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Femininity and the Social Power of the Post-Cancer Body: The Social Construction of the Body in Breast Cancer

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Original Article

Abstract

Background and aim: The experience of breast cancer is not merely a biomedical event; rather, it constitutes a profound disruption in women's embodied and social lifeworlds. Breast cancer removes the body from its taken-for-granted status in everyday life, transforming it into a focal site of awareness, interpretation, and meaning-making. This study aims to understand how the social construction of the transformed body unfolds following breast cancer.

Data and method: The study employed a constructivist grounded theory methodology. Data were collected through in-depth, semi-structured interviews with 25 women diagnosed with breast cancer. Concepts were developed through analysis of the interview data and researchers' memos, while taking into account the broader social discourses through which the body is constructed and understood.

Findings: The central theoretical concept in this study is Social Power of the Body. Following the emergence of bodily changes, the Collapse of the Social Power of the Normative Body occurs. This collapse can be identified at the subjective level, in social interactions, and in women's relationships with their bodies. In response, however, every loss of power is accompanied by a process of Reclaiming Bodily Power. The soft reclamation of power takes the form of Agentic Adaptation. Some women, however, adopt a more critical approach, in which The Body as an Arena for Recreating Subjectivity refers to women's ongoing efforts to refuse a particular mode of being with illness, encompassing a new meaning-making of the body and Redefining Femininity.

Conclusion: Drawing on the constructivist logic of grounded theory, this study demonstrates that the body after breast cancer is not a fixed object, but rather a social reality in the process of becoming, whose meaning is constituted through the connection between women's lived experiences and the social discourse of the body. By foregrounding women's voices and narratives, the present study contributes to the enrichment of social studies of cancer and provides new theoretical perspectives for understanding the body and femininity under conditions of chronic illnes

Keywords: Breast cancer; Bodily changes, Social power of the body, Redefining Femininity, Constructivist grounded theory.

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Introduction

The epidemiological burden of breast cancer worldwide, together with the growing population of breast cancer survivors, has resulted in millions of women experiencing the disease. In 2020, an estimated 2.3 million new cases of breast cancer were diagnosed worldwide, making it one of the most commonly diagnosed cancers globally (Sung et al., 2021). Global statistics indicate that breast cancer has been among the most common cancer diagnoses in recent years, and that its disease burden is expected to increase in the context of demographic change and population growth.

In Iran, according to the latest estimates of the International Agency for Research on Cancer (IARC) reported through the Global Cancer Observatory (GLOBOCAN 2024), breast cancer remains the most common cancer among Iranian women. However, the experience of breast cancer cannot be reduced merely to a biological event. Through the embodied changes it entails, breast cancer disrupts women's relationships with their bodies at both the individual and social levels.

loss of or changes to the breasts, chemotherapy-induced hair loss, scars and visible asymmetries, lymphedema and restricted mobility, chronic fatigue, and changes in weight cannot be reduced merely to bodily changes. These changes quickly become signs in the social field—signs that are visible, readable, and subject to judgment. Since the body is a product of social discourses and norms (Foucault, 1977), every bodily disruption provokes normative and institutional re-readings, and the injured body is not merely a medical reality but also an indicator of social position within the gender field (Bordo, 2023). In other words, the post-cancer body is not only a site of pain or an object of treatment; it is also a field to which norms of beauty, gendered expectations, and individual emotions are connected.

It is noteworthy that women's transformed bodies have become a site of narrative construction within care systems and medical institutions. These narratives classify women's bodies after breast cancer into categories such as the normal body, the damaged body, and the diseased body. At the same time, the engagement of researchers in non-clinical studies of bodily changes reflects an implicit tendency to confine these changes to body image. Such studies often report individual and psychological consequences, while the meaning of the transformed body becomes lost in the labyrinth of psychopathology. It appears that understanding the embodied changes associated with breast cancer requires an epistemic shift toward recognizing women's narratives.

On the other hand, the body is the visible pulse of the world; the world takes the form of lived existence through the body, while illness disrupts the ontological foundations of the subject. An analysis of bodily experience therefore requires sensitivity to the quality of embodied existence and to the experience of the body (Merleau-Ponty, 1962). Moreover, illnesses such as breast cancer remove the body from its taken-for-granted background and transform it into a continuous object of interpretation and reflexive consideration (Hami Kargar et al., 2024). The intersection between the significance of lived bodily experience and the effort to understand it anew points to a process through which the subject constructs meaning in confronting embodied changes.

It appears that examining this process requires, on the one hand, sociological conceptual interventions that make it possible to understand embodied discourses and to bring women's agency into relation with a gendered structure. On the other hand, it requires methodological approaches that can listen, in a context-sensitive manner and beyond lived experience alone, to the voices of women living with breast cancer.

Furthermore, a processual understanding of how the transformed body is ascribed meaning within different cultural contexts remains insufficient. Although recent qualitative studies tend to

limit the account of embodied changes associated with breast cancer to body image, they demonstrate that the experience of body image is a dynamic process involving farewell, rupture, and reconfiguration of body image. However, interpreting this process within specific cultural and social contexts requires locally grounded data and conceptual analysis (Ahn & Suh, 2023; Brunet et al., 2022; Rodrigues et al., 2023; Sebri et al., 2022).

This study seeks to reinterpret the embodied changes associated with breast cancer from a sociological perspective and to demonstrate how the post-cancer body is lived, perceived, and defined, as well as which meaning-making and institutional mechanisms are involved in this process. To achieve this aim, we employed constructivist grounded theory. This approach takes the social context and discourse into consideration and seeks to construct concepts through the interaction between the researcher and the participants.

Litreature Review

In contemporary sociology, the body is no longer regarded as a merely biological and natural reality; rather, it is understood as a social, cultural, and historical phenomenon that is continually shaped within the context of social relations and systems of meaning. The sociology of the body is grounded in the premise that bodily experience is a socialized experience, meaning that the ways in which the body is perceived, felt, and lived are shaped by norms, discourses, and social positions. The body is not only a medium of social action but also itself an object of meaning-making and reflexive consideration, through which individuals experience themselves and the social world (Shilling, 2012).

One of the major theorists who informs the conceptual framework of the present study is Michel Foucault. Foucault's perspective on the body and illness can provide a useful theoretical foundation for understanding the issues addressed in this study. From Foucault's perspective, the body should be understood beyond a merely biological and organic entity, within a broader social and historical context of relations. From this perspective, what matters is not merely the presence of illness in the body, but also the process through which a bodily condition is identified as an illness, named, and made the object of intervention, and through which social relations are formed around the diseased body.

In *The Birth of the Clinic*, Foucault demonstrates how modern medicine, with the emergence of the medical gaze, developed a new way of seeing the body and illness. The medical gaze is not simply a matter of observing the body; rather, it is an epistemic mode for organizing what can be seen, said, and diagnosed. Within this system, the body becomes an object whose signs can be observed, classified, and interpreted through the language of medicine (Foucault, 1973). More precisely, the medical gaze establishes a connection between seeing and knowing; therefore, what is seen about the body is already organized through medical knowledge, concepts, and rules. Recent interpretive research likewise emphasizes that Foucault's clinical gaze emerges through the interaction of observation, language, knowledge, and medical technologies (Suijker, 2023).

Foucault's key point is that medical knowledge is not merely a collection of scientific knowledge; rather, it constitutes one of the important domains through which truth about the body and health is produced, and through scientific processes of observation, diagnosis, and treatment, it produces the subject as a patient. It may appear that subjectification within medical science—and,

in this case, within the context of breast cancer—facilitates the treatment and saving of women's lives. Yet there is another side to this process. Because Foucault views knowledge and power as inseparable, he argues that forms of knowledge such as medicine do not merely treat patients; through classifying, naming, and defining the "healthy body," the "diseased body," the "normal body," and the "deviant body," they also participate in the production and reproduction of power relations. Accordingly, medical processes, from diagnosis to treatment, are not merely scientific acts but social and political processes that, within the relationship between medical power and knowledge, contribute to the subjectification of the diseased body and entail significant consequences.

At this point, the concept of knowledge becomes connected to that of power. In Foucault's thought, power is not an external force that is applied to knowledge after knowledge has been produced; rather, knowledge and power are situated in a reciprocal relationship. What is accepted as medical truth about the body is produced and stabilized within institutions, practices, and specialized discourses, and this very knowledge makes intervention in the body possible. Foucault formulates this relationship through the concept of power/knowledge: the production of knowledge about human beings is always intertwined with relations of power, while the exercise of power is itself dependent upon the production and accumulation of knowledge (Foucault, 1980). Therefore, medical power is not confined to the authoritative relationship between physician and patient; rather, power also operates through the very processes of medical diagnosis, observation, documentation, classification, and decision-making.

With regard to the body and illness, Foucault, in *Discipline and Punish*, demonstrates how the body becomes situated within disciplinary processes. In his analysis of disciplinary power, Foucault shows that modern power is not exercised primarily through overt violence; rather, it operates through continuous surveillance, evaluation, measurement, comparison, and correction of behavior. Within modern medical systems, patients are subjected to surveillance, examination, testing, documentation, evaluation, and adherence to therapeutic instructions. The timing of medication, dietary practices, physical activity, medical appointments, symptom monitoring, and even the way individuals perceive their own bodies may be influenced by this system. From this perspective, medicine constitutes part of the disciplinary technologies that transform the body into an object of self-surveillance and self-regulation. Bodily surveillance in hospitals appears to be one of the critical sites through which bodies are rendered docile through the operation of medical knowledge (Foucault, 1977).

It can therefore be argued that the diseased body constitutes a point of intersection between power and knowledge. The biological body exists, but the meaning of illness, the status of the patient, the boundary between the normal and the pathological, and even the ways of speaking about the body are shaped within historically specific regimes of knowledge.

Theoritical Considerations

In most studies examining bodily changes resulting from breast cancer treatment processes, attention has been directed toward body image. These studies have identified body image disturbance as one of the consequences of bodily changes associated with breast cancer and have

emphasized the pathological dimensions of disrupted body image. The experience of negative bodily feelings, anxiety, depression, and women's sexual difficulties are among the issues addressed in these studies (Thakur et al., 2022; Cinek et al., 2025; Campos et al., 2022; Rasekh Jahromi et al., 2024; Hoyle et al., 2022; Riaz et al., 2025; Partouche-Sebban et al., 2026; Langlais et al., 2026; Kuramoto et al., 2026; Stöckl et al., 2026; Juarez-Gómez & Cantero-Garlito, 2026).

Another body of research has analyzed bodily changes in conceptual relation to femininity. These studies place greater emphasis on the social dimension of the issue and point to outcomes such as challenges to femininity following bodily changes, disruption of feminine identity, the social stigma associated with breast cancer and its identity-related consequences for women, reduced sexual functioning, and women's difficulties in maintaining a feminine presence in society. A notable feature of these studies is the conceptual association between embodied femininity, feminine identity, and being a woman. However, relatively little attention has been paid to women's agency in the construction of new identities. Instead, greater emphasis has been placed on social support and psychotherapeutic interventions aimed at reducing identity-related harms (Kocan et al., 2023; An et al., 2022; Thornton & Lewis-Smith, 2023; Merlin et al., 2025; Li et al., 2026; Alsababha et al., 2026; Tandoğan & Korkmaz, 2026).

An examination of the Iranian research context on bodily changes reveals a considerable body of studies that, similar to international research, have approached bodily changes primarily through the lens of body image. The dominant perspective in this body of research is psychological, with studies focusing on various psychological interventions aimed at reducing the adverse effects of body image disturbance (Khalatbari et al., 2018; Bandani et al., 2019; Kiaresi et al., 2021; Tamanai Far et al., 2023; Ali-Shiri et al., 2023; Hosseinpour et al., 2023).

Within this body of research, recent qualitative studies in Iran are particularly noteworthy. A review of recent qualitative research indicates that these studies seek to represent the various psychological and social dimensions of breast cancer through an examination of women's experiences. Among the concepts developed in these studies, some also address themes related to bodily changes associated with breast cancer. Experiences of social stigma, pity, and social judgments are among the issues discussed in relation to the emergence of bodily changes (Zamanian et al., 2022; Zeighami Mohammadi et al., 2018; Dehkordi et al., 2025; Abdul Razzaq Nejad et al., 2025; Ghasanfari & Nikogoftar, 2021). In addition, identity-related challenges and changes in self-concept have received attention, and women's challenges concerning femininity following breast cancer have been identified in relation to bodily changes (Mohammadi et al., 2018; Alinejad Mofrad et al., 2021; Haghbin et al., 2023; Sadeghatgoo et al., 2024; Hami Kargar et al., 2024).

Although qualitative studies in Iran have emphasized lived experience and the social meanings of bodily changes, they have paid comparatively less attention to sociological theoretical models. Moreover, Iranian studies have focused primarily on issues such as the reconstruction of feminine identity, pity and social stigma, and processes of adaptation following mastectomy. Consequently, there remains a need for sociological analyses that can move beyond these established approaches and provide a more theoretically grounded understanding of the social processes surrounding bodily changes after breast cancer.

Methods and Data

A grounded theory approach was employed in this study, and constructivist grounded theory was selected from among the different approaches to grounded theory. This approach was selected because, within this perspective, reality, society, and the self are socially constructed, and meaning is derived through social interaction with others (Charmaz, 2014). Constructivist grounded theory provides an opportunity to analyze the lived experiences of women with breast cancer and their bodily changes within their social and cultural contexts.

The study population consisted of breast cancer survivors who had undergone various stages of treatment, including chemotherapy, radiotherapy, hormone therapy, and either mastectomy (removal of the breast) or lumpectomy (removal of the tumor while preserving the breast), and who were able and willing to participate in the interviews. In addition, all participants had undergone their treatment in Tehran. To obtain diverse accounts of women's experiences, participants were selected with variation in occupation, educational attainment, and marital status. The age range was restricted to women under 65 years of age. Their sociodemographic and clinical characteristics are presented in Table 1.

Sampling was conducted in two stages: initial sampling and theoretical sampling. During the initial sampling stage, participants described their feelings, perceptions, and actions following the emergence of embodied changes. After some initial concepts emerged, theoretical sampling was conducted to further develop these concepts with the aim of arriving at an emerging theory. Theoretical sampling continued until theoretical saturation was reached. After 25 interviews, the main concepts had been fully developed, conceptual repetition and stability had been observed, and no further data were deemed necessary for the development of the theory.

In addition, based on the researcher's judgment and to develop certain concepts, conversations were conducted with several physicians and companions of the women. The conversations with physicians were primarily intended to familiarize the researcher with the treatment context of the disease. The different stages of breast cancer treatment, from surgery to chemotherapy, radiotherapy, and hormone therapy, each produce particular bodily conditions for patients. It was therefore necessary for the researcher to become familiar with these conditions in order to make more informed decisions in selecting women for participation in the interviews and in analyzing their experiences. For this purpose, the researcher held conversations with three specialist oncologists and two surgeons.

The companions also contributed to a more complete understanding of the actional and emotional context of women following bodily changes. The companions were individuals who had remained alongside the women throughout their treatment and were familiar with their feelings and perceptions. In total, five companions were interviewed, including the patients' husbands, daughters, and daughters-in-law.

Table 1- *Sociodemographic and Clinical Characteristics of Participants*

Participant	Age	Marital Status	Education	Occupational Status	Type of Surgery
1	63	Married	Bachelor's degree	Retired teacher	Mastectomy
2	50	Married	Secondary school	Homemaker	Mastectomy
3	37	Married	PhD	Food industry engineer	Lumpectomy
4	43	Married	Bachelor's degree	Homemaker	Lumpectomy
5	47	Married	High school diploma	Private-sector employee	Mastectomy
6	56	Married	Secondary school	Homemaker	Mastectomy
7	31	Single	Bachelor's degree	Accountant	Mastectomy
8	45	Divorced	Master's degree	Archaeological specialist	Mastectomy
9	43	Married	Bachelor's degree	Homemaker	Mastectomy
10	31	Married	PhD	Freelancer	Mastectomy
11	42	Married	Bachelor's degree	Public-sector employee	Mastectomy
12	58	Married	High school diploma	Homemaker	Mastectomy
13	39	Married	Master's degree	Private-sector employee	Lumpectomy
14	62	Married	Secondary school	Retired	Mastectomy
15	57	Married	Bachelor's degree	Tailor	Mastectomy
16	28	Single	Associate degree	Illustrator	Mastectomy
17	41	Single	Bachelor's degree	Employee	Lumpectomy
18	38	Single	Master's degree	Charity work	Mastectomy
19	32	Single	High school diploma	Artistic work	Lumpectomy
20	55	Married	High school diploma	Homemaker	Mastectomy
21	39	Single	Bachelor's degree	Private-sector employee	Mastectomy
22	65	Married	Master's degree	Retired	Mastectomy
23	35	Married	Bachelor's degree	Homemaker	Mastectomy
24	38	Single	Bachelor's degree	Teacher	Lumpectomy
25	45	Married	Bachelor's degree	Homemaker	Lumpectomy

Within constructivist grounded theory, Charmaz emphasizes in-depth interviewing as a powerful tool for data collection and recommends that researchers develop an interview protocol outlining the questions to be explored. In this study, questions focused on women's experiences, feelings, perceptions, reactions, and actions following embodied changes. An important feature of the constructivist approach, however, is the flexibility of interview questions in pursuit of theoretical saturation, which necessitates reviewing and updating the interview questions throughout the research process. In accordance with Charmaz's recommendations, the interviews proceeded as two-way, empathetic, situated, and directed conversations. During the interviews, the researcher engaged in reciprocal interaction with the women and guided the interview process in accordance with the evolving direction of the study.

The interviews were conducted during 2023–2024. The duration of the interviews ranged from 60 to 90 minutes, depending on the interviewees' circumstances and the researcher's need to collect

sufficient data. The interviews were audio-recorded with the participants' consent, and the confidentiality of the information and the identities of the participants was ensured.

In addition to interviews, the researcher used field notes during the interviews to record nonverbal aspects of the interviews, such as women's body language and emotional expressions, thereby enabling more careful tracking of the development of concepts. During data analysis, analytical memos were also written. These memos facilitated greater engagement with the data, encouraged a theoretical approach to data analysis, and accelerated the process of conceptual construction.

Data were analyzed according to the stages of constructivist grounded theory. Initially, initial codes were generated through open coding. The initial codes were then examined and categorized according to their frequency and conceptual significance, and focused codes were developed. Given the importance of the interaction between the researcher and participants in the process of meaning representation in constructivist grounded theory, the researcher played an active role in interpreting the data in relation to the participants' social and cultural contexts. Finally, the focused codes were transformed into theoretical codes through theoretical conceptualization, informed by the researcher's theoretical perspective.

Data analysis was conducted concurrently with data collection to allow for the modification and direction of subsequent interviews. This approach enabled a rich and complex representation of women's lived experiences and facilitated the identification of social and cultural processes associated with bodily changes.

To ensure the quality of the research, efforts were made to collect rich data grounded in women's experiences. This involved approaching the experiential worlds of women with breast cancer openly and with a genuine willingness to understand them. In addition, movement back and forth between data and analysis, repeated categorization, and constant comparison of the data were incorporated throughout the research process.

Findings

In the Findings section, we focus on the extracted focused codes in order to demonstrate how the focused codes were developed from the initial codes. In the Discussion section, we analyze the theoretical codes that were developed, as analyzing theoretical codes requires a comprehensive and theoretically informed perspective. Table 2 presents the initial, focused, and theoretical codes constructed through the analysis.

Initial Codes	Focused Code	Theoretical Code
Emotional Experience of Pain Negative Feelings Toward the Body Negative Attitudes and Perceptions Toward the Body Feeling of Deficiency in Femininity Feeling of Being Ill	**Mental Disruption of the Body**	
Compulsory Nature of Bodily Changes Physician's Domination over the Body The Body Against the Body	**Alienation from the Body**	

Normative Expectations of Women in Expressing Illness Distressing Pity Stereotypical Treatment of Women Misguided Social Judgments	**Social Subordination of the Body**	**Collapse of the Social Power of the Normative Body**
Insecurity in Personal Relationships Fertility Problems Inability to Perform Feminine Gender Roles	**Precarious Femininity**	
Recognition the Inevitability of Bodily Changes Coming to Terms with Bodily Changes Normalization of Bodily Changes Adaptation to the New Body	**Integration of the Body into Everyday Life**	**Agentic Adaptation**
Concealment Bodily Changes Use of Compensatory Techniques Regulation of the Body in Social Relationships	**Bodily Self-Monitoring**	
Restoration of Confidence in the Body Lack of Concern About Bodily Changes Being Visible Feeling Comfortable with the Body Appreciation of the Body Attention to and Care for the Body	**Meaning-Making of the Body**	**The Body as a Site for the Reconstruction of Subjectivity**
Decentering the Female Body in the Definition of Femininity	**Redefinition of Femininity**	

Table 2- *The initial, focused, and theoretical codes*

Mental Disruption of the Body

Pain is one of the emotions perceived by women. Pain challenges their relationship with their bodies. Although pain is an inseparable part of illness, pain associated with breast cancer is also reported long after recovery, particularly following chemotherapy or surgery.

"After chemotherapy, I experienced severe body pain, pain that was truly beyond my ability to tolerate. I have a high tolerance for pain, but after chemotherapy, I cried because of the pain." (35-year-old, married, mastectomy)

However, the most significant emotional and perceptual experience reported by women was Negative Feelings Toward the Body. Shame about the body being seen, hatred toward the body, and fear of bodily changes were among the most frequently recurring experiences in the interviews. Moreover, bodily changes led women to perceive their bodies as unattractive and undesirable. It appears that the negative feelings emerging in the narratives stem not merely from the appearance of the body, but also from the body's inability to conform to dominant norms. Some women even evaluated themselves as less feminine following the loss of bodily markers of femininity.

"When you touch your body and realize that the place where your breasts used to be is empty, it feels very bad. You feel that there is something wrong with your body." (28-year-old, single, mastectomy)

"After my mother's surgery, she was very upset. My feeling was that she thought she had lost something of her womanhood." (Daughter of one of the women with breast cancer)

In addition, due to its pathological nature, breast cancer induces feelings of illness, physical and emotional distress, lack of energy, and low mood among women.

"At the beginning of the illness, I was very low in energy. I felt bad about having cancer. I was not in a good emotional state. It was as if, as soon as I got cancer, I somehow felt depressed." (32-year-old, single, lumpectomy)

Alienation from the Body

Bodily changes following breast cancer are compulsory, and these unpleasant changes are imposed on women in order to preserve their lives. When describing their experiences of breast surgery, women used expressions such as: *"They removed my breasts," "They operated on my breasts," "My breasts were removed," "My hair fell out,"* and *"My eyebrows fell out."* These statements all indicate the compulsory and unpleasant nature of bodily changes.

"Sometimes your style is such that you cut your hair short and make it look completely boyish! That is your choice; it is part of your style. Or you shape your eyebrows in a particular way or draw them with a pencil. But with chemotherapy, your hair falls out, your eyebrows fall out. You have to draw them with a pencil. These are different. With cancer, certain changes in your feminine style are imposed on you." (31-year-old, single, mastectomy)

On the other hand, the nature of cancer alters women's relationship with their bodies because, in this illness, what threatens the patient's life exists within the patient's own body. Cancerous tumors are the very cells of the body, and it is as though The Body Against the Body; for recovery, even some of the body's essential hormones may need to be controlled or eliminated. Women experience a condition in which a part of their own body seems to be acting against their body.

"To improve my emotional state, I practiced yoga for a while, and for another period I practiced meditation. My instructor would tell me to focus on my body and go inside my body. When I went inside my body, I would see the cancer cells growing. It was as if the cells in my body were rebelling. It was a kind of rebellion inside my body. You know what street protests are like? A group of people comes out into the streets. It is the same with cancer; it is as if some of the cells have rebelled and want to destroy the body." (45-year-old, divorced, mastectomy)

On the other hand, the physician is the sole authority with recognized legitimacy in the treatment process, while the patient and women's circumstances receive less consideration during treatment. The physician determines the course of treatment, and some bodily changes also depend on the physician's skills. The experience of Physician's Domination over the Body is a shared experience among the women.

"I went to several doctors. One doctor told me that he would remove the entire breast and then I would undergo chemotherapy and so on. But another doctor told me that he would not completely remove the breast and would also insert an implant. During the illness, everything is in your

doctor's hands. Even how the surgery proceeds is not up to you. Some people have very poor surgical outcomes, while others have good surgeries; everything depends on the doctor's skill." (43-year-old, married, lumpectomy)

Social Subordination of the Body

The experience of illness is always given meaning within the field of social relationships, and the reactions of others play a role in shaping the experience of the body following bodily changes. The interviews show that the body of a woman with breast cancer is rapidly transformed in social interactions from a lived body into a cancerous body. Here, the body is viewed through stereotypes and becomes the bearer of preconstructed meanings such as weakness, incapacity, unattractiveness, or even proximity to death. These meanings not only overlook the diversity of bodily experiences but sometimes also diverge from reality. In this process, the complexity of the lived experience of the body is overlooked, and the body is reduced to a label.

"I don't want to say that my relationship with my husband did not change at all after breast cancer. But during that period of illness and its severity, some issues really become secondary, and for the husband and wife, simply staying alive and getting better is the priority. But relatives, family, friends, and acquaintances think that their life has fallen apart." (37-year-old, married, lumpectomy)

"I also had breast reconstruction, and now, in terms of appearance, I really don't have any problem. I have returned to my life. I feel good. But as soon as others find out, they think you are someone who could die at any moment." (31-year-old, single, bachelor's degree, mastectomy)

Another aspect of women's encounters with society takes the form of seemingly positive and well-intentioned statements, such as *"Be strong," "Thank God you are alive," "Your hair will grow back,"* and so on. However, these statements carry particular normative expectations. They tell women how they should experience their bodies, how they should feel, and how they should narrate their suffering. By limiting women's experiences of their bodies, creating a distance from their perceived bodily reality, and inducing a sense of weakness, these statements are distressing for women. Although they appear empathetic, they can nevertheless reinforce the ill body in a subordinate position.

"As soon as people find out that you have cancer, they start feeling sorry for you. 'Oh, I hope you get better. Medicine has advanced now; they put implants in the breasts, so don't worry.' As if I don't know that myself. Even their pity is all about breast removal and things like that. It makes you feel worse. You would rather not talk to anyone." (35-year-old, married, mastectomy)

Precarious Femininity

Analysis of the interviews shows that bodily changes following breast cancer confront women with challenges to their femininity. In the interviews, women referred to a situation in their feminine lives in which they could no longer act as femininely as they had in the past in their interactions and activities. This femininity extends beyond the emotional dimension addressed in the focused code Mental Disruption of the Body. At this stage, women do not merely experience a Feeling of

Deficiency in Femininity; rather, they encounter actual changes in their feminine lives. Challenges in fulfilling spousal roles, fertility, parenting, and performing feminine gender roles at home were among the important issues raised in the interviews.

"I was 35 when I got cancer. But my husband is three years younger than me. He was 32, and we had been married for only one year. My husband was very young, and we were just at the beginning of our life together. It was a very difficult situation, and I was very worried about our relationship. Sometimes I really felt sorry for him. At the beginning of our life together, he was dealing with my treatment. He didn't say anything, but I could understand. I even told him once, 'Go and marry someone else.'" (37-year-old, married, lumpectomy)

"I think being able to become a mother, give birth to a child, and breastfeed them is a wonderful experience, and it is very difficult for me that even after marriage, I cannot experience these moments." (32-year-old, single, lumpectomy)

"I try to take care of the housework, but my body no longer has the strength it used to. Housework has become difficult for me, and I am no longer the woman of the household I used to be." (42-year-old, married, mastectomy)

Integration of the Body into Everyday Life

At a certain point, women come to understand bodily changes as an undeniable and inevitable part of the treatment and survival process. At this stage, Coming to Terms with Bodily Changes is not merely an emotional or cognitive process; rather, it involves practically coming to terms with the body. Women adapt to their bodily changes and attempt to view the changed body not as a diseased and crisis-stricken body, but as a means through which to live. At this stage, women do not necessarily come to love their changed bodies; rather, they develop an adaptation that enables them to live with them. An important point in this process is that accepting and coming to terms with the body is not a passive process, and adaptation does not mean surrender. Instead, by resuming their previous bodily routines, women attempt to experience living with their new bodies.

"Whatever illness you have, you have to accept its consequences. You cannot stop living; you have to live with those consequences as well." (41-year-old, single, lumpectomy)

"At first, after chemotherapy, I would go to my mother's house, and she would take care of me. My sisters helped me a lot too. At first, I was there all the time. But after a while, I realized that it was very difficult for me to live like that. I went back to my own home. I missed doing things around my house. I wanted to cook, have dinner with my husband, and do my own things myself." (37-year-old, married, lumpectomy)

Bodily Self-Monitoring

Monitoring the social appearance of the body after breast cancer develops as a response to the experience of social judgments. In the early stages, managing the body and concealing bodily changes may be a form of anxiety-driven response to the gaze of society. However, the use of compensatory techniques, such as wearing a prosthesis or covering the body, or regulating the body

in social interactions when others are aware of the illness, constitutes a conscious action. At this stage, women attempt to bring the body under their own control, which is manifested through bodily self-monitoring. In addition, monitoring the body reduces the body's vulnerability to social interactions. In other words, women attempt to manage and regulate bodily changes that constitute the external display of breast cancer in the eyes of society.

"When I go to a party, I wear a prosthesis, and I don't even wear low-cut clothes at home. Can you believe that even now, many people still don't know that I had my breasts removed?" (45-year-old, divorced, mastectomy)

"Because of my fatigue, I didn't put too much strain on my body, and when I was invited to parties, I wouldn't stay until the end of the night; I would come home early. I wouldn't even stay long at my mother's house because I didn't want everyone to see how tired and lacking in energy I was." (42-year-old, married, mastectomy)

Meaning-Making of the Body

Over time, some women develop different narratives about their bodies following bodily changes. Some women begin a process of recovery. They move beyond simply existing and living with the new body and develop a new perspective on their changed bodies. They are no longer afraid of their bodily changes being seen. The changed body is no longer a source of negative feelings for them. Women become comfortable with their bodies and regain confidence in their bodies. They point out that this body has gone through the difficult stages of treatment and is understood as stronger than before.

Here, Feeling Comfortable with the Body, Confidence in the Body, and even Appreciation of the Body are reflective rather than restorative concepts. This means that after going through the stages of disruption and living with the new body, women reconsider the meaning of their bodies. This perspective does not seek to return the body to its previous condition or even to make it function as before; rather, through this reflexive reconsideration, the body acquires a new meaning.

"Now when I look at myself, I no longer dislike my body as I did in the beginning. I feel comfortable with my body." (35-year-old, married, mastectomy)

"I love my body. Maybe it isn't beautiful to others, but it is beautiful to me." (31-year-old, married, mastectomy)

"It is true that after cancer, there have been some changes in my appearance, but this body is very precious to me. This body has given birth to two children and endured the difficult stages of treatment." (47-year-old, married, high school diploma, mastectomy)

Redefining Femininity

Defining femininity without centering it on female bodily organs is a process that initially begins with bodily changes resulting from breast cancer, which lead to a rupture with normative femininity. In other words, breast cancer, through changes in bodily health, female bodily organs, and feminine bodily functions, disrupts the previous normative order surrounding women's bodies

and, by disturbing this order, suspends the meaning of femininity. However, some women subsequently begin to consciously and reflexively distance themselves from body-centered definitions of femininity. At this stage, they attempt to derive a new definition of femininity from their new bodily experience, emphasizing other dimensions of femininity. In this definition, femininity is no longer dependent on female bodily organs or feminine functions, but rather encompasses moral and existential dimensions.

"Being a woman is not about having a woman's body and breasts. In my opinion, actually, women who get breast cancer are much stronger and more respectable women." (38-year-old, single, lumpectomy)

"I'm not saying that losing a breast is easy, but I have moved beyond it. Being a woman is not about breasts or hair. After cancer, I became a stronger woman. I like the person I am now more." (57-year-old, married, mastectomy)

"People define being a woman by the female body. Both women and men think this way. But in my opinion, being a woman has other dimensions as well: patience, kindness, an independent and strong personality. I think these are what being a woman means." (43-year-old, married, mastectomy)

Conclusion and Discussion

The present study seeks to provide a sociological reading of the process of bodily changes among women with breast cancer using constructivist grounded theory. Within this framework, concepts are not representations of objective reality; rather, they are the researcher's analytical interpretations of action-oriented data. Since constructivist grounded theory emphasizes the researcher's attention to social discourses in the construction of concepts, it is necessary to consider the social discourse surrounding the body before presenting the analyses.

The bodily dimension of breast cancer highlights the need to examine the social discourse of women's bodies. Social discourse surrounding women's bodies constitutes a network of meanings, norms, and power relations that determines how the female body is viewed, valued, regulated, and used. From dress and behavior to standards of beauty and women's health, all are articulated within the boundaries of the social discourse of the body. One important dimension of this discourse is the production of moral binaries concerning women's bodies: standardized/non-standardized, proportionate/disproportionate, and attractive/unattractive. These binaries become institutionalized through processes of socialization and are transformed into normative patterns.

The bodily condition of women with breast cancer can therefore be examined within the broader context of the social discourse of women's bodies. Their bodies have been transformed through treatment processes and the use of medications, with the changes particularly concentrated around the breasts. In other words, following breast cancer, women's bodies become distanced from the conceptual boundaries of the female body established within the social discourse of the body. At the same time, these bodies are unhealthy, potentially infertile, in need of treatment, and physically altered, placing them in a considerably more precarious position within the normative order of the female body.

The central theoretical concept constructed through an in-depth examination of women's lived experiences of the body after breast cancer, while taking the social discourse into consideration, is

power. But what does power mean in this account? Since the research employs constructivist grounded theory, the researcher's theoretical standpoint plays an important role in interpretation and analysis. This does not, however, mean imposing a particular theory upon the data. Rather, the data are generated through an in-depth exploration of the lived experiences of the actors, while the construction of the final theory emerges from the interaction among the actors' lived experiences, social discourses, and the researcher's theoretical perspective. Here, too, following the analysis of the interviews and the coding process involved in constructing the theoretical codes, Foucault's concept of power provided a productive analytical framework for developing the emerging theory.

In Michel Foucault's thought, power is a concept fundamentally different from its classical understandings. Foucault does not conceive of power as something possessed by the state, a ruling class, or a particular individual; rather, he understands it as a set of relations—fluid, dispersed, and continuous relations that circulate throughout society. For Foucault, power is not merely repressive but fundamentally productive: it produces subjects, shapes identities, generates knowledge, and determines what is regarded as "natural," "normal," or "true." The body, in turn, constitutes one of the key sites of power's intervention. Power operates not only at the institutional and epistemic levels but also, through the logic of its microphysics, across the various domains of everyday life. The relationship between power and the body is therefore not exercised solely from above downward; rather, it is established through everyday interactions, language, and even through the ways in which individuals understand and monitor themselves.

In this context, Social Power of the Body offers a distinct sociological understanding of the relationship between women and their bodies. Social Power of the Body refers to a discursive and relational process through which women's bodies, within networks of power and knowledge, become objects of observation, normalization, and valuation, while simultaneously creating possibilities for resistance and the reconstitution of subjectivity through everyday practices, narration, and the redefinition of the self.

In the following section, the theoretical codes constructed from the data are theoretically analyzed in relation to the focused codes. Within the theoretical code Collapse of the Social Power of the Normative Body, different levels of powerlessness can be traced. At the subjective level, bodily feelings and perceptions constitute an integral part of the mechanisms of power and change alongside bodily transformations. Power not only disciplines bodies, while social discourse attributes power and value to healthy and normative female bodies, but also produces positive or negative feelings and perceptions toward the body. Within this framework, women's subjectivity toward their bodies undergoes disruption through negative perceptions and feelings.

Alienation from the Body refers to the objectification of the body within the treatment process and to the transformation of the subject's relationship with the body. In this condition, the body becomes a site of medical surveillance, and therapeutic interventions transform the body from a body under one's own control into a body subject to the physician's surveillance and evaluation. At the same time, women's relationship with their bodies also moves away from its normative state, while uncertainty regarding the condition of the body produces a new experience of the lived body. In other words, through this alienation, women with breast cancer encounter the body as a field of power, generating a form of distancing from their bodies and the experience of external domination.

On the other hand, in their social lives, women experience a form of social subordination through bodily changes as a result of encountering social judgments and pity. The production of subordination constitutes part of the everyday mechanisms of power. In other words, the way

society encounters the body of a woman with breast cancer places women in a subordinate position at the level of social interactions. Overall, social judgments can be analyzed as one of the most important mechanisms through which power is exercised over the bodies of women with breast cancer. Through processes of meaning-making, pity, benevolence, and self-monitoring, these judgments place the body within a disciplinary regime and constrain the possibility of alternative narratives of the body.

Within the dominant social discourse, femininity is strongly associated with a particular kind of body: a healthy, fertile body that conforms to feminine bodily norms. It is a body expected to be functional both within the sphere of personal relationships and in relation to feminine functions. However, bodily changes resulting from breast cancer move the body outside the normative frameworks of embodied femininity, and this alone is sufficient to destabilize women's Social Power of the Body.

Overall, it can be argued that bodily changes among women with breast cancer result in the Collapse of the Social Power of the Normative Body. This collapse can be identified at different levels, from the micro and subjective levels to social interactions and feminine functions. In other words, a body that, prior to illness, was socially recognized, disciplined, and ultimately normalized within the dominant social discourse now loses its capacity to negotiate as a result of breast cancer, while the social discourse plays a significant role in reproducing the social powerlessness of the body.

But what happens after the Collapse of the Social Power of the Normative Body? Do women simply submit to this condition? As agents, women attempt to initiate a process of recovering power. Here, "recovering power" does not mean reclaiming power from a dominant center or transferring it to a free and autonomous subject. Rather, it refers to the ways through which women with breast cancer negotiate in order to alter their position. Thus, recovering power does not mean exiting the field of power, but rather transforming the relations within which power has been lost. In the analysis and coding of the interviews, two dimensions of the process of reclaiming bodily power emerged. The first was the theoretical code Agentic Adaptation, and the second was The Body as an Arena for Recreating Subjectivity.

At the focused-code level, Integration of the Body into Everyday Life may initially appear to suggest that women are compelled to come to terms with bodily changes, that these changes become normalized over time, and that women adapt to their new bodies. However, Integration of the Body into Everyday Life involves constructing a new relationship with the body. Acceptance of the body, rather than marking the end of suffering, creates the possibility of living with a transformed body and demonstrates how embodied subjectivity can be reconfigured within the context of biopower. On the other hand, Integration of the Body into Everyday Life, as one dimension of Agentic Adaptation, involves coming to terms with bodily changes through lived experience. The normalization of the new body is not a top-down or institutional process; rather, it begins from within the women themselves, and women play an agentic role in this process. Importantly, Integration of the Body into Everyday Life does not mean returning to the previous body; rather, it means establishing the changed body within the flow of everyday life. Under these conditions, the body is allowed to remain ill and transformed while continuing to serve as a means of living.

Bodily Self-Monitoring, as another dimension of the theoretical code Agentic Adaptation, may initially appear passive and could even be interpreted as a sign of submission to the social discourse

of the body. However, within the logic of the microphysics of power, bodily practices and the regulation of the body in social relationships constitute a form of managing body-related risks. Although this behavior may appear to represent conformity to norms, in practice it enables women to control how their bodies are seen by others. Thus, Bodily Self-Monitoring creates a space for soft resistance, because women can choose what to reveal and what to conceal.

Agentic Adaptation, as a form of soft resistance to power, represents women's efforts to activate the possibility of living within the very relations through which the Social Power of the Body has been taken away from them. It is an adaptation in which women's agency is particularly salient. This agency does not arise from necessity or submission, but from the effort to live with a body that has now changed. The means of this way of being are ordinary everyday practices of accepting and adapting to the new body, as well as monitoring the body in order to maintain control over and manage it.

However, there is another dimension to the process of recovering the Social Power of the Body. Although not all women necessarily reach this stage and some pursue the recovery of the Social Power of the Body solely through Agentic Adaptation, resistance is not limited to simply being and living with the new body for all women. Some women adopt a more meaning-oriented approach.

In this condition, recovering the Social Power of the Body means opening up new possibilities for thinking about the body, living, and redefining femininity within the very relations of power. The Body as an Arena for Recreating Subjectivity refers to women's ongoing efforts to refuse a particular mode of being with illness, an effort that goes beyond Agentic Adaptation in pursuing the recovery of power. Here, the body is not merely an individual project, but a field in which power, knowledge, and subjectivity are intertwined. That is, it is a space in which the individual, while situated within networks of power, also finds the possibility of recreating the self.

Within this approach, women construct meanings for their new bodies. They seek to adopt a new approach toward their transformed bodies at the emotional, perceptual, and functional levels. This is a body that is not merely concealed but becomes a body worthy of appreciation, a body whose boundaries of meaning differ from those of the past. This new meaning-making of the body refers to a process through which women gradually move the transformed body away from the position of an imperfect and unhealthy body and redefine it within a new narrative. In this narrative, the body is no longer merely a bearer of signs of illness; rather, it becomes a sign of survival, resilience, resistance, and continuity of life. This transformation in meaning can be understood as a form of discursive resistance to regimes of truth—regimes that define the value of the body on the basis of complete health and beauty. Since power always produces truth, it simultaneously creates the possibility of producing alternative truths. The new meaning-making of the body occurs precisely at this point: where women, without denying their bodily changes, rewrite their social meanings and transform a body that was previously regarded as a symbol of loss into a symbol of the continuation of life. Thus, resistance here does not consist in rejecting bodily changes, but in redefining their meaning.

Within this process, Redefining Femininity constitutes the most important manifestation of the recreation of subjectivity. The findings show that, at the beginning of illness, femininity is primarily understood through bodily indicators such as breasts, hair, physical attractiveness, and the ability to perform gendered roles. This definition transforms the body, within dominant cultural discourses, into the primary criterion of women's worth. However, continuing to live with a transformed body gradually leads to a redefinition of this meaning. Femininity is no longer reduced to bodily

characteristics; rather, it becomes connected to the subject's capacity to live, resist, care for herself, maintain social relationships, and reconstruct meaning under conditions of crisis. This transformation constitutes a process of subjectification in which the individual, within the very relations of power through which she has been defined, finds the possibility of creating a different mode of being. Thus, femininity shifts from a fixed identity based on appearance to a dynamic and reflexive process, and new possibilities of femininity emerge within relations of power and social discourse.

Overall, it can be argued that although bodily changes resulting from breast cancer initially lead to the Collapse of the Social Power of the Normative Body among women, the process of recovering the Social Power of the Body is inevitable, and women remain engaged in continuous negotiation with society. At times, through soft resistance, they attempt to continue living through their transformed bodies by means of Agentic Adaptation; at other times, they choose a reflexive path. Along this path, the body becomes an arena for the recreation of subjectivity, and women redefine the boundaries of the meanings of the body and femininity through a critique of the dominant discourse, as also illustrated in Figure 1.

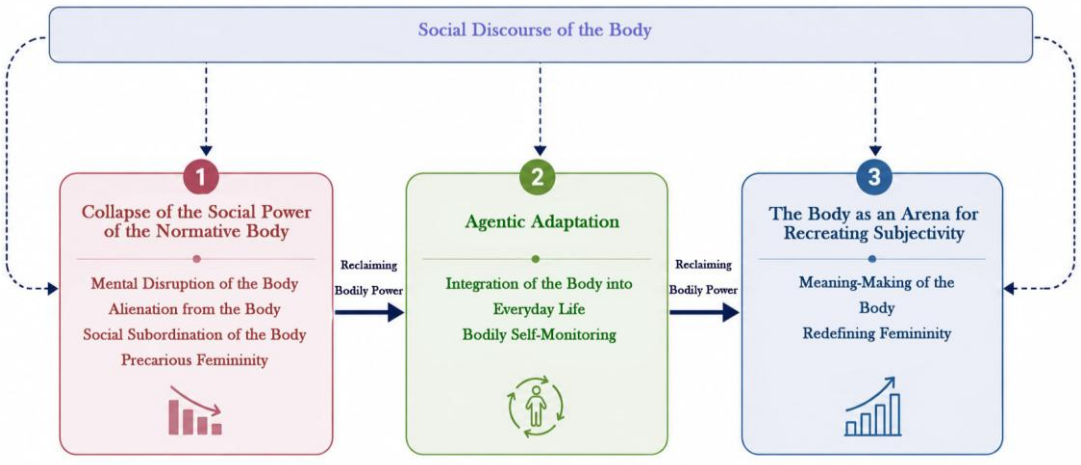

Figure 1- *Conceptual Model of the Study*

The most important theoretical contribution of this study lies in shifting the analytical focus from the diseased body to the body as a process of social construction. Much of the literature on breast cancer has examined bodily changes primarily through concepts such as body image, quality of life, psychological adjustment, or treatment outcomes. Although these studies have revealed important dimensions of the illness experience, they have often treated the body as an outcome of disease or as an object of therapeutic intervention. In contrast, the theory emerging from this study demonstrates that the post-cancer body is not a fixed condition but a dynamic arena for the production of meaning, the redefinition of identity, and the recreation of subjectivity. Accordingly, this study moves the body beyond its position as a medical object and conceptualizes it as a social and relational phenomenon whose meaning and function are continuously reproduced through interactions among the individual, cultural structures, the healthcare system, and social relationships.

Furthermore, the theory emerging from this study redefines the concept of Social Power of the Body. In this study, Social Power of the Body refers neither to domination over the body nor merely to the product of the social gaze; rather, it denotes a capacity that develops through meaning-making, the reconstruction of identity, and the recreation of the individual's relationship with the body. Thus, the post-cancer body is not merely a site upon which power is exercised; simultaneously, it is an arena for the production of resistance, the creation of meaning, and the reconstruction of social agency. This formulation can contribute to the development of the sociology of the body and the sociology of health, particularly in the study of chronic illnesses.

Among the limitations of conducting this study was access to participants. Women's circumstances following illness may reduce their willingness and opportunity to participate in interviews and research, making the scheduling of interviews a process that requires patience.

Ethical Considerations

All ethical considerations, including confidentiality, trustworthiness, citation accuracy, respect for contributors, adherence to ethical data collection standards, and participant privacy have been taken into account by the researchers. All study participants were assured of the confidentiality of the research findings, and their involvement was fully voluntary. This study was conducted within the framework of the Ethics Committee on research at Kashan University (Ethics ID: IR.KASHANU.REC.1402.034).

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Authors' Contributions

MG and NN conceptualised the idea, FHK obtained the data, FHK analysed the data, all author reviewed the findings, FHK and MG drafted the manuscript, MG reviewed the manuscript, and all authors read the manuscript.

Conflicts of Interest

The authors declare that they have no financial, professional, or personal conflicts of interest related to this study.

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