertain to those men for whom breast cancer is most immediately a concern as well as those categorically left out of discussions in breast cancer media» (Cartwright 1998, 131). Not all potential male breast cancer patients recognize themselves in these images. That is

why some patients use their mastectomy scar photos to prove skeptical others that they have been diagnosed with breast cancer (*ibidem*).

With David Jay's motto «Breast Cancer is not a Pink Ribbon», the SCAR Project moves the breast cancer body into the public domain. «While pink-themed and beribboned campaigns raise awareness of the existence of breast cancer, the general public seldom *sees* the literal physical impacts of breast cancer *on bodies*, nor the range of those impacts» (Ehlers and Krupar 2012, 5, original emphasis). David Jay says in his interview with Sally Fish that:

(m)en are really uncomfortable with it because it's not out there, it's not being publicized. It's presented as a woman's disease. When a man has it, it's uncomfortable on so many levels, emotionally, physically. There are a lot of different emotions shooting the men compared to the women (Fish 2014).

At this point it is essential to highlight that, firstly, we live in a culture in which black and white images have a documentary tradition and, secondly, breast cancer is considered a women's disease. The SCAR Project presents male breast cancer participants in a very authentic black and white format. Following the female images, the Project moves the male body in breast cancer out of the private sphere into the public scene and at the same time personalizes representations of male breast cancer.

To sum it all up, the SCAR Project images were the first male images to challenge the absence of the male body with breast cancer in the visual field. What connects various female images and male images in the SCAR Project is that they «relocate the body from its primary site of representation: the biomedical sphere – where it is depicted as a biomedical “problem” to be identified, studied, cured, and corrected» (Ehlers 2015, 335).

5.2 Camp Lejeune

If seen as a complete cultural representation, the SCAR Project, on the one hand, frames the male images with the photos of the female participants and, on the other hand, with the

following images of severely wounded soldiers returning from the wars in Iraq and Afghanistan in the further project *The Unknown Soldier*.

The military realm continues to be significant when we learn the story of Marine Corps Base Camp Lejeune, a United States military training facility in Jacksonville, North Carolina, which is known as one of the worst contaminated drinking water tragedies in American history. It is the common thread uniting what appears to be the biggest cluster of male breast cancer cases ever identified and the site of one of the worst public drinking water contaminations in the national history.

In 2010, a group of military men with breast cancer and ties to Camp Lejeune gathered for the Boston Photo Shoot Calendar «Men, Breast Cancer, the Environment: A Photographic Journey» to show those affected by the disease (Fox 2011). Many believe that a cluster of many cases of male breast cancer and other forms of cancer identified among U.S. Marines who were based at Camp Lejeune, can be attributed to contaminated water there. The fact is that between 1953 and 1987 people living or working at U.S. Marine Corps Base Camp Lejeune were exposed to contaminated water that has caused, among a myriad of diseases, male breast cancer. The purpose of the latest study – *Male Breast Cancer Study* in September 2015 – was to determine if those Marines who were exposed to contaminated drinking water at Camp Lejeune were more likely to have male breast cancer. The results of the study done by the Agency for Toxic Substances and Disease Registry (ATSDR) suggested «possible associations between exposure to chemicals at Camp Lejeune and male breast cancer» (*Male Breast Cancer Results*).

Sixty years ago, Jim Renna served at Camp Lejeune for a month and a half. «People serve our country and they love our country, and this is what they get?»; his wife Nancy said, «They turn their back on them» (Evans 2015). The veterans with breast cancer still have to fight for compensation, as the U.S. Department of Veteran Affairs would not provide disability benefits for the disease:

Even if some of the veterans are granted presumptive service connection, it doesn't mean breast cancer will be included. The Veterans' Administration's initial

announcement in August 2015 was that kidney cancer is one of the diseases the VA is considering for presumptive service connection, along with angiosarcoma of the liver and acute myelogenous leukemia. But there are still several other conditions those fighting for change said should be included (*ibidem*).

Apart from the current study by ATSDR and the proven possible associations between exposure to chemicals at Camp Lejeune and male breast cancer, the Camp Lejeune case is a unique example of male breast cancer representation in the military environment. First of all, it is the connection between the nation and its sons, the state and its citizens, the Marines whose values are essential to the national identity. Camp Lejeune Marine Veterans and the Marine Corps Base Camp stand for *Semper Fidelis* (always faithful) and represent «once a marine, always a marine», those men who live and embody this credo (PBS 2011).

6. Conclusion

My research has shown that both breast cancer and gender within the health care system are «the product and the process of representation» (De Lauretis 1987, 9). The unique positioning and history of ‘female’ breast cancer reflect the complexity of MBC, as the culture surrounding it has strongly influenced its representations (Donovan and Flynn 2007). On the other side, as Kimmel puts it in *The History of Men* (2012), American men are the ‘invisible’ gender which means that they remain unaware of the centrality and significance of gender in their lives till they face the diagnosis (Kimmel 2012, 6).

Masculinity, as a constantly changing collection of meanings, is defined «in opposition to a set of ‘others’» (Donovan and Flynn 2007). For those men who construct their culture by suppressing their health needs a diagnosis of male breast cancer may be «the first time they are called to think critically about their gendering» (Skinner 2012, 73). Therefore, I refer to the concept of binary oppositions in Stuart Hall’s theory of representation in which men are represented to be healthy versus women who are a sick gender and have to take care of their health.

An illness experience, in our case male breast cancer experience, breaks the concept of normalcy «as part of industrialization and progress which extends into the cultural production» (Davis 2010, 12) and constructs a new revised identity. To make a new masculinity visible and significant is «a political project because it seeks to transform the hegemonic masculinity and to challenge the mechanisms by which it has been constituted» (Kimmel 2012, 15).

Male breast cancer representations portray a man who has the opportunity to rethink and reconstruct his masculinity and not to be a part of the pink ribbon culture. The United States context shapes a particular portrait of a male with breast cancer: first of all, as the fashion photographer David Jay insists, breast cancer is «not a pink ribbon» (Jay 2012) and not a women's disease.

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