

A Community of Imaginary Breasts

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A couple of years ago, pink ribbons were mostly associated with either gifts or little girls' hairdos. Nowadays pink ribbons have become a nearly universal symbol of breast cancer awareness. However, despite their universality, one should wonder how different countries, different women, experience breast cancer. In Latin American countries, statistics show that breast cancer has increased in recent years¹; many of the reports indicate that this form of cancer has escalated even more rapidly than cervical or lung cancer. The way in which breast cancer has escalated in Latin American countries opens many questions for consideration. One of them, the one I am interested in addressing here, has to do with the reasons behind the lack of self-examination in women, a simple and painless procedure which could offer women a window of opportunity to successfully fight this disease, yet one that is seldom practiced². I will argue that women in Latin America, although often portrayed as being more akin to North American³ and European practices, are not open to touching their breasts, as this practice marks them as "bad women" in the light of their culture.

At the end of her novel *In the Time of the Butterflies*, Julia Alvarez lets her readers know that Dedé, the only Mirabal sister who survived the brutal Trujillo regime, is also a breast cancer survivor. Almost at the end of the novel, Dedé, lying in bed and trying to identify the sounds coming from the garden, thinks to herself: "Concentrate, Dedé, I say. My hand worries the

¹ In 2005 several governmental agencies in Mexico informed that breast cancer was the second leading cause of death for women ages 45-60. In Argentina, its health secretary informed in 2006 that cancer was the second leading cause of death in that country, and that in that last year, breast cancer had become the leading cause of death among different cancer types.

² Although self-examination is not the most trustable source for early detection of tumors, the lack of self-examination brings a question to the forefront: if women are not willing to touch themselves, why would they allow someone else to do it?

³ By North America I mean the United States and Canada.

absence on my left side, a habitual gesture now. My pledge of allegiance, I call it, to all that is missing. Under my fingers, my heart is beating like a moth wild in a lampshade. Dedé, concentrate!”⁴ The metaphor used by Alvarez is an intriguing one. After all the hardship that Dedé and her family have gone through, the missing breast is here described as a nexus between all those battles, as having a significant connection not only to Dedé’s personal life, to her womanhood, but a connection to the history of her country, to the community in which she lives. She has sworn fidelity in this way—she has sacrificed a part of herself. More than that, she has evidence of that loyalty, as the scar reminds her of all that is missing in concrete rather than abstract terms. How can one begin to understand why the touch of those fingers brings such an association?

Iris Marion Young begins her essay *Breasted Experience: The Look and the Feeling* by saying that “The chest, the house of the heart, is an important center of a person’s being. I may locate my consciousness in my head, but my self, my existence as a solid person in the world, starts from my chest, from which I feel myself rise and radiate.”⁵ For Young, an important part of the sense of self, then, is metaphorically located in the chest; not the part that is able to do calculations, but the part that represents a person as a being that connects affectively to others, who engages in personal relationships. She further adds that “When a woman places her hand over her chest, it lies on and between her breasts. If her chest is the house of her being from which radiates her energy to meet the world, her breasts are also entwined with her sense of herself.”⁶ Thus, for Young, in the female mind frame, the breasts are not accessory to the

⁴ Julia Alvarez. *In the Time of the Butterflies*. Plume: New York. 1994. p. 321.

⁵ Iris Marion Young. *On Female Body Experience. Breasted Experience: The Look and the Feeling*. Oxford University Press: New York. 2005. p. 75.

⁶ *Ibid*, 76.

identity, but are intimately related to it. Dedé's pledge of allegiance, then, reveals to the reader all the different experiences that have contributed to the formation of her identity.

There is another instance that allows the reader to further understand how that missing breast has been understood by Dedé, as she says "Then it was like a manageable grief inside me. Something I could bear because I could make sense of it. Like when the doctor explained how if one of my breasts came off, the rest of me had a better chance. Immediately, I began to live without it, even before it was gone."⁷ The missing breast is a concrete absence; it reveals other losses that Dedé has suffered. It connects, and makes *manageable* the experiences she has *embodied*. That missing breast is a stronghold of Dedé's identity—Dedé the woman, the mother, the sister, the daughter, the survivor of a revolution, the nurturer, the Dominican, etc. Notwithstanding, the missing breast is also a refuge for Dedé, as she tells of it in humble words, unmoved. Would one be able to describe all these losses in such a way? There seems to be more at work in this metaphor. Yet, there is another question at work here. Why did she have to have a mastectomy? Could it have been prevented? What would such prevention have required from Dedé?

According to Octavio Paz in his essay *Mexican Masks*, "Resignation is one of our most popular virtues. We admire fortitude in the face of adversity more than the most brilliant triumph."⁸ Although Paz aims to describe the way in which Mexicans act, his essays point out some shared characteristics of Latin American culture; this seems to be the case at hand. Dedé always talks about her situation with an impassive attitude, one of resignation and acceptance. What for someone like Young is a major disruption in the identity of a woman, in Dedé's case it is just one more thing that she has had to endure. To this difference, Paz would add that "the

⁷ Alvarez, 310

⁸ Octavio Paz, *The Labyrinth of Solitude*. *Mexican Masks*. Trans. by Lysander Kemp et al. Grove Press, Inc: New York. 1985. p.31

Mexicans,” and Latinos by extension⁹, “view life as combat.”¹⁰ Although this might sound like a common Western attitude, Paz clarifies it by saying that “For other people, however, the manly ideal consists in an open and aggressive fondness for combat, whereas we emphasize defensiveness, the readiness to repel any attack.”¹¹ This adds an aspect of interest to this project: the pink ribbons that were mentioned at the beginning of this essay have already acquired a different significance in Latin American culture—Latin Americans battle breast cancer with a stoic, defensive attitude, one that comes with resignation and understanding of the possible outcomes. Breast cancer, then, seems to be a quieter battle, because “We are taught from childhood to accept defeat with dignity.”¹²

This stoic attitude is not one that makes women go rushing to the hospital for treatment. I suggest that it is also less likely that someone with such an attitude will be prompted to self-examine her breasts monthly. If one adds to this that Latin American culture is *decorous* when it comes to addressing the body, the combination starts pointing us to something.

Paz writes that “Modesty results from shame at one’s own or another’s nakedness,” therefore one is “frightened by other people’s glances, because the body reveals rather than hides our private selves.”¹³ For Paz, even Latin American men are extremely private, and when it comes to women, such privacy is final, which he deems the explanation of “why modesty is the virtue we most admire in women, just as reserve is in men.”¹⁴ Latin Americans, although always seeming festive and ready for a good laugh, are very zealous about their privacy, of not exposing their true identities. The most concealed figure is that of a woman, who is considered to be “a

⁹ I offer such an extension based on Carlos Alberto Montaner’s investigation in his book *Latin America’s Twisted Roots*, where he points out that passivity is one of the common traits Latin Americans have due to a shared religious and socio-historical background.

¹⁰ *Ibid*, 31.

¹¹ *Ibid*, 31.

¹² *Ibid*, 31.

¹³ *Ibid*, 35.

¹⁴ *Ibid*, 35.

dark, secret and passive being. He [the Mexican, the male] does not attribute evil instincts to her, he even pretends that she does not have any.”¹⁵ Women are the most stoic beings in Latin American culture, they tolerate and suffer in silence; that is their role, because “Woman should be secretive. She should confront the world with an impassive smile. She should be ‘decent’ in the face of erotic excitement and ‘long-suffering’ in the face of adversity.”¹⁶

Paz’s description coincides with that of Young, as she says that “the true woman is the one who gets pleasure from self-sacrifice, the abnegation of pleasure.”¹⁷ Latin American mothers have been always portrayed as the suffering ones, as those who would literally give their own lives, their happiness, for the wellbeing of their offspring, of their kind. Women do not have pleasures, and this creates diverse conflicts in the experience of being a woman, because as Young explains: “The dichotomy of motherhood and sexuality, I said, maps onto a dichotomy of good/bad, pure/impure. These dichotomies play in with the repression of the body itself.”¹⁸ Latin American women are raised to be the perfect mothers, and that means that their bodies are not for them to touch, they are not for them to experience. A woman’s body is the property of the baby who needs to be fed, or the husband who needs to be comforted. Women blend into the background; they are, as Paz says: “an undifferentiated manifestation of life, a channel for the universal appetite. In this way, she has no desires of her own.”¹⁹ Latin American women have been objectified and, as Young says, “In the total scheme of the objectification of women, breasts are the primary thing.”²⁰

When it comes to performing routine self-examinations of the breasts, these are viewed as going against the modesty with which women have been raised. Touching one’s breasts *may*

¹⁵ Ibid, 36.

¹⁶ Ibid 36.

¹⁷ Young, 85

¹⁸ Ibid, 85

¹⁹ Paz, 35

²⁰ Young, 80

produce certain pleasure, pleasure that should not be experienced by a *good* woman. Women are brought up to be ideal mothers—“The ideal mother defines herself as giver, and feeder, taking her existence and sense of purpose entirely from giving.”²¹ Women are taught not discuss their bodies, not to examine their bodies. As it stands, the readily available sort of prevention for breast cancer is a violation, an infringement on the way in which women conceive of themselves, of what they are allowed to do.

Iris Marion Young is right, “It makes a difference how we think of beings in the world, and we can make choices about it that seem to have political implications.”²² If women in Latin America keep thinking of themselves as pure and devoted mothers who must not touch their breasts, early detection of and possibly decreased deaths due to breast cancer might not happen soon. However, if Latin American women conceive of themselves as women who can use their nurturing capacities to care for themselves as well as others, a possible consequence might be the generation of a space in which a discussion of the relevance of self-examination and periodic visits to the doctor are heightened and understood. Such a place might have to start by the sharing of experiences by women who have battled breast cancer. If women can identify themselves with other women who can pass advice down to them, the community will start to form. Women would not feel all alone or as indecorous transgressors of the values they embody. Through the sharing of experiences Latin American women might feel more at ease with the practice of self-examinations. This practice might have to start by being a very private one, one in which women are not faced with someone else, one in which they can have a space of their own, a time of their own, to conduct such self-examinations²³. Once women have seen

²¹ Ibid, 87

²² Ibid, 81

²³ In Sinaloa, Mexico the awareness campaigns for breast cancer examination were guided by the Governor’s wife, Ms. Aguilar who has survived breast cancer. The response was almost immediate as many women have gone to the

themselves as part of this new community of women—mothers, daughters, partners—they might be more willing to allow a doctor to perform a mammography, a practice with a more successful rate for early detection of tumors.

Young sustains that “An epistemology spoken from a feminine perspective might privilege touch rather than sight. Unlike the gazer, the one who touches cannot be at a distance from what she knows in touch. While active, touch is simultaneously passive.”²⁴ There is a need in Latin American countries to provide a feminine perspective, a feminine space, in which women can feel at home, where they can step out of the background of responsibilities towards others and assert themselves.

Young claims that “Freedom for women involves dissolving [the separation between motherhood and sexuality].”²⁵ While that might be a worthy goal to pursue in European and North American societies, Latin American women need to gain freedom within the separation between motherhood and sexuality, as its dissolution might prove too challenging, or too devoid of meaning to their identities. Women in Latin America need to establish themselves as caregivers but not only towards others, they must place themselves in the receiving end as well.

“Through suffering,” Paz says, “our women become like our men: invulnerable, impassive, and stoic.”²⁶ Although that might be the case, it is very this stoicism which might be one of the contributing causes in the poor attention women pay to their health, a most worrying case if one looks at the statistics with regard to breast cancer. Latin American women need to find their own voice; one that speaks of community and acceptance. A voice that allows them to see that the touching of the breasts is only another way of caring for the community to which they

mobile clinics that tour the state. Cima Foundation, also in Mexico, has launched its 2008 campaign named “Favor de tocar” (Please Touch) which urges women to conduct self-examination only after they have listened to other women share their experiences.

²⁴ Ibid, 81

²⁵ Ibid, 88

²⁶ Paz, 39.

belong. One must keep in mind that while doing this, “we must also insist that nurturers need, that love is partly selfish, and that a woman deserves her own irreducible pleasures.”²⁷ Dedé shows her readers, that she is a woman, a mother, a Dominican, a survivor. Latin American women do not have to change their lifestyles, they can still be good mothers and faithful wives, and they must not feel that they are transgressing a barrier when they take care of themselves, when they touch themselves. In a culture so ready to defend the sanctity of the mother, her wellbeing needs to be also taken into consideration.

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²⁷ Ibid, 90.

REACTION FROM GRADUATE STUDENT

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The high breast cancer mortality rate in Latin American countries supports the view that many women are not diagnosed until the malignancy has progressed to a more advanced stage. As the number of preventable deaths continues to rise, elucidating the economic, social, and cultural barriers to the diagnosis and treatment of breast cancer becomes paramount to the fight against this disease.

In his essay, *Mexican Masks*, Paz describes the cultural circumstances that divide the female identity into wife and mother, and lead to the praise of women who suffer silently in the face of adversity.¹ Torres argues that the resultant modesty and physical disconnect, as well as the expected display of stoicism, prevent these women from practicing self-examination and seeking mammography. She suggests that this lack of preventative care has allowed breast cancer to become a silent killer among Latin American women. Such logic assumes that despite continued social and economic development in many Latin countries, the Latin culture, the female role within it, and the perception these women have of themselves has remained unchanged.

Torres states that “Latin Americans battle breast cancer with a stoic, defensive attitude, one that comes with resignation and understanding of the possible outcomes”. Yet this behavior appears to be most consistent with the likelihood that the “possible outcomes” are limited to those expected once the malignancy has advanced. Evidence demonstrates that breast examination becomes more prevalent as awareness is raised within the Latina community.² This suggests that a number of these women do not currently understand the relevance of early detection, but would be more open to the practice of preventative treatment once properly educated. If this is indeed the case, one may question the underlying cause of such a shift in behavior: are the cultural norms that foster Latina stoicism and modesty becoming less prevalent, or are they becoming inconsequential to women in the face of breast cancer?

The decreasing fertility rates observed in parallel with increasing breast cancer mortality support a shift away from the traditional social customs described by Paz.³ However, the women of older generations—those presently at the greatest risk for developing breast cancer—are the least likely to be a part of this movement. With this in mind, I support Torres’ argument regarding the Latina woman’s self-perception and its contribution to the number of preventable breast cancer deaths in Latin American countries.

As we contemplate the recent escalation of breast cancer in Latin America, it is important to recognize that all countries show higher rates of cancer incidence as they become more

¹ Torres quotes Paz throughout her essay, “A Community of Imaginary Breasts.”

² Torres notes that many Mexican women sought breast examination in response to an awareness campaign guided by a breast cancer survivor.

³ Robles, Sylvia C., and Elena Galanis. “Breast Cancer in Latin America and the Caribbean.” *The Pan American Journal of Public Health* 11.3 (2002): 178.

developed. Incidentally, the cultural view of women in Latin American countries will become progressively more important as the need for resources to fight breast cancer increases. For this reason, it is important to consider the collective cultural attitude toward Latina women in addition to the woman's view of herself. As Torres makes clear in her essay, the splintering of the Latina female identity is secondary to the social role traditionally assigned to the women of Latin America. As these women continue to find their voice, it is important to consider the consequence if it falls upon deaf ears.

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REACTION FROM GRADUATE STUDENT

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In the early 1990's I was working for a newspaper in Bogotá, where I met an investigative journalist from the *Miami Herald* who was in Colombia working on a major project. She was interested, she said, in the question of how Latin American cultural attitudes toward gender and sexuality, and the behaviors they produced, endangered women's health.

We ran one of her articles on page one. She reported that the highest rate of HIV infection in Colombia was among monogamous married women, "good mothers and faithful wives." At a Bogotá AIDS clinic, she discovered that a large majority of these good wives stated that their husbands were the only men they had ever made love to. The article mentioned certain activities that were usually left undiscussed in polite newspapers. Though of course we knew this material would be controversial, the editors felt it needed telling. A few readers agreed. But predictably enough, the general reaction was blistering criticism for writing about "immoral" things and showing negative views of Colombia. Unfortunately, one strong proponent of this position was the owner of the newspaper. Soon everyone involved in running the stories – and even a few, like me, who merely stood with them – was looking for other work.

To examine the relationship between culturally-determined behavior and public health – whether it is how burial customs in West Africa contributed to the spread of the Ebola virus, how urban gay culture in the 1980s US set the stage for the AIDS epidemic, how sexual behaviors and attitudes in Latin America may contribute to women's health risks – is to venture into a minefield. Setting up cultural behaviors, time-honored customs, as the villain? People simply don't want to hear it. Yet this possibility raises powerful, complicated, and necessary questions; we should be grateful to those who face the challenge. An example: Bertha Ahumada Torres's paper "A Community of Imaginary Breasts" uses a creative approach to examine the nexus between culture and health. By assembling a novel triad of observers – Julia Alvarez, Octavio Paz, and Iris Marion Young – Ahumada brings a fresh and fascinating perspective to the discussion.

Going back to the journalist I mentioned at the start, Colombian writer Silvana Paternostro: The work she was doing in the early 90s formed the basis for her *In the Land of God and Man: Confronting Our Sexual Culture*, which describes her investigations in several countries across the region on the subject of gender and sexuality. Taking up the same themes as Ahumada – the relationship between cultural attitudes and women's health – she posits a central thesis which closely parallels Ahumada's: that deeply ingrained cultural attitudes about sexuality across Latin America – the secrecy Paz writes about, the "objectification" of women that Young laments, the passivity and acquiescence, the "resignation" Ahumada mentions – place women's lives in real danger.

Ahumada offers the optimistic conclusion that "Latin American women do not have to change their lifestyles," that they can "be good mothers and faithful wives" while still adopting the

specific behaviors of self-touching required for breast exams. Paternostro, meanwhile, would counter that this will not protect them from HIV/AIDS – that the entire social construct which labels female self-touching as wicked is the same one which allows and even encourages husbands to take lovers and visit prostitutes, which turns a blind eye to hidden sexual adventurism on one hand and violent misogyny and homophobia on the other, which upholds laws protecting rapists, which views women who ask their husbands or partners to use condoms as immoral – and that these deeply-ingrained cultural attitudes and behaviors present an imminent danger to the lives of those “good mothers and faithful wives” waiting at home, silent and “long-suffering .” While Paternostro believes the only just response is rejection of the whole rotten system, Ahumada sees a more conciliatory path: instead of radical change, Latinas need to embrace “community and acceptance.”

Which is it? Can Latinas find a way, as Ahumada says, to “not feel that they are transgressing a barrier when they take care of themselves”? And will that be enough? Maybe it is a starting point. Maybe the very existence of books like Paternostro’s and essays like Ahumada’s are signs of progress.