

4-2018

The Breast Kind of Tattoos: A Study of Tattoos on Mastectomy Scars

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The Breast Kind of Tattoos: A Study of Tattoos on Mastectomy Scars

Kaitlin Sarah Reed

A Thesis Submitted to the Graduate Faculty of

GRAND VALLEY STATE UNIVERSITY

In

Partial Fulfillment of the Requirements

For the Degree of

Masters of Social Work

College of Community & Public Service

April 2018

Dedication

This paper is dedicated to all of those that will or have been affected by breast cancer.

Acknowledgments

I would like to thank Dr. Brandon Youker for taking on the role of my thesis committee chair. Due to your encouragement, I have done something that I never dreamed I could have accomplished. Thank you for your dedication and commitment to helping me complete this research.

I extend a thank you to Dr. Julia Mason and Dr. Sally Pelon for participating in my thesis committee. Thank you both for your support through the last year.

I would also like to thank the fourteen participants of my research for sharing their stories with me. There would be no research without all of you.

Abstract

Mastectomy surgeries often leave surgical scarring in the place of the effected breast tissue. The purpose of this study is to investigate cisgender women who underwent a single or double mastectomy in the United States to learn how they came to their decision to cover their mastectomy scars with tattoos. Additionally, the research seeks to uncover the impact of mastectomy tattoos on mental and emotional well-being. The research used a phenomenological approach to explore the experiences and perceptions of the participants. Fourteen participants were contacted through breast cancer groups on social media and participated in semi-structured interviews via webcam. The data were analyzed using content analysis by first identifying the state of self-esteem and body image before, during, and after the mastectomy surgery as well as how covering the scarring with tattoos altered the participant's self-esteem and body image. The findings indicate that the decision to tattoo was impacted by social media, breast cancer survivors, and healthcare professionals. Results show that body image and self-esteem positively increased after tattooing. Participants reported that following their surgery their physical and sexual attractiveness decreased; however, after receiving their tattooing they began to feel sexy again. Overall, the fourteen participants reported being satisfied with their decision to tattoo.

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Chapter 1 Introduction

Introduction

Breast cancer will affect one in eight women in the United States within their lifetime (DeSantis, Ma, & Bryn, 2013). It is the second leading cause of cancer death among women (DeSantis, Ma, & Bryn, 2013). Each year 252,710 women in the United States are diagnosed with breast cancer and more than 40,500 will die (National Breast Cancer Foundation, 2016). The most common treatment for breast cancer is a mastectomy. A mastectomy is the surgical removal of the breast and surrounding tissue. Mastectomies are distinct from a lumpectomy, which is when only the tumor and some surrounding tissue are removed. Additionally, women may choose prophylactic mastectomy surgery if they are genetically predisposed to breast cancer. Generally, those who have prophylactic surgery are those who are exposed to the Breast Cancer Susceptibility (BRCA) gene (Center for Disease Control and Prevention, 2015). The BRCA mutation increases the risk of having both breast and ovarian cancer (Center for Disease Control and Prevention, 2015). Ultimately, most women, when given the choice, opt to have a mastectomy over a lumpectomy due to reducing the chance of reoccurrence (Covelli, Baxter, Fitch, McCready, & Wright, 2015).

Women may elect breast reconstructive surgery following a mastectomy. Reconstructive surgery immediately after the mastectomy can cause a long and painful healing process (Rayter & Wilson, 2016). The process is completed when the implanted saline packets are filled to the desire of the woman. Women also have the option to create their new breasts from their stomach tissue and undergo Deep Inferior Epigastric Perforators Flap Surgery. Some women decide to forego the reconstructive surgery

instead choosing to “go flat” or “stay flat.” Women can have post mastectomy tattoos whether they decide to have reconstructive surgery or not.

Two options for women who decide to cover mastectomy scarring with tattoos are nipple tattoos through their health care providers or tattoo artist, or a design tattoo that covers the scar or the entire breast. There is scant information regarding why women choose to cover scarring with tattoos and what the tattoos mean to them.

Purpose

The purpose of this study is to investigate the reasons women who had mastectomies elected tattoos to cover their scarring. This research broadens the knowledge base around post-mastectomy tattooing and women’s perspectives on the meaning of the tattoos, and its impact on their views on their bodies.

Scope

This study included fourteen adult cisgender women who were in cancer remission for at least three months and had either areola nipple or design tattoo following a single or double mastectomy in a hospital or health facility within the United States. This study excluded women who had prophylactic surgery. Recruitment began in August 2017. Interviews occurred from September 2017 to February 2018.

Research Question

This study seeks to answer the following research question: For cisgender women who had a mastectomy in a U.S. hospital or health care facility after a breast cancer diagnosis, what factors led to their decision to cover their mastectomy scars with tattoos and what is the impact of the tattoo?

Assumptions

There are several assumptions underlying this research. Breasts contribute to a woman's body image. Currently, there is limited information about the long-term affects of tattooing the breasts. The second assumption for this study is that the pros of tattooing and body image outweigh the risks associated with the tattoo.

Significance

The findings of this research will expand the knowledge base and provide a foundation for future research, as well as provide information to social workers and health care professionals. The significance of this study is that there is little information on this population especially with the prevalence of tattooing and breast cancer. Since there is limited research, this study allowed for women to tell their stories and gather the depth for the reason to tattoo. Lastly, this study may aid in the development of a larger quantitative study.

Chapter 2 Review of Literature

Breasts and Identity

Breasts are an indicator of femininity, the attributes, behaviors, and roles referring to womanhood (Leader, 2016). Women see breasts as maternal as well as a source of sexuality (Reina & Mills, 2003). Women are said to reap benefits of breastfeeding through which can help to improve birth spacing, reduce risk of diabetes and ovarian cancer, as well as help to prevent breast cancer (Victora et al., 2016). Through the maternal use of the breast women benefit from breast-feeding, however though this may help in prevention of breast cancer it is not a guarantee.

Breasts have played a significant role in defining the female body. Wieczorkowska (2012) describes how a woman's breasts are an element of sexual identification. Some women believe that their breasts are a part of their feminine side meaning that they do not define who they are as a person but rather are a part of them. Feminist poet, Adrienne Rich (1986), writes, "To locate myself in my body means more than understanding what it has meant to me to have a vulva and clitoris and uterus and breasts." She pointed out that even though the physicality of these body parts may define her gender they did not define her in whole.

Breasts are also a source of sexuality and sexual pleasure for a woman. According to a study of 60 breast cancer patients by Andrzejczak and Markocka-Maczka (2012), one-third of the breast cancer patients experienced a negative impact on partner relationships such as decreased sexual activity, a third reported feeling decreased attractiveness, and a third reported that they believed their partners perceived them as less attractive. Women experience a loss to their body through mastectomy surgery either

through their nipple being removed or the entire breasts. When a woman undergoes Mastectomies often remove the nipple along with surrounding muscle and tissue, which desensitizes the nerves leaving the breast numb to the touch. Women do not want to be seen naked or touched after their surgery due to the feeling of being unattractive and not being able to feel the touch of their partner.

Health Care and Nipple Tattoos

When breast cancer is diagnosed, treatment may include radiation, chemotherapy, and/or mastectomy surgery. Of the five different types of mastectomy surgeries, only one involves sparing the nipple; and nipple-sparing mastectomies help women feel less mutilated after surgery by allowing her to preserve some of her body integrity and body image (Didier et al., 2012). Despite the availability of nipple-sparing mastectomies, when the breast cancer is too advanced, surgeons remove the nipple. Some women elect to have nipple reconstruction. In some cases, women are able to undergo nipple reconstruction surgery. This surgery attempts to fashion a nipple structure from the surrounding skin. After the nipple reconstruction, health care professionals are able to tattoo an areola-nipple design. Tattoos done in the health care system tend to fade quickly due to the rubbing and abrasion done the tattoo (DiCenso & Fischer-Carlidge, 2015).

Insurance coverage impacts medical treatment. Some insurance companies will cover only partial cost of the removal of one breast due to breast cancer; and patients may have to pay out of pocket for some of the prophylactic mastectomy. Often after the surgery, those on Medicare or Medicaid are unable to cover the full cost of the areola nipple tattoos. Many plastic surgeons recommend patients have areola tattoos performed

in their office (DiCenso & Fischer-Carlidge, 2015). Health care professionals tend to have around 100 hours of training before being able to tattoo nipples onto the mastectomy scars (Dicenso & Fischer-Carlidge, 2015). Limited training and ability to tattoo deep into the layers of the skin cause poor pigment retention, realistic dimensions, increased healing time, and scarring (Goh, Martin, Pandya, & Cutress, 2011)

Many women typically have unclear expectations about what they will look like outside of surgery (Ahmed, Tripathy, Datta, Agrawal & Chatterjee, 2015). Women are unaware of what the mastectomy will be like and whether they will elect reconstruction (Rayter & Wilson, 2016). Those who fail understand the severity of the mastectomy may joke that a mastectomy is similar to a “boob job” (Burgess & Murraray, 2014). However, the reconstruction process is far from being a free “boob job”. Most women who receive reconstruction surgery agree about the intensive healing process along with not expecting their bodies to look the way they do.

Impact of Cancer

When a woman undergoes mastectomy surgery, there are psychological ramifications of losing one’s femininity (Ahmed, Tripathy, Datta, Agrawal & Chatterjee, 2015). The perception of her body image changes after the mastectomy (Ahmed, Tripathy, Datta, Agrawal & Chatterjee, 2015). This leads to many women having difficulty being able to look at themselves in the mirror after surgery (Fallbjörk, Salander, & Birgit, 2012). A woman feels vulnerable and loses confidence when looking in the mirror and seeing scars in the place of her breasts (Fallbjörk, Salander, & Birgit, 2012). This often extends to not allowing their partners to look at them as well (Andrzejczak & Markocka-Mackza, 2012)

Many women typically have unclear expectations about what they will look like outside of surgery (Ahmed, Tripathy, Datta, Agrawal & Chatterjee, 2015). Women are unaware of what the mastectomy will be like and whether they will elect reconstruction (Rayter & Wilson, 2016). Those who fail understand the severity of the mastectomy may joke that a mastectomy is similar to a “boob job” (Burgess & Murraray, 2014). However, the reconstruction process is far from being a free “boob job”. Most women who receive reconstruction surgery agree about the intensive healing process along with failing to understand what their bodies will look like after surgery.

Tattoo Culture and Mastectomy Tattoos

Tattoos empower women, as they are able to regain some control of their bodies after losing some of it to cancer. Most people choose tattoos for cosmetic and therapeutic purposes. Tattoos are often laden with sexual significance that can express sexual identity (Karacaoglan, 2012). As such, women are able to tattoo both designs and areola nipple tattoos to cover their scarring. “Medical therapeutic tattooing has been used...for breast areola reconstruction after cancer surgery” (Khunger, Molpariya & Khunger, 2015, p. 30). The tattoos can contain messages allow participant person to share her story through artwork on her body (Byard, 2015). Jung Janigo, and Johnson (2012) found that tattoos were used as reminders of past experiences, have multiple meanings and change throughout one’s life, and can be used as a symbol of life experience and what they have overcome. Tattoos share one’s experiences in situations such as breast cancer and commemorate events or particular stages in one’s development (Dadlez, 2015).

Recently there has been an increase in the use of tattoos and covering scars of mastectomies (Bach, 2013). Women have opted for nipple tattoos and also design tattoos

with such designs as flowers, bralettes, or even full body pieces (Bach, 2013). The tattoos allow for most or all of the scarring to be covered depending on the application of the tattoo. There are professional tattoo artists who specialize in mastectomy tattoos. These tattoo artists are aware of the difference to tattoo over scarred skin (Esposito, 2017). There is a level of empathy and composition within the design that is taken into consideration (Esposito, 2017).

Breast cancer patients that undergo a mastectomy lose part of their identity. Due to the amputation of the breast, there is a loss of femininity and sexuality. The health care system covers nipple tattoos in a professional health setting, however does not currently cover nipple or design tattoos done through a professional tattoo artist business. Both nipple and design tattoos have meaning behind what they represent to each woman and how the tattoos have changed their perspectives on their body image. There is limited information about why women have started to tattoo their mastectomy scars. As this is a recent and upcoming trend amongst breast cancer patients, it is important to identify how and why these women have come to the conclusion to cover their scarring with tattoos.

Chapter 3 Methodology

Research Design

This IRB-approved study explores the experiences of women who underwent a single or double mastectomy and covered their scarring with tattoos through conducting 14 semi-structured video chat interviews (Table 1). The face-to-face interviews were audio/video recorded and lasted approximately 30 minutes. The research is cross-sectional as the researcher collected data at a single point in time. A phenomenological approach guided the exploration into the experiences and perceptions of the participants.

Table 1

Demographics of Participants

	State of Residence	Age	Racial Identity	Age of Cancer Diagnosed	Stage/ Type of Cancer	Age of Mastectomy Tattoo
Joy	California	64	Caucasian	60	1: IDC	62
Angie	New Hampshire	57	Caucasian	52	1	55
Sarah	Virginia	48	Caucasian	47	3: DC, Triple Positive	48
Renee	Florida	42	Caucasian	40	2A: IDC	42
Rose	Missouri	47	Caucasian	42	1: ILC & IDC	44
Ashley	California	49	Caucasian	46	1A: IDC	48

Shirley	North Carolina	45	Caucasian	39	IDC	40
Bella	New York	41	Caucasian	33	IDC & DCIS	39
Fawn	California	47	Caucasian	37	3: IDC	39
Sally	Michigan	51	Caucasian	47	1 to 2: ILC	50
Lisa	Indiana	48	Caucasian	45	DCIS	47
Sandy	Florida	61	Caucasian	53	Phyllodes Tumor	59
Cassie	New York	45	Caucasian	40	1: IDC	42
Mel	Tennessee	57	Caucasian	53	2: Her 2	56

Note: Types of Breast Cancer as denoted by participants

DCIS- Ductal Carcinoma In Situ

HER 2- Human Epidermal Growth Factor Receptor 2

IDC- Invasive Ductal Carcinoma

ILC- Invasive Lobular Carcinoma

Sampling. Purposive and snowball sampling were used to recruit participants. The sample was purposive in that there were established participant eligibility criteria. To be eligible, an interviewee had to be an adult cisgender woman who was diagnosed with breast cancer, underwent a single or double mastectomy within a hospital or health care facility in the United States, and covered her scarring with tattoos; furthermore, participants had to be in remission for a minimum of three months prior to the interview. All tattoos such as areola nipple or design tattoos were accepted to be part of the study.

The researcher used social media to recruit participants, specifically Facebook groups related to breast cancer. These groups were: Breast Friends, Mastectomy Support Group, Art 3D Areola/Nipple Restorative and Scar Tattooing, Mastectomy Tattoo, Breast Cancer and Scar Tattooing, P.Ink, Stupid Dumb Breast Cancer, and Pink Ink Tattoo. The researcher privately messaged each group with information about the research and obtained permission to post a recruitment message on each group's page. Participants were selected on a first-come-first served basis. Following each interview, the researcher requested that the interviewee share the researcher's contact information and study information with others who may qualify. Two participants were found through the researcher's information being shared by interviewees.

Data Collection

Upon showing interest to participate in the study, the researcher emailed the interviewees an informed consent form (see Appendix C: Informed Consent Form) and the demographic questionnaire (see Appendix D: Demographic Questionnaire). The demographic questionnaire sought the participant's state and county of residence, race and ethnicity, stage of breast cancer prior to the mastectomy surgery, type of mastectomy surgery, and type of health insurance at the time of the surgery. The consent form described the purpose of the study, time commitments, the procedures used in the study, and the risks and benefits of participating; additionally, prior to each interview, the researcher reviewed the consent form with the interviewees.

Interviews occurred over a video chat system such as Skype, FaceTime, or Facebook Messenger, depending on the preference of the participant, and were recorded on an Apple Mac laptop using QuickTime Player software to record the interview for

subsequent transcription. Thirty-eight open-ended questions were prepared (see Appendix E) to guide the interview but the semi-structured nature of the interview also allowed participants to digress and elaborate. The interview guide consisted of questions regarding the reasons for surgery, and feelings and attitudes toward their mastectomy scars, Addition questions asked about the tattoo design (Table 2), the decision to getting the tattoo, finding a tattoo artist, feelings toward the tattoo, and the meaning or significance of the tattoo. Lastly, the interview covered their body image before and after the surgery as well as their body image after receiving the tattoo.

Table 2

Types of Tattoos

Participants	Type of Tattoos
Joy	Design
Angie	Areola to Design
Sarah	Design
Renee	Design
Rose	Design
Ashley	Design
Shirley	Design
Bella	Design
Fawn	Areola to Design
Sally	Design
Lisa	Design
Sandy	Areola

Cassie

Areola

Mel

Design

Note: Design- Refers to any tattoo that is not considered to be an areola-nipple tattoo.
Areola- Refers to areola-nipple tattoos
Areola to Design- Switched tattoo styles

Data Analysis

The researcher created denaturalized transcriptions and analyzed the transcriptions using conventional content analysis and thematic analysis of text. First, the researcher used open coding since there were no preconceived themes of which to place findings, instead the researcher identified significant chunks of text and patterns from the interviews. The findings were separated into time periods consisting of before the diagnosis, during the mastectomy surgery, after the surgery, and post-tattoo.

Chapter 4 Results

There are eight themes: body image, self-esteem, meaning of breasts, mastectomy factors, body expectations, tattoo factors, support systems, and emotional recovery. Many of the topics can be seen to overlap with one another based upon the questions asked of the participants.

Body Image

Participants recalled what their body image was like before the diagnosis, post-surgery, and post-tattoo.

Before diagnosis. The interviewees reported about how they felt about their bodies prior to their diagnosis. A typical response was they were given a body and doing the “best I could with it”. Seven participants responded that they were completely content with their body image; five stated they were somewhat/pretty content, and two reported that they were not content with their bodies before breast cancer. The consensus was that their bodies were in better shape before the diagnosis.

Post surgery. Interviewees reported decreased body image during their surgeries when compared to prior to the breast cancer diagnosis. One woman who had reconstruction and implants stated, “I was vain, I wanted to have the society image of a woman, looking back I wish I didn’t do that.” She continued to say that reconstruction is a painful process. Another interviewee commented on how the option to stay flat is briefly discussed. Sandy explained, “You are half a woman, instead of a whole woman because you are so badly shaped. You are distorted.” Fawn reported that she had nipple reconstruction but was still not happy with her body image because she could not create nipples as her skin was too thin. Some interviewees reported that during the mastectomy

surgery, body image is misaligned with realistic expectations. Ashley noted, “You just have scars going across and I would just look in the mirror and think, ‘is this what I am going to look at for the rest of my life?’”

Post-mastectomy tattoo. The mastectomy tattoo resulted in an increase in body image for interviewees. Fawn stated, “I was a beautiful woman, I was confident, I was sexy and then I wasn’t anymore but once I got the tattooing done, I felt like that again.” She, as other participants, found that covering the scarring brought back a positive body image. The interviewees reported that the tattoos create a way to see past the “ugliness” and “feel more whole, more complete.” Rose said the following of getting her tattoo, “The final thing I had to do. I can finally look in the mirror now. I just wanted to see something pretty.”

Self-Esteem

Before diagnosis. Seven participants reported relatively positive self-esteem, five were somewhat content, and two were not content with their self-esteem. Most of the comments on self-esteem related to liking or disliking their looks or regarding their outlook on life.

Post surgery. A couple participants remarked about how they “did not have any time to feel or emotionally go through everything that was happening.” One woman stated that her self-esteem was “the lowest it has ever been” as having a piece of oneself missing can decrease one’s self-esteem. Participants said, “It made me self-conscious.” This participant reported that after the reconstruction, she became self-conscious and depressed as her saw her body as lopsided.

Post-mastectomy tattoo. Self-esteem was reported as low due to the surgery; however, as participants got their tattoos, they reported increased self-esteem. One participant reflected on how “I felt like I was regaining myself.” By deciding on the design to cover her scarring, the participant who reported the “lowest” self-esteem stated that she got her confidence back. She stated, “No doubt that mastectomy tattoo that I got the cover up for has changed my self-confidence and feelings about myself from the initial get go.”

Meaning of Breasts

Before diagnosis. Nine interviewees reported that they had no specific thoughts about breasts beforehand. All participants commented that their breasts were used to feed their children and that was important to them. Shirley said, “I didn’t really care about them, and they weren’t sexual to me. They were something that I fed my babies from.” Several participants identified their breasts as being a sexual part of their bodies; one said, “I actually liked them.” However, women had varying opinions about their own breasts. Some commented that their breasts were too large, too small, or just right. One participant explained that to her breasts were both representations of femininity and sexuality.

Post surgery. The participants of this study claimed that there was little change in how they viewed breasts between before diagnosis and undergoing the mastectomy surgery. After the diagnosis, seven participants described that their breasts became a part of their body that needed to be removed. As participants told of their mastectomy journeys, all underwent a multitude of surgeries. Several women described medical staff “poking and prodding” their breast. One woman did note that, “you feel like everybody

in town has seen your boobs and the other half has felt you up.” Overall, participants shared that they still had no specific thoughts about their breasts and the meaning to them.

Post-mastectomy tattoo. After the mastectomy tattoo was finished, a common theme was participants realized the sexualizing of breasts in society. The reality as Sarah pointed out that she was, “still a little envious of people that have their own breasts and nipples, I am just happy that I am cancer free and they turned out as well as they did. I am happy with them now.” Some wanted their original breast back, but reported that the mastectomy tattoos have helped her come to accept reality. Another participant noted that she became aware of the sexualizing of breasts in society. Angie stated:

I think its interesting that guys make such a big deal about them...I think a lot of women think that if they had to have a mastectomy it would be the end of the world, they would never feel attractive, that it would be some horrible horrific, it is not the end of the world. You just do it and go on. I have changed in ways for the better.

Angie continued to talk about how the meaning of breasts has changed for her throughout the entire experience. This quote denotes the shift within Angie’s point of view on the meaning of breasts. She originally stated that her main thoughts were from a maternal side noting that the breasts were used to breastfed her children. However, throughout her timeline, she shares about the realization of sexualizing breasts that happen amongst the male population in the United States.

Body Expectations

Body expectations explored post-surgery body expectations prior to tattooing. Three out of 14 participants reported that their body expectations matched with the outcome post-surgery. Those who reported their expectations matched said their doctors

were very specific that a mastectomy was not a “boob job” and the reality is that they would be left with scars across their chests. Common phrases regarding their surgical implants were that they felt “alien,” “foreign,” and “cold;” and “they move across your chest.” Fawn stated, “I thought that it would look more real than it does.” This sentiment extended to other participants such as Sarah who stated, “I had no clue,” when the researcher asked about her body expectations. Participants said that researching what the body would be going through still failed to prepare them for the actual outcome and their loss.

Mirrors. Thirteen of 14 participants explicit discussed mirrors. The first point during the interview when respondents mentioned mirrors was when asked about their expectations aligning with the body post-surgery. Due to the mastectomy scarring, women were unable to face themselves in the mirror. One participant noted that this happens due to having a set image in one’s head for many years and then one day one wakes up a completely different looking person. An interviewee stated, “When you look at yourself in the mirror and don’t see breasts, it can still make you depressed.” The second point during the interviewing that participants discussed mirrors was when talking about their tattoos. Several women shared the following sentiment, “I felt like I could look at myself in the mirror now.” Twelve interviewees discussed being able to look into the mirror without looking away. Sarah shared her experience with being able to look in the mirror again, “I wanted something bold. I wanted something really pretty over the scars and be able to look in the mirror and not see just these weird round things on my chest and two scars.”

Angie reported a similar experience:

“I could close the book on it. It wasn’t staring me in the face all the time, it’s a weird way of putting it but I didn’t like looking in the mirror. But I guess being able to look in the mirror again was the last change I needed.”

Physical/Sexual Attractiveness

All of the participants reported that they struggled with their physical and sexual attractiveness. Cassie stated, “Cancer robs you of a lot of things. Libido was gone.”

Those with partners or spouses at the time of their breast cancer expressed the difficulty of losing their sexual drive (Figure 1).



Figure 1. Impact on Relationships. Photo Credit: Genevive Fridley Photography

Following the loss of her breasts, a participant said, “I didn’t want anyone to see me or deal with it.” Medication and scarring affected the participants’ feelings of

attractiveness. Mel shared that she felt she needed the reconstruction done to find a relationship; “I just felt like I would never have a normal type of relationship. If I was boobless, it would not happen very easily and that was just not how I wanted to look or feel.” Another said the following about her sense of attractiveness before the tattoo, “I

didn't want to take my shirt off in front of him, and I would cover myself up. I would turn my back when changing clothes. Unconsciously doing it." Since most are on medication after treatment can be long lasting, participants shared their struggle with feeling sexually attractive.

The interviewees reported that the mastectomy tattoos allowed them to share their feeling of reclaimed sexual and physical attractiveness. By covering the scars, women no longer see "the distortions." Cassie commented, "I don't ever look in the mirror now and flinch. I don't do that anymore." She shared that her husband said after her tattoo, "now you don't even look for the nipples." Participants like Cassie feel that the tattoos are there to be beautiful, which in turn creates the feeling of attractiveness.

Tattoo Factors

There were several factors influencing getting the tattoo including social media and the Internet. Social media was used to look for designs, tattoo artists, and locations of tattoo shops within their area. Participants used social media for online support groups. All participants used breast cancer Facebook groups to connect with others. Some used Facebook for finding tattoo designs. The most common search engines used amongst participants were Google Images and Pinterest. These search engines were used to find ideas to use for their tattoo designs. A multitude of the participants reported finding the P.Ink.org website. This website connected women specifically to mastectomy tattoo artists in the United States.

Tattoo Artists. Participants discussed the important qualities in a tattoo artist. Several women stated that, it is ideal to have someone who specializes in mastectomy tattoos to be the one to apply the design. The interviewees said it was important that the

tattoo artist was able to be empathic for the woman to be comfortable with the artist. Additionally they should be “nurturing” with a “calming” effect. Participants stressed the their desire to feel comfortable with their tattoo artist due to the tattooing process being a long and “intimate” process. Two participants chose 3D Areola Nipple tattoos. Ten participants of this study chose design tattoos, an example of this can be seen in Figure 4. Along with two participants who originally had areola nipple tattooed, however then chose to cover the nipple tattoos with a design tattoo.

The interviewees found their artists by varying means. One participant received her tattoos through an educational tutorial done by a plastic surgeon that was teaching medical students how to do areola nipple tattooing. Two participants had friends who were tattoo artists and consulted with them even though neither had specifically performed a mastectomy tattoo. Three participants received their tattoos on P.Ink day (Figure 2).



Figure 2. Participant Design from P.Ink Day

P.Ink Day is run by a non-profit organization called P.Ink that accepts women who cannot afford a design tattoo to be tattooed by artist. For these participants, they were unable to choose their tattoo artist; however, many still spoke about the importance of the experience. Three participants had their areola nipple tattoos done through health care office. Six of the participants found their tattoo artists through social media, such as the P.Ink website, searching for local artists, and specifically mastectomy tattoo artists.

Health Insurance. Participants such as Sandy were unable to receive their areola nipple tattoos through their doctors due to being on Medicaid. Sandy reported that she would have had to pay for part of the tattooing and only some would be covered by her insurance. Because Sandy receives disability, this was not an option. Sandy became found a woman who was teaching areola design to medical students and she offered to be “a canvas.”

Private insurers cover all or most of the costs of nipple tattoos. If women decide to cover their scarring with design tattoos at a tattoo parlor, the cost will not be covered. On average, participants who paid out of pocket for their design tattoos paid from \$700 to \$1200. All participants who paid out of pocket reported that lack of insurance did not hinder their tattoo design. The shortest distance travelled to get to the tattoo appointment was only five minutes while others flew to other states for a specific tattoo artist.

Meaning of the Tattoo

Table 3 presents interviewee quotes regarding the meaning of their tattoo. Interviewees reported gaining something positive out of the mastectomy tattoos. For some, it was an end to their journey and a way to show cancer that it was no longer in control while others talked about their feelings about what the tattoo had done for them.

Table 3
Quote on the Meaning of Participants Tattoos

Participant	Direct Quote on Meaning
Sarah	“Screw you cancer. I am okay.”
Lisa	“It is a reminder of the strength and hope that pulled me through.”
Renee	“It means that I don’t have to look at my scars any more. It means I don’t have to look at the discoloration anymore”
Sandy	“That you feel like a whole person.”
Joy	“The meaning of the whole thing is beauty. I see beauty when I look in the mirror.”
Angie	“It makes me feel more whole, more complete. I needed something to finish it or close it up to end the story.”
Rose	“It meant I took charge over something I did not have control of. The tattoo was my way of saying I beat it and me taking charge again.”
Cassie	“I became modest again.”
Fawn	“I closed the door and put all that ugliness behind me.” Once I saw the prettiness of the tattoo, my mentality changed.”
Bella	“I felt empowered.”
Sally	“It was definitely a game changer for me. It started me on a different road of healing.”
Ashley	“Take that cancer. I am not going to be looking at the scars you left me with. I am going to come out better than before.
Mel	“I felt complete.”
Shirley	“I lost my dignity through cancer. The tattoo meant I had my dignity back.”

Support

This theme is derived from the question: How did others respond when you told them about the decision to tattoo? Once the tattoo was finished, twelve participants felt like they wanted to share their tattoos with the whole world while two decided that their tattoos were more intimate and intended for them and a small group around them. This was the first experience with any type of tattoo for two of the participants. Joy reported that all the people in her life were supportive and she had no trouble sharing her tattoos. Angie explained that her friends went with her to get the tattoo. Sandy stated, “They were excited for me because they knew I wanted it. I wanted something to make it look normal.” All participants reported receiving support from their partners/spouses and their children.

Some participants expressed worry about sharing their tattoos with the “older generations.” Mel explained that at first she was hesitant to tell her mother because her mother is Christian and believes that the body should not be tattooed. She explained to her mother what the tattoos meant for her and said her mother was able to accept her tattoo. Others expressed that they have hidden tattoos from their parents for fear of their reaction.

Emotional Recovery

Interviewees were asked about the impact of the tattoo on their emotional recovery?” Thirteen participants felt the tattoo led to positive impacts on their mental health. Shirley noted, “I feel like it [mastectomy tattoo] was the first step, because I struggled with what I looked like after the surgery.” Rose stated, “It was the final thing I

had to do. I can finally look in the mirror now. It puts you in a better place mentally.”

Two participants remarked that the tattoo made them feel “whole” and “complete” again.

One participant noted a negative impact on her mental recovery due to the tattooing process. Cassie originally received areola-nipple tattoos from a plastic surgeon. She reported that the pain was excruciating during the tattooing and she was disappointed with the outcome of her tattoo. Cassie states, “Initially it was extremely healing. I felt completed again but once I saw the outcome I was disappointed. However, it led me to what I am doing now.” Cassie noted that the tattoo positively affected her as it helped to lead into a new career path as a certified 3D areola nipple tattoo artist. Overall, the participants related the mastectomy tattoos having an impact on their emotional recovery.

Chapter 5 Discussion and Conclusion

Discussion

Mastectomy tattoos have started to become wider known as social media informs breast cancer patients of this possible outcome after a mastectomy (Bach, 2013).

The general findings are that these women thought positively about their bodies before the diagnosis. Some participants expressed that there were changes that they wished to make to their body. After the breast cancer diagnosis, there was change for all participants. Some more easily accepted the amputation of their breasts in part because their doctors were straightforward about the results. Other participants struggled with the outcome of the surgery and the implants that followed.

After the mastectomy women struggled with looking in a mirror. Due to the deformity of the breasts and scarring, women reported negative body image and self-esteem. The sight of the breast and post-surgical medication led to lower or non-existent sex drive. Many struggled to remove their shirts in front of their partners. One woman specifically described that her dignity had been taken from her. This was returned after she had gone through with a mastectomy tattoo. All fourteen participants expressed an increase to their body image and self-esteem after the mastectomy tattoo. Overall, each woman shared that they had no regrets for their decision to tattoo and gained back confidence that was taken from them when they lost their breasts.

Often times, there is a decrease in self-esteem and body image when the breasts are removed after a mastectomy. This study showed that due to the participants' willingness to receive tattoos to their scarring, there was an increase in both self-esteem and body image. This led the researcher to believe that the pros of tattooing over their mastectomy scars ultimately led to a positive outcome overall. The participants used

social media that led to their decision to tattoos, tattoo artist, and the design they chose. As social media awareness increases, there is more opportunity for awareness about mastectomy tattooing to become an option after breast cancer.

Limitations

This study has several limitations. First, the recruitment was all done through social media. Participants were recruited only through Facebook groups. The researcher only used groups related to breast cancer and mastectomy tattoos in order to find participants. Second, interviews were conducted via webcam. The intimacy of in-person interviews was lost. Participants called in from their homes or vehicles. This created a sense of comfort for the interviewees, yet led to some life distractions. Third, all interviewees identified as Caucasian and thus experiences of women of color are not represented. Women of color may experience a different outlook on using mastectomy tattoos to cover their scarring. Fourth, there are limitations based upon the researcher's inexperience. The researcher completed this research for an entirely new topic of knowledge.

Recommendations

These post-mastectomy tattoos are relatively new, thus there is need for more research to create a body of knowledge about these women and the impacts of the tattoos. Further research should expand knowledge of post-mastectomy options with and without reconstruction surgery. Examination of diverse identities would allow for cultural comparisons with transgender males, ethnicities besides Caucasian, or women from outside the United States. Another possible area of study are those who had prophylactic

surgery. Additionally, research about the mastectomy tattoo artists and their perspectives would be a new line of research.

There is still potential for a connection between tattoos and breast cancer, therefore, prior to full endorsement of post-mastectomy tattoo further research needs to explore the long-term safety of tattoos. This research may lead to further acceptance mastectomy tattoos by health care professionals thus freeing them to provide it as an option for breast cancer survivors. The ultimate goal is to help women regain control from breast cancer and reclaim their bodies.

Appendices

Appendix A

Recruitment Letter sent privately to each Facebook group

Hello,

My name is Kaitlin Reed. I am a graduate student of social work at Grand Valley State University in Grand Rapids, Michigan. Currently, I am completing my master's thesis. My research is to answer the question, "For cis-gender women who are United States residents that have undergone either a single or double mastectomy surgery in a United States' hospital/ health facility due to breast cancer, how did they come to the decision to tattoo and what does it mean to them?"

I would like to post some information about my study and a recruitment "flier" on your Facebook page to find women willing to do a 1-1 1/2 hour interview. This study has been approved by an independent ethics committee at Grand Valley State University File No. 17-231-H."

By gaining your acceptance, I hope to help further research in this area. Thank you for your time and I look forward to your response. –Kaitlin Reed

Appendix B

Informed Consent Form Email

SUBJECT: Pre-Interview Data Collection

Hello FIRST NAME,

Thank you for expressing interest in participating in my study. As a requirement of this study, I ask that you complete two forms: (1) an Informed Consent Form that will discuss the nature and purpose of the study, its risks and benefits, and what will be requested of you, (2) a Demographic Survey which asks for some basic background and a few questions regarding your cancer, surgery, and tattoo. I have attached these documents and below you will find instructions for filling out both documents.

Instructions on how to fill out the **Informed Consent Form**:

- 1.) Please open the attachment titled “Informed Consent Form.”
- 2.) Read the entire consent form. If any questions or concerns, please contact researcher Kaitlin Reed at reedkait@mail.gvsu.edu.
- 3.) Print the Informed Consent Form and sign the signature page.
- 4.) Scan, upload, save, and email the consent to Kaitlin Reed (reedkait@mail.gvsu.edu) prior to your interview.

Instructions to fill out the **Demographic Survey**:

- 1.) Please open the attachment titled “Demographic Survey.”
- 2.) Save the survey and then complete it.
- 3.) Re-save completed survey and email it to Kaitlin Reed at reedkait@mail.gvsu.edu prior to your interview.

Thank you for taking the time to fill out these documents. Please contact me with any questions or concerns. I look forward to speaking about your experiences with you.

Sincerely,

Kaitlin Reed

PS: Additionally, and for your information, I have attached a Word document containing links to different **Breast Cancer Support Group References** (each link is followed by a description). The websites may be linked to breast cancer stories, online chat rooms, discussion boards, hotlines, and resource locators.

Appendix C

Consent Form

INFORMED CONSENT FORM



Principal Investigator: Brandon Youker, Ph.D
Student-Investigator: Kaitlin Reed
Title of Study: The Breast Kind of Tattoos: A Study of Tattoos on Mastectomy Scars

You have been invited to participate in a research project titled "*The Breast Kind of Tattoos.*" This project will serve as Kaitlin Reed's research project for the requirements of the Master of Social Work thesis. This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely. Please ask any questions if you need more clarification.

Purpose:

The purpose of this study is to discover how women who have had a mastectomy came to the decision to tattoo their surgery scars, as well as what the tattoo means and represents to them.

Reason for Invitation:

Participants are invited to be interviewed because of their experience getting a tattoo to cover mastectomy scars.

How Participants Will Be Selected:

To be eligible, participants must have had either a single or double mastectomy in a U.S. hospital or health facility due to breast cancer and afterward received tattoos to cover the scarring. Participants also must report being in remission for at least three months prior to the interview. Eligible participants will be interviewed in the order in which they schedule the interview.

Procedure:

The participant will be asked to schedule the interview, review and electronically scan a signed copy of the consent form back the researcher at least 24 hours prior to your scheduled interview; agree to being recorded; and find a location with minimal chance of distractions during the interview. Additionally, the participants are asked to share openly and honestly and ask questions as they arise.

The estimated time commitment for participating in this study is 1 ½ hours. The interview should last approximately one hour and approximately 30 minutes is allotted for the introduction, informed consent review, conclusions, and questions.

This study will take place over a video chat system such as Skype or FaceTime. The researchers ask that interviewees find a location that will be quiet and private.

Risk:

There are minimal risks in participating in this study. The risks include emotional discomfort such as sadness, embarrassment, frustration, anger, etc. from discussing sensitive health and body topics as well as illness and disease. To minimize the risk of emotional discomfort, the researcher will offer breaks, skipping questions, and/or ending the interview. An informational list of support group references will be distributed with the informed consent form, all interviewees.

Research Study Results:

If you wish to learn about the results of this research study you may request that information by contacting: Kaitlin Reed .

Potential Benefits To You:

Discussing overcoming of obstacles or struggling through them and reflecting on these experiences can be cathartic; therefore through sharing your story with a neutral interested party, you may have a therapeutic experience.

Potential Benefits to Society:

Moreover, if published, this research has the potential to benefit other women facing similar situations and decisions as well as offer healthcare professionals insight into the experiences and perceptions of these women.

Voluntary Participation:

Your participation in this research study is completely voluntary. You do not have to participate. You may quit at any time without any penalty to you.

Privacy And Confidentiality:

Your name will not be given to anyone other than the research team. All the information collected from you or about you will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials

may be given access to our research records for purposes of protecting your rights and welfare.

Who will have access to the information collected during this study?

During the study the researcher (Kaitlin Reed) and the principal investigator (Dr. Brandon W. Youker) will have access to the information collected during the study. The interview will be recorded on a secure office desktop computer in GVSU School of Social Work. The researcher will transcribe the interview verbatim and while transcribing, names will be replaced with pseudonyms to protect the participants' and others' identities. Immediately after completing a transcription, the associated audio/video will be deleted from the computer.

Payment:

There will be no payment for participation in the research.

Agreement To Participate:

By signing this consent form below you are stating the following:

- The details of this research study have been explained to me including what I am being asked to do and the anticipated risks and benefits;
- I have had an opportunity to have my questions answered;
- I am voluntarily agreeing to participate in the research as described on this form;
- I may ask more questions or quit participating at any time without penalty.

_____ (Initial here) I have been given a copy of this document for my records.

Print Name: _____

Sign Name in ink: _____

Date Signed: _____

If you have any questions about this study you may contact the lead researcher as follows:

Principal Investigator

Prof. Brandon Youker, Ph. D.
Grand Valley State University
School of Social Work
353C DeVos Center
401 W. Fulton Street
Grand Rapids, MI 49504-6431
Office: (616) 331-6585
Cell: (269) 744-4580

Student-Investigator

Kaitlin Reed
Grand Valley State University
Master of Social Work student
Email: reedkait@mail.gvsu.edu

Email: youkerb@gvsu.edu

Human Research Review Committee

049 James H Zumberge Hall
1 Campus Drive
Allendale, MI 49401
Phone: (616) 331-3197
Fax: (616) 331-6040
Email: hrrc@gvsu.edu

If you have any questions about your rights as a research participant, please contact the **Office of Research Compliance & Integrity** at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: rci@gvsu.edu.

Appendix D

Interviewee Demographic Survey

This survey is designed to gather some background information about you prior to our interview. Your answers on the survey will be used to better cater interview questions to you individually and to your situation. Please answer every question and email the researcher should you have questions. Once completed, please save this document and email it to Kaitlin Reed (reedkait@mail.gvsu.edu) prior to your interview.

1. What state do you live in?

2. What county do you live in?

3. How long have lived in this area?

4. What is your current age?

5. What race do you identify with?

6. What ethnicity do you identify with?

7. What is your sexual identity?

8. What is your relationship status?

9. What is your occupation?

10. What age were you when diagnosed with breast cancer?

11. What type of breast cancer were you diagnosed with? What stage were you in when you were diagnosed?

12. Have you been in remission for at least 3 months? YES NO

13. Where did the mastectomy take place?

14. Did your insurance cover your mastectomy tattoo? YES NO

Please Explain:

15. What age were you when you received your first tattoo to cover mastectomy scarring? _____

16. Approximately what month and year did you receive your tattoo to cover mastectomy scarring?

_____ Month

_____ Year

17. Was your mastectomy tattoo your first tattoo? YES NO

If no, how old were you when you received your first tattoo?

Appendix E

Sample Questions

Research Question: For cisgender women who have undergone a single or double mastectomy in a hospital or health care facility in the United States, how did they come to the decision to cover their mastectomy scars and how has it impacted them?

1. What were your feelings about your body before the surgery?
2. What was your self-esteem like toward your body before the surgery?
3. How did you view breasts in general before your mastectomy?
4. What did your breasts mean to you before the mastectomy?
5. Do you have children? How old? If yes, did you breastfeed? Did you anticipate being able to breast feed?
6. What treatments were discussed before the decision to have mastectomy surgery? Lumpectomy? Radiation? Chemotherapy?
7. How long after the diagnoses of breast cancer did you wait before undergoing the mastectomy procedure?
8. Were there any factors that influenced your decision to have the mastectomy?
9. What did you expect your body to look like after the surgery?
10. Tell me about your mastectomy.
11. What options did you consider after the surgery? Reconstruction, tattoos, other?
12. What factors influenced your decision?
13. What did your breasts mean to you during the surgery? In general?
14. Did your expectations align with what you thought your body would look like after the surgery?

15. What were your feelings about your body after the surgery and before your tattoo?
16. How did the surgery impact your feelings of physical/sexual attractiveness before your tattoo?
17. Has the way you feel about your body changed since the surgery?
18. Do you have any previous experience with tattoos?
19. Describe your initial thoughts toward your post-surgery tattoo.
20. Describe your post-surgery tattoo.
21. What does the tattoo mean to you?
22. How did you choose the tattoo design? What influenced you?
23. Was the potential cost of the tattoo a factor? Did it impact design, choice of artist, distance traveled for the tattoo?
24. Did having/not having insurance or having high deductible insurance impact the type of tattoo that you received or where it was done?
25. Did you use any specific breast cancer support groups? Facebook groups?
26. Did social media influence your decision to tattoo? Did it influence the design of your tattoo?
27. How did others respond (partner/spouse, family, friends, co-workers, etc.) when you told them about your decision to get a tattoo?
28. How did you find your tattoo artist?
29. What was important for you to find in a tattoo artist?
30. How many sessions did you have to do with the tattoo artist?

31. How much did the tattoo cost? Was this different from other tattoos? (if applicable)
32. Describe your first session with the tattoo artist.
33. How far did you travel to get tattooed? Did anyone go with you to the first session?
34. How did the process of tattooing impact your recovery?
35. Since you first received your tattoo, have your feelings toward the tattoo changed? If so, how?
36. What are your feelings towards breasts now? In general and towards your own?
37. What would you tell other women that have gone through the mastectomy surgery and are considering a post-surgery tattoo?
38. Are there any other comments you would like to add?

Appendix F

E-Mail regarding Breast Cancer Support Groups

I have attached a word document below that has links to different breast cancer support groups. The websites may be linked to breast cancer stories, online chat rooms, discussion boards, hotlines, and finding resources within your local area. Each link is followed by 2-3 sentences describing what each link offers. In order to use each link, please copy and paste into your browser bar and this will take you to the most current information.

Appendix H

Breast Cancer Support Groups and Information

1. <http://www.breastcancer.org/community/support>
Since 2000, Breastcancer.org has been a source of comfort, knowledge, and support for more than 72 million people affected by breast cancer around the world. This website connects women by sharing their stories.
2. <http://ww5.komen.org/BreastCancer/SupportGroups.html>
This website offers different resources to find support groups, such as figuring out if a support group is right for you, type of support groups available, online support, and, finding local resources in your area.
3. <http://ww5.komen.org/BreastCancer/FindingLocalSourcesofSocialSupport.html>
This specific link goes to finding local sources of support. It offers links to other websites and phone numbers for talk hotlines such as: American Cancer Society's "I Can Cope," American Cancer Society's "Reach to Recovery," and Cancer Support Community.
4. <https://apps.komen.org/Forums/>
This is an online message forum. There are multiple topics and boards to choose to write on or read others stories. This is also open to co-survivors like friends and family.
5. https://www.cancercare.org/diagnosis/breast_cancer<https://www.cancer.org/cancer/breast-cancer.html> This is an informational page about breast cancer from the American Cancer Society. There is also an article available about living as a survivor after breast cancer.
6. <http://bcsupport.org>
This is an online support group. It offers boards specifically for: Meeting Place, Chemo/Treatment, Surgery/Reconstruction, Recurrence/Her2, Grief Support Board, Healthy Lifestyle, and ChitChat Club.
7. https://www.cancercare.org/diagnosis/breast_cancer
This website offers a number to learn more about counseling, along with support group information, financial assistance, and free community programs in certain states.
8. <http://www.cancersupportcommunity.org/find-support>
From this website, it connects you with a mental health professional either through the helpline or online chat room. It also has a link to finding resources and support groups locally.
9. <http://www.a-zbreastcancer.com/breast-cancer-support.htm>
Supportive, educational cyber communities are the heartbeat of the Web — where you can join with other breast cancer survivors and their families. Get helpful tips & advice or pose a question at forums, message boards and e-mail groups. or easy instant connections, sign up for a real-time online chat.

10. <http://www.inkedmag.com/inspiring-mastectomy-tattoos/>
This is a magazine that has a slideshow of different designs of mastectomy tattoos.
11. <https://community.breastcancer.org>
This is a discussion form through breastcancer.org. There is currently a specific announcement for people to talk about the fears and anxieties of breast cancer.
12. <http://p-ink.org>
This organization provides contact information to mastectomy tattoo artists.
13. <https://www.pinterest.com/personalink/>
This is the pinterest page for P.Ink that has many photos from artists that are offered on their page.
14. <http://www.stupidcancer.org>
Stupid Cancer connects you with your community and strives to make it all suck a little less. Whether you are a patient, caregiver or family member, newly diagnosed, living with metastatic disease or several years out from diagnosis. “We believe that you have the right to survive with dignity and quality and be treated age-appropriately every step of your journey.”

Appendix I

Advice from Mastectomy Tattoo Participants

Interviewees provided advice to other women who had a mastectomy and are considering a tattoo. This list is from participants:

1. “I would tell them to plan it out. Make sure that they have really thought it through and find an artist that they are comfortable with, that they can spend some time with because they are about to get personal. Really think about who they are and what they want it to be like because they are going to be with it forever.”
2. “Absolutely. Go for it. Definitely.”
3. “I would tell them that if they were worried or already having self-confidence issues because of the surgery, it should definitely be something that they should consider because it can entirely improve their self-confidence. If they were at a stage of not feeling sexy or not pretty or whatever, that the tattoo would totally remove those thoughts from their head because it does make you more sexy and pretty, in my opinion anyway.”
4. “I would tell them to do their research for sure. Think about it long and hard, because a lot of people who do mastectomy tattoos have never had a tattoo before. That is a whole other thing in itself. Your body is altered forever, you can’t take it away so you have to think about placement and what are you going to wear. If you want to cover it up when you need to. I would definitely tell them that it’s the best thing that I have done and the best thing I could have done for myself. I would have paid her \$5,000, I don’t want to sound corny and say it changed my life, that is kind of extreme, but it did definitely change the way that I feel about

- myself with my confidence and I think that I am happier. I hold my head higher when I am walking around, even when people can't see it. The response that I had from friends and family think that it has been so amazing.”
5. “I would suggest that they do what I did and they do their research. They look around and they explore it. Maybe the right answer from them is to get someone who knows how to do it right, do a 3D nipple tattoo that looks real. Maybe that is all they need, maybe that is what will make them feel whole and complete. Maybe some of them want something bigger. It is what feels right to them, when they make the right decision, it will feel right. And if someone doesn't approve, screw them. It is not their body; they didn't have to go through it. They have no clue what it feels like.”
 6. “I would tell them that it would make them feel more complete. The nipple reconstruction, whether they do it or don't there is no pigment, just blank skin. The tattoo makes the picture complete. With the tattooing, I really suggest it, because it will make you feel more complete. It will make you feel more sexy, more you, you again. I am different but I am a new different. I am a good different.”
 7. “I think anything is okay. They just have to think about what they want to do. They can have nothing and just their scars or the 3D nipple tattoos. I think they should consider decorative tattoos. Just to know that it is an option out there, but also talk to their oncologist. You can't just go out and get all these tattoos on your chest because there are a lot of things to consider (i.e. lymphedema or lymph nodes). I think that you should think about it for several months. Think about

- what you want, look at a lot of pictures, just don't jump into it without thinking about it.”
8. “I would and I do say go for it. It will be an amazing experience and I don't know of anyone that is not thrilled. I just tell them it is life changing. That they should definitely consider it.”
 9. “Do your research. Find an artist that will listen to you because it your body and it's permanent, once it goes on you can't change it. If you do something as big as I did, there is no reworking it. If you get a small tattoo somewhere else you can cover it. You need to go in with ideas. You need to have a session with your artist beforehand saying what you want, what you are looking for, let him draw something up., and meet again before he starts that process, because once it starts you really can't change it. You need to make sure that...i don't want to say that it be your first tattoo. I know for a lot of women it is their first tattoo, but if you never had a tattoo before, a lot of people think bad about tattoos. They think people get them are kind of dirty. Tattoos have come a long way. They are art. You are going to be a walking art board, make sure whatever you get you are going to be comfortable with for the rest of your life...if you have any doubts do not do it, because you have to be 100% sure. If that is what you want to do, don't let anybody persuade you. It is your body. It is your decision. Just make sure you have done your research ahead of time before you start the process. ”
 10. “It can be a really important experience. I think that if someone really wants to have it done, then they will do it...if it feels like something empowering for them to do, I encourage them to do it.”

11. “Do your research. Educate yourself on everything, whether it be the mastectomy itself, healing, the aftercare, what you are going to look like, whether you don’t have reconstruction or you do. I think it is so vital and it is important to be responsible for your knowledge...you are the one that has to read it and to know. So that way you are not disappointed, shocked or let down. You may still have some of those feelings, but I feel that education and knowledge is the best thing. And be your own advocate, because if you feel like something doesn’t look right, stand up and have a voice. Whether it is a tattoo artist, look at their history, do they have a medical background, can they file insurance, equipment. That goes with not only areola, because the last thing you want to do is get an infection.”
12. “I love mine. I know that tattooing is not for everyone, but it is a reminder for me about the strength and hope that I have gone through. I think it is a great idea.”
13. “Get it. Do your homework. Not every tattoo artist is a mastectomy tattoo artist. It takes a very special person that has learned to do this type of a tattoo. Don’t just go to anybody, but do it. It is going to help, it will improve your self-esteem, it will at least make you feel a little sexy when cancer has taken all your sexiness away. It is a slow process, it doesn’t happen over night. The tattoo happens overnight. When I woke up the next morning, I was a different person...it is life changing if you decide to do it. Go big or go home.”
14. “I learned “shit happens” and it is not always good. Now, like I said it has turned around for me. It’s not perfect nor will it ever be but I am alright now. And people would think, “Oh, a silly tattoo.” And I am like, “yeah, a silly tattoo did that for me.” It really did. That’s my story. I don’t know maybe some people not so much

and maybe they are okay with tattoos and some people aren't. I would definitely do it again.”

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