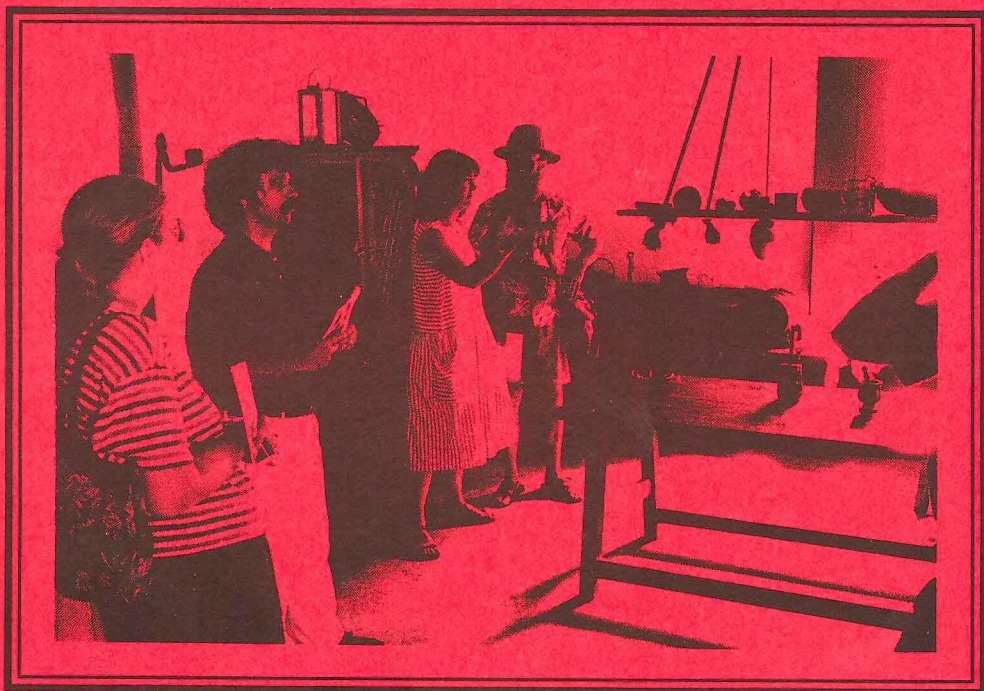


Southern Anthropologist



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Southern Anthropologist

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All SAS Membership dues, subscriptions, and address changes should be sent to:

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Editor's Corner/ Gifford S. Nickerson

Summer is about to turn into fall and, for those in academia, classes and research activities have resumed. Meanwhile, it is not too soon to begin planning to attend the 1993 annual meeting in Savannah, Georgia (DeSoto Hilton, March 24th-27th). Please note the earlier meeting dates in 1993 (a month earlier than usual). Further scheduling details will be forthcoming from Daryl White—who will continue his Secretary-Treasurer operations at Princeton University while on leave this fall from Spelman College—and/or Barbara Hendry and V. Richard Persico from Georgia Southern University (in charge of local arrangements). The *Southern Anthropologist* also will carry as much further information as possible in the fall issue.

In this issue there is a call for papers for the SAS key symposium, "Religion in the South," as well as a call for papers for the SAS 1993 student paper competition. Please note the deadlines for each of these; because deadlines have a way of creeping up on us, it is suggested that members with a potential interest log the dates (mentally or—better

yet—on a calendar). Faculty are especially urged to apprise students who might be interested in the student paper competition of the nature of the competition and the respective dates for abstracts and papers. For some, this could be the initial step to a future career in anthropology, but whatever the competition's outcome, at the least it can be a rewarding learning experience.

All of the photographs in this issue were kindly supplied by David Johnson (NC A & T State U, Greensboro), who took, printed, and screened them for publication. Once again Dave—who deserves kudos as SAS's "Ace Photographer"—has come through with some excellent shots, and I appreciate very much his helpfulness in contributing them for all of us to enjoy. Incidentally, the cover photograph, taken during the tour of the Spanish Quarter, shows Stan Bond, a local archeologist (in dark shirt), Holly Mathews on the left, and Pat Beaver (SAS president-elect) and her husband, Bob White, in the background.

One more time, send in your contributions to the *Southern Anthropologist* and "THINK SAVANNAH!"

President's Column

Alvin W. Wolfe

I need your help! Upon receiving the presidential gavel from Tom Collins in April, I observed that I have been surprised at the relatively low level of participation of African Americans in SAS activities, given that: (1) the population of our region is almost 20% African American, 15.8 million of the 85.4 million population of the South, (2) more than half of the African Americans in the country reside in the South and the Association of Black Anthropologists has always had an active cohort of members from the South, (3) the themes of many of our Annual Meetings have been intentionally relevant to African Americans, exemplified by our most recent Proceedings "African Americans in the South," edited by Hans Baer and Yvonne Jones, (4) anthropologists have a long tradition of acting affirmatively and being "politically correct" decades before we were told to be so.

I said to the SAS meeting in April 1992 that I would do whatever I could

during my term to increase the participation of African American scholars in SAS functions. Here it is, several months later, and I cannot point to a lot of results. This is why I call upon all members to help. Are there some things we can do that will help not only the SAS, but the discipline of anthropology, the social sciences, African American communities, the South, American Society, the human race?

It is my strong belief that we need more anthropologists of all kinds. We can start here, where we are, with the resources we have.

Our 1993 meetings will be in Savannah, within 300 miles of which there must be hundreds of potential participants, faculty anthropologists, student anthropologists, practicing anthropologists and natural, lay nonprofessional anthropologists, African Americans who whatever their formal education are interested in human form and behavior and the varieties thereof. Our theme for

those meetings will be "Religion in the South," a subject that might evoke interest from African American communities. The program is being arranged by Daryl White of Spelman College in collaboration with his brother Ken. That team proposed "Religion in the South" as a key symposium, and it was selected above other competing proposals by the SAS Board of Directors. Local arrangements for the 1993 meeting in Savannah are being made by Barbara Hendry and V. Richard Persico, faculty anthropologists at Georgia Southern University.

Southern Anthropologist readers may recall a picture that was published last summer in Volume 18, No. 3 (p. 35), for which the only explanation was the caption: "University of South Florida applied anthropology graduate students in a recent mutual support session. Front row, from left, Alesia Scott-Ford, Ron Habin, Evelyn Phillips, Patricia Salmon, and Honggang Yang. In back, Reuben Sparks." The picture was published to present the impression, a valid one, of considerable ethnic diversity, but one picture, it seems to me, is not, alone, really worth a thousand words.

There is more to be done, and we need to keep working at it. We are proud that eight of our eighty graduate students are African Americans, a fact that elicited favorable comment from Dr. Johnnetta Cole, president of Spelman College, who is herself an African

American anthropologist. By the way, you should read her Foreword to the SAS Proceedings, "African Americans in the South," (University of Georgia Press, 1992). She said that at USF we come closer than any graduate program she knew of to having that critical mass that should auger well for the success of African American graduate students.

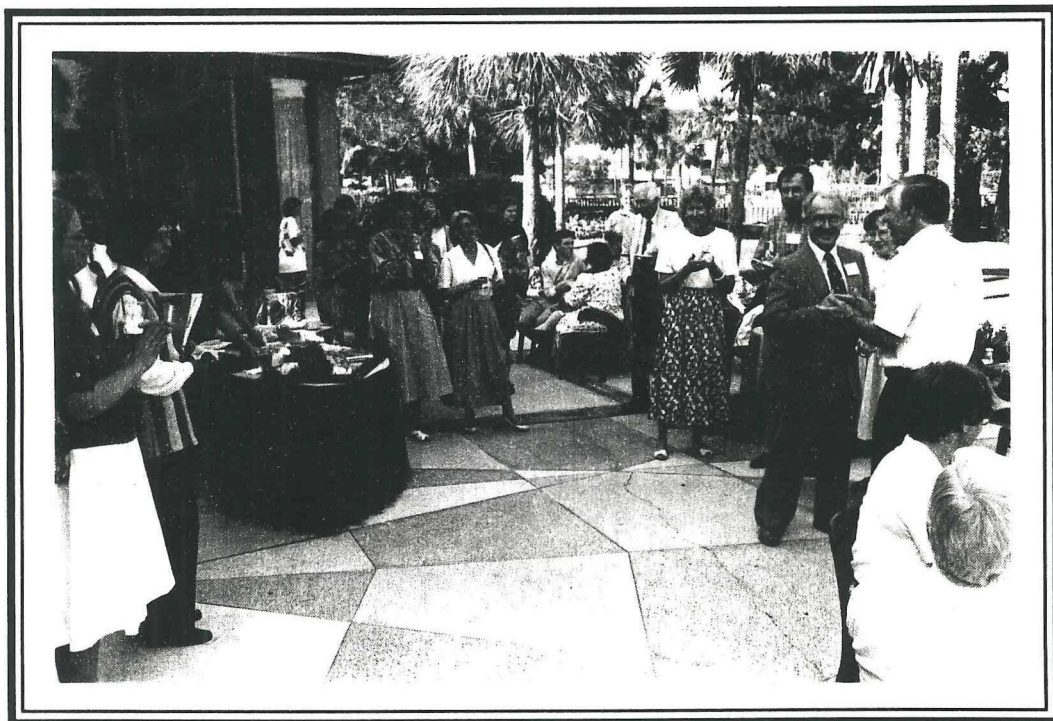
With the help of those current students, we have been trying to develop an information program that will keep that record going by ensuring that other African American students will replace the current ones as they go out with their M.A.s and Ph.D.s into the professional practice of anthropology. In fact, two of the students in that photo, Alesia Scott-Ford and Honggang Yang (the latter not African American, by the way) have earned their degrees and are on their way to successful careers. Dr. Scott-Ford has been offered a teaching position in an African American Studies Program and Dr. Yang is now an Associate in the Conflict Resolution Program at the Carter Center of Emory University.

For the sake of anthropology, I am worried that neither the USF program nor other anthropology graduate programs, will be able to maintain a viable cohort of African Americans necessary to satisfy the needs of the discipline (and, as I said before, the needs of society at large). As readers of the *Southern Anthropologist* already know, students

in many colleges only learn of the existence of anthropology late in their college careers and so graduate programs in anthropology do not have a large population of well-prepared students to draw from. We anthropologists have to work harder than do others to get recognition for our discipline.

I am sure Gifford Nickerson, the editor of the *Southern Anthropologist*, will be happy to publish your ideas about recruitment. I know that I want your help, and I feel the Society and the discipline need to do more than we have done so far. □

SAS



Formal welcome and reception at the Ponce de Leon for in-coming SAS President, Alvin W. Wolfe, far right, with out-going SAS President, Thomas W. Collins.

CALL FOR PAPERS
**KEY SYMPOSIUM: RELIGION IN
THE SOUTH**

Southern Anthropological Society Meetings
Hilton Hotel
Savannah, Georgia
March 24-27, 1993

This symposium will revisit the topic of religion in the South, a topic of perennial importance and changing significance. In the last decade of the Twentieth Century the South continues to experience important changes. These include intensified urbanization, increased international immigration, migration from other regions of the country, and—in the wake of these developments—continued secularization. Long the site of its own unique forms of denominational diversification, the South is now experiencing religious growth beyond its traditional Protestantism. Even the South's largest indigenous denomination, the Southern Baptists, face imminent bifurcation. In this symposium religious aspects of these contemporary developments will be addressed.

Abstracts Due: November 30, 1992

Send 100 word abstract to:

O. Kendall White, Jr.
Department of Sociology and Anthropology
Washington and Lee University
Lexington, VA 24450

Papers Due: February 1, 1993

Selected Papers will be considered for publication in the Southern Anthropological Society *Proceedings*, published by the University of Georgia Press

Call for Student Papers

SAS 1993 Student Paper Competition for the Annual Meeting to be held March 24-27, 1992 Hilton Hotel Savannah, Georgia

-----Calling all aspiring anthropologists!-----

Undergraduate and graduate students are encouraged to submit papers on anthropological topics to the Southern Anthropological Society's annual paper competition. Two awards will be given: one to the best undergraduate paper and one to the best graduate paper. Each award consists of: (1) a cash prize of \$200, (2) a certificate, (3) a selection of anthropology books, and (4) publication of the winning entry in the *Southern Anthropologist*. In addition, all students entering a paper are invited to present their papers at the 1992 Annual Meeting in Savannah. Each student entrant who presents a paper in Savannah will be awarded a book.

Following is a list of requirements and deadlines for the paper competition. If you have any questions about the competition, please contact Dr. Heidi Kelley, Student Paper Competition Chair, (704) 251-6426 (address below).

Requirements

- All submissions must follow the standard anthropological format for citations, footnotes, and "References Cited" as outlined in the *American Anthropologist* style guide.
- All manuscripts must be printed or typed on bond paper with one inch margins. Elite is the smallest allowable type.
- Maximum length is fifteen typed, double-spaced pages, including tables, notes and references.
- The author's name, address, telephone number, university affiliation and status (graduate or undergraduate) should appear typed on a cover sheet separate from the title page of the manuscript.

- A fifty-word typed abstract should be included on a separate page. The author's name, address, telephone number, affiliation and status should also appear on the abstract.
- All entrants must submit three copies each of the manuscript, the abstract and the cover sheet no later than **February 15, 1993**. In addition, one copy of the abstract is to be submitted no later than **January 15, 1993**.
- All entrants must be (or become) members of the Southern Anthropological Society. The student membership fee (\$12) and the registration fee (\$13) are to be submitted with the abstract.
- Entries that do not conform to the above requirements will not be accepted.
- Award-winning entries may be returned to their authors for revision before publication.

Deadlines

- **January 15, 1993**
Submit one copy of the abstract along with the membership and registration fees.
- **February 15, 1993**
Submit three copies of the manuscript, abstract and cover sheet.
- The entries are to be received by the above dates. No late entries will be accepted.

Dr. Heidi Kelley
SAS Student Paper Competition Chair
Department of Sociology
University of North Carolina at Asheville
Asheville, NC 28804

Please pass the word and encourage students to participate!



Winning Entry: 1991 SAS Graduate Student Paper Competition

The Cultural Interpretation of Breast Cancer

Jessica Gregg

Human beings adapt to diseases on both biological and cultural levels. Biologically, organisms alter their internal environments in order to defeat or to coexist with disease (McElroy and Townsend 1989). Culturally, peoples adapt by attaching meaning to illness, thereby allowing disorders to be classified and interpreted. Cultural adaptation allows for the systematic study of diseases, which may lead to the eventual control of those conditions through medication and preventive measures. It also allows people to find meaning in mystifying biological phenomena, to make sense of otherwise senseless conditions.

While the cultural interpretation of illness may have a beneficial impact on a culture's struggle against disease, it may also have negative ramifications. Susan

Sontag, in her discussion of the use of metaphors to interpret illness, emphasizes that "illness is *not* metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is the one most purified of, most resistant to, metaphoric thinking" (Sontag 1978:3, emphasis in the original). Similarly, Arthur Kleinman writes that ". . . cultural meanings mark the sick person, stamping him or her with significance often unwanted and neither easily ward off nor coped with" (Kleinman 1988:26).

By attaching meaning to illness, cultural interpretation demystifies seemingly random conditions, while simultaneously entrapping them in inescapable webs of significance. Humans are caught between the need to interpret and give meaning to illness, and the danger

of giving illness an interpretation that ultimately proves deleterious to victims of disease, and to society itself. Kleinman notes that not only do humans interpret disease, but that “. . . particular symptoms and disorders are marked with cultural salience in different epochs and societies” (Kleinman 1988:18). Some conditions are especially laden with meaning.

This paper argues that in the developed Western cultures*, breast cancer is an example of an illness “marked with cultural salience” and saturated with cultural meaning. I contend that within the developed Western nations, breast cancer has developed a pervasive, culture-specific meaning, and that as Western culture has created this interpretation for breast cancer, that creation in turn has shaped Western culture. The meanings associated with breast cancer permeate the Western consciousness, bringing with them stringent, and perhaps ill-conceived definitions of the “normal” and the “abnormal” breast.

To demonstrate these points, I will first discuss the epidemiology and etiology of breast cancer, which locate it almost entirely within the wealthy nations of western Europe and the United States. I will then look at the meanings attached to cancer and to women’s breasts, and at how those interpretations combine to create a culture-specific perception of breast cancer. Finally, by ex-

amining the recent proliferation of “benign breast diseases,” I will explore some ways in which North American interpretations of breast cancer shape in turn the society from which they arose.

EPIDEMIOLOGY AND ETIOLOGY

Approximately one out of every nine women in the United States and western Europe will suffer from breast cancer, and half those women will die from the disease within the first decade after its diagnosis (Baum 1988). Until 1985, when it was surpassed by lung cancer, breast cancer was the most common cause of cancer deaths among women in the West (Eaton, Shostak and Konner 1988), and there are probably few persons in the United States who have not been affected, directly or indirectly, by the disease (Gorbach, Zimmerman and Woods 1984; Schain 1976).

As breast cancer has established itself securely in the consciousness of developed Western nations, it is virtually unknown in most developing nations (Doll and Armstrong 1981). Residence in a developed Western nation is, with age and sex, the most significant risk factor for the disease (Kelsey and Berkowitz 1988). Western Europe, Canada, and the United States lead the world in incidence of breast cancer, while the disease is rare in most Asian countries

and in the nations of Africa (IARC 1987). Even after allowing for the possibility that some less developed areas may not have adequate facilities for diagnosis and medical recordkeeping, and thus may underreport cancer incidence, such statistics lend credibility to the contention that breast cancer is almost entirely a disease of the developed West.

Importantly, it is location, and not ethnicity which determines the prevalence. William Henzel of the National Cancer Institute found that women of Japanese origin residing in the United States had four times the incidence of breast cancer of Japanese women living in Japan. Epidemiological studies of immigrants from Japan and Poland to the United States record dramatic rises in the incidence of breast cancers among the immigrant groups. Within one to three generations, depending on the degree of assimilation, risk of breast cancer among the immigrant groups equalled that of white Americans (Gorbach, Zimmerman and Woods 1984; Baum 1988; Foster 1988).

Such evidence strongly suggests that environmental and lifestyle factors, rather than genetic factors, account for the vast majority of breast cancers. Though no one knows exactly what causes breast cancer, epidemiologists and other researchers have identified a number of risk factors associated with the disease. Besides country of resi-

dence, the most clear-cut risk factors are age and sex. Ninety-nine percent of all breast cancer patients are women. Women over the age of thirty-five are much more likely to get breast cancer than are younger women, and over 70% of all breast cancers occur in women who are older than fifty (Foster 1988; Kelsey and Berkowitz 1988; Newman 1984).

Most of the other important risk factors can be tentatively linked to estrogen levels. Two estrogens, estradiol and estrone, seem to play a cancer-causing role. Another, estriol, acts antagonistically toward the first two, negating their cancer-causing potential. Women with high levels of circulating estradiol or estrone are at greater risk of breast cancer than women with lower levels (Newman 1976; Korenman 1980). Early menarche, late menopause, and late first pregnancy, or non-pregnancy, are all highly correlated with increased risk of breast cancer, and are all associated with increased levels of circulating estradiol and estrone. All are also characteristics of developed Western nations, and are much less frequently found in developing countries.

A diet high in fat is also associated with incidence of breast cancer (Eaton, Shostak, and Konner 1988; Spratt, Donegan and Greenberg 1988). Again, the mechanism seems to be hormonal. Via fat cells, the body converts adrenal

hormones into estrogen, and it has been suggested that excess fat promotes breast cancer through this mechanism (Eaton, Shostak and Konner 1988). Increased fat intake may also be associated with increased body fat, which leads to earlier onset of menarche, more menstrual cycles, and higher levels of circulating estrogens. If that is the case, then the major impact of high fat diets occurs during childhood, and dietary modification in adults may have limited impact (Foster 1988; Kelsey and Berkowitz 1988). Again, high fat diets are more frequently found in the developed nations of the West than in other parts of the world.

BREAST CANCER'S CULTURAL IDENTITY

This social epidemiology places breast cancer almost exclusively in the Western developed nations, and it is those nations which have determined the illness' cultural identity. To understand the meanings surrounding breast cancer, I begin by outlining meanings attached to cancer in general. For the contemporary Westerner, cancer has achieved an almost demonic status. Though cancer is no longer as universally fatal as it was in the early part of this century, the disease retains its reputation as an extremely effective killer (Devita, Hubbard, and Rice 1986:80). It is not simply the threat of the illness that terrifies, but also

the unpredictability of cancer. No one knows what causes it, and no one knows how to cure it. Such uncertainty induces people to create for themselves the characteristics of an imperfectly characterized disease. Terrorized by cancer, people define it: "It is felt to be obscene—in the original meaning of that word: ill-omened, abominable, repugnant to the senses" (Sontag 1978:9).

Cantor describes a California poll in which cancer emerged as the most dreaded thing people could imagine—more dreaded than any other disease, and more dreaded than nuclear war (Cantor 1980). In its *Cancer Book*, the American Cancer Society advises that in treating the disease it is sometimes best not to use the actual word "cancer," as that may be too upsetting to the patient (Holland and Cullen 1986:6). Writer Janis Coombs Epps tells of the day she learned she had cancer: "Pictures of things dark and evil-spirited possessed me. Images of withered, skeletal fingers. Empty eyes in deep hollow sockets. Decay. Death. Cancer" (Epps 1990:38-39).

Much more than just a disease, cancer has become a being whose terrifying powers may be unleashed simply through utterance of its name. As Senator Matthew Neely, pleading with Congress to establish the first National Cancer Legislation, characterized it, it is a "loathsome, deadly, insatiate monster"

(quoted in Nobile 1975:24).

These perceptions acquire additional meaning when looked at in relation to cultural perceptions of women's bodies. Breast cancer weds a value-laden illness with an equally value-laden body part. Love notes that we are a "society that mystifies and obsesses about breasts" (Love 1980). A Western woman's breasts identify her as a woman, and also as a sexual being. In *Male and Female*, Margaret Mead concluded that the female breast in our culture is the principal sign of a woman's femininity (Mead 1968).

More recently, Susan Brownmiller has elaborated the same theme: "Breasts are the most pronounced and variable aspect of the human anatomy, and although their function is fundamentally reproductive, to nourish the young with milk . . . it is their emblematic prominence and intrinsic vulnerability that makes them the chief badge of gender" (Brownmiller 1984:40). Even physicians and researchers whom one supposes view women's breasts as clinical entities, refer to prosthetic breasts as enabling the cancer victim to "make herself look more like a woman," and comment that reconstructive surgery "gives [women] the feeling that they don't have to wear a padded bra, that they have two lumps on the chest which is the way women should be" (Armentrout, et al. 1976:30,35). A woman without

breasts, without those "two lumps," is only marginally a woman.

Similarly, the size and shape of her breasts help to identify the *type* of woman she is. Brownmiller writes that "male erotic satisfaction long ago promoted the myth that a flat-chested woman is non-sexual or un-giving" (Brownmiller 1984:41), while Schain notes that "The media generally intimates that beautiful, abundant breasts are somehow a key to happiness and fulfillment" (Schain 1976:69). The woman without breasts is without sexuality or happiness. It is not surprising, then, that most women react with terror and dread to the prospect of having to lose that vital part of their identity (Derogatis 1980).

It is even less surprising when one considers that the loss is incurred through cancer. Sontag notes that "Cancer is considered to be de-sexualizing" and that "Cancer is degeneration, the body tissues turning to something hard" (Sontag 1978). It is, in fact, the antithesis of the womanly ideal symbolized by breasts. It robs women of their sexual identity and desirability, and it provides them with demonic images of cancer.

THE IMPACT OF BREAST CANCER ON CULTURE

As humans create meaning for disease, so too does that creation affect humans. The terror of breast cancer permeates Western society. One feels the

impact of the disease even if it is not directly experienced: "young women of all ages are acquiring facts and fantasies about breast cancer before they do (or ever will) contract this disease" (Schain 1976:72). Of the more than 100,000 women affected by breast cancer every year in the U.S. alone (Spratt, Donegan and Greenberg 1987), most probably had friends, mothers, sisters, or daughters who were indirectly affected by the disease. Those women experienced second-hand the physical and psychosocial insults experienced by their relations, and a third of them experienced the death of that relation.

For those relatively few persons who have no personal contact with the illness or the ill, the media and the medical professions have covered the condition extensively. The mastectomies of high-profile women such as Betty Ford, Gloria Steinem, and Nancy Reagan focused national attention on many of the issues surrounding breast cancer and its treatment, and few women can undertake a physical exam without also experiencing a breast exam and receiving literature on breast disease (Schain 1976). Women in the West are acutely aware of breast cancer, its treatment, its effects, and its frequent consequences.

As a part of that make up, breast cancer affects cultural perceptions of women's breasts. Aside from their role as aspects of the female reproductive

anatomy, and aside from the feminine or maternal roles ascribed to them, breasts in the industrialized West are also ascribed identities such as: "pre-malignant," "cancerous," "high risk," and "low risk." These labels, and definitions of "normal" and "abnormal" breasts, all reflect conditions and conceptions related to breast cancer. In fact, those conceptions have given rise to an entire category of breast conditions, the benign breast diseases. Reaction to the terrifying character of breast cancer has created illnesses from what, in other cultures, are simply considered benign conditions of the breast. Though they pose no direct threat to a woman's health, these conditions are considered signs of risk for breast cancer, and are therefore considered dangerous by association.

Numerous conditions have been labeled "benign breast disease" and, as indicated by the term "benign," none are actually considered health risks by themselves. Most of the benign breast diseases have no clear etiology, though some are associated with hormonal abnormalities, and generally they require little or no medical intervention (Grundfest-Broniatowski and Bauer 1988; Nauts 1984). Some researchers would argue that most of these conditions in fact are not diseases (Love 1990). Rather, because they cause breast lumps, and therefore mimic cancer, they have been associated with disease and placed with-

in that category.

The Western medical establishment labels most benign breast diseases "fibrocystic disease," a condition defined by multiple small cysts or fibroadenomas embedded in the breast tissue. Though some researchers make distinctions within this category, it is often difficult or impossible to distinguish between the different sub-conditions that have been identified as discrete diseases (Grundfest-Broniatowski and Bauer 1988).

Even as distinctions are difficult to make between the multiple sub-diseases, physicians and researchers are increasingly dismissing the larger category, fibrocystic disease, as a "non-disease" (Love 1990). Many medical researchers now claim that fibrocystic disease is an umbrella disease for benign breast abnormalities: it is "a wastebasket into which doctors throw every breast problem that isn't cancerous" (Love 1990). It has "neither a well-defined set of symptoms nor a clear etiology" (Grundfest-Broniatowski and Bauer 1988) and "valid histologic criteria defining fibrocystic disease as a distinct process do not exist and . . . microscopic differences between the normal breast and those clinically defined as fibrocystic are differences of degree and not quality" (Love, Gelman, and Silen 1982).

The association of benign breast disease with breast cancer has deter-

mined to a great extent how women in the West think about their bodies. Women with fibrocystic disease no longer have normal breasts—rather their breasts are "pre-malignant," "abnormal," or high risk. Despite the fact that fibrocystic disease is so common that "Rare, indeed is the mammogram that says normal breast" (Grundfest-Broniatowski and Bauer 1988), the same studies that point out that most mammograms show some indication of benign breast disease, and that most women have lumps in their breasts, continue to label that majority condition "abnormal" (Grundfest-Broniatowski and Bauer 1988, Foster 1988, Gifford 1986, Nauts 1984).

It may seem to be a meaningless identification—the "normal abnormality"—but it changes the way a woman feels about her body. Suddenly her breasts are no longer healthy or normal, rather they place her in "an experienced condition of non-health" (Gifford 1986:233). Though her breasts are like the breasts of the majority of women in the world, she is now at risk, and pre-malignant. And that state of non-health is more than just an idea, it is a lived experience:

I think for women who do have fibrocystic disease and are aware of the higher risk in that population their anxiety is enormously enhanced whenever they touch their breasts, and they cannot distinguish that this

lump or this bump or this node or this cyst is different from the one next to it [Armentrout, et al. 1976:23-24].

Treatment for the conditions can also produce significant physical trauma. As benign relatives of breast cancer, these conditions have been afforded some of the same aggressive treatment needed for the fight against cancer. For instance, like a woman with breast cancer, the life of a woman with benign breast disease often becomes "medicalized" (Gifford 1988). She is limited by, and to some extent controlled by, the doctor's desire to monitor her condition (Armentrout, et al. 1976). The ideal is long-term, frequent surveillance of a benign condition, so that changes in the usual condition of the breast are more readily perceived.

Certainly the most invasive and controversial treatment for benign breast disease is the prophylactic mastectomy. As its label implies, this treatment is considered a preventative measure against breast cancer. The prophylactic mastectomy removes most of a woman's breast tissue, while leaving the nipple and outer breast skin intact. This procedure is known as a subcutaneous mastectomy. The theory is that the less breast tissue that exists, the less a woman's chances for breast cancer. A woman who is at high risk for breast cancer may want to reduce her risk by reducing

the area where she feels that risk resides. Unfortunately, there are numerous problems with this procedure.

First of all, few can agree on who should undergo the surgery and why. Dowden and Grundfest-Broniatowski (1988) report that "some surgeons believe that anyone with a risk over 15% should be a candidate for the procedure, whereas others feel that the threshold should be 35-40%." Additionally, some physicians continue to consider the presence of fibrocystic disease to be sufficient reason for a prophylactic mastectomy (Armentrout, et al. 1976), while still others "will include cancerphobia or repeated complaints of breast pain as sufficient criteria" for the procedure (Dowden and Grundfest-Broniatowski 1988:230).

In addition to the problems encountered in determining which women would be good candidates for prophylactic mastectomy, are the problems inherent in the procedure itself. The prophylactic mastectomy can have long-term physical complications, and has not as yet been proven an entirely effective preventative measure. Of a study of the long-term effects of the procedure on 155 women, forty-one percent reported that their breasts had become cold, over a third reported decreased sensation in the nipple-areola complex, and fourteen percent reported total loss of sensation in that area. Of those who had received a prosthesis, twenty percent felt pain upon

pressing the breast and another twenty percent reported being able to feel the foreign implant. Other complications included infection, malposition of the prosthesis, and pain in the back/arm area (Bohmert 1988).

Some physicians report that their patients have very favorable reactions to the procedure: "The attitude toward their bodies was hardly altered by the subcutaneous mastectomies; this is a decisive difference compared to any amputation of a breast. However, the function of their breasts as sexual organs was often lost" (Bohmert 1988:256). Despite Bohmert's assurance, it is hard to imagine that a woman's attitude toward her body is "hardly altered" when she has lost an important aspect of its original function. It seems that members of the medical profession may be less attuned to the psychic effects of the subcutaneous mastectomy than they are to the effects of mastectomy due to cancer. As one proponent of the procedure commented,

Many times patients don't hear what you are saying. And I'm dealing primarily with patients with lumpy breasts, so I am advocating subcutaneous mastectomies. And I know when I tell them what I think they should have—an enucleation of the breast, leaving the skin and nipple behind, they go all to pieces. And I'm not telling them that they are going to have a breast amputation {Armentrout, et al. 1976:33}.

It is difficult to believe that women "go all to pieces" because they "don't hear" the physician. Perhaps instead it is that physician, and not his patients, who needs to better attune himself to the impact of his statements. Gifford interviewed a woman whose doctor considered her prophylactic mastectomy a success:

He does not know what I am feeling! . . . even now my breasts hurt around my period but he said they shouldn't because he removed most of the tissue. . . . My new breasts feel like stones on my chest, like big weights. But you know, the silicone was light, I held it. Why should it feel so heavy? When I lie down they feel like they're falling to the side but when I look at them,, they are not. Why do they feel like that? He tells me that it is normal but it is not! I have no sensation in them at all but he says it will come back [Gifford 1986:236].

Obviously, there are problems on both a psychological level and on the physical level with this procedure.

Prophylactic mastectomy is only the most extreme case of the effect that the creation of benign breast diseases has had on women. Other effects are not so potentially deleterious, and some (like increased vigilance over the conditions of one's breasts) may have beneficial effects. But each of those effects, and the condition itself, reflects the impact of a culture-laden illness, breast cancer, back onto culture.

CONCLUSION

No one knows what causes breast cancer, nor how to cure it, and often the only way to stop the disease is through amputation. To interpret the existence of such a disorder, members of Western cultures have ascribed the illness an evil, mutilating, insatiable character. Though terrifying, the illness then has meaning and identity. Unfortunately, the illness category then also may have excessive influence. That influence can be seen in our perceptions of what make a woman's breasts "normal," in the proliferation of the oxymoronic benign breast diseases., and in the women who have their breasts surgically removed before cancer has even visited them. As Kleinman points out, when humans, by ascribing meaning to illness, endow that illness with such power, "Those meanings present a problem to patient, family, and practitioner every bit as difficult as the lesion itself" (Kleinman 1988:26).

Jessica Gregg is a graduate student at Emory University

Note

* For simplicity's sake, I will refer to the nations of the developed, industrialized West as "Western cultures," or "the West." By doing so, I do not mean to disregard the importance of other Western cultures, such as those of Latin America. I simply wish to avoid the awkward phrasing that would accompany more specific, exclusive terminology.

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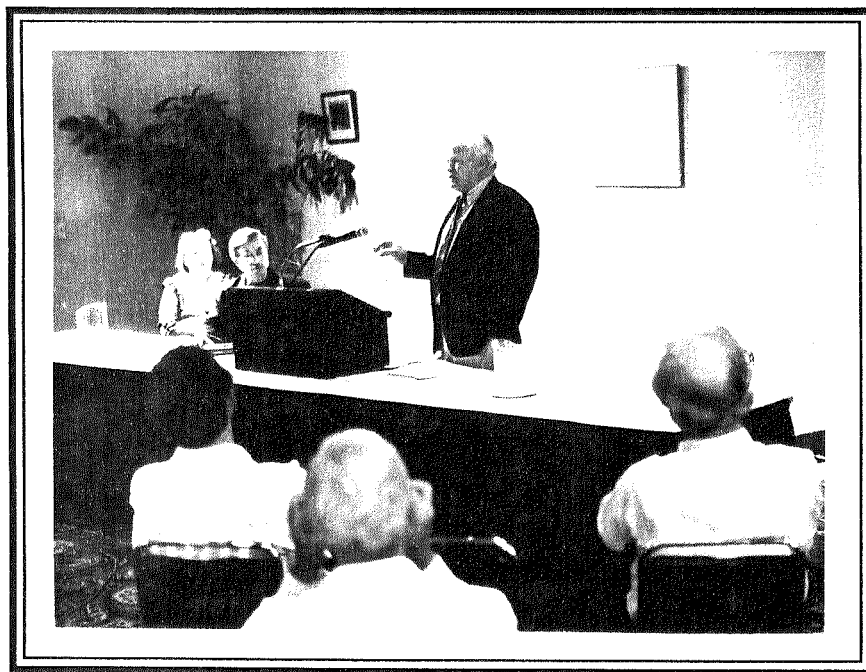
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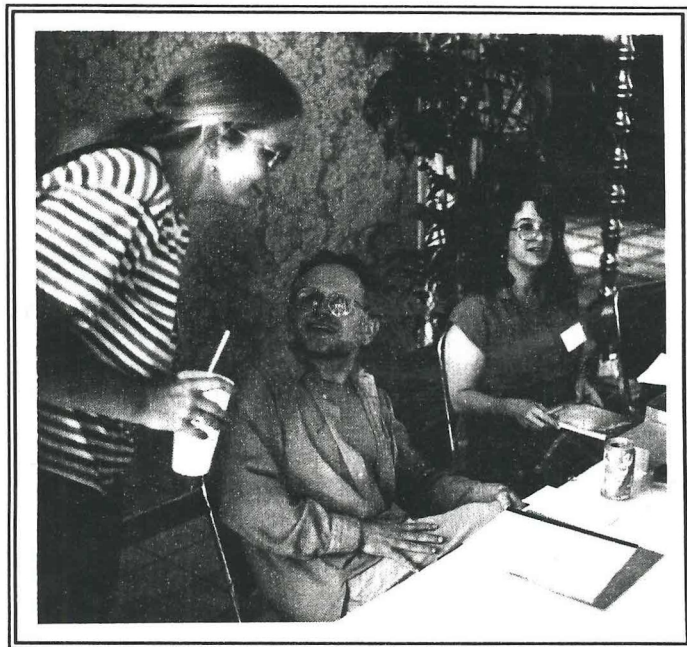
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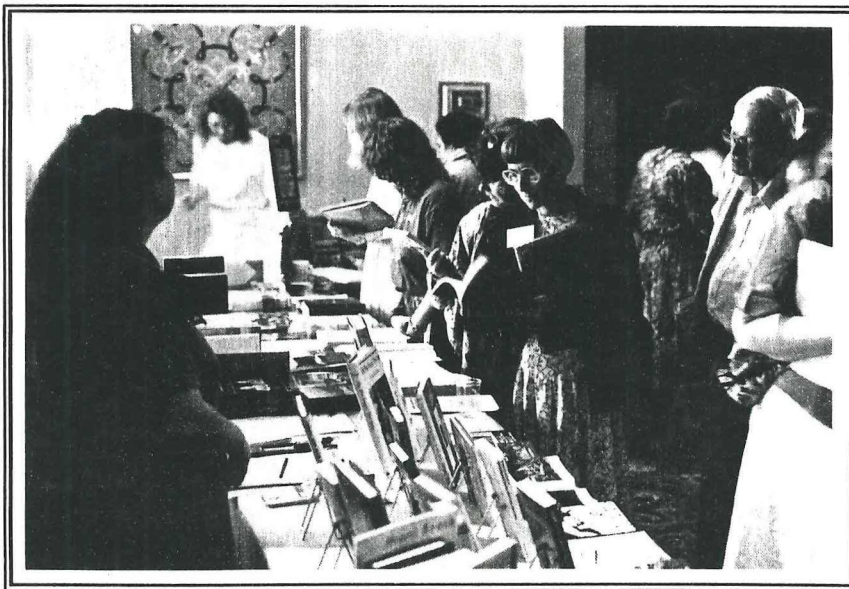
SA



Charles Hudson, **Mooney Award winner**, discusses his book, *The Juan Pardo Exploration of the Carolinas and Tennessee 1566-1568* (Hester Davis and Jerry Milanich seated to Hudson's right).

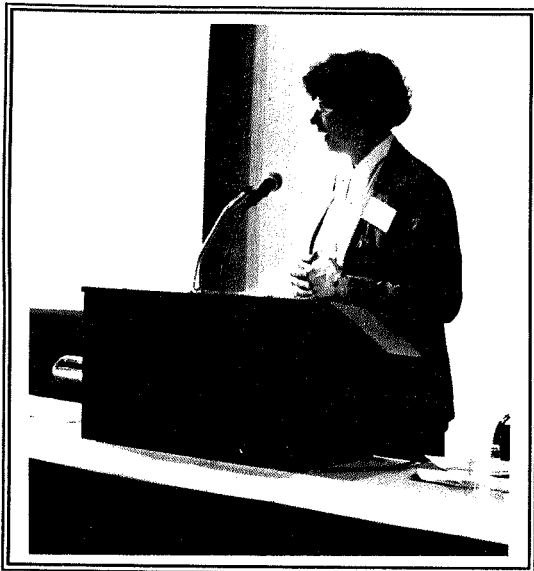


SAS Registration: Daryl White and Holly Mathews

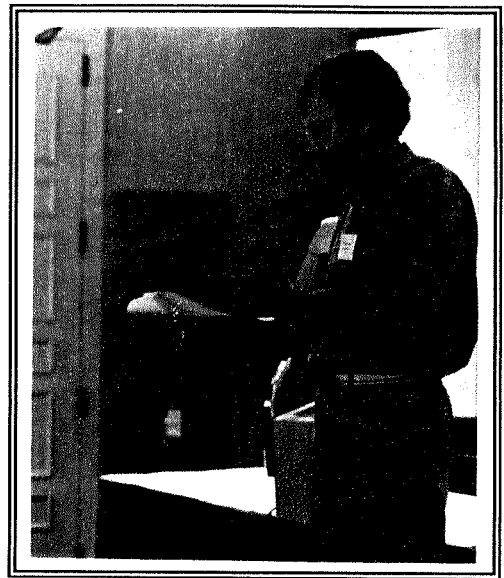


Another Popular Book Display at SAS Annual Meeting

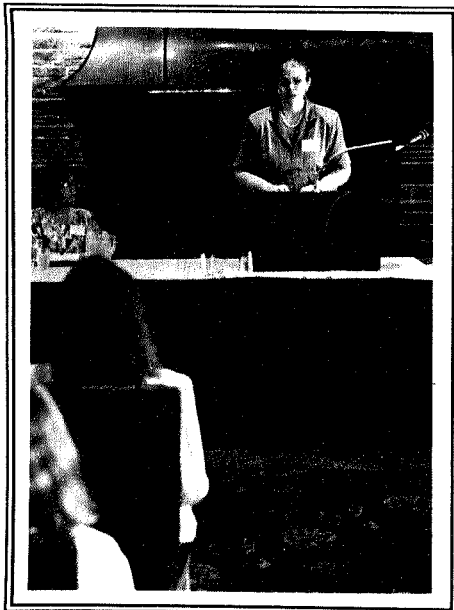
Presenters at the SAS 1992 Annual Meeting in St. Augustine



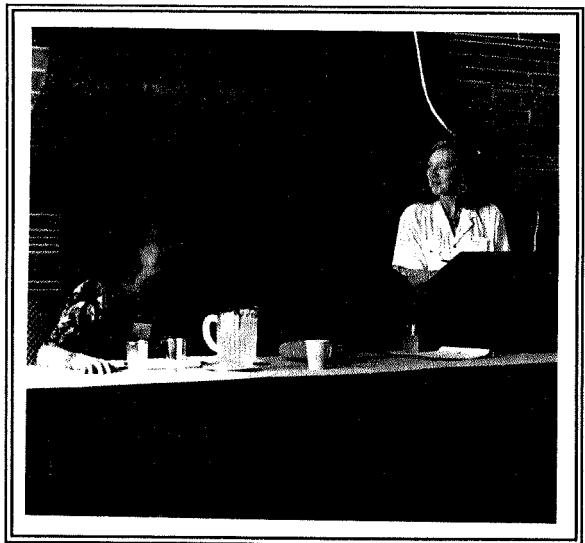
Carole Hill



Harry Lefever



Holly Mathews



Jennifer Nourse

Southern Anthropological Society Annual Business Meeting

Minutes

April 24, 1992

St. Augustine, Florida

Item 1 — Call to order by the President: President Thomas W. Collins called the 1992 Business Meeting of the Southern Anthropological Society to order.

Item 2 — Minutes of the 1991 Business Meeting: The minutes of the 1991 Board meeting of the Southern Anthropological Society were approved as submitted.

Item 3 — Secretary-Treasurer's Financial Report. Daryl White, Secretary-Treasurer, reported on the financial situation of the Society. The accompanying tables include a statement of revenues and disbursements for the year ending December 31, 1991, cash on deposit as of December 31, 1991 and the financial statement for the 1991 annual meeting in Columbia, South Carolina. The 1991 revenues of \$8287.58 were somewhat higher than 1990 but lower than 1989. It appears that the annual revenues are holding.

Item 4 — Secretary-Treasurer's Report of Election Results. Daryl White announced the following election results: President-Elect, Patricia Beaver from Appalachian State University and Councillor, Beatriz Morales from Georgia State University.

Item 5 — Report on the Student Paper Competition. Heidi Kelley, chair of the Student Paper Competition Committee, noted that seven undergraduate and eight graduate students submitted papers, the quality of which was up from previous years. The following awards were announced: undergraduate winner, Brenda Pike, University of North Carolina at Asheville, for a paper entitled, "Parental Acceptance of their Gay and Lesbian Children: The Four Stage Process"; graduate winner, Brenda Stewart, Wake Forest University, for a paper entitled, "Dream Interpretation as Traditional Wisdom"; and graduate honorable mention, Donna Bonner, SUNY-Buffalo, for a paper entitled, "Bringing a Feminist Sensibility to Anthropology: The Unspoken Dialogue Between Anthropology and Multicultural Feminism." In addition to cash awards to the two winners, books are to be presented to each student who participated. Judg-

es' comments were also returned to participants. Kelley suggested wider recruitment of both judges and participants.

Item 5 — Report of Proceedings Editor. Mary Helms, SAS Proceedings Editor, reported that 1991 members should have received volume #24, *Anthropology and Food Policy: Human Dimensions of Food Policy in Africa and Latin America*; that the production of volume #25, *African Americans and the South*, is complete (and Daryl White added that it will be distributed to current members this summer); that volume #26, edited by Karl Heider, is on schedule; and that editors of the current key symposium have been notified of their responsibilities. Concerning sales, issues #1-#14 (excepting #5) are out of print, several volumes have been recently remaindered, and some other volumes continue to do well, such as *Cultural Heritage Conservation in the American South*, *Women in the South*, *Red, White, and Black*, *Symbols and Society* and *Holding on the Land and the Lord*.

Item 6 — Report on *Southern Anthropologist*. In *Southern Anthropologist* editor Gif Nickerson's absence, Tim Wallace reported, noting the importance of the newsletter, commending its increased quality for which Nickerson has been responsible, and encouraging fuller participation by members.

Item 7 — Report of the Mooney Award Committee. Hester Davis reported that the committee (composed of Hester Davis, Andrew Miracle and Malcom Webb) reviewed 14 books submitted by 10 presses, the winner to be honored at a special reception the following day. The winner of the award was Charles Hudson, University of Georgia. For the 1993 award, 14 manuscripts from 9 presses have been received. They will be judged by Hester Davis, Gil Kushner and Miles Richardson.

Item 8 — Report on Book Exhibits. Tim Wallace reported that the quality of the book exhibit this year is high and expressed the hope that this will continue. Wallace also noted that the society will display members' books at no charge. Meeting organizers are likewise encouraged to invite members to talk about their own books.

Item 9 — Report on the 1993 Meetings. Members at Georgia Southern University in Statesboro, Georgia have agreed to do local arrangements for the 1993 meetings, which will be held in Savannah, Georgia. Program Director will be Daryl White. The key symposium, "Religion in the South," will be organized by O. Kendall White, Washington and Lee University and Daryl White, Spelman College.

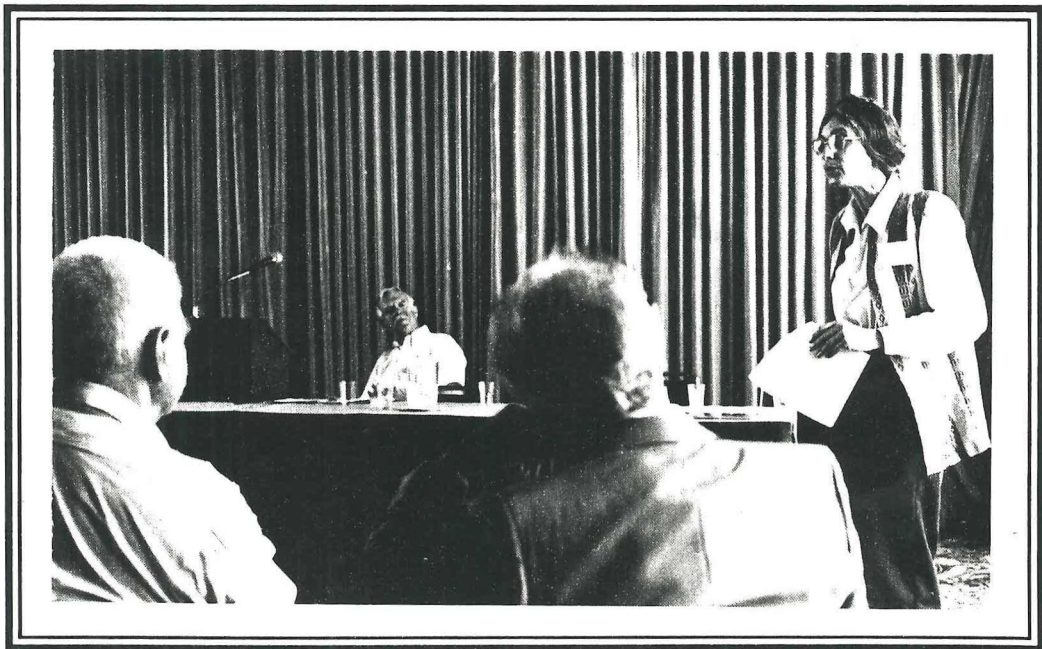
Item 10 — President Thomas W. Collins thanked those responsible for the success of the 1992 meetings, especially Holly Mathews, who accomplished local arrangements by remote control.

Item 11 — New President. At this point President Thomas W. Collins passed the presidency on to President-Elect Alvin W. Wolfe.

Item 12 — Resolution. President Alvin W. Wolfe proposed a resolution to thank past president, Thomas W. Collins, for his service. The resolution was passed by acclamation. Wolfe then noted that he was looking forward to a year which he hoped would be successful for the Southern Anthropological Society. He expressed the hope that new members can be drawn into the society.

Item 13 — Adjournment. The general business meeting was adjourned, a reception for Alvin W. Wolfe to follow.

Respectfully submitted,
Daryl White, Secretary--Treasurer



Mary Helms reports on the SAS Proceedings at 1992 Annual Business Meeting

**FINANCIAL STATEMENT FOR 1991 ANNUAL MEETING
OF THE
SOUTHERN ANTHROPOLOGICAL SOCIETY
COLUMBIA, SOUTH CAROLINA**

REVENUES

Book Exhibit Fees	\$310.00
Gift from Southern Studies, University of South Carolina, for two Key Symposium honoraria	350.00
Registration Fees	2920.00
Banquet and T-Shirt sales	1370.00
Total	4950.00

DISBURSEMENTS

Advance	\$500.00
Membership Dues Used	53.62
Banquet and T-Shirt costs	1457.40
Receptions	
Alumni House, McKissick Museum	1338.49
Printing	391.65
Audio-visual Rental	520.00
Honoraria for Key Symposium participants, Whiteside and Albright	400.00
Hotel Expenses	634.36
2 room rental ("where our occupancy level didn't cover")	210.00
Board Lunch	134.93
Bartender fees	36.75
Coffee	252.68
Dept. of Anthropology, University of South Carolina (xeroxing, mailing, supplies)	944.37

Total **\$6239.89**

REVENUES MINUS DISBURSEMENTS **-1289.89**

OTHER MEETING RELATED EXPENSES

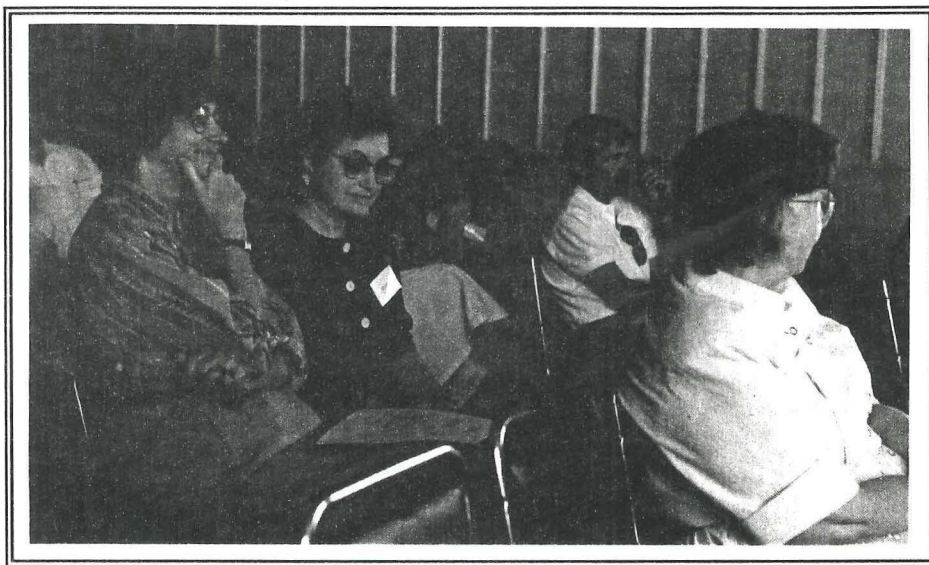
Student Paper Competition Awards 400.00

**Southern Anthropological Society
Statement of Revenues and Disbursements
for the Year Ending
December 31, 1991**

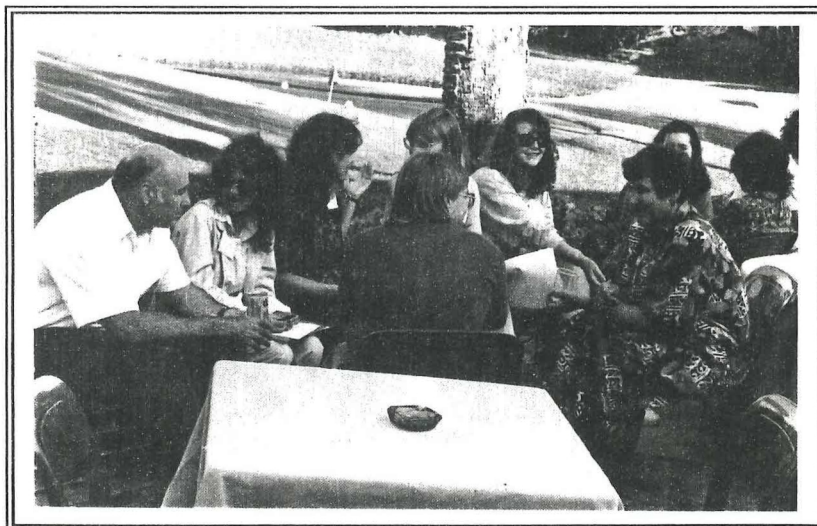
REVENUES FOR CALENDAR YEAR	1991	1990	1989
Dues	\$2618.00	\$3238.00	\$4398.00
Paid for 1991---- 2598.00			
Paid for 1992----- 20.00			
Royalties on Proceedings	211.75	189.26	181.02
Proceedings Sales	-----	168.35	154.50
University of Georgia Press			
Contribution to Advertisement in Anthropology Newsletter	-----	175.00	-----
1989 Annual Meeting			
Registration Fees	-----	-----	2577.00
Book Exhibits	-----	-----	470.00
Mid-South Association of Professional Anthropologists	-----	-----	250.00
Onsite Fees	-----	-----	473.00
1990 Annual Meeting			
Registration Fees	-----	2153.55	-----
Book Exhibits	-----	720.00	-----
1991 Annual Meeting			
Registration Fees	2920.00	-----	-----
Book Exhibits	310.00	-----	-----
Contribution from Southern Studies, University of South Carolina to honoraria	350.00	-----	-----
Onsite Activities	1370.00	-----	-----
Interest Income			
University of Kentucky Credit Union Savings Account	51.12	443.83	369.38
Bank One, Lexington, KY Certificates of Deposit	385.96	377.07	354.56
C&S/BankSouth, Atlanta, GA	70.75	-----	-----
Miscellaneous	-----	15.80	-----
TOTAL CASH REVENUES	\$8287.58	\$7480.86	\$9227.46

**Southern Anthropological Society
Statement of Revenues and Disbursements
(continued)**

DISBURSEMENTS FOR CALENDAR YEAR:	1991	1990	1989
Newsletter	\$1300.00	\$700.00	\$1200.00
Postage	96.04	61.70	105.70
Printing and Duplicating	64.62	208.49	298.88
License Fee	-----	15.00	15.00
Officer Expenses	312.61	155.74	48.82
1989 Annual Meeting Expenses	-----	-----	2449.80
1990 Annual Meeting Expenses	-----	1368.85	-----
1991 Annual Meeting Expenses	2732.27	-----	-----
1992 Annual Meeting Expenses	500.00	500.00	-----
Proceedings	23.03	2207.99	1870.70
American Anthropological Association for Advertisement	-----	750.00	-----
Awards and Grants			
Student Paper Prizes	400.00	400.00	400.00
1990 Awards and Gifts	-----	612.22	-----
Honoraria, 1991 Key Symposium	400.00	-----	-----
TOTAL DISBURSEMENTS	\$5828.57	\$6979.99	\$6388.90
REVENUES OVER DISBURSEMENTS	+2459.01	+500.87	+2838.56
<hr/>			
CASH ON DEPOSIT ON DECEMBER 31,	1991	1990	1989
U. of Kentucky Credit Union			
Checking Account	-----	\$932.72	\$939.94
Savings Account	-----	6873.82	7359.99
Bank One, Lexington, Kentucky			
6 Month Certificate of Deposit (6.80% APR, Due 8/27/89)	-----	2500.70	2312.22
1 Year Certificate of Deposit (7.25% APR, Due 8/27/89)	-----	2512.69	2324.10
BankSouth, Atlanta, Georgia			
Commercial Bonus Checking	\$12,285.11	-----	-----
TOTAL CASH ON DEPOSIT	\$12,285.11	\$12,819.93	\$12,936.25



A Session Audience, with Carole Hill, Andy Miracle, and Hester Davis

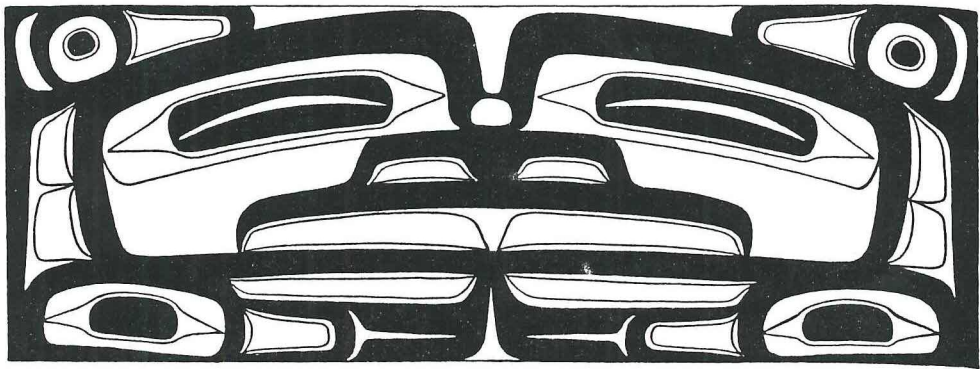


Gathering at Reception for incoming President Alvin W. Wolfe

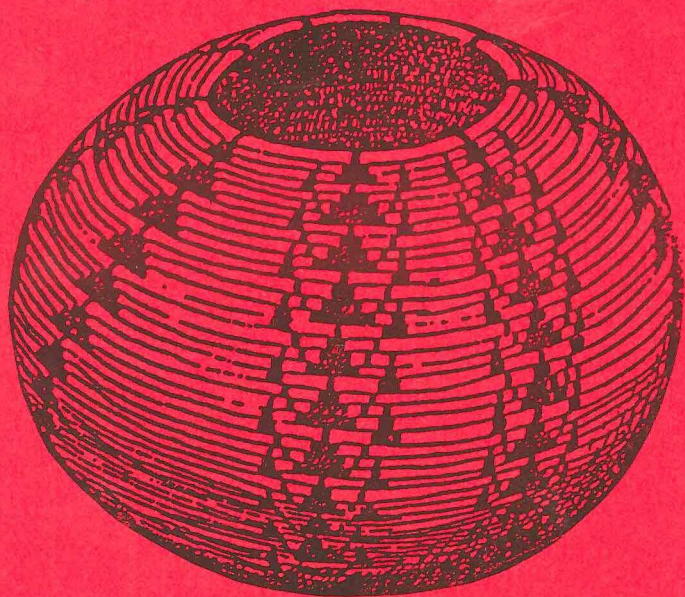
If you are planning a move . . .

please notify SAS Secretary-Treasurer Daryl White at your earliest convenience so that you will continue to receive SAS publications and communications in regular mailings:

Daryl White
SAS Secretary-Treasurer
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Southern Anthropologist

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