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Feminine Beauty and the Cancerous Beast:
Appearance Management at the Cancer Hospital Salon

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
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TABLE OF CONTENTS

Abstract	ii
Introduction.....	1
Methods.....	5
Setting	11
The Backstage.....	17
The Stylists	21
Providing Education: Cosmetological Consequences.....	22
Establishing Expertise: Cosmetological Compensations	25
Managing Emotion: Cosmetology as a Strategy	28
Feminine Beauty Norms: Burden and Benefit	35
Conclusion: Identity Options.....	39
References	42

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Annie Wagganer

ABSTRACT

When we choose to alter or manipulate our physical appearance we also manage our presentation of self; we communicate to others about our identity. Salons are typical social spaces for women to engage in body-changing, enhancing or disguising practices and thereby manage their identity. The following ethnographic research explores the intersection of female cancer patients' who request salon services while undergoing appearance altering medical treatments and female cosmetologists who provide such services.

Over a period of 6 months, I volunteered weekly at Hannah's, a hairstyling salon located in a large cancer research and treatment hospital in southern Florida. The following paper relies on data collected through participant observation and conversational interviews with the three individual stylists at Hannah's. This research provides a rare glimpse into the interaction between women who actively pursue the appearing healthy by requesting cosmetological assistance and women who seek to identify as professionals by providing cosmetological expertise.

The unique setting exemplifies how, what we often consider burdensome, norms of feminine beauty are potentially beneficial. While Western feminine

beauty standards are often exacting and difficult to meet for individual women; Hannah's offers women cancer patients the opportunity to gain some sense of control over their bodies through the use various salon services. In this way, women have options for presenting themselves as healthy and feminine when medical treatments are compromising each identity.

INTRODUCTION

“Whenever we cut our hair short or grow it long, cover the gray or leave it alone, dye it blonde or dye it turquoise, curl it or straighten it, we decide what image we want to present to the world. And the world responds in kind, deciding who we are and how to treat us based in part on what our hair looks like” (Weitz 2004, 219).

The widely shared Western concept of feminine beauty garners much attention in advertisements, academic analysis and social problems discourse. Scholars have clearly demonstrated how beauty standards have historically been and continue to be inextricably tied to the evaluation of a woman’s worth (Chapkis 1986: 176). Feminine beauty norms and practices have received considerable criticism, often described as destructive, unhealthy, wasteful, and oppressive. Yet, there is a more recent, scholarly argument that describes the pleasures that feminine beauty offers women in their everyday lives. In her book, Rapunzel’s Daughters, for example, Rose Weitz (2004) describes the enjoyment that is derived through managing a feminine appearance, including entertainment, creativity, teamwork, confidence, acceptance, independence, and the pleasure of touch. In an auto-ethnographic article, Ann Cahill (2003) relates the enjoyment she experienced as she and her sisters got dressed and “made-up” together for a wedding.

While Western beauty standards are created and maintained through social processes, individual women experience not meeting these standards as a

personal failure and their achievement as a personal victory. Most often, moments of disappointment and success are both fleeting and overlapping. Scholars suggest that it is no longer enough to conclude that feminine beauty norms are wholly oppressive or entirely pleasurable (Weitz 2001, 2004; Cahill 2003; Dellinger and Williams 1997) and recognize the need to investigate the “complicated relationship between hegemonic ideologies and women’s agency” (Dellinger and Williams 1997: 152).

In American society, a “normal” feminine identity requires two noticeable and relatively evenly proportioned breasts, the presence of evenly distributed hair on the head, as well as a complexion that implies health through color, softness, and hairlessness (Cahill 2003: 44; Carter 2003: 667). Women who undergo certain cancer treatments often find these criteria of “normal” feminine identity difficult to meet and, therefore, approach such treatments with trepidation. When first diagnosed with cancer, nearly half of all women report more fear of losing their hair than of nausea, vomiting, weight gain, or any other side effect of chemotherapy (McGarvey 2001; Weitz 2004: 133). Reflecting on her experience with cancer, one woman described hating her body not for being sick but for being ugly (Charmaz 1995: 667).

In a cultural context of hyper-individualism and a moral calling to personal responsibility, there is a tremendous array of options for maintaining the body’s health internally and modifying the body externally to appear healthy. Since “appearance symbolizes ‘reality’” (Synnott 1990: 56), to be without the external appearance of health is to risk being socially identified as sick or unwell.

Moreover, people living with chronic and life-threatening illnesses experience the social risk of becoming identified and self-defined entirely by their impaired bodies (Charmaz 1995: 660). In particular, female cancer patients frequently work to protect their social identity not only against the stigma of being unhealthy and contaminated but also from appearing insufficiently feminine due to the physical effects of their medical treatment (Chapman 2000: 843).

Cancer treatment regimes commonly present overwhelming challenges to achieving a normal or normative feminine appearance. However, often treatment centers and support groups will offer services for appearance management. Even if physical beauty is not central to the identity of women with cancer, research shows that many cancer treatments, such as breast removal, early menopause, and hair loss, can be detrimental to self-perceptions of physical attractiveness, while the acquisition of a custom-fitted wig can bolster a woman's sense of self and confidence (Abend 2002: 427; Chapkis 1986: 667). In addition, the process of being cared for in a beauty salon includes the pleasure of experiencing human touch. Studies on beauty salons have illustrated how the physical contact of a hairdresser working on a client can have a deep effect on that person's experience and sense of self, so much so that often cosmetologists refer to themselves as therapists and compare their work to that of health care professionals (Cahill 2003: 60; Black 2002; Sharma and Black 2004).

While salons may be settings where beauty norms are often enacted, it is also true that women cancer patients may well interpret their services as useful weapons in fighting the social stigma of their illness, if not entirely pleasurable.

In the process of being treated for cancer, taken for granted aspects of feminine beauty and identity management are brought into clearer view because of the appearance altering effects of much cancer treatment. This study contextualizes women's appearance management practices, exploring interactions between individuals who experience changes in their physical appearance due to cancer with those individuals whose occupational role is to manage these changes in appearance, at one salon in a major cancer research hospital.

METHODS

Over a period of 6 months, I explored the intersecting meanings at Hannah's Salon, a hairstyling salon located in the DeWeese Center, a large cancer research and treatment hospital. I volunteered anywhere from 4 to 10 hours each week and 2 to 6 hours per day. In total, I volunteered for 85 hours and documented my experiences in 120 pages of single-spaced fieldnotes. I also conducted conversational interviews with each of the three stylists who worked at Hannah's during my research. The interviews lasted from 1 to 2 hours, were audio recorded, and transcribed in full. Additionally, I attended a local "Look Good, Feel Better" event sponsored by the American Cancer Society, which I will discuss in more detail later. Descriptive notes excluded any and all identifying information. The names of DeWeese employees, Hannah's clientele, and the participating cosmetologists have been changed to ensure anonymity.

The three cosmetologists, self-described as stylists (which will be used from this point forward), were all female and of varied White-European ethnicities. Cindi, Jennifer and Laura ranged in age from 35 to 45 years and typically two worked each weekday while the salon was open 9am to 5pm. During my time at the salon (after 3 months), one stylist quit, citing the lack of adequate hourly pay as the primary reason for leaving, another spoke often of quitting or working fewer hours, and one expressed a desire to fire another. While there was clearly expression of job dissatisfaction, most of this revolved

around frustrations with the bureaucracy at DeWeese. However, the stylists remained friendly with each other. In fact, it was not uncommon for the women to share intimate details with each other and eventually with me as well.

My activities in the salon included operating the cash register, answering the phone, scheduling appointments, pricing and shelving new inventory, entering monthly sales information into computer files, running errands, and general cleaning. Most days included all of these activities, although I was least likely to be asked to clean and most often praised for my computer skills. Eventually, nearer the end of my six months, I even began dressing mannequin busts with headscarves and jewelry for display. From time to time, if the stylists were extremely busy, I became involved in the actual hair styling, helping take out rollers from a perm or matching hair color for a woman shopping for a synthetic ponytail.

Without question, both my gender and age were advantageous for entering the salon setting. I was immediately viewed as a stylish young woman, and, when I expressed my own interest in cosmetology, I was also viewed as a kind of potential apprentice. Being younger than each of the stylists, by at least 10 years and as much as 20, my assumed naiveté allowed me to be privy to personal conversations both among the stylists and also among the clientele. In addition, I was identified as heterosexual and sexually active. Although I did not actively work to affirm or contradict these identities, I did make a constant effort to avoid conversations that included my own sexual experiences and preferences through refocusing the conversations or using sarcasm to deflect the attention.

After only a couple of days in the salon, my status as a graduate student was brought up in conversation about where I worked. The stylists were very impressed that I was teaching a college course, but I did my best to downplay this role. All of the stylists have been formally trained and are licensed cosmetologists, but they were quick to point out that I was much more educated, a distinction I had, admittedly quite ignorantly, not anticipated. The following exchange between two of the stylists took place during one of my first days at the salon.

Cindi says to Jennifer, "Annie's a teacher. She teaches soc-i-ol-o-gy [said in a singing voice]."

I interject, "Well, not really. They let me teach just one class."

Cindi again explains, "Then you're a teacher," and then jokingly, "We're not that edu-mah-cated..."

Often times one of the stylists would mention to the other or to a client that I was a college teacher. They would purposefully use incorrect grammar (academically speaking) so as to point out the difference in our education. I became especially nervous that this would impede my ability to build genuine rapport; however, as I spent more time in the salon, my education became less of a distinction between us and more of a resource. Upon being asked, I began assuming more responsibilities for the daily paper work each stylist dreaded and updated various documents that were otherwise neglected. That I could offer my typing abilities and computer knowledge increased my own feelings of usefulness and comfort.

As a volunteer at the DeWeese Center, my uniform consisted of a white shirt; black or tan pants that had to be ankle-length; closed-toed, closed-heeled

shoes; the choice of a pale green smock or vest; and a photo identification badge. After my first 20 hours as a volunteer, I was given a pale green polo shirt to replace the smock or vest. As a volunteer in the salon, I tried my best to follow the example of the stylists and made a special effort to wear as many pieces of silver jewelry as I already owned and at least some type of make-up, usually including eye-liner and mascara. I felt no pressure to adopt a particular "look," but I did find myself wanting to show an awareness of current trends and my own way of expressing a stylish, accessorized and feminine body. Whenever I received a compliment, whether it was on my beaded necklace or pair of shoes, I felt a sense of accomplishment and relief as I was less than confident in my fashion sense.

During my last month of volunteering, I tried less to conform dutifully to the formal dress code of the center. One afternoon I entered the salon wearing a full, floor-length black skirt, black boots with a white bohemian style shirt and without the dreadful volunteer vest. The two stylists working that day complimented me on my outfit and one remarked: "I do believe we have rubbed off on you!"

It is hard for me to separate my own boredom with the DeWeese volunteer uniform from my quite possible adoption of a similar style to that of the stylists. Most likely it was a combination of both, but there is no question that I immediately began to imitate their interaction with clients. My first day in the salon, I was thrown into operating the cash register, running errands, and answering the phone. Without any training, I relied on previous customer service

experience, asked whichever stylist was available as questions arose, did whatever I saw the stylists doing and said whatever I heard the stylists saying.

My own acquisition of the technical language and local knowledge was not learned from a training manual but acquired through continual repetition and practice. It was not uncommon for clients to mistake me for a stylist, and, within weeks, I was explaining to cancer patients how their hair would begin to fall out, the possibility of shaving their head, and the price range of wigs. Through my interviews with the stylists, I discovered that this is how each of these women learned as well. There is no formal training for stylists or volunteers who work in Hannah's salon. As they say, you "...just wing it" and "...hope for the best."

I attended the "Look Good, Feel Better" program mentioned earlier in my fourth month as a volunteer and participated as an assistant to Jennifer, who leads the event. "Look Good, Feel Better" is designed to offer women strategies for appearing healthy with the aids of make-up, jewelry, head-coverings, wigs and other accessories while experiencing hair loss, variations in skin tone, and other physical changes due to medical treatments. The event is free to any woman experiencing cancer and meets in a large lecture room in the DeWeese Center on the third Wednesday of every month.

Jennifer begins by playing a short, five-minute video, provided by the American Cancer Society, and then demonstrates how to tie and wear various head coverings, including scarves and hats, as well as discusses different types of wigs, all of which she brings from the salon. She also teaches women how to apply make-up through an interactive session involving an individual box of

cosmetic products given to each woman, again provided by the American Cancer Society. These boxes, the women are told, include \$400-\$500 worth of name brand items donated from various high-profile companies. Each woman is given a small tabletop mirror, the package of make-up, and the opportunity to apply the make-up together, step-by-step, following Jennifer's lead.

As I gained more social acceptance with each stylist through continual interaction, I also went through a fairly dramatic change in my emotional reaction to the research. On my very first day in the DeWeese Center, even before volunteering at the salon, I internally wrestled with guilt that my research was only possible because others were experiencing a life-threatening illness. I questioned my research goals and felt very much like an impostor because I was neither an employee of DeWeese nor a patient. There were also feelings of fear regarding illness and death for which I had not prepared. After my first day, I wrote the following:

“But you know, part of me wants to be distracted – if I can stay distracted, I don't have to come to terms with my own fears [of cancer] and discomfort [with illness] in the setting I have chosen.”

There is a remarkable shift in my fieldnotes after just one month of volunteering, a virtual absence of emotion relating to the uncomfortable experience of cancer. I remember vividly and could describe every detail of my first interaction with a cancer patient in the salon, but soon my own sensitivity to this frightening disease wore off and I was immersed in its seeming normalcy. In this setting, cancer is quite normal.

SETTING

Salon services are no longer only offered in the neighborhood beauty shop. Large department stores, hotels, health clubs and hospitals commonly employ cosmetologists and even have their own in-house salon (Sharma and Black 2004, 915). Listed as a patient resource, Hannah's Salon is located in the basement of the DeWeese Center in southern Florida. Hannah's provides patients who visit or stay in the facility salon services that include hair washing, cutting, waxing, coloring, and styling. Hannah's Salon also sells wigs (referred to as hair prostheses for insurance purposes), offers complimentary custom fitting, trimming and styling of wigs, free-of-charge head-shaves for patients, and sells jewelry, perfume, and a variety of head coverings including hats, scarves, and hair loops (an elastic band with short hair attached, much like a rubber band, that gives the appearance of hair underneath a hat or other head coverings).

The actual physical space of Hannah's is quite small and crowded with typically feminine accessories for sale. There are three styling chairs and sinks along the far wall as you enter but only two are used for salon services. The third sink, covered by a folding counter top, is used to display the ever-expanding stock of jewelry. This includes broaches, rings, bracelets, earrings, necklaces, and cancer support items such as ribbons, pins, and car magnets that advocate research and awareness of specific types of cancer, although in Hannah's, most of these items are for breast cancer. There are two closet-sized rooms off of the

far left wall. A computer, printer, office chair and supply of wigs is kept in one room while the other includes cabinets that hold supplies and overstocked items as well as a small sink for rinsing tools used for hair coloring and perming. Each room has enough space for only one stylist at a time and both are equally disorganized and over-crowded. There are no windows and with the metal door and tile flooring that matches the hallway, the medical feel of DeWeese extends into the salon.

The clientele is predominantly, if not nearly entirely, female with the exception of several male employees at DeWeese who come in for regular haircut appointments. On only two occasions did I observe a man who was a patient, identifiable by his medical wristband, in the salon. He came twice to make specific purchases, once to buy nine cancer awareness bracelets and another to look for a particular cancer awareness pin. He left immediately after making each purchase. Men also accompany their female relatives who are undergoing treatment. The only other reference to male patients is found in the scheduling book in notations such as "Mr. Smith, Room 643". This indicates a patient in the center has requested a stylist come to his room to have his head shaved, a service routinely requested by both male and female patients as their hair begins to fall out due to radiation and/or chemotherapy.

There are four general categories of clientele that visit Hannah's salon. I have identified these as shoppers, employee clients, patient clients, and supporters. These categories of course can and often do overlap, but, to better

understand the general social atmosphere of Hannah's, I will describe each in more detail.

Hannah's is a prime place to shop for fragrances and purses as well as jewelry. In fact, many of the customers who frequent Hannah's do so with the sole intention of browsing the non-hair-related products and never purchase hair services. Shoppers can be patients, friends or relatives of patients, or most often, employees of the DeWeese Center and are almost exclusively female. Many employees take breaks, come during their lunch, and visit weekly to see new merchandise, ask if their orders have come in yet, and shop often on Fridays for a special weekend accessory. It is most common for employees to pay for purchases through direct payroll deduction and more often than not the stylists know these shoppers by name.

Employee clients are those staff members who come to Hannah's for a variety of hair cutting and styling services as well as facial waxing, removing hair from the eyebrows, upper lip and chin. While there are a handful of regular male employee clients over the age of 40, the majority are women of various ages, ethnicities and socioeconomic statuses, often depending on their job at the Center (clerical, technical staff, medical professional). The employee clients who request waxing services are exclusively women. Most are also regular clients who return to the same stylist on a regular basis and again the stylists generally know these clients by name.

Patient clients that come to Hannah's salon, as opposed to a stylist going to their room in the Center, are female patients who request various hair cutting

and styling services, information concerning wigs and other head coverings, as well as information concerning the cosmetological side effects of cancer treatments. These clients represent only a small segment of those affected by cancer. They are primarily age 30 or older, middle class to upper middle class, and almost exclusively white (I observed only one exception of a young Latina woman and was told of one other African-American woman who were patients requesting services at Hannah's). Patient clients include both women who are and who are not lodging at DeWeese.

More often than not, a friend or family member, usually a husband, a daughter, or a sister accompanies patient clients to the salon. I have categorized this group of individuals as supporters, who may or may not also be shoppers and/or clients. Patients are usually with at least one supporter, although there are exceptions, but supporters are not necessarily always with a patient. Friends and family may come to the salon while waiting for a patient who is undergoing treatment, or they may be staying in the Cancer Society's nearby lodging during their friend's or loved-one's stay at DeWeese and come to get their hair cut and/or styled. Additionally, supporters come to purchase awareness items and ask questions on behalf of a patient concerning hair loss and cosmetological options. There are more female than male supporters, but this is the most gender balanced of the clientele categories. Both patient clients and supporters are likely to visit the salon only once or twice and typically are not familiar to the stylists.

The stylists consider the entire clientele--shoppers, employee clients, patient clients, and supporters--tend to be high-maintenance customers. Unlike in most salons, stylists feel that they are often expected to leave the client they are currently working with to answer questions about jewelry and complete purchases of the shoppers. Supporters are often in need of not just a place to browse while waiting on a relative or friend in chemotherapy, but are also looking for information of great consequence that requires the attention of the stylists who are often styling someone else's hair simultaneously. Patient clients require additional time and attention when trying on wigs, a process that can take up to two hours, and sometimes longer. Finally, the stylists all agree that employee clients are the most demanding of them all since Hannah's, again unlike other salons, is supervised by the DeWeese Center's Human Services Department, and clients can and often do take their complaints to this office.

Professional cosmetologists are most often self-employed, have relative control over their schedules, and are paid for services rendered. In contrast, the stylists at Hannah's receive hourly wages and they are expected to be available even when they do not have appointments and to follow the bureaucratic procedures of the center. Yet, they are expected to provide the same kind of services as other hairstylists, and much more.

In this paper, I focus primarily on the interaction of the stylists with patient clients and supporters. Although my observations neglect women who actively resist beauty norms, as all the women who came to Hannah's did so voluntarily, this focus will still allow a rare glimpse into interrelations between illness and

appearance management, illness and cosmetology, and the consequences for the stylist role. The social context of Hannah's Salon, specifically the medical environment with its constant presence of cancer, transforms the meaning of the salon setting, role of the stylist, and normative beauty discourse. Stylists, patients, non-patient clients including family and friends of patients and employees of the center who frequent Hannah's salon collaboratively transform these meanings. The following discussion describes how Hannah's serves as a backstage setting but with limited privacy, how the stylist role includes that of an educator, expert and emotion manager, and finally, how feminine beauty norms allow for the negotiation of the sick identity for women.

THE BACKSTAGE

Salons generally serve as what Goffman (1959: 112) called “backstage” settings, however public they may be. As Goffman (1959: 112) observed, backstage “regions” or settings are places where public performances are “knowingly contradicted as a matter of course.” Most important for this research, they are places where public appearances are scrutinized, adjusted, and “fashioned.” We generally view the kind of concerted appearance management that occurs in salons personal and private. Hannah’s is no exception. Yet, Hannah’s is not just backstage to the world of frontstage appearances, as are other salons, but also to a world that denies and shuns cancer. That is, cancer patients expect that the salon is out of the public view; the stylists are aware of side-effects of cancer treatments; and other clients are either patients themselves or employees of the medical Center who are also familiar with cancer. The fear of being identified as sick is alleviated through the expectation that those who frequent Hannah’s are all in this together, one way or another.

Consider the experience of the following woman who is undergoing treatment for cancer for the second time in her life. She is in her mid to late forties and has arrived early for her chemotherapy appointment so that she could first go to Hannah’s and have the few strands of hair growing untamed on the top of her head trimmed. As she notes, this “salon is about the only place” that she would feel comfortable exposing her mostly hairless head.

A woman in her forties, wearing a blue hat, walks into the salon. There are thin wisps of gray hair lying beneath the hat, almost to her shoulder. She takes off the hat to reveal a bald head, with only the wisps of hair outlining the back of her head. She asks if there is anyone who could trim the long hairs on top...and says, "The salon is about the only place you can come where you feel comfortable taking your hat off."

Other women also often made reference to the privacy that Hannah's offered. In the following example, a woman in her mid-fifties leans both elbows on the counter with one hand on her forehead as she tells me she is actually from out of town and will be treated at a medical facility there. She is quite worried about where to go for cosmetic help when back in her hometown.

"Do they have a salon at that center?"

"No."

"Do you have a stylist that you usually go to in Port City? If you feel comfortable, you could ask him or her..."

"Yea, but it's a big salon. I *can't* walk in there without hair!" She looks terrified at the thought.

On another day, a woman in her thirties comes into Hannah's to get her hair washed. It has been two days since she last took a shower and she knows it will be an additional two days until the possibility of another because of her radiation schedule.

...the woman tells Cindi, "My hairdresser would do this for me, I just didn't feel like going in there today with everybody..." Her voice trails off and Cindi finishes her sentence, "...everybody looking at you." The woman affirms Cindi's comment with a "Yea."

Beyond the convenience of Hannah's location in the basement of the DeWeese Center, these women, as do many others, refer to the anonymity it provides. For this reason, patients do not risk the same public exposure they would in a typical salon.

During our interview, Laura discussed the importance of this backstage atmosphere while also pointing out that perhaps it should be even more private.

A: ...So do you think the salon is a beneficial thing to have at DeWeese?

L: I think it could be more beneficial. I think for the patients who have cancer, it's nicer for them to be in a small, secluded area where everybody's not watching them have their head shaved and, you know, get fitted for a wig or head wraps. As opposed to a salon [that] is more open and there's a lot more traffic and I think it would be really uncomfortable for a lot of people to sit in a salon and get their head shaved, and, you know, be trying on turbans. I think that at DeWeese it should be more private...They should have private cubicles, two or three of them, for people to go in, you know, have their own little area, not have to be embarrassed when they don't have their wig on or head wrap and other people come in. They feel like they're naked and they're just exposed to all these strangers. And I think it's really uncomfortable.

While Hannah's provides greater privacy than a neighborhood salon might, it still caters to non-patient clientele. Although these clients may be DeWeese employees and keenly aware of cancer treatments, they are clearly distinguishable from most patients because they have their hair. Upon entering and surveying the salon, a woman in her mid-fifties placed her hand to the side of her mouth to quietly express her confusion to me, "This may sound like a silly question, but these women all have hair?" I assured her that the question was not silly and explained that the salon was available to DeWeese employees as well as to former patients.

Jennifer expressed a different concern about the mixed clientele at Hannah's. She worried that patients might be exposed to non-patients' seemingly trivial concerns with their own hair.

J: ...The only thing I get worried about sometimes is when somebody else is in here getting their hair done.

A: Somebody that's not a patient?

J: Yea, then they might say something like, not thinking about the patient who's getting ready to get her head shaved, "No, don't take off more than an inch. I'll just die if you take off more than an inch!" And I'm thinking, and this person's ready to shave their head..."

Both the stylists and the patient clients expect Hannah's to offer greater privacy than "real" salons do. The stylists often implied and explicitly stated that this was not a "real" salon. Their explanations included Hannah's location within a large bureaucracy, the lack of interaction with multiple stylists, and the loss of autonomy associated with this profession due the demands that they be ever available to DeWeese patients and employees. The stylists also unanimously expressed that cosmetologists in "real" salons have more fun since they are generally less supervised. Furthermore, Jennifer expressed concern that not working in a "real" salon meant falling behind in the latest hair styling techniques and trends. After asking Cindi how she thinks the patients perceive the stylists, she replied,

"They are expecting professional people to deal with what they are going through and they feel more comfortable here. Even though they do have stylists, they tell us that they'd rather come here because we're more knowledgeable, as we should be."

Similar to the idea that Hannah's is not a normal salon, the stylists are also not your average hairdressers.

THE STYLISTS

The role of the individual stylists at Hannah's is transformed by the salon's organizational context. The stylists become educators, with specialized knowledge about what can and will happen during and after varied cancer treatments. They also acquire the status of an expert with a specialized qualification for suggesting which strategies are best suited for managing particular cancer treatments' assaults upon appearance. Moreover, these stylists engage in emotion work similar to that demanded of stylists in other settings (Parkinson 1991;) but with the added burden of managing the emotions of clientele facing a life-threatening illness and the apparent ravages of its treatment.

Providing Education: Cosmetological Consequences

Jennifer, Laura and Cindi are so often called upon to educate patients and their family and friends on the cosmetological side effects of specific cancer treatments that it appears as if medical personnel are not providing patients with such information. Throughout countless conversations, I heard patients continually express the lack of information given to them by their healthcare providers concerning potential hair loss and how it usually happens. This was most obvious when patients reacted in shock and horror to the mention of having their head shaved once their hair started to fall out in clumps. Jennifer also expressed in our interview that often patients are unaware how their hair will come back after stopping radiation – the hair often does not come back the same color and texture as before treatment.

J: The one thing that is hard though is the doctors and nurses, I don't know that they really tell them about what can happen when they have radiation to their hair – head. It doesn't come back in fully, but very, very, very sparse...And so I want to tell them, but I'm really afraid to because I don't want to be the one, you know. But I have told some people before. I just say it's going to come back in very sparse. Um, nobody's got really upset, but I'm sure they are inside. 'Cause some doctors just tell them...[as if a patient] "Well yea, he told me I'm going to lose my hair there and it's gong to come back" and I'm thinking well, did he tell you how it's coming back?"

I cannot be certain why this information had not previously been provided to patients who visited Hannah's. It could very well be that this particular knowledge about hair loss and re-growth is outside the medical provider's

expertise, patients may not ask these same questions during appointments with their physicians, or there may be structural obstacles to communication present in the physician-patient interaction, including lack of time. However, it is clearly evident that women seek out Hannah's salon specifically for such information, and cosmetologists consequently acquire a special educational role.

On any given day, there are multiple phone calls, as well as patients stopping in to ask questions. The stylists take on a role much like a professional consultant. No questions appear shocking to the stylists.

Laura starts to explain to a patient that her "hair will start coming out, often times in clumps" and that she will need to get her head shaved because...

"Get my head *shaved*?" the patient asks with deep surprise and emotion.

Her sister interrupts the emotional question, "Now listen to her [Laura] 'because'..."

Laura continues, "Most of the time your hair doesn't fall out gradually, but in clumps and sections at a time, you'll know when it's time to start wearing a wig...We'll cut your wig to fit your head and face and we shave your head for free. Just bring your wig with you and we'll cut it so it's how you want it to look."

Those who came to the salon often assumed that I too was knowledgeable about the effects of various treatments because of my very presence in the salon. One afternoon a woman in her early to mid 50s came in and, after taking a quick glance at the wigs on display, asked me several questions about how to know when to start wearing a wig. Both Laura and Jennifer were busy, so I assumed the role of educator.

"You can get the wig fitted and cut to a style you like now and then once you start losing your hair, Laura has told other patients, that you'll know when it's time for you to start wearing it. And then, often times, patients will have their heads shaved..."

The woman's eyes open extremely widely as if she is in shock and has never heard this before.

I continue, "The stylists here do a great job and it's a complimentary service" [fitting your wig] – has your doctor talked with you about this before?" I ask.

"He just said I'm going to lose my hair..."

In response to patients' need for information and seemingly comfortable in the educator role, Jennifer, Cindi and Laura, and eventually even me, all talk about hair falling out and complementary head shaves as if offering free bottles of water while you wait. Although the specific information is often surprising to individual patients, the women show their appreciation through thanking the stylists, asking for business cards and coming back again for additional information and services.

Establishing Expertise: Cosmetological Compensations

The stylists not only answer questions related to the cosmetic effects of cancer treatments, but also the possible cosmetological compensations. Beyond the provision of resources for technical information concerning when and how hair begins to fall out, stylists must be able to discuss what options are available for covering potential baldness and to offer advice on how to handle the loss of hair. Often this advice is sought out even before treatment has started.

One afternoon, when I was alone in the salon, a woman in her mid-thirties walked in with thick and wavy brown hair pulled back in a low ponytail and falling just past her shoulder blades. She tells me that she has just started chemotherapy and is looking for “pink caps” (a pink, knit, tightly fitting skull cap). I show her our display and she tries one on.

Moving closer and looking into the mirror behind the styling chairs, she says, “I mean I still have hair now, but I guess I should be prepared.”

This was a common occurrence in the salon. Women would come in soon after their diagnosis but before starting treatments to see how they looked in a hat or head covering. Without exception, the women would ask for the opinions of others, including the stylists and other customers. In an effort to control future changes in their hair, women prepared themselves, and that preparation was typically a collaborative activity. Stylists often encouraged patients to prepare not only through trying on head coverings and wigs in advance but also to change

their hairstyle in advance in order to preemptively take control of their soon to be changing appearance. Transforming one's body is a means of taking control, reinforced by the stylists who consistently advise women to shave their heads or cut their hair before side effects associated with hair loss actually begin.

On another afternoon as I walked into Hannah's, I saw a woman in the first styling chair with a light blonde braid that draped all the way down her back to her waist. She was preparing to have Jennifer cut off this braid that she had had for over twenty years. Jennifer explained how her hair would soon begin to fall out in clumps during chemotherapy, so that tufts of hair would be missing. They discuss how to assert control over this uncontrollable side effect.

The woman responds, "If that happens, I'll definitely shave then...I couldn't deal with that, the tufts I mean."

"Yea, so you take control of it. You're not wondering when you wake up if it's today or if it will be tomorrow [when your hair starts falling out]." Jennifer adds.

"Exactly," the woman agrees.

"So it's a good thing you are doing this."

"Yea."

Soon after, Jennifer cuts off the braid so that the woman's hair now does not even reach the top of her shoulders. The woman's daughter has been watching and expresses her pleasure with the result.

The daughter exclaims, "Wow! You're a new person. Look how cute it is, you can tuck it behind your ears!"

The mother is also pleased, "Now I don't want this to fall out!"

Jennifer offers, "At least you know what it will grow into now."

The daughter adds, "And at least you're used to a big change now."

Women who visit this salon and are anticipating or undergoing treatment clearly prepare themselves for what they have been told or fear will happen. Baldness is incompatible with prevailing standards of feminine appearance, so disguising it is necessary. Patients prepare for that eventuality by trying on head coverings, getting wigs custom fitted and trimmed, and by cutting their hair so as to experience change in their appearance and prepare for the changes still to come. With the help of the cosmetologists and the advice of strangers, the women attempt to regain a sense of control over their appearance through preparation.

Managing Emotion: Cosmetology as a Strategy

Before meeting the stylists or entering Hannah's salon, I anticipated that the stylists would act as part-time social workers and openly show sympathy for their patient clients. I expected to observe this in the form of always being on time for appointments, talking gently to patients and their families, and focusing complete attention on the patient throughout the service encounter.

To borrow Candace Clark's (1997: 34) terms, I expected to see genuine overt sympathy--the combination of empathy, sentiment and display--or, at the very least, surface sympathy--the combination of empathy and display. Without exception, throughout every encounter in which I expected these expressions of sympathy, I was privately shocked that the stylists did not treat patients with special promptness, patience, or gentleness.

Early in my volunteer experience, a casual conversation with Cindi was interrupted by a woman, in her early 60s, sitting in a wheel chair being guided by her husband into the salon. Her daughter was holding a mobile IV stand. After they entered, there was what seemed to be an eternal pause during which no one in the salon spoke. In my fieldnotes, I recorded the following scene.

I am not sure the silence will ever be broken when Jennifer walks in – and yet, she says nothing as she sets down a box on the front counter.

Cindi says, "Jennifer is this your appointment?"

Without looking up, Jennifer replies, "Yes, yes."

There is another pause before Jennifer finally looks at the three customers and says, "Hello."

As Jennifer and the daughter help the woman from the wheelchair to the first styling chair, the woman exclaims, “The nurse, or whoever she was, just came into my room and told me she needed to take my vitals and I told her – my hair is more important than taking my vitals, I have an appointment!”

Even though this woman mentions how important coming to the salon was to her, more important than even medical concerns, the conversation is quickly diverted to a discussion of hometowns and real estate. After she and her family leave, there was no mention of the interaction. In fact, there was only one instance when a patient client was discussed immediately after leaving the salon. In this case, the patient was male and a shopper, specifically looking for a black pin that the salon used to carry with the text: “Cancer Sucks.” While in the salon, he was given virtually no attention by Jennifer or Laura. When Jennifer offered no information as to when or if we would be getting additional pins, I extended an apology that we no longer had what he was hoping to find. After he left, Laura did express sympathy for his status as a cancer patient.

“Poor guy, he deserves that pin,” Laura says when the door closes behind him. Jennifer is confused by the comment, “Why? Was he having a bad day?”
“No, he has cancer!” I’d say he’s had a bad couple of days...”

While this acknowledgment of sympathy by Laura was an exception in the salon, it became apparent during interviews that the stylists did not lack sympathy for the patients, but rather feelings of sympathy were covert. That is, stylists privately experienced empathy and sentiment but did not outwardly display grand gestures of sympathy toward patients.

Both Laura and Cindi reported that a necessary qualification for working at the salon was being a “very loving and caring” person or someone who tries “to make people laugh and feel comfortable.” Jennifer even went so far as to say that any employee, not only the cosmetologists, will not fit in at DeWeese if they are not “that type of caring, catering person.” Each stylist described in her interview feelings related to sympathy. Both Jennifer and Laura recalled particular patients who evoked strong feelings of sympathy. In the excerpt below, Laura describes why Hannah’s was “too sad” for her to work there full time.

L: Yea – it’s sad. It’s hard to shave somebody’s hair off, when it’s that important to them...

A: Oh...

L: because, you know, I’m thinking they have cancer and they’re fighting for their life and I wouldn’t be worried about losing my hair but I haven’t been in that situation and they’re extremely worried about it. They hate it. A lot of people, they’re...they cry, or they’re shaking or you know, they just don’t want to do it and you’re doing something to them that is gonna make them miserable.

Candace Clark’s 1997 book on the social context of sympathy describes rules of sympathy etiquette in our society that provide insight into the seeming deficit of sympathy in stylist-patient interactions. The rules of sympathy etiquette for those in a position to claim sympathy (sympathizee) include (Clark 1997: 159),

1. Do not make false claims
2. Do not claim too much, for too long, or for too many problems.
In addition, do not accept sympathy too readily
3. Claim some sympathy
4. Reciprocate to those who have given sympathy

Of particular importance for individuals living with an illness is the second rule of sympathy etiquette. To avoid accepting sympathy too readily and thus appearing self-pitying, Clark suggests that individuals must display “expressions of strength, independence, and bravery” (170).

While the cosmetic consequences of cancer may be devastating and the physical side effects overwhelming for many cancer patients, Arthur Frank (1991) similarly describes vividly the social expectation that ill people should exhibit feelings of hope and happiness and make every effort to, at least, appear healthy. Similarly, Frank found, in his own experience and through conversations with others, that individuals living with an illness like cancer are most often praised for appearing healthy despite their disease. Moreover, Frank suggests that individuals experiencing a life-threatening and chronic illness must repeatedly “explain” their appearance to others. In order to maintain a healthy and “normal” appearance, constant effort must be made to reduce the effects of a visible illness. Therefore, when patients come to Hannah’s Salon to work on their healthy appearance, the interaction between stylists and patients remains focused on cosmetic options, issues of family, work and often humor. Both the stylists and patients initiate diverting the subject away from issues related to the negative effects of cancer and often insert humor, exemplified by the following two excerpts.

This first example took place as Laura was trying various styles and colors of wigs on a patient client who was there with her older sister. The woman was visibly nervous at the prospect of soon losing her hair.

Laura says to the younger sister, the patient, "You worry too much. Lighten up...go with the flow..." The three women laugh softly together and they agree on the second wig.

Another time, a woman describes to Laura, another client and me her concern that people feel uncomfortable when they learn of her status as a cancer patient. When Laura contradicts this fear, the woman jokes about other's awareness of her own mortality, which evokes laughter.

Laura offers, "No actually, I think it would help me relax a little. I would think, "Oh, OK, she's human."

The woman quickly replies with laughter, "Oh, OK, I hope she doesn't croak on me while I'm here!" We all laugh together.

Occasionally, the emotional strain of cancer and its accompanying treatments is touched upon, but only briefly. In the following example, Jennifer has just asked a patient client in her fifties what type of cancer she has. The woman responds with a positive qualifier, explains her stress, and de-emphasizes this stress by quickly diverting attention toward her daughter.

"Estro....[a medical term], which they say is good – stage 2."

"Breast cancer?" Jennifer asks quietly.

"Yes. I wasn't too bad, but I think it's [stress] because of watching the news the other morning – you know that golfer, Dakota Dowd, well her mother had breast cancer and for years she had a clean bill of health and now the cancer is all over and is terminal..." There is a short period of silence before the woman quickly points to her adult daughter and says, "That's my daughter. She is 28 years old and she's got the biggest heart *and* she's a teacher."

For a patient to readily accept or even seek sympathy from the stylists would negate presentations of bravery, independence, strength, as well as hopefulness and happiness. This particular sympathy rule places an extra burden on individuals with illnesses and inhibits the expression or recognition of feelings that could be perceived as whining too quickly or too much. In the same way, for a stylist to offer sympathy prematurely would threaten the sincerity of the patients' displays of socially expected and accepted attributes. To withhold sympathy however, offers the patient client the possibility of appearing normal and healthy. An exchange of sympathy also threatens the stylist role as well.

Claiming and maintaining professional status were constant challenges for the cosmetologists at Hannah's. They suggested during their interviews that they must work to defend their professional autonomy as cosmetologists against assaults by the larger bureaucracy in which they work. Likewise, they also recognized their less than professional status as a service provider. A successful stylist at DeWeese interacts on a somewhat or often intensely personal level with her clients. Laura explains that this level of personal interaction potentially compromises one's professional status by contrasting her experience at Hannah's with one of her first jobs in a locally prestigious salon.

L: But, when I walked in there [the prestigious salon] and saw how a lot of the stylists thought that they were so much better than their clients and each other...than everybody...but they're what have made people say that this is a real professional field because they make so much money and they don't take shit from anybody and they, you know, they do their job and they're snobby and they're rude.

A: So they make it less like a service job and more professional?

L: Right. Like they're not going to ask you, "How was your day?" or you know...It's, "How is your hair, how has it been doing, what products have you been using, when's the last time you had your color?" You know, it's all about that. Which is maybe what it should be...but...

In her discussion of emotional subcultures, Clark (1997: 258) suggests that workers, such as nurses and medical providers, have "traded the personal involvement that sympathy requires for a more remote, 'professional' demeanor". Thus, while I expected the stylists to talk with the patients about their cancer diagnosis and subsequent treatments, this would have undermined the social distance that commonly characterizes professionals' encounters with clients.

FEMININE BEAUTY NORMS: BURDEN AND BENEFIT

At Hannah's, the stylists actively confirm female patients as normal clients and reaffirm their own professional status through three primary interactional strategies: Education, expertise, and emotional management. Throughout the provision of education and expertise, patients learn how to prepare for upcoming bodily changes and are given the opportunity to practice disguising these changes. The stylists' professional status as a beauty expert is thus elevated and their occupational role validated. Furthermore, through effective emotion management, patients can momentarily pass as "normal" salon clients and stylists as "real" stylists, even though the clientele is unique and Hannah's is not an ordinary, everyday beauty shop.

Hannah's Salon is maintained directly because it is taken for granted and assumed that the social consequences of losing one's hair and experiencing the side effects of cancer treatments are devastating and *need* to be covered, that is we assume this for women. On one hand, the expectations for women to maintain exacting standards of personal and bodily appearance places an added burden on female cancer patients who face or experience appearance altering treatments and also must struggle to protect their identity and deal with their disease. On the other hand, these assumptions provide a social context for women to bond, showing affection and concern for one another with compliments and advice (Dellinger and Williams 1997: 169). A feminist support group of sorts

is formed; offering both the language and social space needed to engage in self-expression and self-creation (Synnott 1990: 62) through appearance management and manipulation. In essence, at Hannah's women with cancer work to express themselves as healthy and even create a healthy (both literally and figuratively) social identity. Men experiencing hair loss and other physical signs of cancer are simply excluded from this rhetoric and social landscape of cosmetological alternatives.

In this particular case, one consequence of the often-burdensome beauty ideals which women experience is the benefit of having more choices for looking "normal". A normal feminine appearance can include a change in hair color and hair style, typically necessary when purchasing a wig; the use of make-up and accessories, consistently advised to female patients to add color around their face and thus appear healthier; and hair that is full of body at the crown of the head, essential for masking the presence of a wig. While the expectation for women to look different from one another is usually considered a burden that men do not have to face, in the context of illness, this becomes beneficial, as alternatives to baldness are much more available and varied for women than for men.

At Hannah's, there are no wigs for men, no male head coverings and even the hats are stereotypically feminine, decorated in shades of pink and gemstones. The salon space is highly feminized and likewise the services are as well. The "Look Good, Feel Better" event highlights the importance of wearing large earrings and make-up so as to avoid looking "washed out", using

accessories to *compensate* for the lack of head hair. This option is not only socially unavailable for men, it is also socially expected that the physical changes are of less consequence for men. This reproduction of gender norms consequentially reinforces the beauty norms which apply to women and not to men.

During our interview, Cindi explained to me why she believed male patients did not come into the salon, but requested head shaves be done in their room at DeWeese. She referred to the lack of control all patients experience when being treated for cancer, but also suggested women use the salon as a place to “handle it” while men “shy away.”

C: ...Men they seem to shy away, they become more introverted. That's why it seems like they don't come here [the salon]. Women, I don't know, they seem like “I'm gonna handle it!” And there are a few men that are like that but most of the men that I've been seeing are like angry that they got it, like they don't have control so they're very, you know, you can't control cancer so they're upset in that fact too.”

Likewise, consider one woman's emotional and physical reaction after having her hair washed at the salon. She is a patient at DeWeese and due to radiation treatment has gone several days without showering. She has come to the salon specifically to get her hair washed. After the second rinsing, as requested, she is quite pleased.

Making fists with each hand, then putting both fists up in a boxing position and kind of bouncing them around as she looks in the mirror, the woman exclaims, “I feel like I could fight now!”

Our cultural stress on feminine beauty apparently leads to greater sensitivity to the identity threatening consequences of appearance change for

women than for men. Likewise, the attention given to feminine beauty leads to the provision of social and material resources for women to regain a sense of control over their lives through gaining a measure of control over their appearance.

CONCLUSION: IDENTITY OPTIONS

Bodily appearance affects our social identity and self-definitions; the ability to change our appearance is a resource for changing our identity (Weitz 2004: 659). With technological developments, the range of options and choices for controlling the body increases (Hatty and Hatty 1999: 21). These developments continue to be disproportionately accessible to and accessed by women. At Hannah's, women with cancer can take, and at the very least have the perception of taking, control over their identity as sick or unhealthy. Without question, there is a significant gap in resources available to various groups of women for achieving and resisting beauty norms. However, the intersection of appearance management and illness in everyday interaction highlights the need to also investigate the lack of resources and social space available to men with cancer, and other illnesses, who also face the challenge of "passing" as healthy.

Additionally, there is a pattern in the scholarly literature to equate feminine appearance with beauty. Beautiful has become the normal feminine appearance; attempting beauty involves the routine practices and processes of feminine appearance management. Passing as healthy is simply not enough. A healthy woman must also appear to be sufficiently involved in enhancing her own appearance while disguising the effort involved in doing so. Merran Toerien and Sue Wilkinson (2003: 342) describe this as "a cycle of effort to maintain the illusion that femininity is effortless". A woman in her late fifties, a non-patient

client, who visited the salon one afternoon in preparation for her son's engagement party the following day, illustrated this point quite clearly:

“You know, I make it all look effortless. My husband, he just thinks the food appears. But I just stay graceful, quiet, and keep everything calm. Really, the main thing is to get the right top on and make your hair look right – the rest is really easy after that.”

When a body is ravaged by cancer and its medical treatment, it takes even greater labor to manage its appearance. That and patients' lack of information about the “apparent” consequences of treatments' side effects elevates cosmetologists' role as educators and experts. The stylists at Hannah's could inform patients in detail about how their cancer treatments were likely to affect their appearance when medical personnel did not. They could also aid patients in disguising, concealing, and even countering those effects. In these ways, they unsentimentally helped patients regain a modicum of control over their increasingly uncontrollable and medically colonized bodies (Frank 1991: 51). And, they did so deep in the basement of the DeWeese Center, far from public view and scrutiny, concealing the considerable expense and effort invested in creating the naturally healthy and appealing feminine appearance that patients sought.

Women cancer patients' anxious concern about maintaining a healthy feminine appearance undoubtedly adds to their already considerable burdens. Then again, that very concern, and others' expectations that they will be so concerned, provides them an avenue for asserting some control over their bodies and, thereby, their identities. Their example clearly illustrates that feminine

beauty norms, like all social rules (Giddens 1984: 16-25), are both constraints and resources. Standards of beauty can be oppressive while at the same time serving as a resource for the building of self-efficacy, confidence, and sisterhood for women. That was clearly the case at Hannah's Salon. This exemplifies once again, as others have recently stated, that the social and psychological consequences of feminine beauty norms are actually two sides of the same phenomenal coin (Weitz 2004; Cahill 2003; Dellinger and Williams 1997). Emphasizing one side over the other can only obscure the complex, perhaps even paradoxical, social significance of feminine beauty norms.

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