

"PETALS FALLING OFF A ROSE": THE EFFECT OF HAIR LOSS ON WOMEN'S  
IDENTITY PERFORMANCES

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In Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Philosophy

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by  
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The undersigned, appointed by the Dean of the Graduate School, have examined the dissertation entitled

“PETALS FALLING OFF A ROSE”: THE EFFECT OF HAIR  
LOSS ON WOMEN’S IDENTITY PERFORMANCES

Presented by Priya Dua

A candidate for the degree of Doctor of Philosophy

And hereby certify that in their opinion it is worthy of acceptance.

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To my parents. Thank you for your love, support, patience, and always being there for  
me.

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**ABSTRACT**

This dissertation analyzes twenty-six interviews with women who have temporary hair loss, thinning hair, or alopecia to gain insight into how hair loss affects women’s identity performances by drawing from the work of Goffman (1959; 1963) and Foucault (1988; 1995). Most research on hair loss focuses on identity construction among cancer patients, commenting little on how hair loss affects these processes among women that experience it for other reasons. Hair work is an important tool in identity work because although women may perform hair work privately, it has public implications since it affects the creation, maintenance, and negotiation of identity during interactional processes. The discovery of hair loss often challenges women’s sense of normality and self, attitudes towards beauty, femininity, and appearance, and requires them to realign their sense of self with their new appearance.

This project examines how these processes differ for women depending on the type of hair loss they have and their consequences for identity. For women with temporary hair loss, the issue of temporality is critical as they wait out their hair loss by trying to look healthy and feminine while wearing wigs until their hair grows back. Women with thinning hair find their hair loss disconcerting as it marks a change from their earlier appearance and sense of self, focusing on looking professional, acceptable,

and presentable as they try to come to terms with their situation. Women with alopecia focus on controlling their appearance by hiding their hair loss from others as well as meeting social and cultural norms of gender, femininity, beauty, normality, and health in order to protect their image they portray to others. This project concludes with a discussion of how temporality and diagnosis can help us understand women's experiences of hair loss as well as what this study tells us about what it means to have a healthy identity.

## CHAPTER ONE

### INTRODUCTION

Although there is a substantial amount of extant literature on the role of women's hair work, most of it is directed toward certain substantive topics rather than others. The literature on hair work and identity tends to categorize all women together as an undifferentiated mass (Weitz 2004) or focus on African American women (Banks 2000; Rooks 1996) while the literature on hair loss tends to emphasize psychological issues (Hunt and McHale 2007; Tucker 2009), appearance (Lord 2003; Ucok 2005; Ucok 2007), and health (Hansen 2007; Rosman 2004), especially in terms of information control.

My dissertation examines how women with hair loss construct feminine and other normative identities through hair work. Hair work should be regarded as an important tool in identity work because although women may perform hair work privately, it has public implications since it affects identity construction and negotiation through social interaction. Hair work is a universal practice in that everyone regardless of gender, age, race/ethnicity, class, sexuality, or religion performs it. However, hair work is often considered to be of special concern to women since they are supposed to be able to use it to create a range of styles or looks while the purpose of men's hair work is to indicate a uniform and stable identity (Gimlin 2002; Weitz 2004).

My research extends existing scholarship on the effect of hair loss in relation identity by analyzing how the psychological experience and trauma of hair loss is compounded by socially and culturally imposed requirements of femininity, gender, beauty, health, and normality. It is important to bring together theories of presentation of self (Goffman 1959) and stigma (Goffman 1963) with those that focus on regulation of the body, particularly social, cultural, and material practices (Foucault 1988; Foucault

1995). Taking this perspective allows us to understand how hair not only facilitates identity practices by allowing women to experiment with different presentations of self (Goffman 1959) but how hair can constrain these processes through its materiality (i.e. limited malleability) by reminding us that although we have bodies we do not have control over bodies (Shilling 2003; Turner 1996). Moreover, female identity work is embodied due to the greater weight appearance norms carry for women than for men (Bordo 2003; Weitz 2001; West and Zimmerman 1987; Wolf 1991).

Identity work is embedded in and informed by norms because bodies are located in specific social and cultural contexts where relations of power and social inequality exist. In particular, because of social sanctions women that do not meet such norms may need to adjust the type of presentation of self they display to others (Goffman 1959; Howard 2000). Thus, “an identity process is a *continuously operating, self-adjusting*, feedback loop: individuals continually adjust behavior to keep their reflected appraisals congruent with their identity standards or references” (Burke 1991: 840, emphasis in original). Hair work can be conceptualized as a technology of the self and/or the body wherein hair is a tool that women use to construct identity in everyday social interaction. These processes are located at the interstices of femininity, gender, normality, health, and beauty.

It is crucial to recognize that hair work is something that women are socialized into, that hair loss is something that women need to be more concerned with than men, and understand hair work is tied to their bodies in terms of body image, other forms of body work, and overall embodiment. Hair work should be regarded as linked to these aspects of women’s bodies because “having a body with specific features, which has a particular placement in society, is critical for everyday recognition and identification of persons” (Turner 1996: 53).

The body is often seen as a medium of or metaphor for culture, a cultural text (Bordo 2003), and a symbolic form where the rules and hierarchies of culture are inscribed (Bartky 1997; Brush 1998; Douglas 1982). As Gimlin (2002: 5) notes “the shared attitudes and practices of social groups are played out at the level of the body, revealing cultural notions of distinctions based on age, social class, gender, and ethnicity. Cultural rules and trends are revealed through the body; they also shape the ways *in* which the body performs and appears” (emphasis in the original). This is particularly true for women who are more likely to be seen as concerned about and defined in terms of their bodies (Budgeon 2003; Shilling 2003; Weiss 1998; Wolf 1991). Women may circulate in hierarchies of femininity/femininities.

Hair becomes pivotal in the cultural hierarchy of femininity, serving as a shared meaning that calls out similar responses in individuals. According to a stylist that Gimlin (2002) interviewed, “a woman can’t really feel good, can’t really feel attractive or feminine, no matter what else she’s got going for her” unless she has a feminine hairstyle (p. 26). Salons become feminized spaces where the “secret routines of femininity are commodified and exemplified’ (Black and Sharma 2001: 101). Similarly, a study by McFarquhar and Lowis (2000) that surveyed one hundred male and female salon clients before and after their hair appointments found that women were more likely than men to report significantly higher self-esteem after their appointments than men. After all, a girl is not a girl without her hair (Synott 1987).

### *Research Questions*

Building from this discussion, my dissertation explores the experiences of women with hair loss in order to gain a richer understanding of how women with hair loss construct and negotiate their presentation of self (Goffman 1959) through the use of cultural images of femininity, normality, health, beauty, and gender (Foucault 1995;

Gamson 1999; Goffman 1963; Kellner 1995; Habermas 1989; Smith 1990). I want to explore how their understandings of these images affect their attitudes towards their appearance in terms of if and how they try to meet these norms. I want to analyze how these appearance-related practices help them engage in presentation of self and how these efforts impact their interactions with others as well.

### *Preview of Chapters*

The remainder of the study will be laid out as following. Chapter two blends analyses of Goffman (1959; 1963) and Foucault (1988; 1995) to discuss how bodily practices are used to create and maintain women's presentation of self (i.e. how they cope with a potentially stigmatizing appearance). I argue that hair loss affects women's presentations of self (Goffman 1959) because female identity performances are embodied thus making meeting appearance norms more important. Women become more invested in rather than disconnected from their bodies/hair, trying to make the best of their situation by conforming to social and cultural norms through disciplining their appearance. This allows them to regain control over their problematic bodies (Foucault 1988; Foucault 1995) that in turn allows them to meet personal and professional goals since they now meet appearance norms (Dellinger and Williams 1997; Rose 1998; Weitz 2001). Rather than being victims of their appearance, women carefully monitor social interaction so they can avoid any negative consequences they may encounter otherwise (Shih 2004). This process is informed and facilitated by media images that portray appearance work as a way to care for the self (Foucault 1988) and suggest appropriate methods for accomplishing this successfully (Habermas 1989; Kellner 1995; Smith 1990).

Chapter three provides an overview of my research methodology and includes information about the process of recruitment and interviewing participants as well as a



description of the women that took part in the study. This process was challenging due to the difficulty in locating potential interviewees and making them feel like they were in a safe space where they could share their experiences without being judged (Owens 2006). I learned to look for the hidden emotions and meanings underlying seemingly neutral language instead of analyzing responses at face value (DeVault 1999).

Chapters four, five, and six present data focusing on the experiences of women with temporary hair loss, thinning hair, and alopecia respectively. Dividing the data chapters by type of hair loss was an analytic advantage because although the interviewees shared the same set of concerns to some degree, these concerns were expressed in different ways and had different implications on their identity performances depending on the reason for their hair loss; there was not just one story to tell or journey to follow but rather multiple stories or journeys. We will see that there is a progression in the effect of hair loss on identity performances wherein the amount of control exerted over appearance and presentation of self increases as the fear of being stigmatized increases.

Chapter four examines how women go through the stages of anticipating, experiencing, and recovering from temporary hair loss by trying to take control of these experiences through realignment, looking healthy, and looking feminine. We will see that having temporary hair loss is an easier experience in some ways because women knew why their appearance was changing and what tools and resources to use to deal with it. They held valued roles that were supported by others and thus did not need to fear the possibility of being discredited.

Chapter five explores how women with thinning hair cope with unexpected changes in their appearance as the fear that their appearance could interfere with interaction increased although none of them had actually experienced this. They explained their concern about being noticeable through the neutral terms of looking

professional, acceptable, and presentable because they did not have a frame of reference to use when talking about their experience (Dumit 2006; Nettleton 2006). While some women sought answers by reading about hair loss and others visited doctors in the hopes that they would be able to find a cause and solution for it, all of the women tried to be “enterprising selves” (Rose 1998) so they could make the best out of their situation.

Chapter six examines how women with alopecia navigate norms of gender, beauty, femininity, health, and normality in order to protect their presentations of self from being discredited due to their stigmatized appearances. Their experiences of being discredited leads them to exert more control over their appearance so they do not have similar experiences in the future. We will see that they try to hide their hair loss from others because they cannot rely on others to ignore their appearance thus carrying the weight of interaction on their own. They are aware that they do not meet appearance norms and work hard to try to meet these norms to the best of their ability.

Chapter seven summarizes these findings and puts these pieces together in order shed light on what this project says about managing a discrediting condition and the effect of hair loss on women's identity performances particularly how this is affected by issues of temporality and diagnosis. It explores whether presenting a healthy identity can be understood as a possible new way of framing (or reframing) the way that women talk about femininity and gender in our current cultural context. The chapter concludes with a discussion of the contributions this project makes to literature on identity, appearance/body, and hair work, a review of limitations, and avenues for future research.

## **CHAPTER TWO: THEORETICAL FRAMEWORKS**

Building from Goffman's theories of presentation of self (1959) and stigma (1963), this project explores how hair loss affects women's identity work by bringing attention to the role that bodily appearance plays in identity work; female identity performance is embodied because appearance norms carry greater weight for women than men (Bordo 2003; Butler 1988; Butler 2006; Lucal 1999; West and Zimmerman 1987). Women with hair loss may deal with this bodily difference through appearance work, particularly by disciplining their bodies (Foucault 1995) so they can meet norms of gender, femininity, and beauty as well as by realigning their sense of self with their appearance more generally (Gimlin 2000; Gimlin 2006; Ucok 2005; Ucok 2007). Women try to control their potentially stigmatized appearance so that they can project their desired presentation of self (Goffman 1959),

This process is informed by social and cultural discourse deployed through media images (Ewen 1999; Habermas 1989; Kellner 1995; Smith 1990), family members, and peers that presents the practices of discipline and realignment that allow them to in effect regain control over their bodies as a way of taking care of the self (Foucault 1988). Media images show women how they can effectively meet these norms by offering models for them to follow (i.e. pointing out what methods to use to achieve this). This allows women to be (and continue to be) an "enterprising self" (Rose 1998), making the most of what they have by taking control over their appearance so they can achieve important goals rather than allowing it to stand in their way. This chapter will begin with a discussion of Goffman's work on the interaction order (1983) and presentation of self (1959) before looking at the role that embodiment and appearance plays in this process. Although existing research has explored how hair is

used as an aesthetic device in female identity work, there has not been as much substantive research on how hair loss affects these processes. For that reason, relevant literature on hair work and hair loss will be interspersed throughout this chapter instead of appearing in a separate chapter.

### *The Interaction Order*

Goffman (1983) believes that we must examine “the interaction order” because our daily life always takes place in the presence of others (i.e. is socially situated). The term “order” is used to convey the notion that this refers to a particular kind of activity as well as that it is an orderly activity based on shared norms. The interaction order allows individuals to participate in social life by relying on a system of conventions that everyone must trust in and follow although the rights and risks of following this order may be unequally distributed among individuals.

In the interaction order, information about the individual helps define the situation by structuring expectations for those that the individual interacts with.<sup>1</sup> This process requires that we express ourselves in such a way that others are impressed by us since we live in a society that is based on inference and faith (Goffman 1959). Thus,

The individual’s initial projection commits him to what he is proposing to be and requires him to drop all pretenses of being other things. As the interaction among the participants progresses, additions and modifications in this initial informational state will of course occur, but it is essential that these later developments be related without contradiction to, and even build up from the initial positions taken by the several participants (Goffman 1959:10-11).

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<sup>1</sup> This line of argument appears to directly contradict his argument that the interaction order allows “a traffic of use, and of arrangements which allow a great diversity of projects and intents to be realized through unthinking recourse to procedural forms” (Goffman 1983: 6). There is a paradox between people’s conformity to the interaction order and their creativity in their ability to engage in presentation of self.

We must be able to dramaturgically realize ourselves during interaction to convey who we are. A successful performance requires that we express and sustain a single definition of the situation in the face of potential disruptions that in turn allows others to “impute a self” to us (p. 252-254). In sum, we must learn our parts and how to play them well.

Goffman (1959) tends to ignore the effect of power on this process. Although his framework is applicable to a range of substantive topics, the price for its generalizability is its lack of specificity in that he focuses on processes of interaction between faceless and disembodied individuals rather than interaction between concrete, embodied individuals that are gendered, raced, and classed. Appreciation of the materiality of interacting individuals would lead to analyses of the types of selves individuals are able to present to others, if and how they “save face” or help others do so, and who we pay civil inattention to and who we do not. He seems to assume that others automatically accept our presentation of self if it is done correctly. Moreover, he does not acknowledge that the audience’s acceptance of our performances may be predicated on social location in that only certain types of individuals are permitted to present certain types of selves to certain audiences.

### *Appearance and Presentation of Self*

Since our bodies and their attendant characteristics are brought with us into each social situation we enter (Goffman 1983), aspects of appearance such as hair may be vitally important to our presentation of self. As Stone (2006) posits, appearance establishes and mobilizes selves because selves are addressed as they are dressed. If “one’s identity is established when others *place* him as a social object by assigning him the same words of identity that he appropriates for himself or *announces*” (p. 143, emphasis in original) then “...the self is any validated program which experiences a

regulatory function over other responses of the same organism, including the formulation of other programs” (p. 150). Participants take up a certain position in interaction so that others recognize their social identity such as by styling themselves in a way that allows them to display and affirm their gender identity.

Gender is an accomplishment that is socially produced (West and Zimmerman 1987). Women may use their behavioral style and appearance to “engage in social portraiture” (Lemert and Branaman 1997: 219). Hair serves as a text for reading gender because it marks women as female. As Butler (2006) notes, “gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, a natural sort of being” (p. 45). Hence, one could say that gender identity is a production that is “never complete, always in process, and always constituted within, not outside of representation” (Hall 1986: 69). Thus, these behaviors are socially patterned and learned rather than intrinsic to individuals. Women must present appropriate gender displays to interact with others if they do not want their gender identity to be called into question (Lucal 1999).

Women are expected to be more aware of their bodies and their responsibility for “creating that surface in accordance with cultural ideals and images” that are dominant in society (Budgeon 2003: 38). The relationship between the self and body is a complex process that is not just about how culture is inscribed on the body, rather we need to recognize that the body is situated in culture not determined by it. Embodiment as intercorporeality means that our experiences of embodiment are “always already mediated by our continual interactions” (Weiss 1998: 5) with other bodies. This effects the nature of interactions between individuals as well as “the obligations that arise out of those interactions” (Weiss 1998: 140).

Hair becomes part of women’s “front” as it is part of their performance that “regularly functions in a fixed fashion to define the situation for those who observe the

performance” (Goffman 1959: 22). Women with hair loss may not feel like “real women” if they are unable to meet the ideal standards that the interaction order requires be expressed in a performance. This may lead to social stress if women with hair loss feel that there is a lack of congruence between their performance and their actual appearance, particularly for those that are concerned about keeping their reflected appraisals aligned with social norms (Burke 1991). Hair becomes a source of pain because it requires sacrifices in terms of time, money, creativity, and effort, has the potential to damage social ties due to conflicts about hairstyles with friends, family, and other loved ones, creating feelings of shame and embarrassment if does not meet dominant hair norms or signals separation from dominant culture (Weitz 2004).

Similarly, the pain that they experience may not come from their investment in doing hair work but from their inability to do hair work in accordance with social and cultural norms. This inability goes beyond the pressure they may feel to meet such norms but their *physical* inability to meet them because the quality of their hair does not allow them to (i.e. too brittle/fine to wear extensions, adding a hair piece may cause additional damage to their hair etc).<sup>2</sup> Instead of conceptualizing hair as providing limitless options that only need to be selected because any choice can be carried out successfully, women may have to choose the image they want to present carefully to make sure that it is one that can be conveyed without any problems. Women may need to take their hair into account when deciding on a presentation of self by working with it to convey an image from the limited images it allows them to present. The pleasure that

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<sup>2</sup> Women that are unable to conform to hair work norms may engage in emotion management in order to deal with the feelings that arise from their failure to achieve they look they want and believe they should be able to have. This process turns into a burden that is emotionally and physically draining because it requires that they process their body as an object yet experience it as identity (Hochschild 2003). Hair work becomes a form of emotional practice in that women feel like they are supposed to enjoy doing it but actually do not. Having hair that lacks malleability thus has consequences not only for one’s identity but social and emotional ramifications as well.

women with hair loss receive from hair work may come from being able to demonstrate competency in beauty work in spite of their hair loss by ensuring that others do not notice it; it is an activity that they do by themselves to control their appearance rather than a way to bond with other women (Weitz 2004). Accommodation and resistance takes on new meaning as women accommodate or resist standards and comprise their presentation of self with the materiality of their hair (Weitz 2001). Women may tighten control over their performance even more if they believe others are evaluating them especially if hair loss is seen as evidence of not being in control of one's body. If women are unable to follow gender norms, social interaction may be disrupted (West and Zimmerman 1987).

Hair loss may become a "dark secret" for women in that it is a fact that a woman knows and tries to conceal because it is incompatible with the image of self that she is trying to maintain before her audience (Goffman 1959: 141). Hair loss becomes a potential cultural stigma<sup>3</sup> because it is not seen as normal since we do not live in a society where hair loss is socially acceptable (Wray, Markovic, and Manderson 2007). This is demonstrated through the absence of seeing images of women with hair loss represented in our social and cultural discourse. This is a gendered issue in that it may be critically important for women to deal with than for men because it may be more difficult for someone to know whether a man is bald by choice or because of a medical reason. Hair loss serves as a symbol of a "marked" identity for women (Brekhus 1998)

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<sup>3</sup> According to Goffman (1963), in his analysis of how individuals manage their "spoiled identity" before an audience of "normals," a stigma is an attribute that is "deeply discrediting," an "undesired differentness" that reduces the bearer from a whole and usual person to a "tainted, discounted one" (P. 3-5). A stigma is a discrepancy between a virtual social identity (what an individual ought to be) and an actual social identity (what an individual actually is). More importantly, this definition suggests that a stigma is something that is intrinsic to the individual rather than a designation or label that others affix to the individual.



because it demonstrates that there is a problem with or “news” about their bodies (Shilling 2003; Ucok 2005), it is “an involuntary performance piece” (Lord 2003: 267).<sup>4</sup>

This may make them feel like they are always “on,” causing them to feel self-conscious about the impression they are making. Hence, women with hair loss may feel like they are a “public display of markedness” because they feel like everyone is looking at them (Brekhus 1998; Ucok 2005). Women may hide hair loss to pass as normal and avoid being stigmatized through the use of wigs, weaves, extensions, etc. Hair loss can lead to a loss of personality, anxiety, low self-esteem, or depression, leading to a loss of self (Rosman 2004; Weitz 2004). They may experience significantly more distress, self-consciousness, social anxiety, dissatisfaction with appearance, and overall life dissatisfaction compared to men (Weitz 2004). These women may consider themselves as failures of femininity since hair loss symbolizes a loss of womanhood, sexuality, self-confidence, and attractiveness (Hansen 2007).

In her analysis of cancer patients in France, Rosman (2004) found that hair loss was more traumatic for women than for men who tended to view it as a normal and inevitable side effect of treatment. Men were more likely to put their baldness forward as a banality by not protecting others from it while women that are losing their hair may cut it short so the loss is less traumatic (Rosman 2004). Similarly, a study by Hilton and colleagues (2008) of experiences of hair loss in male and female cancer patients, found that women were more likely to be encouraged by others to cover their hair loss and more concerned about hair loss than men were. For women with cancer, losing hair changes how others view them and how they view themselves. Hair loss represents a loss of vitality, health, and physical strength, making them more aware they are sick; it is

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<sup>4</sup> This same issue is demonstrated by the curiosity of Lord's (2003) support group over why men get to own baldness when women are bald over cancer. They conclude, “bald women as a class are invisible” because men “just naturally GO bald” (p. 301).

a constant reminder of their illness, increasing and eventually becoming their identity as a cancer patient (Charmaz 1991).

### *Social Interaction and Impression Management*

Regardless of the type of hair loss they have, it may become “the ‘hook’ on which...[they hang] all inadequacies, all dissatisfactions, all procrastinations, and all unpleasant duties of social life” (Goffman 1963: 10) because they do not know what others are “really thinking about them” (p. 19). Moreover, hair loss may be a source of shame<sup>5</sup> because if revealed, women may lose “face” before others if they are unable to control the appearance of their hair (Goffman 1959), particularly since all interaction has the potential for shame.<sup>6</sup> This in turn may affect their interaction with others since any disparity has the ability to damage social bonds, thus leading to disconnection from others as well as the discontinuation of interaction (Scheff 2000; Scheff 2003). This process is noted by Scheff and Retzinger (2000) who state that “if one feels that her behavior has been inadequate or deviant, not only an internal gap has been created between behavior and ideals, but also a gap between group ideals and one’s self, a *threat to the social bond*” (p. 7, emphasis mine). The “interactional shame” that may result from hair loss is difficult to shed because “the seat of shame is found in the body itself” due to women’s discredited or discreditable appearance (Gardner and Gronfein 2005: 180).<sup>7</sup> For example, studies by Hunt and McHale (2005) and Tucker (2009)

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<sup>5</sup> Scheff (2000) defines shame as “a family of emotions” that includes feelings such as embarrassment, humiliation, shyness, failure, self-consciousness, modesty, and inadequacy (P. 96-97). For more on this see Scheff and Retzinger (2000).

<sup>6</sup> Since shaming others is something that is seen as disrespectful in our society, it may be expressed indirectly.

<sup>7</sup> An individual is discreditable when a stigma is not visible and can be revealed at any time (Goffman 1963). Discreditable individuals must engage in information management. They often have to consider who they are going to reveal their stigma to (if anyone) as well as when and how

found that individuals with alopecia avoided going out in public or to work because they were uncomfortable with how others perceived them.

Women with hair loss may need to consider and address these issues because the more time that they spend with others, the more likely others are to find out discrediting information about them (Goffman 1959). As members of a society where self-disclosure is seen as a signal of trust, they need to learn how to interact with others. Thus, women with hair loss need to learn how to protect their performances through the art of impression management via dramaturgical loyalty, discipline, and circumspection (Goffman 1959) because people that present certain attributes are expected to be able to sustain their performances (see also Goffman 1982).<sup>8</sup> They must carefully match their presentation of self to the audience at hand. The actions or imagined actions of others influence how the self is presented. Thus, changes in appearance may not necessarily shape one's own actions but may be shaped by the responses (or imagined responses) of others. If one's body violates expectations it affects interaction and may discredit their social identity.

If their performance is discredited, then women may need to "debut" a new self (Gardner 1991: 256).<sup>9</sup> Public interaction is a form of "embodied communication"

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this revelation is going to occur. An individual is discredited when a stigma is visible and can be perceived, evident, or purposefully revealed (Goffman 1963).

<sup>8</sup> Dramaturgical loyalty requires women to stay enthusiastic about their performances of femininity and normality. Women cannot betray the secrets of their performances (i.e. the hair work they engage in order to present a feminine and normal self) so that such performances appear natural to audiences. Dramaturgical discipline demands that women remain involved in but not carried away with their performances. Women must remember that they are indeed putting on a performance and that they need to consider their actions carefully in order to protect the performance. They should be ready to deal with any potential problems that come up during interaction. Dramaturgical circumspection necessitates women being ready for any contingencies that occur as well as ready to exploit any opportunities that arise. This entails having a plan in place for how they will react to any unwanted revelations that may occur and take advantage of any opportunities that allows them to avoid situations that may threaten their performance.

<sup>9</sup> See Lord (2003) as an example of how this process occurs.

(Goffman 1963: 13) that is dependent on appearance, signaling health, normality, femininity, beauty, and gender. Discredited women (and often discreditable ones as well) need to display “good adjustment” whereby stigmatized individuals “cheerfully and unselfconsciously” accepts themselves as “essentially the same as normals” while simultaneously voluntarily withholding themselves from situations in which “normals would find it difficult to give lip service to their similar acceptance” of them (Goffman 1963: 121). This means that “the unfairness and pain of having to carry a stigma will never be presented to them; it means that normals will not have to admit to themselves how limited their tactfulness and tolerance is; and it means that normals can remain relatively uncontaminated by intimate contact with the stigmatized, relatively unthreatened in their identity beliefs” (p. 121) because women with hair loss must act in ways that do not reveal the weight of their burden nor that they feel different from women with hair. Thus, they cannot react negatively to the way that others treat them or admit they are different even from other women even if they feel different. Instead, interaction is prioritized over emotion as they are asked to “reciprocate naturally” with others and themselves in spite of the fact that normal women (and society more generally) have not extended such an acceptance in the first place. “A *phantom acceptance* is thus allowed to provide the base for a *phantom normalcy*” (p. 122, emphasis in original).<sup>10</sup> From this we can see that “identity work is a micro-level performance of social dis(order)” (Howard 2000: 372) in which a performance is a “delicate, fragile thing” (Goffman 1959: 56).

Goffman’s (1959) analysis of presentation of self focuses on the interactional nature of the identity as well as the importance of defining the situation and maintaining a working consensus so interaction flows smoothly but does not allow us to examine the

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<sup>10</sup> As Misztal (2001) contends, if we recognize that everyone has some kind of stigma, Goffman’s (1963) analysis can be reread as a “description of the ongoing processes of normality” wherein the “stigma game” becomes a “collective effort to sustain the image of normality by following the rules of the interaction order” (317).

materiality of the bodies that are engaged in these processes. Foucault (1995) contributes to understanding how hair loss affects female identity performances because it allows us to recognize and explore the embodied nature of these performances. Women enter interaction with specific bodies that are endowed with specific characteristics such as appearance (in addition to race, class, ability/disability etc) that are used to create particular identity performances (Weiss 1998). The materiality of women's bodies may directly or indirectly dictate the types of presentations of self that women can engage in and whether others accept these presentations. The ability to present socially acceptable performances rests on the capability of the women's bodies and the efforts they make to control their appearance/bodies. It also lets us examine the specific tools and practices that women use to control their appearance and meet social norms of gender, femininity, and beauty so that interaction is not disrupted. *How do women deal with their hair loss through appearance work?*

This is also dependent on the way women make use of cultural discourse and resources in creating and maintaining these performances (Kellner 1995; Smith 1990). Although they may learn that they have a problematic appearance based on the way that others interact with them, they can only learn how to effectively deal with it by knowing what the norms are and how they can be achieved. They are taught to scrutinize their appearance (Foucault 1995) to make sure that they can sustain their presentation of self (Goffman 1959) and avoid being stigmatized (Goffman 1963). They learn what is wrong with their appearance, why it is wrong, and what methods are appropriate for fixing it.

### *Disciplining Bodies*

Women with hair loss may discipline (Foucault 1995) their bodies through appearance work (i.e. body, beauty, and hair work) in order to meet ideals of femininity and beauty since norms are necessary for social life and the breaking of norms may

need to be repaired.<sup>11</sup> Identities are “shaped by the capabilities, limitations, and activities of the body” (Clarke 2007: 442). If we understand the body as embodied, women may manipulate their appearance so they can realign their appearance and identity as well as care for the self. As members of a society where interaction is often dependant on appearance, women need to scrutinize their appearance carefully in order to ensure that they present themselves as feminine (Goffman 1959). Women may not only view appearance as important to identity and have a great deal of knowledge about appearance; they are also better at remembering the appearance of others (Horgan et al 2004; Mast and Hall 2006). Recognizing that discipline is both constraining and enabling, I would like to follow Dellinger and Williams’ (1997) view of women as active and knowledgeable agents who work within constraining social structures. Although the women may choose how they want to present themselves to others, others may interpret their presentations in stereotypical and oppressive ways leading to the adoption of bodily disciplines. They may try to be as strategic as possible in their presentation of self, but still may be concerned about meeting certain social norms in order to avoid being negatively labeled by others or revealing their hair loss.

Women spend time on the management and discipline of their bodies by pursuing elusive ideals of femininity. Women must conform to such ideals although the ideals they may hold themselves to and their reasons for doing so differ depending on their social location and cultural context. Women’s bodies become docile bodies in that their bodies are constantly regulated, transformed, and improved due to the subtle, uninterrupted, and constantly coersive nature of power (Foucault 1995). Women may become disciplined and normalized by engaging in self-scrutiny to ensure that they

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<sup>11</sup> Unlike women with chemotherapy-induced hair loss, women with unexplained hair loss may not see themselves as having the option of supporting the norm without personally upholding it because they do not have a culturally acceptable reason for being released from achieving normative femininity.

remain attractive by self-monitoring and maintaining their looks. This process demands that women compare their bodily practices to those of other women and measure how well they meet norms of femininity because this information places them in hierarchies of femininity and normality (Foucault 1995).<sup>12</sup> Women may face social and economic consequences for failing to conform to these norms (Weitz 2002; Wolf 1991). Thus, discipline produces subjected and practiced bodies, namely “docile” bodies, suggesting that women are in a “state of conscious and permanent visibility” (Foucault 1995: 138, 200-201).

Women come to see themselves as calculable, in that they are “no longer ineffable, unique, and beyond knowledge, but can be known, mapped, calibrated, evaluated, quantified, predicted, and managed” (Rose: 88). Their bodies are entities that are in “the process of *becoming*,” projects that “should be worked at and accomplished as part of their self-identity” (Shilling 2003: 4, emphasis in the original). As Brush (1998) contends, “the plasticity of the body allows this material exercise of power through the inscription on the body of the standards, norms, and disciplinary judgements of society” (p. 27). However, it is important to note that bodies may resist being inscribed in these ways successfully because of their materiality. Other potential pitfalls with this process of self-production may occur because not only must women decide on what they need to transform themselves in these ways but choose the correct tools, experts, and rules to accomplish this successfully (Maguire and Stanway 2008) because there may be greater consequences for women that choose incorrectly.

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<sup>12</sup> Women develop expertise in the practice of femininity by participating in “legitimate and acknowledged activities that contribute to but are not central to the practice; gradually these contributions become more complex and important...as they progress toward full participation” (Paechter 2003a: 70), leading to a better understanding of and becoming embedded in the community of feminine practice. Being recognized as a full member of this community depends on their level of conformity to those practices recognized as reflecting a feminine identity (see also Paechter 2003b).

This entails engaging in technologies of femininity, the “forms of knowledge, practices, and strategies that manufacture and normalize the female body” such as makeup, fashion, diet, and exercise among others (MacNevin 2003: 271). There are many hair and skin care products available for women, teaching them that their bodies are deficient the way they naturally are (Weitz 2002). Bartky (1997) argues that “...insofar as the disciplinary practices of femininity produce a ‘subjected and practiced’, an inferiorized body, they must be understood as aspects of a far larger discipline, an oppressive and inegalitarian system of sexual subordination” (p. 103). Moreover, women believe that they are only bodies that lack agency because they are the objects of the intentions and manipulations of others, things to be looked at and acted upon. Hence, a woman “...acts upon herself to realize the will of a generalized male gaze” (Craig, 2006: 162). Women must live their bodies as seen by patriarchal others in that they stand before the gaze and judgement of men. In this sense, the feminine body is a social construction.

This desire for a feminine body may not be only externally imposed but internalized as well. They are not only expected to perform beauty or body work but also expected to *want* to do it, internalizing a normalizing gaze that prescribes what it means to be a woman (Foucault 1995; Gagne and McGaughey 2002). According to Wolf (1991), women seek outside approval because their identity is premised on their beauty, something that can be stripped from them at any time. Ironically, women feel liberated from the gaze by conforming to it. Women internalize these sociocultural attitudes about beauty and appearance by taking on the perspective of others and believing that they are defined by how they look. From this we can see that the surface of the body is “technologically reengineered to reflect the inner self” (Stevenson, 2001). “The self is no longer simply housed within bodies but emerges in a fully interactive process in which



the container and the contained have an inseparable, invariant relationship: not simply as residences for selves, but as alterable signs of the self" (Edgely 2006: 242).

### *Realigning Appearance and Identity*

Hair and appearance are components that women "wrap a self" (Ucok 2005: 306) around, particularly women that locate the self in the body and regard bodily experience as the source of selfhood. For women with hair loss, the "selfing" process is disrupted because they may have difficulty identifying with themselves because they feel like they are no longer themselves. Feelings of "dys-appearance" begin to arise whereby some "body-part magnifies itself to fill...[one's] field of awareness" (Leder 1990: 77) as women become self-conscious of their hair loss. Shilling (2003) brings theoretical attention to how this may impact interaction. He states that "individuals become acutely aware of their bodily dys-appearance as the mutual attunement of people to each other is ruptured, and as the dyad is dissolved and the encounter is reduced to two isolated, awkward bodies" (p.185).

Hair loss signals the presence of a "disrupted body" (Faircloth et al 2004), a fundamental life change, evidence of loss of bodily determination and the existence of an unreliable or perplexing body (Ellis-Hill, Payne, and Ward 2000) that may be dealt with through objectification. Women may reclaim their sense of self by testing the limits of what their hair can and cannot do or trying to restore their appearance by experimenting with hairstyles, hair care products, and daily activities to learn how well their hair holds up in varying conditions and situations. In short, there is a struggle of identification between mind and body, between an image of self and one's actual body (this is discussed in Weitz 2004 to a lesser degree). Their bodies and selves are mutually constitutive in that maintaining their bodies (i.e. hair, looks, or appearance) is equivalent to maintaining their selves.

Ucok (2005) notes that “we not only learn about the world and our relationship to it through our bodies but we also learn about our bodies and their social position through being bodies. Through the responses of others to our bodily presence in social interaction we find out about the social meanings of our bodies, get used to them (even to the degree of being attached to them) and, *make them a part of ourselves*” (p. 304, emphasis mine). This process of restoring the self illustrates how selfhood is attached to appearance. Realignment between actual bodily experience and the concept of the body one has requires that one attach their new look to their sense of self (i.e. “me”). This process resolves issues of “social dys-appearance” that may occur when “the gaze of the Other” interrupts social interaction and corporeal self-consciousness (Leder 1990: 96).

The way that women react to being diagnosed with alopecia may depend on their age and may be especially traumatic for those that are diagnosed later in life (Riley 2009). The shock of learning that one has alopecia may be difficult for them to understand and require them to deal with dramatic changes in appearance. Women may grieve over their hair and their old identity as they begin to realize how much of their hair is connected to their identity largely because hair was a tool they use to reflect their personality. On the other hand, women have had alopecia since childhood may view hair as less tied to their identity, particularly those that have never had hair (Riley 2009). They may not experience a loss of identity because that hair was never something that was part of their identity in the first place; moreover, having hair may actually cause greater confusion for those that view baldness as a normal and essential part of who they are.

Performing body work permits women to control the identity that they present to others but at the same time, this choice reflects knowledge that women’s identity is premised on their appearance. In a study of elective breast surgery, Gagne and

McGaughey (2002) found that women in their study saw cosmetic surgery as a way for them to be normal because it allowed them to be represented authentically (i.e. to be the self that they perceived themselves to be) through self-improvement and to exercise power to get social rewards. Surgery was a tool for women to create and maintain a female body, feminine subjectivity, and cultural hegemony. However, the women did not notice that by creating the feminine self through the body, they were reifying the notion that women should be judged by their bodies and behaviors. Similarly, a study of women who decided to get cosmetic surgery by Gimlin (2006) suggests that women may decide to get cosmetic surgery because of something they cannot control such as aging or genetics rather than because of poor body work in the past. Women turned to surgery to be normal, control how and when they and others focused on their bodies, and reduce the alienation they felt from their bodies, viewing such bodily betrayals as signaling traits that they did not believe they possessed.

Women that have cosmetic surgery done for the express purpose of reclaiming their identities may end up having to work harder to successfully complete this restoration because they must prove that their new appearance is not only deserved but a more accurate reflection of self than their old appearance (Gimlin 2000). They must adequately address problems of authenticity by demonstrating that the altered self represents who they really are. Women regain an embodied sense of self at the cost of alienating themselves from their bodies (Negrin 2002).

### *Appearance Work in the American Context*

In the United States, individuals may be more likely to believe that they have control over their appearance and should control their appearance because of cultural values regarding individualism, autonomy, and self-reliance (Bordo 2003; Gimlin 2007; Grogan 2007; McGee 2005; Shilling 2003), particularly because they live in a context

where appearance is associated with happiness, success, and social acceptance (i.e. it is a legitimate way of achieving personal, social, or cultural rewards). Gimlin's (2007) analysis of cultural differences among female cosmetic surgery patients found that American women framed their decision to have cosmetic surgery in terms of taking responsibility for their bodies, particularly that women were supposed to be concerned about appearance issues and invest in repairing such issues so that they can reap social rewards and feel comfortable in their bodies (see also McGee 2005).

On the other hand, British women felt that having cosmetic surgery was selfish, vain, narcissistic, and self-indulgent. They tried to justify their decisions to go ahead with these procedures by claiming they were medically necessary (i.e. they had a "legitimate" reason for it) and helped them live an "ordinary" life (Gimlin 2007). Despite making these rationalizations for their decisions, British women still felt remorseful about the financial cost of the surgery and worried that others would judge them negatively. Gagne and McGaughey's (2002) study of women who had elective breast surgery found that participants viewed these procedures as part of getting ahead in society in that it helped them create and enhance social opportunities and receive desired rewards that come from having an attractive appearance.<sup>13</sup>

Women's appearance work may be shaped in relation to notions of heteronormativity and gender conformity that are found in the United States as well. Holding people accountable for their gender performances (Butler 2006; West and Zimmerman 1987) helps to maintain gender norms as well as reinforce heteronormativity

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<sup>13</sup> For women in the United States, an attractive appearance is defined as being white, thin, or beautiful, having a toned body or good skin, and looking youthful, feminine, or healthy (Bordo 2003; Palder 2008; Weitz 1998).

(Schilt and Westbrook 2009).<sup>14</sup> This means that women's desire to hide their hair loss from others through their presentation of self confirms their gender identity and sexual orientation (i.e. they are not a lesbian). Heteronormativity is linked to appearance as social discourse tries to confine and regulate women's appearance within norms of stereotypical gendered practices (Dozier 2005; Rosenfeld 2009; Zlatunich 2009). Women conform to these norms in order to be recognized as female and heterosexual so that they can validate the link between sex, gender, and sexual orientation rather than allowing their hair loss to challenge or threaten these statuses. Moreover, women that may have refused to conform to these norms may change their minds once they realize that hair loss may call their sexuality into question (Palder 2008).

### *Taking Care of the Self*

Hair work must be understood from within "the minutiae of its practices, its everyday tropes and demands, its compulsions and liberations" (Heyes 2006: 127) whereby identities are shaped by "culturally available accounts" (Lamont 1992: 135) of what defines a woman. This is supported by Butler (1988) who states that the act of gender is not an individual one because "*that* one does it, and that one does *it in accord with* certain sanctions and proscriptions, is clearly not an individual matter" (p. 525, emphasis in original). Identity practices are not selected and performed in isolation from culture but are informed by culture. Thus, identity work involves individuals actively choosing among cultural resources within a system of "cultural rules that are provided to them by their larger environment" (Lamont 1992: 135) wherein social and cultural institutions influence the availability of specific cultural resources "by diffusing similar

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<sup>14</sup> Ingraham (1999: 17) defines heteronormativity as "the view that institutionalized heterosexuality constitutes the standard for legitimate and expected social and sexual relations" (i.e. reinforces and naturalizes the institution and ritualized practices of heterosexuality).

cultural messages over society at large” (Lamont 1992: 139). This results in universalizing beauty norms because it undermines racial and class differences.

One such trope is the belief that hair work is a way for women to “take care of the self” (Foucault 1988) by relying on technologies of the self instead of actually knowing themselves. According to Foucault (1988), technologies of the self

...permit individuals to effect by their own means or with the help of others a certain number of operations on their bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality (P. 18).

Women are taught that performing hair work helps them know about and care for themselves. Hair work becomes “a *process* of working on the self” that is “marketed with particular resonance, and sold to women, that cleverly deploys the discourse of self-care feminists have long encouraged” (Heyes 2006: 126).

This forms the basis for the “Look Good, Feel Better”<sup>15</sup> (LGFB) image programs for women with cancer. These programs teach women how to use makeup, wigs, scarves, and hats to *hide* the effects of chemotherapy reinforcing the notion that women are supposed to look good for others by hiding the physical impact of cancer (Hansen 2007). They are designed to reshape these women’s marked bodies back into culturally specific ideals of womanhood, femininity, and health.<sup>16</sup> Cancer rehabilitation becomes

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<sup>15</sup> LGFB is a joint project of the Cosmetics, Toiletry, and Fragrance Association (CTFA), American Cancer Society (ACS), and the National Cosmetology Association (NCA) (Kendrick 2008) that consists of group makeover workshops held at hospitals for female cancer patients. LGFB programs for teens and men are available as well.

<sup>16</sup> These programs are a form of bio-politics in that they invest the body with properties that make them pliable to technologies of control, normalize the body into meeting cultural ideals, and are influenced by empirical human sciences such as clinical medicine and psychiatry in order to focus on the health, welfare, and productivity of bodies (Featherstone et al 2001). The failure to appear feminine is equated with being in poor health and having low self-esteem, thus recovery of femininity is deemed medically necessary. Potential participants are presented with images of how LGFB can transform their lives so they shift from feeling isolated and depressed to

less an issue of being cured but about normalizing individuals so they conform once more to images of normative (and heterosexual) femininity (Kendrick 2008; Ucok 2007). Women are supposed to reclaim appearance-centered feminine selves even if they did not have such selves before. Women should look even more feminine during and after cancer than they were before diagnosis and treatment. They teach women that they are valued for their appearance instead of their self-worth.

Hair loss is a “minor technical problem” to be corrected instead of a psychological or social problem. This does not allow women to develop the tools they need to come to terms with hair loss, cope with others’ reaction to hair loss, or deal with hair loss emotionally (Weitz 2004). Although LGFB presents women with information on options such as baldness or living with one breast, these options are not seen as realistic choices. These choices are effectively closed off to women because LGFB discourse does not discuss the positive aspects of choosing baldness, how to negotiate baldness in social contexts, or how to deal with baldness cosmetically (Kendrick 2008). Similarly, for women with alopecia, going bald is not a viable option because of the social expectations of women’s appearance conveyed by media images and fear that others will assume that they are ill (Riley 2009). Ethnicity may be a factor in the choice to be bald in public in that women may feel that baldness is more socially permissible for women of color, particularly African-American women, because of their darker complexion and cultural acceptance of shaved hairstyles.

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reconnecting with the world (Ucok 2007). In addition, these programs may develop out of a fear of death in that death is largely invisible in our society since it is no longer seen as a disruption to the social body but as the passing as an individual body (Shilling 2003). Death is a hidden, private experience that is controlled by the medical and funeral industries. Since we cannot confront the reality of death and are left with only an “anaesthetized knowledge” (Shilling 2003: 165) of it from the media, we focus on self-care and health to prevent death from happening to us instead of realizing that life is the ultimate cause of death. Women with hair loss may be asked or feel pressured to participate in LGFB programs less as a means of helping them feel better about themselves and their bodies but as a means for us to remain shielded from having to view the specter of death in our everyday lives.

After all, “the self is to style its life through acts of choice, and when it cannot conduct itself according to this norm of choice, it is to seek expert assistance” such as LGFB programs (Rose 1998: 158). This is part and parcel of being an “enterprising self,” someone who makes an enterprise of their life, maximizes its human capital, projects a future, and seeks to “shape itself in order to become that which it wishes to be...[it is] a self that calculates *about* itself and that acts *upon* itself in order to better itself” (Rose 1998: 154, emphasis in original). As social members, it is the duty of women to strive for personal fulfillment and take responsibility for the appearance of their bodies.<sup>17</sup> It is important to accomplish this so that individuals can continue to be classified by gender because the way the world is affects how we organize social life (Zerubavel 1991, particularly pgs. 16 and 27). In this way, women with hair loss have help maintain the social and cultural order (particularly in terms of gender) when they put their bodies through regimes of self-care.

This message of caring for the self in these ways is strengthened by norms that support the medicalization of appearance wherein cosmetic surgery and other forms of appearance work are seen as tools that connect those experiencing bodily difference back to their identities in addition to normalizing, homogenizing, and enhancing bodies more generally (Hogle 2005). In essence, appearance work becomes a matter of personal empowerment.

The trope of caring for the self is deployed through the media. Taking media culture into account in this process is important because it induces people to

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<sup>17</sup> This point is captured by Rose (1998) when he states that “overarching all their differences, contemporary techniques of subjectification operate through assembling in a wide variety of locales, an interminably hermeneutic and subjective relation to oneself: a constant and intense self-scrutiny, an evaluation of personal experiences, emotions, and feelings in relation to psychological images of fulfillment and autonomy (195).



identify with dominant ideologies, positions, and representations and offer “visible guideposts” for them to follow (Ewen 1999). Kellner (1995) notes that

Media cultural texts articulate social experiences, transcoding them into the medium of forms like television, film or popular music. The texts are then approached by audiences, which use certain resonant texts and images to articulate their own sense of style, look, and identity. Media culture provides the resources to make meanings, pleasure, and identity, but also shape and form specific identities and circulate material whose appropriateness may insert audiences into specific positions (P. 150-51).

In our “postmodern image culture, the images, scenes, stories, and cultural texts of media culture offer a wealth of subject positions which in turn help structure individual identity” (257).

This process is facilitated by the introduction of private lives (particularly bodies) into the public sphere. It is difficult to watch television or read a magazine without seeing a commercial or advertisement for prescription drugs, impotence, scars, hair loss, depression, birth control, weight loss, and other issues that have been traditionally hidden from public view. As Habermas (1989) comments, “in general, mass media recommend themselves as addresses of personal needs and difficulties, as authorities of advice on the problems of life” by “offering abundant opportunities for identification” (p. 172). The purpose of the media and public sphere more generally has shifted from serving as a forum for rational-critical debate into one that manipulates consumers by telling them who to be and how they can become that person, particularly women (see Gergen 2000).<sup>18</sup> This may be due to the notion that although we have more control over our bodies, we no longer know what bodies are and how they should be controlled. We

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<sup>18</sup> Reality makeover programs and hair commercials/infomercials help reinforce ideals by portraying the inability for women to conform to appearance norms as an obstacle to be overcome rather than as a social problem (Banet-Weiser and Portwood-Stacer 2006; Gallagher and Pecot-Hebert 2007; Lee 2009; Wilson 2005). Women can recover their appearance and identity through consumer citizenship rather than by expanding social definitions of womanhood.

have many options and choices for the body but along with this new scientific knowledge about what we can do with bodies and if we should do them comes the question of what is natural about a body and what a body is (Shilling 2003).

This proliferation of media images leads us to believe that becoming who we are supposed to and meant to be is a relatively simple process because it offers explicit directions for us to follow. These images are standardized because they serve as “a uniform point of reference for women in widely differing settings, in widely differing economic and social circumstances, with different bodies” (Smith 1990: 176); they apply to women regardless of social location. This allows women to see themselves as a sort of imagined community wherein women feel like they are part of a “deep, horizontal comradeship” (Anderson 2006: 7) with other women because although they will never know or meet most of them, they are part of the same media culture, viewing the same textual images, and participants in the same discourses of gender, femininity, beauty, and normality.

Before moving on to the methodology chapter, I would like to conclude with a discussion of how my research questions are informed by the identity theories and theoretical frameworks that were covered in this chapter. I want to explore the effect of hair loss on women’s presentation of self (Gardner 2001; Goffman 1959; Goffman 1963; Goffman 1983; Gronfein and Gardner 2005; Stone 2006), in particular how social and cultural norms of gender, femininity, beauty, and health shape this process (Scheff 2000; Scheff and Retzinger 2000). Foucault’s (1995) analysis of discipline and docile bodies and Rose’s (1998) notion of “an enterprising self” form the foundation for exploring why and how women with hair loss work realign appearance and identity (Gimlin 2000; Gimlin 2002; Gimlin 2006; Ucok 2005). Women that view their appearance as a project to be worked on (Shilling 2003) may rely on cultural discourse that categorizes such efforts under the auspices of “taking care of the self” (Foucault 1988; Kendrick 2008;

Ucok 2005; Ucok 2007). Thus, American women may be encouraged to take individual responsibility for their bodies and appearance through self-care regimes that make them feel good about themselves (Bordo 2003; Gimlin 2007; Grogan 2007; McGee 2005; Shilling 2003). In this way, cultural and social discourse is used to create understandings of identity (Gamson 1999; Featherstone et al 2001; Habermas 1989; Lamont 1992; Kellner 1995; Shilling 2003) that in turn affect appearance, bodily, beauty, and hair work practices.

## CHAPTER THREE

### METHODOLOGY

For the purpose of this study, face-to-face and email interviews were the primary means of gaining insight into the relationship between hair loss and women's identity. I am particularly interested in how their presentation of self is related to their understandings of beauty, femininity, and gender as well as how these processes are tied to cultural and social norms. Interviews were determined to be the best method of learning about these issues because they would help recover the unrecognized, distorted, and suppressed aspects of women's experience and attend to the neglected experiences and dimensions of social life by uncovering and articulating experiences that are typically hidden and unacknowledged (DeVault 1999; see also Reinharz 1992).

#### *Recruiting Participants*

The Institutional Review Board at my university approved my project in early March 2010 (see Appendix A).<sup>19</sup> Hair salons were determined to be the best method of recruitment because stylists' can be regarded as "the wise"<sup>20</sup> since they have contact with women with hair loss (Goffman 1963). I created a flyer containing a description of my project along with my contact information that was distributed in local salons in the spring of 2010. A copy of the flyer can be found in Appendix B. It is important to note that the flyer does not specifically state how hair loss/thinning hair should be defined because I did not want to exclude any potential participants. If a woman thought that

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<sup>19</sup> My application was amended shortly after being approved so that I would be able to post my flyer in additional locations as well as use it in online recruiting.

<sup>20</sup> Goffman (1963: 28) defines "the wise" as those "who are normal but whose situation has made them intimately privy to the secret life of the stigmatized individual and sympathetic to it."

she met the criteria outlined in the flyer, she was allowed to participate in the study because it indicated that she felt like there was a difference in her appearance that in turn may have impacted her sense of self.<sup>21</sup> Participants were also recruited through academic networks and personal contacts because I did not want to rely only on the salon flyers for finding participants.

After conducting the first wave of interviews in the early summer of 2010, I realized that I needed to explore how hair loss affected younger women that were absent in the sample thus far so I contacted the National Alopecia Areata Foundation (NAAF) and the organization “Bald Girls Do Lunch” (BGDL).<sup>22</sup> In late July, I sent each organization an email with a description of my study along with a request for them to post my flyer on their websites or newsletters as well forward them over their member listserv if they had one. NAAF agreed to post my flyer on their site and in their newsletter but asked me to complete a form of certification and agreement before recruitment could begin.<sup>23</sup> The founder of the BGDL agreed to send out my flyer to members that met the study criteria.

In addition to the methods outlined above, I attempted to use snowball sampling to locate additional interviewees. Snowball sampling can be a useful tool for locating

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<sup>21</sup> According to the Mayo Clinic (2011), hair loss occurs when individuals lose more than one hundred hairs per day and becomes noticeable after approximately fifty thousand hairs are lost.

<sup>22</sup> Researchers that recruit interviewees from websites may end up with a homogenous sample because respondents are users of the site and hence may share certain characteristics but I felt that these sites were a good way of gaining access to women with experience with alopecia. NAAF was founded in 1981 and offers emotional, financial, and social support for children and adults living with alopecia. NAAF provides information about treatment options for alopecia and current alopecia research ([www.naaf.org](http://www.naaf.org)). BGDL is a non-profit organization especially for women with alopecia areata by Thea Chassin ([www.baldgirlsdolunch.org](http://www.baldgirlsdolunch.org)). BGDL's mission is to improve quality of life for women with this disease by bringing women together so that they can meet others like them as well as improve the acceptance of bald women globally by increasing public awareness and understanding of alopecia areata.

<sup>23</sup> The purpose of the form was to ensure that my project had received IRB approval, that the personal information of participants would be kept confidential, and to release NAAF from any

members of a hidden population or when studying a sensitive topic when the issue of trust is important. Snowball sampling relies on a chain of referral wherein one interviewee fulfills a function similar to that of a “gatekeeper” by providing the names and contact information of other possible interviewees that are members of the population of interest by assuming that there are links between the members of the target group (Atkinson and Flint 2001). However, the effectiveness of this strategy is limited because it does not guarantee representativeness of the sample since it often captures members of the group that are homogenous and relies on the notion that members of the group know one another. These issues were avoided because most of the interviewees (with one exception) were unable to refer me to additional participants because they either did not know anyone else with hair loss/thinning hair or if they did know someone, I was never contacted by that individual to schedule an interview.

The recruitment process may have been especially challenging because as I later found out, many of the women (particularly women with alopecia) felt uncomfortable talking about their hair with close friends and family let alone someone they did not know. One alopecia interviewee commented that she only talked about her hair with “a safe person,” someone that she felt a strong emotional bond with although she does not believe that anyone is ever truly “safe enough.” She finally decided to participate in the study because she thought that I would be a safe person. She was sure that I knew that this was a sensitive topic and would not make fun of her or look at her strangely.

Although the recruitment process was difficult, several participants commented at the end of their interviews that they enjoyed being interviewed because it gave them the opportunity to make sense of their experience and help others like them (Carter et al 2008; Corbin and Morse 2003; Peel et al 2006.). Being able to talk about their

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potential litigation. The form requested a description of my project, personal contact information, end date for recruitment, and personal signature.

experiences with someone who cared enough to listen was cathartic for them (see Dickinson-Swift et al 2007 for more detail). Others took part in the study in order to raise awareness of women's hair loss or to find a solution for their hair loss.

Interviewees were given a consent form to read and sign at the beginning of the interview as well as given the opportunity to ask any questions they had about my project. After bringing up unpleasant and sometimes painful emotions, I felt that I had a moral responsibility to leave participants in a good place at the end of their interview. This was accomplished by asking them how they thought the interview went, answering any lingering questions related to the project, and offering positive feedback about their responses (i.e. how much I learned from hearing about their experience, how strong they were to have coped with their experience in the way they did, etc).

#### *Interview Style and My Presentation of Self*

Due to the sensitive nature of this topic that can be emotionally laden for women, I realized that it was important to create a safe space for the women that I interviewed for this project.<sup>24</sup> I wanted them to feel that I was someone that they could trust with their stories and that I respected their courage in agreeing to meet with me. I hoped by creating such an environment they would feel comfortable talking freely about their experiences instead of sharing what they felt was proper, socially desirable, or made them feel good (Owens 2006). In order to build rapport and trust, I engaged in self-disclosure about my experiences with thinning hair, offered support and empathy, and

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<sup>24</sup> Conversational space refers to "the arena of topics, gestures, and languages safely available to individuals in a given verbal interaction, such that the use of these resources allows the co-construction of a convincing tale while allowing interaction to continue *unimpeded* by embarrassment" (Owens 2006: 1161, emphasis in original). Addressing participants' shame and feelings and engaging in self-disclosure is vital because "what stories can and cannot be told are constrained by the sense of what is appropriate in a given setting. When an interviewer does not make room for narration about past shame, or for the experience of shame and discomfort in the present while talking about shaming topics, some themes and storylines become unavailable for telling" (p. 1178).

tried to be sensitive to nonverbal cues that signaled discomfort with the questions throughout the interview process (see Mallozzi 2009 for an excellent discussion of empathy in interviewing). I left many interviews with a sense of emotional investment in not only the stories that I heard with the participant herself.

The sensitive nature of hair loss meant that I had to pay careful attention to nuances and subtleties in the way they described their experiences (Reinharz 1992). Since many respondents had never talked about their hair loss before because they were uncomfortable doing so or could not find anyone willing to listen to them, it often took time for them to answer my questions. Women stumbled when responding to questions and often asked if they had answered my questions adequately. As DeVault (1999) notes, this sort of “halting, hesitant, tentative talk signals the realm of not-quite-articulated experience, where standard vocabulary is inadequate, and where a respondent tries to speak from experience and finds language wanting” (p. 69). I frequently reflected their answers back to them to make sure that I was interpreting them correctly and asked for clarification when needed. As Roulston (2010) points out, the quality of interview data can be judged by whether or not it both parties understand each other’s meanings.

I was concerned about my presentation of self during the interviews particularly in relation to whether participants would be concerned with whether or not I noticed their hair loss/thinning hair (Ellis 1998). As someone with thinning hair, I often wondered if my interviewees would notice it, if they would assume that I’m interested in women with hair loss because of my thinning hair, and if my appearance reminded them of their own situation. This led me to ask myself how I should present myself during the interviews. Banks (2000) discusses the way that she dealt with some of the above issues when she analyzed African-American women’s hair work. She assumed that being a black woman would be an advantage in her research but soon found out that she was mistaken when



interviewees questioned her about why she was conducting research on this topic. She learned that it was better to leave her hair uncovered so the interviewees could “read” it instead of questioning her motives. Consequently, the women she interviewed asked her questions about her own hair, used her as an example when talking about styling practices, and assumed that she knew what they were talking about. Along the same lines, several participants assumed that I had knowledge about various hair loss remedies and procedures, which was not always true. I did not take any special efforts with my hair although this often meant that my thinning hair was noticeable to others. I believe that this decision often put women at ease because they could see that I shared the same problem as them as well as facilitated self-disclosure on my part and their acceptance of such disclosures.

I believe that successful interviews are based on collaboration and the joint production of meaning. This is a gendered process in that women assume they share certain background experiences and these assumptions are then checked periodically by both parties during the interview. In this way, the researcher’s own experience is used to facilitate understanding in that they use their personal experience as a resource for listening (DeVault 1999). Individuals construct their identity narratives in relation to their social sphere and their position within it as well as within a particular cultural context that is influenced by the “cultural stock of stories” and local conventions that are available to them. Hence, they constitute selves and identities through narratives by using available discourse to actively produce identities through talk (Hole 2007).

Context may be articulated by narrators in terms of the interview occasion, the social field that the individual is embedded in, and the “broad cultural meaning systems or metanarratives that underlie and give sense to any particular story” (Zilber, Tuval-

Maschiach, and Lieblich 2008: 1051).<sup>25</sup> It is critical for the interviewer and interviewee to share the same understandings of how narratives are organized and cultural norms more generally because gender congruence between both parties is not enough to compensate for the lack of a shared social world (Owens 2006; Riessman 1987). I dealt with these issues by reflecting back answers and asking follow-up questions to make sure I understood their responses correctly.

### *Email Interviews*

Due to the difficulty in locating alopecia interviewees for face-to-face interviews, I conducted four email interviews with women recruited from NAAF and BGD. My interview style had to be modified since email interviews did not allow me to interact with interviewees in real time although I tried to build rapport, engage in self-disclosure, and create a safe space for interviewees during our email exchanges as much as possible. Before getting into the specific nature of these changes, I would like to provide a brief review of research on the practice of email interviewing.

There are many advantages to email interviewing. Aside from the internet being a valuable tool for sampling hidden populations because respondents are less likely to be affected by social desirability or inhibition and more likely to engage in self-disclosure (Beck 2005), email interviewing is inexpensive, allows the researcher to conduct multiple interviews at one time while working on other tasks, requires little to no formatting, and provides time for both sides to reflect on their responses (Hunt and McHale 2007; Kazmer and Xie 2008).

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<sup>25</sup> "Accounts given by the interviewee are seen as embedded in a context, within the specific social relationship of the interview and set against a particular cultural background" (Tinggaard 2009: 1503). They are products of social and cultural experience in that located within a structure of discourse and power that determine what and how aspects of experiences should be understood within a specific culture.

The disadvantages of this method are that researchers may have difficulty getting a representative sample, interviewees may not be who they claim to be<sup>26</sup>, there may be long periods of time between email exchanges, participants may lose focus or withdraw from the study, and researchers can not observe nonverbal cues of interviewees (Hunt and McHale 2007). Some of these problems can be prevented if researchers provide detailed information to participants about what is expected of them and set time limits for responses before the interview process begins.

Upon their initial contact with me, potential interviewees were sent a brief description of my study that included a summary of how I became interested in this topic and description of the project, study requirements (i.e. number of questions that would be asked, time it would take them on average to complete the interview etc), and instructions for answering questions (more on this later). If the potential interviewee decided to go forward with the interview, I sent them a copy of the consent form and interview questions. Both were supposed to be returned to me via U.S. mail or email depending on their personal preference. Participants were encouraged to keep copies of both files for their records. Out of the seven women that expressed interest in my project, five completed their interviews and four returned their consent forms. The interview of the individual that did not return their consent form was discarded from this study.

Participants were instructed to respond to the questions as completely and with as much detail as possible because I believe that every woman has a unique story to tell. I encouraged them to regard their interview as an opportunity for them to share their experience in their own words as well as any other information that they thought was important regardless of whether or not it was something that I specifically asked about. I

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<sup>26</sup> This did not turn out to be a problem for this study. Most of the participants were knowledgeable about alopecia and tended to have consistent answers across questions.

asked them to answer the questions as if they were writing to someone that did not know anything about alopecia in the hopes that this would improve the clarity of their responses.

Since participants were not initially given a deadline for returning their responses, I sent those that had not responded a reminder email a few weeks after they were sent their interview questions asking them to return their consent form and interview responses within seven days and four of them did (James 2007). As interviews slowly trickled in, after reading them and noticing that some had very brief responses, interviewees were asked to reread their interview and see if there were any other details that they wished to add. Some of these participants were given a few follow-up questions in order to clarify and flesh out their responses. I had to be cautious when writing follow-up questions because I did not want to make this process too time consuming. Moreover, I was hesitant in writing some questions because I could not rely on nonverbal cues to know if they would be questions they would feel comfortable answering. I learned that email interviewing was an iterative process and that it was better if I did not receive prompt replies because it meant that women were taking the time to reflect on their responses before sending them in (see also James and Busher 2006). If participants did not respond to my reminder email or did not return their follow-up responses, they were sent a final reminder in late October 2010 asking them to complete their interview by January 1, 2011.

Due to the nature of email interviewing, there is quite a bit of variation in the quality of the responses I received. I decided to use these interviews in this project because although they differ in quality they do shed light on the research questions I am interested in as well as support statements made by women with alopecia that had face-to-face interviews with me. All of the email interviews were with women with alopecia.

### *Data Analysis*

The interview guide was organized around my research questions (see Appendix C) and explored issues related to identity, interaction, hair care practices, appearance, and femininity. After conducting the first two interviews, I decided that it would be beneficial to complete a bracketing interview (Rolls and Relf 2006) by having a fellow doctoral student in sociology who was experienced in qualitative research conduct an audiotaped interview with me that was later transcribed. This process would help me refine my interview guide and gain a better understanding of what the interview experience would be like for participants. Moreover, having the opportunity to become aware of my own assumptions since my interest in women's hair loss came out my own experience with thinning hair would allow me to be more attentive to the experiences of interviewees. I realized that I might be less invested in appearance than my interviewees may and thus have a different perspective on the effect of hair loss on identity, femininity, and appearance.

I analyzed the transcripts inductively through a form of interpretive analysis by coding each transcript line by line or in "chunks" of two to three sentences. The first phase of coding was guided by theoretical sensitivity in that codes were based on preidentified conceptual concerns related to identity construction (stigma and presentation of self), social interaction, hair care practices, appearance, and femininity. During the second phase of coding, relevant and pronounced patterns emerged from the data beyond those developed by the literature. Accordingly, additional codes were created to represent these emerging themes and applied in subsequent readings and analysis.

After my initial reading of the interviews, I jotted down any follow-up questions that I had. I then emailed each participant a complete transcript of her interview along with any follow-up questions I had for them. Participants were asked to review the

transcript and report any inaccuracies or information they wanted to change or omit as well as complete the follow-up questions. Approximately half of the interviewees responded by emailing me their responses to the follow-up questions while the remainder did not respond to the email at all. With the exception of one interviewee, no one asked me to make any changes to their transcript.<sup>27</sup>

### *Reflexivity*

Issues of power, authority, representation, and authorship in the process of writing were addressed through reflexivity because such issues are political, historical, and institutional acts that create fictional and partial “truths” (Clifford and Marcus 1986; DeVault 1999). These processes involve researchers writing about “them” by taking data from “the field” since individuals in the field do not play a role in the writing process. Instead, the researcher has interpretive authority over the data even when member checking is used. Writing culture must be conceptualized as a process of accumulating partial and fragmented truths that can then be used to shed light on reality (Collins 2000; Clifford and Marcus 1986). As Rhodes (2000) suggests, the transcription and interpretation of interviews can be regarded as a form of ghostwriting because the researcher produces the text that is then taken to be a reproduction of the experiences of participants. This effectively hides the researcher’s presence in the creation of the text because the reader assumes that what they see mirrors reality. The text is viewed as a representation instead of a presentation or perhaps more accurately a (re)presentation. The final text that is read constructs rather than discovers the world that it examines since it is developed in accordance with the interests and goals of the researcher in mind (Rhodes 2000). This process involved balancing my responsibility as

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<sup>27</sup> One participant requested that I remove information that she believed her colleagues would be able to identify her by. Once I removed the requested information, I emailed her a copy of the

a sociological researcher to distill and analyze data by looking how responses related to normative concepts of gender, femininity, beauty, and health rather than just reporting what participants said (Collins 1998).

### *Description of Sample*

I interviewed twenty-six women with various types of hair loss for this project. Nine women had temporary hair loss that was due to a medical condition such as cancer, pregnancy, and in one case a undiagnosed illness, nine women had thinning hair because of a unknown cause, and eight women had some form of alopecia (see table 1). Participants were mainly white, only five women of color were interviewed. Ages ranged from twenty to seventy years old with the majority of women younger than the age of forty-five. Most of the participants had some form of a college degree with all of the women having at least a high school diploma. Many of the women were students at or worked on a university campus. Two of the participants were unemployed, one was a stay at home mom, and several others worked in professional occupations such as law enforcement and health care. Eight of the women were single (never married), thirteen were currently married, two were separated, two were divorced, and one was widowed. All of the participants were heterosexual. None of the participants belonged to hair loss support groups. A breakdown of characteristics of participants can be found in table 2.

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revised transcript which she then approved.

Table 1. Type of Hair Loss by Age Range.

<i>Age Range</i>	<i>Temporary (9)</i>			<i>Permanent (17)</i>	
	<i>Cancer (5)</i>	<i>Pregnancy (3)</i>	<i>Other (1)</i>	<i>Alopecia (8)</i>	<i>Thinning Hair (9)</i>
20-45	Zoe (30) Kara (32)	Ashley (34) Trish (38) Paige (32)	Sophie (59)	Amy (20) Chelsea (22) Shannon (24) Tessa (31) Mona (31) Megan (37) Lauren (37)	Claire (26) Eva (26) Grace (41) Amanda (42) Melissa (45)
45-70	Sheri (63) Lucy (63) Violet (70)	NA	NA	Penny (57)	Holly (53) Rose (57) Charlotte (67) Emma (69)



Table 2. Demographic Characteristics of Participants.

<i>Pseudonym</i>	<i>Age</i>	<i>Occupation</i>	<i>Race</i>	<i>Educational Background</i>	<i>Marital Status</i>	<i>Sexual Orientation</i>
Kara	32	Police officer	White	MA	Single	Heterosexual
Ashley	34	Data entry (insurance agency)	White	High school diploma	Single	Heterosexual
Violet	70	Social worker	White	MSW	Married	Heterosexual
Lucy	63	Social worker	White	MSW	Married	Heterosexual
Grace	41	Graduate student	Puerto Rican	BA	Single	Heterosexual
Holly	53	Graduate student	Black	MA	Widowed	Heterosexual
Sheri	63	Retired	White	MA	Married	Heterosexual
Emma	68	Retired educator	White	Ed.D.	Married	Heterosexual
Rose	57	Process server	White	BA	Single	Heterosexual
Lauren	37	Professor	White	Ph.D.	Married	Heterosexual
Claire	26	Government analyst	White	BS	Married	Heterosexual
Melissa	45	Student	White	BA	Single	Heterosexual
Chelsea	22	Recent college graduate	White	BA	Single	Heterosexual
Trish	38	Web developer	White	MA	Married	Heterosexual
Zoe	30	Graduate student/instructor	White	MA	Married	Heterosexual
Shannon	24	Academic adviser	White	MA	Single	Heterosexual
Eva	26	Graduate student	Latin American	MA	Single	Heterosexual
Charlotte	67	Retired nurse	White	RN	Married	Heterosexual
Amanda	42	Student	Biracial	MA	Separated	Heterosexual
Tessa	31	Stay at home mom	White	Some college	Married	Heterosexual
Sophie	59	Associate professor	White	Ph.D.	Divorced	Heterosexual
Paige	32	Graduate student	White	MA	Married	Heterosexual
Amy	20	Student	White	High school diploma	Single	Heterosexual
Megan	37	On leave (office manager)	White	AA	Married	Heterosexual
Penny	57	Registered nurse	White	MA	Separated	Heterosexual
Mona	31	Unemployed sales manager	Indian	MBA	Married	Heterosexual

Interviews lasted from fifty to ninety minutes with an average of sixty minutes. Four of the women were interviewed via email, one woman was interviewed by Skype by me, and two women were interviewed by people they knew who had referred them to my study who were had experience in qualitative interviewing. Face-to-face interviews took place in participants' workplaces, restaurants, and coffee shops. Face-to-face interviews were audiotaped and transcribed. All of the participants were assigned pseudonyms. Now, that we have seen how and why these interviewees decided to participate in the study, it is time to shift our attention to this project's focus, namely how hair loss affects women's identity. Chapter four will explore the experiences of women with temporary medical hair loss, chapter five will explore those of women with thinning hair, and chapter six will examine how alopecia affects identity.

## **CHAPTER FOUR**

### **“YOU REALLY APPRECIATE THE RECOVERY”: WOMEN WITH TEMPORARY HAIR LOSS**

The experiences of women that have hair loss because of cancer or pregnancy vary greatly from those of women who have thinning hair or alopecia because their hair loss tends to be temporary, ending when the patient returns to their normal state of health after cancer or once hormone levels balance out after childbirth (i.e. follows Frank's 1995 restitution narrative). Before analyzing the interviews of women with temporary hair loss, I would like to briefly recap the major theoretical concepts that I discussed in chapter two. Goffman (1959) argued that identity depends on the situation at hand in that people present different selves depending on the social context they are in and whom they are interacting with. Appearance is an important part of women's presentation of self because it is used to convey adherence to social norms of gender and femininity. Women may regard hair loss as a stigma and hide it from others because it signals an inability to meet these norms (Goffman 1963). The dissonance between women's appearance and social norms may lead women to view their bodies as docile bodies that need to be disciplined and managed (Foucault 1995) so that they can conform to ideal standards of appearance for women.

This chapter is organized temporally because women with temporary hair loss must find ways to cope with hair loss for only a brief period until their hair returns since there is no other medical cause for their hair loss. These experiences are different than those of the other women that I interviewed because they are holding roles that are positively valued by society. There is a discourse that supports women with cancer (Carter 2003; Desiderio 2004; Herndl 2006; Kaiser 2008; Klawiter 1999) and that in turn

bonds them into a community of survivors to be honored and valorized by society. The image of them as heroes that are that have battled a terrible disease and come through to the other side is prevalent in images of the breast cancer movement (Klawiter 1999), making them less likely to be stigmatized or discredited by others (Goffman 1963).

Similarly, women with pregnancy-related hair loss are less likely to have their appearance criticized by others because they are new mothers. People understand that they may not always have enough time to care about their appearance as they did before having a baby. Even if they did have adequate time to spend on appearance work, people may be less likely to make negative comments to them because they are holding a socially valued role—mother.

The way that women experience their hair loss may be shaped by their understandings of appearance and femininity. For the women in this chapter, hair, clothing, and makeup characterize a feminine appearance. Women look feminine if they have long hair that looks good on them and is cut and styled well. At a minimum, clothing must be clean, stylish, and fit well but women can look more feminine if the clothing has ruffles and/or frills, or shows off their body. Makeup is the final touch to looking feminine. Ashley sums up this point best when she says that women look feminine if their hair looks like it's "had something done to it...whether it's cut a certain way or styled; you know, it's going to be styled. Definitely...If they don't have make up on...it's because they have perfect [skin]...It's because they don't need it...I guess from the neck up, that would be my description." Although hair is part of femininity, this group of women does not believe that there are ideal standards for women's hair because different styles look good on different women. The emphasis is placed on having hair (especially in a style that compliments their appearance) rather than meeting specific standards of hair work.

### *Anticipating and Reacting to Hair Loss*

Most of the women bought wigs to wear in anticipation of chemotherapy-induced hair loss with the hopes of being able to continue with their everyday presentation of self. Lucy, a 63-year-old social worker, purchased a wig that looked as similar to her short brown hair as she could because she wanted to have the same style she has had since she was a child. She says,

I don't want it to look different. I want it to look like *me* and I've never changed the color. It's been like this...I mean I picked my...This has been my hairstyle forever. So, I really haven't changed it. My hair was the same...when I lost my hair, I didn't lose all of it. I only lost part of it for the chemo. When it came back, it was the same...My hair's always been straight. It was straight before and it was straight after (emphasis mine).

Similarly, her friend and officemate Violet who participated in a group interview with Lucy remarks that she had a brown wig with blond highlights to match her hair. Although Sheri tried to find a wig that matched the color and length of her red hair, she comments that "it wasn't really anything I really would've worn" because it was not an accurate representation of her hairstyle. These three women engaged in realignment of self and appearance (Ucok 2005) by trying to match their wigs with their previous hairstyles in order to maintain continuity and fluidity in presentation of self. Keeping the same hairstyle allowed them to hold on to a sense of self in the wake of other bodily changes that could be hidden from view through clothing and makeup.

While Lucy, Violet, and Sheri sought to avoid disrupting their presentation of self by wearing wigs that were similar to their hairstyles, Zoe wanted to make the best of her experience by using the time to experiment with different styles. She had three wigs-- a "short, sleek, straight bright blonde wig," a short dark bob with bangs covering her forehead, and a wig that was similar to her short dark curly hair that she wore when she

wanted to look professional. Zoe's willingness to try out different looks may be explained by her love of hair work. Throughout her life, she has tried "pretty much everything" from bleaching it and dyeing it red to putting in hot pink stripes to wearing neon colors. Her love affair with hair has become a running joke in her family in that when she went away to college, her stepfather would always ask her what color hair she had so they could find her at the airport. She did not have to sustain a static presentation of self in front of others because the image that she conveyed to others was fluid and constantly changing depending on her mood.

Despite knowing that hair loss was a part of being treated for breast cancer and being prepared for this stage by purchasing a wig, the experience of actually seeing their hair fall out was traumatic for many of the women that I interviewed. Seeing their hair loss may have made their cancer diagnosis more real because it meant that they would have to begin wearing the wigs they had bought and begin dealing with changes in their appearance so that they could present themselves the way they had before (Frith, Harcourt, and Fussell 2007; Goffman 1959). Lucy comments that experiencing hair loss was almost as bad as having cancer (Rosman 2004). She became "absolutely hysterical" when her hair started coming out and began "crying and sobbing and throwing myself on the bed." While Violet's reaction to her hair loss was less emotional, it was still a difficult experience. Violet says she will never forget the day when her hair fell out at a conference. "I knew that I would never forget that date because I put it on and it was hot. I thought, 'oh god.'" Until the moment they actually had to wear their wigs, hair loss was an event that would occur in the future (albeit the not-so-distant future) but seeing hair fall out meant that the future had become the present and was a stark reminder of their cancer (Charmaz 1991; Shilling 2003).

For Kara, a police officer, seeing her hair come out "pretty well sucked" and she dealt with it by giving herself a buzz cut and then shaving the rest off until it started

growing back in. She opted for wearing a bandanna and a ball or stocking cap over it because it felt right. She takes ownership of her new look when she says, “this is me. This is who I am” (see Lord 2003 for more on this topic). Zoe’s family threw her a hair cutting party when her hair loss began and gave her a funky fauxhawk (a variation of a Mohawk) because she wanted to be able to “control what choices that I have” and “make fun” of the situation. She turned an otherwise traumatic moment into a moment of celebration and joy by staging her experience so that it became a time for family and friends to get together and have fun (Lord 2003). Zoe used her experience of bodily betrayal as “a chance to go beyond identities conscribed by that body” (Herndl 2006: 227). Although losing her hair was traumatic for her, losing her eyebrows and eyelashes was “really devastating” because she viewed them as something that defines one as an individual more than hair does (Hilton et al 2008). She thought that she looked like a “mold of a human”-- “I didn’t look like Zoe. I just looked like this kind of generic human kind of with no personality.” Eyelashes and eyebrows are typically fixed features in that they are not aspects of appearance that are dramatically experimented with. Although women may pluck their eyebrows or enhance their eyelashes with mascara or false lashes, eyebrows and eyelashes are permanent facial features for most individuals.

Unlike women with cancer, women that have pregnancy-related hair loss often did not have a set of strategies in place for dealing with hair loss. Although they were aware that hair loss is a possibility, they did not know how to prepare for it because they were uncertain about what their hair would look like when it occurred. The three interviewees who experienced hair loss and shedding during their pregnancy or shortly after giving birth had different reactions when they first noticed that their hair was falling out. Ashley was prepared for losing her hair when she had her second child because the same thing occurred when she had her first child. Based on her experience with her first child, she knew that her hair “would grow out eventually” and “finally be ok.”

Paige knew that hair loss was something that might happen if she had a child because her grandmother went completely bald after she had her children. Paige was okay with her hair loss at first but once she noticed that her hair was starting to get “really thin”, she asked her husband to watch it and let her know if it was getting worse. Once he told her that he was seeing bald spots on her scalp, she knew that she was experiencing abnormal shedding. She decided to see her doctor and was diagnosed with Telogen Effluvium.<sup>28</sup> She says,

After it started falling out, then I would check to see if my spots were getting bigger. I’ve even gotten measuring tape out and I measured it. And now I’m checking to make sure to see if it’s still growing in, to see if I’m losing any more...Well, now that it’s started to come back, I feel better. Now we laugh about it because it’s coming in, in these funny little stubs and so like it will stick up funny sometimes. And we laugh about it because it’s coming back. So it’s ok.

Paige tried to discipline her body by scrutinizing her scalp to make sure that her hair loss was normal (Foucault 1995) because she was afraid that it would not stop; she felt relieved when her hair came back because it meant that her hormones were balancing out.

On the other hand, Trish felt “broken” and “isolated” after her hair loss experience after having her child because she did not know anyone else that it happened to. She says, “I felt like this isn’t me. I have to do something to accommodate this.” As a result, she got a “super short haircut” that was “pretty severe” so that it looked like she was “making a choice about it” rather than dealing with something that was out of her control. Trish felt like she had to give up control over her presentation of self and be inauthentic since she did not see any other options for dealing with her hair loss.

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<sup>28</sup> Telogen Effluvium is a form of hair loss that occurs when there is some type of physical or emotional stress or shock to an individual’s body. It typically lasts for a few months before hair regrows (Mayo Clinic 2011).



### *Appearance Strategies*

Several of the cancer interviewees discussed making an extra effort with their appearance in order to maintain some sense of normalcy. For Lucy and Violet, making sure they looked good helped them get through changes in their appearance and health. Hair was something that they paid particular attention to largely because they both came from families where hair was important. Violet comments that her family has “always had great hair” and hair is a favorite topic of family conversation. Her family takes great pride in their hair and she and her female relatives often went to the beauty shop to have their hair done every week. She feels that “hair is everything: and that that if your hair doesn’t look good, you’re just a mess.” Lucy adds that both of her parents had “really thick good hair” and that she has had “really good hair” for her entire life. For them, hair is an integral part of the way that they think about themselves and present themselves to others because it is something that they were socialized into from an early age (Weitz 2004).

Their attachment towards their hair has led them to put more effort into making sure their hair looks good than other aspects of their appearance such as clothing. Lucy remarks that although her hair is not as thick as it used to be, “it’s still good hair” with “good texture” and “good body.” She tries to make sure that it is always cut well and colored in order to “keep it looking good.” She believes that it is important to take care of hair because she was taught that “a woman’s hair is her crowning glory.” Similarly, Violet claims that hair is the only part of her appearance that she spends a lot of time on. When she gets ready each morning, she tends to “make a decision at the last minute about what I’m going to wear but my hair has to look good.” Sheri who struggles with her curly hair tries to style her hair so it looks good everyday.

Making sure that their hair looks good is related to their desire to present a positive image when they are in public. Violet believes that “hair is part of... your total

appearance. The better you can present yourself as a whole, the better it is. I think people respond...yeah...I think it's just better to look good and hair is part of how you look good." Both women state that taking care of their appearance is part of their "toilette" and although it is not something they enjoy it is something that needs to be done so they look like professional women when they present themselves to the world. This point demonstrates that they understand appearance is important when interacting with others because they feel obligated to do appearance work in order to portray the impression they want others to have of them (Goffman 1959). Despite regarding caring for their appearance as a chore, something that must be done in order for them to be seen the way they want others to see them, they both like the results they get when others appreciate the way they look. Appearance work arises out of a feeling of social obligation rather than personal preference.

Lucy remarks that because the hair she had left during chemotherapy was "limp and dully and totally unhealthy looking" she wore makeup, "dressed nice," and always had her wig "looking good" so that others wouldn't say that she "looked sick."

Every time I went out of the house, I looked good. I looked really good. I wasn't even working then so it took a lot of effort. I wasn't back at work yet so I really made a big effort. Now I go out on Saturdays and I look like somebody straight out of hell probably. No makeup. I don't care what my hair looks like. I just run around doing errands. But then, no way.

It was important for Lucy to look good because she "did not want to look like a cancer patient. I wanted to look well and healthy. I made every effort to make sure I darn well did." Everyday became a bad hair day that needed to be covered with her wig. Lucy tightened control over her presentation of self (Goffman 1959) by compensating for her altered appearance by paying greater attention to her hair, clothing, and makeup so that others would not label her as a "cancer patient" (Charmaz 1991). After she regained her

health, Lucy felt free from the tension of having to keep up appearances for others. This may explain why several of the women with cancer-related hair loss engaged in partial camouflage by not wearing their wigs when they were at home with their families (Goffman 1963).

Paige who had severe shedding after the birth of her son thinks that baldness is less socially acceptable for white women because it makes them look sick since there are not many media images of bald white women who are not suffering from cancer. She believes that it “uncommon for white women to...choose to be bald” perhaps because she tends to pay more attention to media images that portray women with “big, long thick hair.” On the other hand,

I think that a lot of African-American women or black women, even if they're not African-American I guess, they, you know, they have bald...or they shave their heads or their hair is very short and they're beautiful and they're seen as beautiful and people look at their facial structure; things like that. *But I feel like when you're not the black women who is beautiful, you know, this Nubian queen or something like that, people see you more as sick or something's wrong just because most of the time white women don't shave their head. And when they do, I mean, you're called back to that Britney Spears thing where she shaved her head and did this horrible, horrible thing. And, oh my god, she's crazy.* So it's this whole societal thing that goes along with it. I think it's unfortunate because I think there are women who are very beautiful (emphasis mine).

According to Paige, it is rare for white women to choose to be bald because it makes them look unhealthy or mentally ill unless they happen to be a Hollywood celebrity who shaves their head for a role. Celebrities that are making a voluntary decision to be bald have the option of regrowing their hair at the end of a role while the same is not necessarily true for women experiencing medically related hair loss. As a white woman, she does not see going bald as a practical option for herself because she believes that others would think that she was ill.

Paige believes that black women have the ability to be bald in public because it is more socially acceptable since baldness is not necessarily associated with illness. She does not notice images of white female baldness because our media culture does not portray women that she can identify with (Ewen 1999; Habermas 1989; Kellner 1995). Rather she identifies with dominant ideologies, positions, and representations that help her make meaning out of and cope with her experience (Kellner 1995). It does not matter if Paige's belief that only black women can be bald in public is true or not, the important thing is that she believes it to be true and that this knowledge affects the way she feels about her appearance and the identities she feels comfortable presenting to others. She does not think that she can go bald in public because none of the images offered by our media culture apply to her since she is not ill or African-American and she can not find anyone in her situation depicted in the media (for a similar analysis of talk shows see Gamson 1999).

Since chemotherapy plastered Violet's hair to her head and looked "flat and dull and...lifeless," she chose to get cancer treatments at the end of each week so her clients would not know that she had cancer since she was in denial. She "wanted to do at home and work what I was doing just like I was well." She did not want others to pity her and often received positive responses from others about her appearance. "People would say the same thing. 'Oh you look great. I can't believe you're going through chemo. Your wig looks great.'" Although, Violet's decision to hide the effect of chemotherapy on her appearance can be regarded as a coping mechanism rather than as arising out of fear that others would stigmatize or discredit her, she may have realized that it was important for her to look healthy since she works in a hospital. Violet may have realized that looking healthy was necessary in order to represent the hospital to the best of her abilities. It would be difficult for patients to trust that she could take care of them if she did not look like she was able to take care of her own health. Looking

healthy allowed her to feel good about herself as well as make sure that she was able to fulfill her role as a social worker in the eyes of others.

This dissatisfaction with their appearance occurred at home as well. Lucy and Violet avoided looking at themselves in the mirror without their wig on because their reflection did not allow them to deny the truth about their health. Violet remarks that

One of the saddest parts of going through breast cancer treatment or probably any kind of cancer treatment is you know you're going to lose your hair. That's a visual sign you can't deny. Deny all you want but when you look at yourself and you look like a monkey, which is the most scary thing. You know that you're going through cancer. You can't deny it as much as you want to. When you put your wig on you might be able to deny it but when you come out of the shower...

Violet was confronted with what was really happening to her when she looked in the mirror because she could no longer hide behind the image she presented to others. She could not avoid reality because she was not concealed by the wigs, clothing, and makeup she used to mask the effect of cancer on her appearance (Kendrick 2008; Ucok 2005; Ucok 2007).

In spite of having wigs and scarves to cover her hair loss so one would notice it, Zoe decided to try to do something different with her hair everyday since she lacked control over her hair loss. Once "I wore big, long scarves tied in this huge knot at the base of my head so it would kind of look like a salsa dancer or something. Like a big flower. And then I had a couple of wigs. And sometimes I just went bald. And I had some hats, too." At first going bald was something that she did at home with family and friends but as she became more comfortable with it, she began to do it "on purpose" because it was funny. She always wore "some type of cancer shirt while I had a bald head" so that others would "know that I was doing it on purpose." Wearing a cancer shirt told others that she had cancer and thus may have made going bald in public more

acceptable than it would have been otherwise because it signaled that she held a valued social role—that of cancer patient. Moreover, wearing a cancer T-shirt made it less likely that others would assign a negative identity label to her such as neo-Nazi.

Interestingly Zoe used false eyelashes and drew in eyebrows because being in public without them was more difficult than being bald in public. This helped her define herself as an individual rather than appear as a generic cancer patient, perhaps because hair loss subsumes other forms of appearance work that is used to make women identifiable.

Zoe often used hair wraps to cover her bald head so that others would not be able to watch her hair fall out and pity her as well as a way to avoid talking about her hair loss. But this strategy backfired on her when an African-American woman where she was teaching realized that Zoe, a white woman, was using this item that is typically worn by African-Americans to conceal her hair loss. Zoe felt better knowing that the woman knew what was going on without her having to explicitly tell her. Zoe comments

I felt strange when she didn't know what was going on. So I didn't really want to talk about it, but at the same time, I just wanted everybody to understand. I don't know why and I don't know if that makes sense or not, but I just wanted everybody to understand why I was behaving a certain way. In this case, I'm wearing head wraps and wigs and stuff. But I didn't want to tell them. But after she figured it out, it was a lot easier.

Wearing hair wraps allowed Zoe to signal to others that she had an appearance issue because it was a type of “stigma symbol” without having to share private information with others (Goffman 1963). She was able to maintain her privacy but still receive support since she discredited herself nonverbally.

Trish, a self-described tomboy who had some hair loss after the birth of her child, struggles between balancing her desire to look authentic with the appearance requirements of her job as a web designer.

I think the way I choose to dress and present myself affects my career. It's a conscious choice. I don't want to go into management or I don't want to go above a certain point because I don't want to have to dress a certain way and I don't want to have to wear make-up and I do not want to have to adopt a certain costume in order to have it. And so because of that, I have chosen a route which allows me to work where I work and not have to think so much about that.

She would rather hold down a job where she has more control over her appearance even if it means that she is paid less because there is a conflict between the image she has of herself and what is necessary for her to move ahead in her career (Hochschild 2003). Trish is not willing to discipline her body for the sake of her job since that would be incompatible with her sense of self (Foucault 1995). For Trish looking inauthentic and being inauthentic are one and the same. She negotiates the “culturally available accounts” and “cultural rules “ (Lamont 1992: 135) provided by society in order to present herself in a way that makes her feel good about herself while simultaneously recognizing that this image may be interpreted by others in a stereotypical way (Dellinger and Williams 1997).

Paige felt like her bald spots made her athletic body look even more masculine. She says, “it was coming...in this pattern where...it looks like [a] man's hair...and I had the small peanut head and ...big shoulders and I was not comfortable with that...I didn't feel as pretty. I felt like everybody was looking at me. I felt like everybody was wondering what was going on with it.” She felt less feminine and confident because she could not control the fact that she was losing her hair. Paige was able to balance her masculine body shape with her long feminine hair but became upset once this balance was disturbed since this change in her appearance was unwanted. Relatedly, Trish felt pressured to dress more femininely than she used to after getting her short haircut to deal with her hair loss since she no longer had the long hair that “trumped” everything she did. Now “...I'm wearing sandals and capris and a T-shirt. But instead of a solid-

colored T-shirt, it's a flowery T-shirt. Instead of a baggie T-shirt, it's the tighter T-shirt. It's like I'm doing little things like that." Trish felt like she had to look more feminine despite actively negotiating which appearance norms she wanted to adhere to for her career as described earlier.

### *A New Attitude*

The women had a newfound appreciation for their hair when it returned. Lucy mentions that she has become

more focused on taking really good care of my hair, making sure I use good hair products, good color, and good cuts. Having chemo and wearing a wig...why would anybody *choose* to wear a wig if they don't have to? I just can't imagine that. As far as my perception of my hair, it definitely did change (emphasis mine).

Lucy believes that she values her hair more after losing it and does not understand why women choose to wear wigs if they have their own hair. Violet agrees stating that she has come to appreciate her hair more after her experience. "Once you get your hair back, it's pretty hard to have a bad hair day because you have hair. You have real hair. When you had no hair, that's real bad hair day." She adds that "if you've gone through any sort of a loss, once you've recovered you really appreciate the recovery." Zoe is delighted that her hair has returned because it is "a marker of me being over this terrible kind of chapter in my life" and enjoys running her hand through and feeling her hair. She has become more protective of her hair and tries to leave it in its "absolute natural state." Women may become more protective of their hair once it returns because they now understand what it means to lose control of the way they look. Experiencing this loss of control has taught them the importance and value of being able to decide on how they present themselves to others without having to pay strict attention to making sure that they meet social norms of health and femininity (Foucault 1995; Kendrick 2008; Ucok



2005; Ucock 2007). Instead, they can resume their previous presentation of self with a greater appreciation of what it feels like to control the way that others see them.

Sophie's hair loss was caused by an undiagnosed medical condition that she had for over 20 years. Once she started regaining her health several years ago by eating more nutritionally, her hair returned and had a quality that she could "begin to be proud of." She is currently growing it out as a hobby. She views her long blond hair as a barometer of her health when she says that

If you are truly well, your hair shows that health. And because I was incorrectly diagnosed and never helped by doctors, I flaunt my hair to say, you were wrong. I had the right to be healthy. I am now healthy and you cannot say that I'm faking this. You can't fake that your hair is this long and thick...I can't actually pretend to be beautiful, but I want to be healthy...Now that my hair is actually growing well, I feel like I'm flaunting my wellness.

Sophie views her long hair as an entitlement that she was cheated out of because her doctors were not able to successfully diagnose her condition. She does not display "good adjustment" (Goffman 1963) in that she openly blames medical professionals for failing to diagnose her condition and making her face death on a daily basis. She wants to throw her healthiness in the face of the doctors that ignored her concerns and forced her to resolve her health problems on her own.

Her hair is a form of "embodied communication" (Goffman 1963), providing evidence and living proof that she is now healthy. "It's kind of like whistling a happy tune. And the more you say, I'm fine, you begin to believe it yourself." Due to her lifelong struggle with hair loss as well as memories of looking bald as a child due to her short light blond hair, she has a fear of getting her hair cut and has not had a haircut since she was 11. Another reason that Sophie is reluctant to cut her hair is that she is trying to see if it will stop growing on its own, if she can defy the aging process.

Sophie's desire to look healthy makes her look younger than her 59 years because it has an "almost...child-like quality." She has a fascination with fairytale characters such as Peter Pan, Goldilocks, Pollyanna, and Alice in Wonderland. Her long hair makes her feel like she is "being dressed every day in Halloween costumes." Others often mistake her for a teenager or college student because women her age do not usually have long hair.

It's an odd situation, but there have been on a few rare occasions... I mean, I'm an old woman, but there have been times when people would approach me from behind by bicycle or by driving my car or whatever, and they would whistle or honk. And, of course, when they see my face, they realize they made a big mistake. But it's like you have to chuckle a little.

Her hair lets her pretend that she is a much younger woman. Sophie enjoys being "marked" (Brekhus 1998) as young by others because it is something that she did not get to experience earlier in her life due to her illness.

The price of looking younger is that others may think that she looks less professional since women her age often have hair that is shorter and well-styled instead of tied back with barrettes.

There are times when I resent my appearance because men in the curriculum don't take me seriously...At times I have worried that they treat me like a dumb blonde. I want to say not a bleached blonde. But I have a hard time throwing away that Peter Pan fan kind of image of wanting to pretend to be younger and wanting to be taken seriously as that venerable older professor. You know? And so you feel torn in half by that.

She tells her students at the beginning of each semester that

now you're going to be spending a lot of time with me and you're going to see me this way when I lecture [faces forward]. And when I do chalk

talks, you're going to see me this way [faces backward]. Now the first thing you notice about me is that I look better from the back than from the front. And that's because my face shows my age.

Sophie violates Goffman's (1959) principle of dramaturgical circumspection because her need to overcorrect for her hair loss earlier in life has led her to value her new appearance to the detriment of her professional image. Her "selfing" process prizes her appearance over other aspects of her life in that she decides to wrap her self around her hair rather than other accomplishments (Ucok 2005). This weakens her ability to use her presentation of self in a way that benefits her as her desire to "flaunt" her health and look young means that she cannot take advantage of potential opportunities that would come to her because of her age and career status.

Her hair makes her instantly recognizable to those that know her. Although the men she works with are difficult to identify because they have similar appearance, "everyone knows who I am because I look a little different. Because of the long hair, everybody remembers who I am. I can't go to the grocery store incognito...It makes me stand out in a crowd." Having an unusually hairstyle makes her identifiable to others. She credits her hair from rescuing her from a potentially dangerous situation when her bicycle had a flat tire when she was on her way home after work late one night. When a truck pulled up beside her, she felt vulnerable until she saw one of her students pop his head out of the window, say "Dr. \_\_\_\_\_. Are you having trouble? I was wondering if that was you?", and give her a ride home. She wonders what would have happened if he had not been able to recognize her long hair under her bike helmet. In this case, having a static image came to her benefit by helping her get out of a difficult situation.

For most of the women, their hair loss experience has helped them come to redefine beauty as something that "radiates from within" rather than comes from external appearance. Lucy remarks that

I do think we have to think of beauty as coming from within, from the person you are within because you can't...I always feel that people are so focused on the external beauty, the externalism of the clothes, the hair, the makeup, the shoes, and all that shallow[ness] inside...I think that the real beauty comes from [within] ...so when I find new people, I'll think, 'that's not a very attractive person. Not a very pretty person. Not very handsome.' But as I get to know them, they get beautiful. I start seeing the person within come out and that's where it really is.

Similarly, Paige believes someone's personality and attitude can make them "truly beautiful." Kara comments that she feels beautiful because she is a "good...well-rounded person" that takes care of other people and believes that people are all beautiful in their own way. Trish agrees with this point saying that she feels beautiful for who she is rather than how she looks. Zoe never thought that she "would ever feel beautiful with no hair" but came to understand the meaning of the phrase "bald is beautiful" as referring to "beauty as being something outside the realm of physical appearance" after her bout with cancer. However, redefining beauty in this way does not reflect that being bald is beautiful because she is defining beauty as something internal rather than beauty in baldness. She does not regard baldness in itself (i.e. the appearance of baldness) as something that is beautiful but rather locates beauty as something that comes from within (i.e. inside an individual).

### *Chapter Summary and Conclusion*

Women that have temporary medical hair loss experience hair loss differently from the women that will be discussed in the next two chapters because they know why they are losing their hair and are somewhat reassured by the knowledge that their hair will return once they are healthy. The women with cancer-related hair loss tried to take control of their experience by wearing wigs or concealing their hair loss although they were not as concerned about others holding their appearance against them. The

emphasis that they placed on “looking good” may have been related to the “Look Good Feel Better” program which teaches women that caring for their appearance can help them deal with the effects of cancer treatment (Kendrick 2008; Ucok 2005; Ucok 2007).

The women with pregnancy-related hair loss were more concerned about their appearance because they did not know how to deal with the changes in their hair since they had not been exposed to images of women like them. They did not have a set of strategies in place that they could turn to that would help them cope with this unexpected change in their appearance. This may be explained by the lack of a “Look Good Feel Better” program or social discourse that supports women in this context. Nonetheless, women in both of these categories relaxed their presentation of self when their hair began to grow back because they realized that their bodies were returning to their normal albeit transformed status. Sophie’s presentation of self lacked fluidity as she privileged looking healthy and younger than her age over conveying the type of image that other women at her stage in life typically display.

The theme of health and wellness was reiterated throughout this chapter because hair loss provided “news” about the state of their health (Shilling 2003), functioning as an “involuntary performance piece” that they had to deal with (Lord 2003). The next chapter examines how women with thinning hair perform identity work and revisits the issue of race in terms of the acceptability of head shaving as well as by exploring how social location affects this process for women of color.

## CHAPTER FIVE

### “HAIR DOESN’T DETERMINE DESTINY” OR DOES IT?: WOMEN WITH THINNING HAIR

This chapter examines the experiences of women with thinning hair that is not due to a medical condition that for some has started recently and for others began decades ago. Unlike the previous chapter, this chapter is not explicitly organized temporally but rather in terms of the various “presentations of self” women employ as they go about their daily lives. Nonetheless, the issue of temporality can be seen in the ways that the women reflect on their past appearance as they make sense of their present appearance and worry about how their appearance may change in the future. Although the women are worried about the kinds of images they are able to convey, most are still in their comfort zone as their thinning hair makes them doubt their ability to look professional, acceptable, and presentable to others since they have not had many negative experiences in their social interactions. As we will see, many of the women try to balance their presentation of self with meeting social norms regarding beauty and gender.

Before moving forward into exploring how women in this group engage perform identity work, I would like to briefly discuss their understandings of femininity and beauty. Several of the women define femininity as caring about appearance, particularly clothing, makeup, and hair. Charlotte thinks that a woman can look feminine if she cares about her “attire,” wears “some makeup,” and has “beautiful hair.” The “feminine standard” that Grace holds herself to and believes that the world holds her to requires that she have “long flowing hair and makeup properly applied. [I have to be] attentive to appearance.” Eva agrees stating that women’s face, nails, and hair should look “clean and taken care

of.” Claire adds that for her femininity refers to having “bigger hair,” wearing clothes with “softer fabrics, “ and having an hourglass figure. Although some of the women do not think they are beautiful because they are dissatisfied with their appearance, a few of the women suggest that women can make themselves feel beautiful by having self-confidence. Eva says that if she should lose more hair in the future, she will always be able to make herself feel beautiful as long as she does something that she makes her feel confident. Claire thinks that having “inner confidence,” “self-acceptance,” and a positive attitude helps her feel beautiful and look beautiful to others. Melissa is learning that having high self-esteem and self-confidence can make her feel beautiful rather than getting compliments from loved ones.

Amanda suggests that even a bald woman can be feminine and beautiful if she pays attention to the way that she “conducts herself.”

I met a woman with cancer a few years ago and she was bald, but man she was a picture of femininity and beauty because she was so stylish. And she had her makeup on and her earrings and she always dressed so wonderfully. So I would say the least thing would be hair because it's all about the way she presented herself as like, I want to be here. You know, I want to shave off my hair so I can be here.

These remarks demonstrate that not only that having hair is tied to femininity but that not having hair can detract from women's beauty. For this group of women, thinning hair means that must try to make themselves *feel* beautiful by being self-confident rather than *being* beautiful in terms of their physical appearance.

### *Looking Professional and Acceptable*

Hair may play a special role in the presentation of self for women of color because it is one aspect of their appearance that can be manipulated to conform to

social norms. Holly, a Black<sup>29</sup> graduate student with fragile hair believes that her lifelong search for hair is linked to an obsession with “having white girl hair” that is “part of black culture” in order to meet hegemonic beauty standards. As she says, “I see my hair as part of being a black woman and all the history behind it.” Hair loss may be an extra complication for identity work for African American women because it forces them to negotiate gender norms in addition to the racial norms they may already be dealing with (see Banks 2000 and Rooks 1996 for detailed analyses African American hair work).

Amanda who regards hair as a cultural identity marker adds that it is a joke in the black community that men will only talk to women with hair that has been combed. “If you want to meet a guy, then make sure your hair is good looking because otherwise a black man will never look at you...They’ll say something like “that girl over there, she’s pretty but her hair. Oh, if only her hair.” Her dad has told in that her hair “must always be neat” regardless of the time of day. Hair may be particularly important in the dating market for African Americans because individuals may select potential mates on the basis of whether or not they have “good hair<sup>30</sup>” so that their children have “good hair” (Banks 2000). In this way, hair functions as a form of ‘beauty capital’ that can be converted into economic, educational, or other forms of social capital (Hunter 2002; White 2005).

Amanda puts grease in her hair so that others can notice that her hair is naturally wavy. This allows Black people to determine her ethnicity. Amanda believes that other women are jealous of her “good hair.” While growing up in Jamaica, other black girls in school would tease her about her hair because it was so thick.

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<sup>29</sup> The designation of “Black” is used at Holly’s request as this the way she prefers to racially identify.

<sup>30</sup> Rooks (1996) defines “good hair” as hair that is thick, long, shiny, smooth, and straight and is often defined in relation to “bad hair” (i.e. hair that is kinky, short, brittle, and matted).



I remember one time I went to school and I remember they were teasing me and accusing me of having extensions because my hair was so thick. And then my boyfriend at the time [would defend me and say] 'her hair is 100% natural.' But I used to be picked on. 'Oh, she wears extensions.' And those days, in the 1980s, it was like a taboo thing to have extensions because it was just coming out and, you know, people made fun of you. 'Oh, you must have no hair because you have extensions.' So they would make fun of me thinking that I really had no hair.

Amanda avoids going to the salon because stylists are always confused by the thickness of her hair and seem unable to believe that it is her natural hair. She says

they always ask me 'what is in your hair to make it so curly?' And then I try to tell them, 'no, this is my hair.' 'No...it must be something. Maybe you put something in a long time ago and forgot'...Sometimes I just don't like going through all of that. And they try to make me feel like, you know, oh, well, you know, this is what happens to all black women's hair. Your hair is nothing special. It's almost like they're jealous. They don't like my hair being this way. They try to make me know that your hair is nothing. You must have something in your hair or this is what all hair does. So I just avoid that by not going, but I know I really should go.

The stylists at this salon are trying to discredit her (Goffman 1963) not because of her thinning hair or the fact that she wears a "piece" (i.e. a small bun) on the back of her head but because they envy the thickness of her hair. She does not have to put any effort into having "good hair" because it is something that runs in her family. The stylists are going against the typical function of salons which is to make women feel good about their appearance instead of defensive about it, serving as spaces where the "secret routines of femininity are commodified and exemplified" (Black and Sharma 2001: 101). Furthermore, Amanda may find it difficult to go to salons now that her hair is thinning because she is losing her "good hair," the one aspect of her appearance that other women envied.

College friends criticized Holly when she refused to go white-water rafting with them when they went on vacation together because they did not understand that she was trying to protect her hair from the water.

And, of course, everybody thought I was being anti-social because I didn't want to get in the water and I wouldn't get in the water. I have a strong enough personality. I'm not getting in this raft so you can get my hair wet and then what am I going to do with it?...Well, I don't like bugs. I don't like the outdoors. I don't. But I really don't like water...

Holly's friends do not understand that she is trying to preserve her presentation of self because participating in these activities would reveal her thinning hair and bald patches.

Holly decided to exchange her braids for a weave permanently when a fellow Black graduate student whom "always looked perfect" affirmed her new look.

I've never gone back to braids because her as a black woman acknowledging or telling me that I looked professional, I looked competent with a weave than a more traditional white-girl hairstyle made a difference to me... It wasn't that no one else said nice things about my hair. What made a difference was this black scholar said, 'you look professional. You look competent.'

After having her new hairstyle validated by another Black woman, Holly realized that putting her hair up in braids did not allow her to convey the professional image that she wanted to have. She sacrificed her "white girl" image for a professional presentation of self that she thought would be more beneficial for her career.

Amanda agrees that Black professional women must have their hair looking "very, very neat and well styled." However, she has mixed feelings about if and when she will start trying to achieve a professional look.

Even when I was studying abroad, I was thinking...when I go home, it's going to be a whole new life. I'm going to work on my dissertation. I'm

going to get my hair straightened and look professional. But now that I'm here, I'm thinking, 'why?' You know, I'm working day and night and I'm writing day and night and I'm all by myself, why should I look professional? But then maybe once I get a job next year, maybe I'll think, 'oh, a ponytail looks very professional. I think I'll just keep it.' In fact, the chair of my department...you have never seen her hair down. She wears her ponytail in her day every single day...I'm sure when I start working, I'm going to say, 'hey, if the chair of the department can do it, I can do it so I'm not going to change.' My idea is to change, but I know that when I get there, I'm probably not going to.

While Holly and Amanda both view other Black scholars as role models for their appearance, Holly interprets the affirmation of her new look as confirming that she made the right decision in getting a weave whereas Amanda finds comfort in her department chair's ponytail because it indicates that she does not have to change her hairstyle in order to move forward in her career.

Unlike Holly who found support for her new appearance from colleagues in her department, Amanda felt like she could only experiment with her hairstyle while overseas because she feared that the professional image that she has worked so hard to cultivate over the past few years would be threatened.

[I'm] very reserved, very private... If I ever wore my hair down here at school, no one has ever seen me with my hair down here. And I feel like if I wore it down, they would start saying, 'what's the occasion? Where are you going? What are you doing?'...That invites too much conversation.

The mismatch between her usual presentation of self and the image of her with her hair down would lead others to make assumptions about her that she felt would be unwarranted by her behavior.

Grace, a 41-year-old Puerto Rican graduate student thinks that her hair is an important part of her identity because it made her feel attractive as someone who looked "ethnically different" when she was growing up. Her pride in her "gorgeous hair"

stemmed from compliments she received on it from others because it meant that she was meeting the dominant beauty ideals of the time (Weitz 2004). People often told her that her spiral curls were beautiful that in turn made her feel beautiful and socially accepted.

I wore it in this tight little bun but I had like all this long hair and so it was kind of...I'm not sure how to really describe it but when people would see me with the hair I just felt really proud because you know they were just like shocked to see me with all this hair. When it's pulled back in a tight bun all you see is face and no hair but I was always proud that they saw me with my hair. 'Oh your hair!'

Grace was proud when her hair met these ideals because she looked like the ideal but now that straightened hair is in fashion again, she feels less beautiful and less accepted since her spiral curls are no longer trendy (Weitz 2002; Weitz 2004).

It's like if they say you're pretty then you're good. You know I keep saying that over and over again. It started to make me feel when I looked at it, it just made me feel like 'ah!', like suddenly I don't know. I don't want to say that I felt like I did something wrong but you know you have that feeling like if you're not...if you don't have the right look then you're not as accepted right?

Grace has learned that there are consequences for not looking acceptable. Although she thinks she should be at a point in her life where she should be past caring about her looks, her experiences have taught her that those that do not care for their appearance will not be treated well by others. She believes that women that do not spend time on their appearance are perceived as having done a "disservice" to those that have to look at them than those who fulfill these social obligations (Foucault 1995). This point is illustrated by her comment that

there are sanctions for not having a socially acceptable look. A lot of that is your hair... the picture I keep seeing in my head that every time I talk about the sanctions is these teenage boys. I talk about people treating

you well if you look good and treating you bad if you don't. The teenage boys that I grew up with ...you don't really hear about it except like in movies or something. They're making fun of the fat girl. But like growing up it was always like making fun of girls who didn't look good.

Grace's concern about the social consequences of having thinning hair has affected her so deeply because her identity is based on the approval of others (Wolf 1991) rather than coming from within. Since she "...acts upon herself to realize the will of a generalized male gaze" (Craig, 2006: 162), thinning hair means that she is less beautiful because she is not able to look the way that she believes men want her to look.

Holly has become more invested in her hair because as she has become more involved in her community, she has had several media interviews. She often stops by her hairdresser before an interview because as her stylist has told her "...you represent black people when you're on TV, or get your picture in the paper. It's important that your hair looks nice because it's important to us as a culture." Hair work becomes a way to engage in the racial project of the politics of representation (Craig 2006) because African American hairstyles are 'never just natural, waiting to be found' but are "historically cultivated and politically constructed in a particular historical moment as part of a strategic contestation of white dominance and the cultural power of whiteness' (Mercer 1990: 254). Her stylist takes a motherly interest in her hair as well as pushes her to care for her appearance because it is a way for Holly to take care of herself (Foucault 1988; Hayes 2006). If it were up to Holly, she would not spend much time on her hair. Before meeting her stylist, she used to do her hair between stoplights while driving but now makes sure she takes the extra time do her hair because she knows she will hear about it at the salon.

For Grace, hair was something that she did not have to think about and often made up for other aspects of her appearance.

my hair has made up for everything else that I felt like was...would take away from my appearance. So always that was something definitely that at least I didn't have to worry about. Now, that's...it's like...I mean I pray about all these things and 'okay God would you please help me with this. Would you please help me with this? Would you please help me grow my hair back?' It's just like I don't...as I've gotten older all these things like I said have happened and I'm like 'wait a minute. I used to be really cute.' Now I see all these things and um that's one thing—the hair. It's like um 'yeah. What?' At least I had my hair. That was something that always made me...like I said made up for all the other things that I thought were going wrong.

Like the women that Patton (2006) interviewed in her historical analysis of the relationship between hair work and body image for women of color, Grace views hairstyling as “a performance or ritual in hegemonically defined beauty”; it is “performed as a way for the marginalized to attempt to become centered in a world of beauty that does not value other forms of beauty” (p. 36). Grace scrutinizes her appearance because it is an essential part of how she conveys herself to others (Foucault 1995). Now that her hair does not make up for things she does not like about how she looks, she is more dissatisfied with her appearance. She has internalized sociocultural attitudes about beauty and appearance to such an extent that she is dissatisfied with how she looks now that her hair does not make up for her looking racially different.

I just think that especially since I've gotten older I've felt...I've just been seeing all these things like I don't look the way I used to look. My face and now my hair and my skin and stuff. It's just got all these little weird...like crepey in places and I'm like 'what is that?' like 'I didn't order that.' I never...you know and with my hair...yeah it's like if my hair wasn't like this, if my hair was filled in again like it was then I would feel better about myself. I wouldn't have to be thinking, 'okay did I cover it up? Is anybody going to see that?' Yeah I think I'd feel more comfortable. I wouldn't have to worry about that.

Grace “wraps” her self around her hair much as Sophie did in the previous chapter (Ucok 2005). The one difference between the two women is that while Sophie focused on wrapping her self around her hair as a way of performing identity in the present and is

in effect regaining control over her identity, Grace's thinning hair has disrupted her "selfing" process to the extent that she mourns her the loss of her appearance that made her feel socially acceptable and beautiful and in turn feels a loss of identity due to her inability to engage in her previous presentation of self.

The experiences of Holly, Amanda, and Grace highlight the embodied nature of presentation of self. Their experiences support Weitz's (2001) contention that while some women may try to seek power through hair by choosing hairstyles that defeminize themselves in order to convey professionalism at work, avoid or reject male attention, and broaden definitions of female attractiveness, it may be difficult for women of color to resist beauty norms because they feel like they look unattractive and are marking their racial/ethnic status. This type of resistance may be easier for those that have privileged identities because they have a source of power that is not related to their appearance or for women who have the option of experimenting with hair work because they already meet culturally defined appearance norms.

### *Looking Presentable*

Thinning hair can make looking presentable a challenge as hair loss increases and becomes unmanageable. Charlotte was able to deal with her hair until she turned 50, a point at which she had to start working at looking presentable to others. She feels embarrassed if she does not take the time to cover her hair properly in the morning because her hair is an important part of how she wants to project herself to others when she is out in public. She wants to "look better than presentable" because her appearance reflects how she wants others to see her. Charlotte purchased a wig a couple of years ago so she could worry less about how her hair looked when she was on vacation with her husband. Having a wig allows her to take control of her presentation of self so that she does not have to be preoccupied with making sure that others do not

notice her thinning hair. While wearing a wig allows Charlotte to feel secure that no one notices her thinning hair, she does not engage in information control (Goffman 1963) or dramaturgical circumspection (Goffman 1959), openly telling others that she “got a wig because I have so much trouble fixing my hair.” Her wig is a tool that allows her to manage and maintain her presentation of self without much effort rather a mechanism for avoiding being discredited by others.

Similarly, hair is a part of Rose's identity because it is the thing she focuses on when she looks in the mirror and believes makes her more noticeable in public. Rose thinks about her hair

at any time when I'm outside and going in some place. Like church. Because I have to stop and make sure that my hair; everything's covered. I have to go into the restroom. And when I get to work, I look in...I have a mirror in my drawer. To make sure that [it's covered]. Before I wouldn't have thought about it so much. I mean, even if it was windblown, it wouldn't have mattered. But now...

She has a better self-image and feels attractive when her thinning hair is not visible to others but chooses to protect her presentation of self by making sure that her scalp is covered rather than by wearing a wig. Rose opted to continue dyeing her gray hair so that she could look bald and but have a “nice color” rather than having “bald and ugly gray” hair. She is reluctant to ask her stylist if her decision to keep dyeing her hair has contributed to her hair loss because she would be hurt that he did not tell her that there was a conflict between looking nice and preventing additional hair loss. However, Rose's choice to dye her hair allows her to reflect a youthful identity as well as maintain a sense of self (Clarke and Griffin 2007).

Although Melissa does not believe that hair determines her “destiny,” she knows that she has to make her hair “look presentable” when she goes out in public. She is



distracted by her hair when it does not “look halfway decent” because she is worried that others will assume that something is wrong with her.

I try to do something to make it look like there's nothing wrong. Yes. Yeah. Because, you know, I don't want everybody to assume something. You know? And if they see that I don't look put together, then they're like, well, maybe something's wrong. And if I don't know them, then it's none of their business type of thing.

Melissa feels pressured to make sure that her hair loss is noticeable so that others do not make false assumptions about her. She gets frustrated when stylists tell her that her hair is thin instead of helping it look presentable because she thinks that they should be more focused on teaching her how to make her hair work for her rather than pointing out its thinness. Stylists should focus on sharing their expert knowledge of “the styles that work with the different hair types” rather than criticizing women's appearance (see Gimlin 2002). Emma has had three microimplantations and is self-conscious about her hair although she has never defined herself by her hair and tries to keep her hair loss a non-issue in her life.

Eva, a 26-year-old Latina graduate student enjoys caring for her hair because it makes her feel more professional as well as portray the image she wants others to see. It is important for her to look professional because “you never know who you're going to meet; whether you're going to meet the person who is going to be a colleague in the future, somebody you're going to work with. And you're going to reflect the best of yourself...You never know what each day brings you, so I prefer to look at my best every day.” Looking good allows her to make the best she can out of life and be prepared for any professional opportunities that come her way. She is aware of the contextual nature of presentation of self and uses it to her benefit depending on the situation at hand. Eva realizes that conveying the right image at the right time can help her get ahead because

it brings social rewards. Eva illustrates what it means to be “an enterprising self,” in that she makes the most of her life by maximizing her human capital (Rose 1998). Like Trish in the previous chapter, she is an “active and knowledgeable agent” that works within constraining social structures (Dellinger and Williams 1997). She remarks that “when my hair is not done, I feel like I need to do something because I love looking good. It looks messy so I need to fix it. So when I have it well done, then I feel good and I feel more confident.” This makes an impression on others in that they are more likely to come up and talk to her when she is “looking all good.” Eva takes pleasure in being a “docile body” (Foucault 1995) in that she finds looking good to be satisfying in itself since it makes her feel good about herself and confident in her actions rather connected to being a woman of color.

Eva tries to protect her hair by using good hair care products and special salon treatments that prevent hair loss so that she does not have as much hair loss as her mother.

I am more aware that I need to stop doing certain things so that I prevent losing more hair in the long run. I know that right now I am fine, but in the future, I won't have as much hair as I have right now. So I am aware that...at some point, pretty soon probably, I will need to dye it dark so that it's my normal hair color and that it will stay like that for a long time...Before I really didn't care. I just bought whatever [shampoo] was cheaper; was handy. Now I am aware that I have to buy something better that takes care of it...I know I am paying the price, but it is something I need to do because of the treatments that my hair has gone through; the chemical processing. So I know that I have to do something to counterpart the damage that I am doing to it.

Eva's ability to be an “enterprising self” by manipulating the image she presents to others in the present comes at a future cost. When she gets older, she will have to dye her hair darker and live with it so that she does not lose any more hair.

Claire, a government analyst, has tried to redefine herself by valuing personal accomplishments rather than her physical appearance so that she has a more positive perception of herself. She is proud of her career achievements and educational goals and views them as things in her life that she can feel good about that are not tied to her appearance. Although Claire has tried to focus less on her appearance, she still tries to style her hair so it does not look thin whenever she goes out because she knows that looks are very important in our society. She was surprised when first noticed her hair loss at 21 and felt like this was not supposed to happen to her because she was so young. She refers to this as “petals falling off a rose a little bit early here.” Since her hair loss began, she has read many books that examined the importance of appearance in the workplace for women. When asked if hair is part of how she defines herself, she remarks that “I would have to say yes and no to that question. No...it’s not necessarily of what I see as a person, but I do think it’s part of what society sees for me as a person. And so in that sense, just the reflection that people have on me coming from the outside is, is more of an issue for me.”

Hair doesn’t define a person, but hair defines a lot of how a woman is perceived in our society. A woman can be a great mother, a caring sister, and a successful businesswoman, but while filling all of those roles she will likely have to wrestle with some internal conflict about her hair loss and learn how to cope with the sly glances she will receive when those around her notice her thinning hair.

Claire’s exposure to “media culture” (Kellner 1995) has helped her understand understands that hair is a component of women’s “front” (Goffman 1959) because it is part of way womanhood is socially and culturally defined, particularly that bodies are situated in culture (Budgeon 2003; Shilling 2003). Reading books on workplace appearance has provided a set of “visible guideposts” (Ewen 1999) for her to follow and taught her that thinning hair is more of a social misnomer for women because it means

that they are falling “outside of the norms of society.” Although she chooses not to define herself by her appearance, she knows that she must abide by these norms in order to reap social rewards (Butler 1988; Dellinger and Williams 1997; Rose 1998) or risk being discredited (Goffman 1963). Claire actively negotiates her presentation of self by referring to “culturally available accounts” (Lamont 1992: 135) of what it means to be a woman, particularly her realization that is socially defined since it must be done “*in accord with* certain sanctions and proscriptions” set forth by society (Butler 1988: 525, emphasis in original).

She fears that others would judge her differently if her hair loss became worse because being attractive leads to greater opportunities in society. She comments that

we judge people based upon looks. And whether it's hair or height or weight, there are certain things that will affect the education that you receive, the salary that you receive, the opportunities, the way people view you in general... You know, the basic sum of it is beautiful people receive more preferences in this world.

She often worries about her hair when she is travelling for her job because she finds it difficult to do business when her physical appearance does not look the way she wants it to look. Appearance is important because it plays a critical role in how she is accepted as a member of society as well as her ability to excel in various societal roles (Burke 1991). Claire carefully constructs her presentation of self so that she avoids any repercussions that her thinning hair may have on her career. By contrast, Melissa does not buy into media claims that women will be “an important part of society” or successful if they have “gorgeous long hair” but is satisfied if she can get her hair to “look nice” before she goes to work.

Claire views head shaving as an option that is more acceptable for men because they are still seen as attractive while the same is not true for women.

You'll see men with male-patterned baldness or completely bald. And it's totally fine. Even now, there's...a trend where it's completely acceptable for men [over 50] to shave their head because they've lost so much hair. And it's still considered sexy. It's this Bruce Willis type of situation. And it's...totally fine...It's very different for men and for women. And for women, I think it's kind of a social pariah situation if you do lose your hair. I think you're judged to a much harsher degree compared to men. It's just become much more acceptable that it happens with men.

She thinks head shaving is not a viable option for women because they are seen as deviants by others because they “breaking all the rules” and not trying to meet beauty standards. Although she has joked about shaving her head, it is not something that she would really pursue at this point “because of social reactions to it. People assume that if you shave your head, it's because you were losing your hair because of cancer or something along those lines.” She would “definitely” give head shaving more serious thought if “it was the equivalent of a man shaving his head because he was losing his hair and it was just another option for him.” Claire's belief that baldness is not a practical solution for women reflects Paige's contention in the previous chapter that bald white women look unhealthy. Although Claire's remark highlights the issue of gender and Paige's refers to the issue of race, both point to the lack of media images depicting white female baldness as well as adverse social reactions as reasons for why they do not see going bald as an potential solution for their hair loss.

Many of the women enjoyed going to the salon because they believed that hairstylists could make their hair look better than they can at home. Melissa likes visiting the salon because she can walk out with it “looking really good” although she knows that it will not look as good the next day. Charlotte agrees, commenting that her stylist does her hair “a heck of a lot better” than she can at home and wishes that she would go to get her hair done every week if she could afford it because “they do such a good job”—something that she cannot replicate at home. Eva loves salon visits because they are

“me time,” “a time for enhancement, for getting better, for making me more pretty, or making me feel good.”

While some women used the hair salon as a resource for performing identity, Rose’s discomfort with her hair has led her to try to find a medical solution for her hair loss. She has researched medical websites, visited doctors, and read medical texts to find a cause and a remedy for her hair loss because she is tired of living in a “diagnostic limbo” (Nettleton 2006). She takes thyroid medicine (although she does not have a thyroid problem) and vitamin and iron supplements and had tried a low sugar and high protein diet in the hopes that her hair will regrow. Although Claire is comfortable with her thinning hair right now, she is keeping apprised of her options in case it gets worse in the future. She explores her possible alternatives by asking her dermatologist about potential surgical options, asking her stylist about hair care products that prevent hair loss, and searching online for the cost of hair implants. She wants to make sure that she can continue to “hide, mask, or minimize” her thinning hair. Their attempts to realign their self and appearance in these ways allows them to normalize their appearance by conforming to hegemonic definitions of gender and femininity (Gagne and McGaughey 2002), control when and how others focus on their bodies, and reduce the alienation they feel because of their thinning hair (Gimlin 2006). They are fighting against nature to recreate an appearance that is not socially deviant but rather “in accordance with cultural ideals and images” (Budgeon 2003: 8). However, they do not appear to recognize that this process of transformation may not be a more accurate reflection of self than their prior appearance was (Gimlin 2000).

### *Chapter Summary and Conclusion*

The experiences of the women in this chapter demonstrate their understanding that hair is an essential part of how women are socially and culturally defined. Hair

brings them valued social rewards as well as feelings of belonging and acceptance (Weitz 2001; Weitz 2004). They use “media culture” (Kellner 1995) to inform their identity practices because it provides a system of “cultural rules” for them to follow (Lamont 1992: 135) wherein social and cultural institutions influence the availability of specific cultural resources “by diffusing similar cultural messages over society at large” (Lamont 1992: 139). These standardized textual images tell women that they must live up to these representations regardless of their social location and their material bodies (Smith 1990).

Grace, Amanda, and Holly illustrate how women engage in the work of performativity by gendering and racing their bodies. Although all women are judged by their appearance, the consequences are greater for African American women (as well as other women of color) than for white women. As Collins (2000) states,

race, gender, and sexuality converge on this issue of evaluation beauty... Judging white women by their physical appearance and attractiveness to men objectifies them. But their white skin and straight hair privilege them in a system in which part of the basic definition of whiteness is superiority to blackness (P. 89).

In this way, hair is a “highly sensitive surface on which competing definition of ‘the beautiful’ are played out in struggle” (Mercer 1994: 104-105). The next chapter explores how engaging in the presentation of self becomes more complex as women with alopecia deal with their constantly changing appearance.

## CHAPTER SIX:

### “IT’S SOMETHING THAT...CONTROLS MY LIFE”: WOMEN WITH ALOPECIA

Women with alopecia may have a different experience of hair loss compared to the women discussed in the previous chapters because alopecia is an unpredictable condition that is cyclical in nature with women experiencing periods of total/partial baldness, bald spots/patches due to flare-ups of their condition, and patchy regrowth throughout their life. Their identity performances may be especially challenging if they experience these things simultaneously (i.e. bald spots on one side of their scalp and regrowth on the other side), leading to less flexibility in their ability to present themselves to others (Riley 2009) and feelings of distress, anxiety, anger, and shame about these their presentations (Scheff and Retzinger 2000; Weitz 2004).

While women with alopecia have the comfort of having a medical diagnosis as women with temporary hair loss (particularly those with cancer) had to help them cope with their hair loss, they are much more emotional about it, particularly how it has impacted the way that they interact with others. As Parsons (2006) notes, chemotherapy offers women “a road map of sorts” because they know the reason for their hair loss while women with alopecia may need time for them to understand and accept their condition since they experience hair loss as a “sneak attack” (p. 74). Moreover, they cannot rely on others to pay civil inattention to them because of it is not a part of social discourse; they become open persons with limited privacy rights because they are marked in a way that others do not understand (Goffman 1959; Goffman 1963; Goffman 1982). For these reasons this chapter will analyze stigma “from the perspective of the involved, emotional, interacting subject” (Ellis 1998: 528) as well in



Goffmanian terms (Goffman 1959; Goffman 1963) in order to shed light on how women live and cope with alopecia (Ellis 1998; Lord 2003).

Their experiences may be informed by their attitudes towards beauty, femininity, and appearance. Most of the women commented that someone looks feminine if they pay attention to their hair and clothing. When asked if there are any ideal standards for women's hair, Megan replied that the most obvious standard is that women must have hair. Penny, Shannon, and Amy all suggested that hair should be long, thick, and healthy. Tessa sums this point best when she says that women should have "big thick hair." Interestingly, most of these standards are ones that would be difficult for women with hair loss to achieve unless they are wearing a wig because they go against the very definition of hair loss and oppose the qualities their hair actually has. Shannon is embarrassed and ashamed that she is unable to achieve these ideals when her hair will not grow in or look as pretty as other women's hair because although her hair may be long it is not "beautiful or 'perfect' the way a woman's hair is 'supposed to' look. She is frustrated that she cannot discipline her hair to meet gender norms because it resists the effort that she puts into it instead of being more malleable and docile (Foucault 1995).

Although some women did not believe that their hair met or could meet these ideals because of their alopecia, others felt like their hair did look feminine because of its length and style. Women cited not being "physically attractive" (Tessa) and their hair loss (Penny, Amy, and Mona) as reasons for not feeling beautiful "anymore" while other women felt beautiful because they received support from other women with alopecia (Chelsea) or compliments from others (Megan). Shannon gave a qualified yes to this question saying that while she does feel beautiful she does not feel as beautiful as other women do. This chapter will continue to explore the relationship between hair, gender, femininity, and beauty and look at how and why women create normal and healthy presentations of self. The chapter will conclude with an examination of how alopecia

affects social interaction in terms of how and why women hide their hair loss, if and how they tell others about their condition, and their fears and experiences of being discredited by others.

### *Gender, Femininity, and Beauty*

Attitudes towards appearance and hair may be dictated by social norms regarding gender and femininity (Butler 1988; Butler 2006; Kellner 1995; Foucault 1995; Smith 1990) as well as the idea that first impressions are important (Goffman 1959). Shannon states that her hair is extremely important to her because it is what “society is asking for” from women and that she will not be able to succeed in society unless she goes along with it. Amy agrees, stating that not looking feminine can put “a block on society seeing you as a person” because hair is part of a woman’s “ticket into society.” Most of the interviewees viewed hair as essential to women’s gender identity because it is a part of a “woman’s crown and glory.” Lauren, a 37-year-old professor, remarks that her hair loss was never a threat to her until she was on the job market because she did not feel like she could be seen as a woman if she did not have hair on the back of her head. As the statements by these three women indicate, appearance affects their feelings of being socially accepted as well as their ability to receive social rewards (Rose 1998). Alopecia becomes an obstacle that they must overcome in order for them to be able to achieve goals that they have set for themselves (Dellinger and Williams 1997; Weitz 2001).

Although Lauren does not like that the world treats women differently if their “appearance doesn’t fall within a certain spectrum”, she turned to her “bag of tricks” so that she would not “be the victim of the fact that that is reality...I’ll do what I have to do because I’m not going to let my hair stop me...[because] people do perceive us sometimes differently if...you know, women are *supposed* to have hair” (emphasis

mine). Lauren does not want to be at a disadvantage because her hair loss keeps her from meeting dominant ideals for female presentation of self (Goffman 1959; Rose 1998). This could explain why Amy and Shannon consider hair to be a “huge” part of who they are by making them feel like women. Penny sees herself as less of a woman because of her hair loss while Amy claims that others teased her because her hair loss made her look more masculine than feminine.

Lauren argues that baldness for women is less acceptable than it is for men when discussing how the world learned that Princess Caroline of Monaco had alopecia. Barbara Walters interviewed the Princess because people were afraid that she was sick when she shaved her head bald and wore a scarf to several high-profile events. However, no one interviewed Prince Rainer, her brother who is also bald. “The prince is bald, but when the princess showed up bald, it was an international incident.” Lauren notes that there was a similar reaction after Britney Spears shaved her head a few years ago. She comments that the headlines read “Bald Britney goes bizerk” because “what woman would part with her hair?...Like going out panty-less, the drug use, the having her kids taken away. None of that was that significant, but going bald” violated cultural expectations that females should have their “crown and glory.” Lauren suggests that Spears’ deviant behavior was not questioned until she decided to shave her head because that was something that is socially inexcusable, a clear sign that something was wrong with her mentally or physically. People were not as concerned when she used drugs and alcohol, partied, and dressed provocatively but when she shaved her hair off voluntarily without an underlying purpose people began to question her state of mind because that is something that women do not typically do unless it is absolutely necessary. Moreover, when female celebrities do shave their head for a movie role, they are always quick to point out to others that the role required them to shave their hair off (i.e. Demi Moore in *GI Jane* etc) so that others know there is a legitimate reason for

their baldness. In this way, voluntary baldness in women cannot be understood as a valid method of experimenting with one's presentation of self because our cultural discourse places this practice in a medical frame. This discourse frames baldness as being an involuntary effect of disease or illness, reflective of a deviant identity, or more problematically as a sign of mental illness.

Hair may be viewed as a marker of femininity as well. Penny, a 57-year-old nurse, believes that she is no longer feminine since being diagnosed four years ago although she still regards hair as part of her femininity perhaps because as Lauren points out it is "hard to look feminine with bald spots." Megan thinks she looks more feminine when she is wearing her wig. Amy, a 20-year-old college student, feels less feminine and beautiful when she is not wearing the extensions she created. She says

Before my alopecia I was in beauty pageants and was always told how pretty I was, then when I lost my hair no one would look at me and they'd call me names and think I was a man. It means to me losing your femininity in society. It's one of those things that puts a block on society seeing you as a person but [rather] as that bald girl.

She does not understand how others can say that she is beautiful when people told her that she was ugly when she was bald. She asks, "if I wasn't pretty then how am I now?" Amy's ambivalence about her appearance stems from her inability to resolve the dissonance between being told that she looks ugly and being told that she is beautiful in that she does not believe that both things can be true. Perhaps this is because she believes that identity is fixed and static rather than situational wherein different audiences may have a different impression of her and that these judgements may depend on context (Goffman 1959). Penny does not think she looks pretty anymore, stating that the wigs "mask the ugliness" she has now.

Chelsea disagrees with these sentiments and believes that women with alopecia still possess femininity but must “re-examine” themselves and “embrace other features” they have that make them feminine. She admits that she used to work out, wear makeup, and dress well to compensate for her baldness, look good, and maintain her femininity but now does these things to feel good about herself. Shannon styles her hair so that is feminine and attractive to others although she sees doing her hair as “an annoying chore.” She is willing to put the time and effort into her hair regardless of whether or not she feels like doing it because hair is something that she judges her femininity on and is more important to her than “the extra moment of sleep.” These women focus on making sure that their hair continues to be a feminizing feature for them so they can hold on to this aspect of their identity because having alopecia does not absolve them from being responsible for the appearance of their hair as having cancer would (Budgeon 2003; Riley 2009). None of the women challenged whether or not this expectation was realistic or necessary in that most of them thought it was important to look feminine. The question centered on if and how women could make their hair or other aspects of their appearance look feminine rather on why gender norms for women are tightly linked to their appearance (Foucault 1995; Gagne and McGaughey 2002; Weitz 2004).

### *Normality and Health*

Several women focused on being, acting, and feeling normal because they view having alopecia as something that has made them more noticeable to others. Tessa spends more time looking at her hair when she is going somewhere where she wants to “look normal” and often has her husband or children to check it for her to make sure her scalp is covered. In this way, she disciplines and normalizes her appearance so she is ready to interact with others (Foucault 1995). She does not rely on self-scrutiny to

ensure that she is prepared for this interaction but verifies this information by asking trusted family members if she looks ready. Mona copes with her new look by trying to be “as normal as possible” when she interacts with others. Chelsea, a 22-year-old college student and coffee shop employee, acknowledges that the amount of hair loss one has can affect the way that others treat them. She feels fortunate that she has enough hair to cover her bald spots (i.e. can look like she has “normal hair”) but knows that women that go out bald in public are less likely to be accepted by others because they look “different” and are at risk of being turned down for jobs (Banks 2000; Weitz 2001).

Shannon feels that part of her is “defective” in that it is not as it should or what she wants it to be; this makes her stand out in a way she does not “feel comfortable standing out” (Brekhus 1998; Foucault 1995; Goffman 1959; Goffman 1963). She has a

feeling of being imperfect, which is very hard for me. It is an internal brokenness which I can't fix and can't help which makes me feel bad and broken as a whole person. I think to have this go away entirely my alopecia would have to go away entirely, along with any memories of feeling this way and pictures where it once showed. Perhaps not the most healthy way of dealing with these feelings, I simply ignore them and try not to put myself in situations where I have to acknowledge them or think about them.

Shannon seems to realize that her alopecia is a stigma in that it not only makes her look different than other women but also has tainted or spoiled her identity (Goffman 1963; Riley 2009). Tessa regards her hair as “more of a problem” than part of her because she has to put in effort everyday to “minimize” her hair loss. Her hair is a source of pain because it does not meet dominant ideals rather than a source of pleasure (Weitz 2004). Lauren becomes more conscious of her hair when she is having a “flare-up” because she feels like she is “outside the acceptable range” and tells herself that she needs to try harder by putting on makeup and dressing well so that she feels less insecure about her

appearance. Lauren is more likely to compare her hair to that of other women during “flare-ups” because that is when she feels like is deviating from female appearance ideals and hence falling outside social hierarchies of femininity and normality (Foucault 1995; Smith 1990).

Megan, a 37-year-old office manager, withdrew from the world after her doctor told her that there was little chance of her hair growing back to what it was before her diagnosis. She started going out in public again after she got her wig although she still did not feel “normal;” her parents encouraged her to re-enter the world and try to “be normal or as normal as I could be.” She only felt “normal’ again” when some of her hair grew back. This feeling of normality was predicated on being able to realign her sense of self with her appearance, supporting Uco’s (2005) contention that selves and bodies are mutually constitutive. Interestingly, Megan who initially resisted wearing a wig after her diagnosis, now enjoys her hair (i.e. wig) because it makes her feel normal although she clearly points out that her wig is not her hair. However, she did not feel comfortable “debuting” (Gardner 1991) her new appearance until her family moved to a new town where no one knew her so she would not have to explain her situation to them. Megan could only display “good adjustment” (Goffman 1963) when her hair no matter whether it was her own or a wig looked normal because it meant that she did not need to hide her alopecia from others. Similarly, the extensions Amy created allow her to treat her hair as “a normal person” would. Besides letting her treat her hair normally, extensions may allow Amy to protect her presentation of self because they are not a “stigma symbol” or a “disidentifier” (Goffman 1963). The use of extensions in itself is not indicative of hair loss since many women wear them to try out new hairstyles or compliment their existing hair regardless of hair texture or quality (Weitz 2004).

Concealing hair loss can make women feel less authentic as well. Tessa feels like she is “lying” and “misrepresenting” herself whenever she leaves home while Penny

worries that others think she is a “fake” or a “phony” when they see her in her wig. Tessa and Penny may be still struggling with the process of realignment (Ucok 2005). While they invest time, money, and effort in their presentation of self so that other people do not notice their alopecia, they feel inhibited by their performances because it does not allow them to express their “true” self (Goffman 1959; Goffman 1963). Being so invested in their identity performances causes them to be hyperaware that they are putting on performances instead of letting other people see who they actually are (i.e. authentic self). As Gimlin (2000) argues, women that try to reclaim their identity by changing their appearance not only need to prove that they deserve their new appearance but that it more accurately reflects who they are. Paradoxically, they may experience a more embodied sense of self while feeling alienated from their bodies (Negrin 2002).

Unlike the cancer patients discussed earlier who wanted to look healthy in order to cope with their experience of being ill, women with alopecia may be concerned with looking healthy in addition to looking normal because they do not want others to think that they have cancer since hair loss in women is typically associated with illness. Women may apply a “medical gaze” to their bodies by trying to normalize their appearance (Featherstone et al 2001; Whittington-Walsh 2006). Tessa, who has had alopecia since she was 16, is willing to drive to her sister’s stylist in another city so that she can “figure out exactly how to fix it so I don’t look like I have cancer.” Similarly, students in Amy’s middle school thought that she had cancer because of her short pixie hairstyle while people used to ask Chelsea if she had cancer when she was going bald. Megan says that when she chose to wear a bandanna instead of a wig after being diagnosed with alopecia, people treated her like she had “some horrible disease” and often asked her what was wrong with her because they associated the bandanna with cancer treatment.



For Tessa, losing hair makes her look like she is sick and “feel like I present unhealthy or that I don’t care for myself.” Amy agrees that “thinning hair comes of as unhealthy to others.” Megan felt like she looked “very plain and sick” as compared to women with hair. She does not leave home without doing her hair and eye makeup done because she will “look sickly.” Shannon takes pride when people compliment her on her hair because it means that she does not look like she has “a disorder.” Lauren was embarrassed when a stylist noticed bald spots on the back of her head because she was worried that they would think she had “some kind of disease or something” that would require them to “scrub all their combs down.” Hair loss is typically viewed as a sign of disease and illness rather than health because most of the images depicting women’s hair loss feature cancer patients (Ucok 2005; Ucok 2007). Women may be particularly sensitive to looking healthy because they do not have the discourse of cancer to draw from in explaining their condition to others and feel like others will not understand what alopecia is if they tell them the truth. They do not have the protection of having cancer that would keep others from asking them about their hair or at least sympathizing with them about their hair loss.

Relatedly, hair may be a sign of a woman’s age both to herself and to others. Hair loss is something that is typically associated with old age and mortality (Weitz 2004). Shannon dyes her hair to cover up her white hair, look youthful, and look her age because the hair that grows in from her bald spots is usually “stark white” or silver. When people “... see gray hair or white hair or no hair, that shows that...it gives you the image of older; of age. And that’s premature for me and I don’t want. I don’t want to look older than I am.” Similarly, Penny thinks that her hair loss means that she is “old” and that wearing wigs make her “look older and too fixed” because she can no longer experiment with her appearance. Mona agrees, commenting that she “is now a different looking woman who looks older than her age.”

### *Hiding Hair Loss*

Women with alopecia may try to conceal their hair loss from others so that they are not forced to discredit themselves or be discredited by others (Goffman 1963) because they view their hair as a threat to their identity since they cannot guarantee that the images that they have painstakingly and carefully crafted for others will not be revealed (Goffman 1959). Hair holds power over their presentation of self because it has the potential to disrupt their definition of the situation at anytime rather than being used as a resource for experimenting with identity (Goffman 1959; Weitz 2004). This may explain why hiding her alopecia has become an important part of Amy's life since her diagnosis when she was 11 and something that she works hard at doing. "It's something that *consumes* my thoughts all day and that *controls* my life basically" (emphasis mine). Amy seeks to discipline her hair through her two hour long "daily ritual" that involves covering her bald spots with extensions she created so that they do not stand out and she can look presentable in public (Foucault 1995), hoping that if her hair looks good others will not want to touch it and spoil its appearance. In addition, she rarely changes her hairstyle because she fears that it will bring more attention to her hair that in turn may increase the likelihood that others will be able to see her bald spots through her extensions.

Megan makes a special effort with her hair daily by styling it so that "it looks real" and that others do not notice that it is a wig. "Every morning, after my shower I do what I call 'my hair' perfectly so no one hopefully can tell it is a wig and I do my make up perfectly so hopefully no one can tell 'oh she has no eye lashes'." She tries to keep her hairstyle the same each day so that "no one will talk about it and open that door." She orders a new wig when her wig gets old or if she thinks that other people can tell that it is a wig because "real hair looks fine and natural if not fixed and a wig does not. If a wig is not fixed properly, then someone can tell it's a wig." Although Megan has an identity that

is discreditable she does not want to look discreditable so she carefully attends to the tools (i.e. wigs) that she uses in her performances by discarding wigs when they do not look natural (Goffman 1959; Goffman 1963).

Lauren, who was diagnosed at the age of seven, likes to keep her hair long in case she loses hair or discovers a bald spot because it allows her to blend in and cover these areas so that others do not notice them as well as adapt to changes in her hair loss status. Having shorter hair would be “too risky” because she would no longer be able to “pass” in society while having long hair allows her to conceal and correct problems with appearance on her own terms (Goffman 1959). Passing is important although she does not want it to be. “I want to think I am who I am and other people deal with it, but in reality...[it is a different matter].” Unlike Lord (2003) who wants to be able to own her baldness, Lauren tries to pass because she is aware of the public gaze that surrounds women’s appearance (Goffman 1963). Moreover, as someone who works in a mostly female department, hair is often a major topic of conversation. This heightens her awareness of the appearance of her hair since others noticed and “talked extensively” about any changes in her hair. She was annoyed because “knowing that your hair is under so much scrutiny...[made] me a little bit uncomfortable because I knew that it would be harder to pass if I needed to...in that crowd.”

Once I had a bald spot behind each ear, like this whole region here, but on each side. And so I started wearing my hair in a French braid. And French braids, you know, as the day goes on, they tend to loosen...And so as they loosened, I was able to hide more. It would give me more coverage. And people would say, ‘you should redo your braid. It’s starting to loosen up.’ I’m like, no, it’s just getting good now. You know, I can relax now because I know it’s going to hide.

It may have been more critical for her hair loss to be properly concealed because her co-workers paid greater attention to her hair that in turn would increase the likelihood that

someone would notice her bald spots. That may explain why she sits in her office with the door pretty much closed or leaves early when her hair “looks really raggedy” or “unprofessional” (i.e. not properly styled), “hoping that no one would see me...because I was embarrassed by my appearance because of my hair.”

Passing is such an important part of Lauren’s presentation of self that she even went to great lengths to hide her hair loss after the back of her head was shaved for a surgical procedure. Passing was so integral to her identity that she still tried to pass although she had a socially acceptable reason for her hair loss, using her hair clip-ons, scarves, and

the whole arsenal of tricks even just to go to Target or the grocery store...And I remember being very relieved once it started to grow back... I know that if I were faced with that kind of hair loss from the alopecia, knowing that it takes months and sometimes a year before it starts growing back...I feel that it would be hard to have the confidence to face the big lecture hall, to have to have my picture on the department website, all of those things. I know that it would. I could do it. I’m a strong enough person, I could handle it. But, you know, I wouldn’t look forward to those things...It would be stressful.

She was able to easily handle something that may challenge other women’s presentation of self by employing the tools she uses to construct her daily performances as a woman with alopecia. Moreover, Lauren’s relief can be attributed to her knowledge that this hair loss was not caused by her alopecia and that her hair would grow back rather than the moment when she would lose her hair for good.

Like Lauren, Shannon has long hair so she can cover her bald spots, particularly when she knows that she will be interacting with others.

You want to put your best self forward. You want to put that best image possible out there. But if I’m at home and there’s no one there but me, I’ll just wear it entirely up just because it’s the most comfortable. It’s not on your neck. It’s not bothering you. But when you do that, you can see all

the bald spots that are on the sides, that are behind, how the hairline is really uneven and it just doesn't look normal. I mean you can tell. When I'm with my really close friends, I'll wear it that way or my family. Or if it's really, really hot and I just can't avoid it. But I try to arrange it in a way that when I'm with the general public that you can't notice the bald spots.

She privileges her performance over her personal preferences by sacrificing comfort in order to make sure that others cannot see her bald spots (Goffman 1959) and achieve her goals (Rose 1998). Shannon gets through situations by being cautious as well as putting more effort into how she does her hair (Foucault 1995; Goffman 1959). She is used to her appearance and does not try to cover up her hair loss when she is alone because no one is looking at her. However, when she is around people, she thinks about her hair "at least once an hour" and "nervously brushes it with her hand so that her bald spots are covered as much as possible." It is rare for her to leave home without doing anything with her hair. Even if she is tired she will "still take a couple of minutes to like pull out these front sections which cover up the biggest bald spots which are right here and right here. Make sure I pull them out and just kind of try to cover them."

Tessa, a 31-year-old stay at home mom, fixes or hides her hair loss when she is around people that do not know about her hair loss but is more relaxed when she is around those people such as her sister and husband that know about her alopecia. She does not like going out because "I just don't want to be out and have like a big, gaping hole in the back of my head for people to laugh at or look at or judge me for...Granted people aren't paying that much attention to me, but it feels like there's a sign and an arrow pointing right to my head everywhere I go." She is not comfortable when others look at her because she worries that they are looking at her so they can "make fun" of her later rather than because she is pretty. She believes that people compliment her "because they feel sorry for me because I look so bad so they struggle and find something." She never leaves home without doing something to "fix" or "cover up" her

hair. She thinks about her hair “daily for sure. Always when I get up...I make sure that I do something with it before I go outside to even let the dogs out. Like I have to brush it and make sure that my scalp is covered before I let the dogs out.” She does not want to “be seen by the neighbors with this big part in the side of my head that shouldn’t be there or a big part in the back of my head that shouldn’t be there...Anytime I’m walking out the door, I make sure my hair is fixed.” She uses defensive practices and rules of impression management by being loyal to, disciplined in, and circumspect about her performance because she realizes that appearance is an important aspect of how she is seen by others even when she knows that others are not paying attention to her (Goffman 1959).

Shannon and Tessa recognize that they must make a special effort with their hair everyday because all interaction has the potential for shame, hoping that the time they spend constructing their presentation of self at home will be enough to prevent people from discrediting their appearance in public (Goffman 1959; Goffman 1963). These practices are relaxed only when they are at home because they know that no one can see and hence judge the way they look.

Shannon, who was diagnosed with alopecia when she was seven, compares this process to “putting on a mask or choosing to keep a part of me hidden even though it’s not comfortable.” She adds “it feels normal to try to hide that for me.” She worries about covering her hair when she meets someone new or she is attracted to as well as when pictures are taken.

For example, next weekend my best friend is getting married and she asked me to be the Maid of Honor and so we’re going to be in a lot of pictures. And so I’ve been very concerned about how to do my hair for the wedding. If I wear it down, it will provide the most coverage and it won’t show up in all these pictures that I know are going to be there forever. But...I’ll be really hot. I mean, it’s going to get messy. It’s going to get tangled on the stuff. I want to put it up, but I’m not going to or I’m

going to really talk to the stylist about it because I'm afraid of that. I also bought this [shows compact]...It is called *Great Hair Day* by Joan Rivers. And it's a compact of powder that you put on your scalp to cover your bald spot or thinning hair. So I just bought it and you can kind of color it in a little bit...It depends on how much area is bald. Like in this spot, [points to scalp] it's very large and you can obviously tell that there's no hair there. So you can still see it...It just isn't as bright white and so it provides a little bit of coverage. So since I'm really concerned about how I'm going to look in these pictures and for the wedding, I bought that compact. I've been thinking about how I'm going to do my hair for, I don't know, over a month. I still haven't had a solution yet.

Shannon's concern about staging her performance so that it goes off without any problems means that she must spend time and effort making sure that she will be able to conceal her hair loss for the duration of the wedding despite the discomfort it may cause her (Goffman 1959).

While many women suggested that going to the salon helped them feel better about their hair because stylists could make their hair look better than they could on their own, some women commented that they did not like going to the salon because they were worried that people would notice their hair loss. For instance, Shannon does not like visiting the salon because in addition to telling the stylist about her alopecia, she has to let them pin her hair up so that everyone can see it. It is a scary process because she chose her hairstyle "specifically because it provides me the most coverage...if I want to try out a new style, that's scary because I don't know how it's going to end up. I don't know what that's going to show me later or how that will look...to people in the world." Once she knows the stylist can see a bald spot, she tells her that she tells them

I have alopecia. I really want to make sure we cut my hair in a way that minimizes that, that you don't see the bald spots as much. Sometimes people will say, 'ok' and be really normal about it. Sometimes people will say, 'well, what is that? What is alopecia?' Or other times they'll say, 'oh, yeah, yeah, I've had other clients who have had alopecia. I understand.' One person said, 'oh, my son has alopecia. I completely. I understand what you're going through.' And we talked a little bit about what his situation was like. I don't know. It was actually kind of nice and she said, 'oh, he does this and this and this.' So we kind of made it a fun situation

or kind of joke. Usually it's kind of like I talked about before, where it's a moment where your heart freezes and your heart's just like, what are they going to say right now, are they looking at me, or are they thinking, oh, she's so ugly. That's terrible or whatever they're thinking. A lot of anxiety in that moment.

She feels scared and embarrassed when she reveals her alopecia to the stylist and then scared about her choice of hairstyle because it may not cover her bald spots. She feels proud of her hair when she sees that her hair looks good and her bald spots are covered.

Although Shannon only talks about her hair loss with “safe people” (see next section), she puts her discomfort aside when she goes to salons and voluntarily discredits herself to the hairdresser so that they can style so that it will not be noticeable to others (i.e. she will not be discredited by others). The cost of discrediting herself to a “service specialist” (Goffman 1959: 153) such as the stylist is negligible in relation to being discredited by others because the stylist has knowledge that can be used to protect her presentation of self in other situations, thus helping her “stage” the performance(s) she gives in front of other audiences (Goffman 1959). By contrast, Megan was afraid that a stylist in the first wig salon she visited would tell other people that she had to wear a wig. After Megan saw the wig that the woman brought out, Megan was “upset and stormed out of the shop mad at my mother because now this girl was going to tell everyone and I did not tell anyone what was wrong with me except who I knew I had to, and I was upset at how the wig looked. It was such a horrible experience and many more followed!” Megan’s anger can be attributed to her belief that she could not rely on the stylist to uphold the secret behind her performance as well as her uncertainty about whether or not the wig would be able to successfully conceal her alopecia from others because it did not exactly match her previous presentation of self (Goffman 1959; Goffman 1963). She may have realized that reclaiming her identity by



wearing a wig meant that she would have to work harder to protect the image she portrayed to others because she could not rely on the wig to be as malleable as her “real” hair had been (Gimlin 2000).

A few of the women believe that their lives would be easier if they did not have to worry about hiding their alopecia. Lauren remarks that she would

be one of those people that takes their hair for granted just like, you know, like if you've ever been sick. Like people, people who have great health usually don't appreciate it. It's only like people who have had like a scare with an illness or something that appreciate their health. I think it's the same way with hair.

Chelsea gets irritated because it is difficult for her to make her hair look the way she wants it to look since she does not have a full head of hair while Megan remembers that having her “own real hair” was more liberating because it did not take as much effort for her to look good. She remarks that “real hair looks fine and natural if not fixed and a wig does not. If a wig is not fixed properly, then someone can tell it's a wig. I remember having my own real hair felt like if you are having an asthma attack and you breathe an inhaler, *freeing* (emphasis mine).” For these three women, concealing their hair loss is something that is frustrating because they cannot take their identity performances for granted but rather put extra effort into making sure that their alopecia goes unnoticed.

### *Telling Others*

Women with alopecia may avoid talking about hair with others because they are afraid that talking about hair will lead to them lose face and be discredited (Goffman 1963; Goffman 1982). Amy believes that she is

kind of bad about it. I don't like to talk about it at all! Sometimes I will tell people that I had this condition when I was 11 but I make it sound like its

fully grown back and totally fine even though I'm still dealing with it. Through my alopecia I made myself a motto and that is to not waste energy or emotion on things that cannot be changed. Crying about losing my hair won't make it grow back.

Although self-disclosure is often regarded as an indicator of trust, women with alopecia may have trouble extending this trust to loved ones and close friends. Some of Shannon's closest friends do not know that she has alopecia because she does not wear her hair in a way that would reveal it. She only discusses her hair loss with someone who she thinks is "a safe person" and understands that it is "a sensitive topic" because she fears that others will make fun of or look at her strangely. "I never talk about it with friends or family unless someone asks me. And that is uncomfortable just because I feel ashamed."

Even with the people that I love, that are safe to me, it's not something I bring up unless...It's not something that I will reveal unless a situation comes up where someone says, 'oh, I see you have some white hair or something right there'. You know, it's someone that I really care about and they make a comment. That won't hurt me as much. And so I'll say, 'oh, this is *something* I've had.' But it's. I mean, even with those people, it's not something that usually I bring up. It's. It's something that they would ask about or something like that. But it's rare. I mean, only the people that I have to really tell about it. My family knew because they were there. My friends know because either they have said something to me or I cared about them and I just decided to wear my hair up and *we still haven't given it a name*. It's just, 'oh, Shannon doesn't have very much hair there.' And we, you know, we don't talk about it. So like I mean, those people that I would say more about it to, like I have an emotional bond with them. I've known them for a long time. But even then, they're safe, but to me, it's...*It's not safe enough*. So I don't bring it up unless they do (emphasis mine).

Shannon regards her alopecia as something that can threaten the social bonds she has with others even with those that she known for much of her life. This "interactional shame" may be difficult to shed because it cannot be avoided since it is inextricably

linked to her body (Gardner and Gronfein 2005; Scheff 2000; Scheff and Retzinger 2000).

Megan lives in “total denial” about her alopecia, telling only close family members and best friends about it because it a “private” issue. She says, “NO one other than my immediate family and a few close friends know. I told who I knew I had to tell and that is it!” She adds that she has “always tried to avoid any conversation about hair” since being diagnosed when she was fourteen. For these women, alopecia is a “dark secret” that they keep from others because it is incompatible with the image that they try to present to others (Goffman 1959; Goffman 1982) and talk to others about it only when it is necessary.

Shannon, a 21-year-old academic adviser, gets nervous when telling others about her alopecia because she does not know how they will react.

I told one of my new co-workers about it today just because I said, oh, I'm doing this after work when we were making small talk and *she...didn't seem to act strangely*. She just said, 'oh, I hadn't noticed' or something like that. But even then, it was still. Like a moment when *your heart freezes* and you're like, '*I don't know if I want to tell you this*' or '*I just said it, now what are you going to say. Are you going to be looking for this every time you look at me? Is that all you're going to be able to see, you know, if I do something different with my hair?*' (emphasis mine)

While Shannon's co-worker seemed to respond positively to learning about her alopecia, Megan did not go to work after finding out that she had alopecia because it became “way too uncomfortable. It was difficult for her to wake up and “get ready perfectly to go to work” since she knew that “others could tell and just wanted to ask me so bad what was wrong.” Megan was afraid to go to work because she knew her co-workers wanted to expose her no matter how well she covered her hair loss. Even if she disciplined her appearance as well she could, she could not count on others to exercise tact and accept

her performance for what it was (Foucault 1995; Goffman 1959; Goffman 1982; Hunt and McHale 2003).

Amy feels awkward when others find out about her condition because she thinks they give her “the sympathy look” and think about her differently. She worries that “they will just stare at my head trying to get a peek of it.” Amy was embarrassed about telling her high school boyfriend about her alopecia after her extensions came out when she got drunk at a party. She also left a pool party when the clip holding her hair up got lost after she was pushed in the water. Amy’s and Shannon’s anxiety may be linked to fears others will come to define them by their alopecia rather by other things that they know about them (i.e. outweigh other knowledge). Telling her co-worker about her hair loss may make it easier for her to detect any bald spots or “flare-ups” Shannon may have in the future as well as how she uses hair work to disguise her alopecia while getting drunk impeded Amy’s ability to engage in impression management, causing her to lose face (Goffman 1959; Goffman 1982). However, Chelsea, who was diagnosed at 12, received a positive response after sending a letter to students at her high school about going bald.

Several of the women mentioned that they tried to educate others when they were asked about their hair loss. Chelsea’s response to questions about her hair varies by her relationship to the individual who is asking.

Well, there’s two different versions of the story you can tell. You can tell this is what it is...[The] basic, more scientific definitions of things. Or you can go into the more emotional aspect of it. And I don’t really go into that a lot. I go into it with my close friends occasionally. But with regular people, it’s just basic explanation of what it is.

Chelsea defines alopecia for strangers because she knows that they may be asking out of curiosity since they probably do not understand what it is unless they know someone

that has it but only talks about how it makes her feel with people she is close to (Goffman 1963). However, she was angry when she saw a segment of *The View* featuring Miss Delaware Kayla Martell who has alopecia and is bald on YouTube because of the comments the show's hosts made about the relationship between race and women's baldness.

They're like, oh, she's beautiful, but bald women who are white, they just look weird. And they look like coneheads. And they're going on and on and making these comments. And it makes me angry because...I realize it's ignorance and I know they're paid to make jokes, but...Yes, I do get irritated. But the only way you can diffuse that is by telling people, educating people.

Chelsea believes that her only recourse to these sorts of comments that echo some of those made by Paige and Claire in the previous chapters is to teach others about alopecia. On a somewhat different note, Shannon has come to see questions about her hair loss as a teaching opportunity, realizing that these questions are motivated by curiosity instead of spite. "It's innocent when people ask about it and most of the time they're trying to be innocent and just curious, but it still hurts because I don't want to talk about it. I don't want to acknowledge it. It feels like part of me is broken and I don't want to admit that I'm not perfect." Chelsea and Shannon can provide a medical explanation for their hair loss that women with thinning hair in chapter four do not have access to because they do not have a diagnosis that supports their condition.

### *Being Discredited*

Despite their best efforts to hide their hair loss and avoid talking about hair with others to guard their presentation of self, people often asked them about their alopecia as if it was something that they were entitled to see upon request (Goffman 1959; Goffman 1969; Lord 2003; Wallace-Saunders 2002). Megan remembers when a man

asked “sweetie what is wrong with you’ and ‘do you have hair under your hat’ when she went to the toy store to purchase a bicycle for one of her children. She responded by yelling “...‘why don’t you mind your fucking business, what if something was wrong with you and people always asked you about it how would that make you feel, what is wrong with me is none of your business!’” She threw the bike at him and left crying. This man did not follow Goffman’s (1959; 1982) rule of civil inattention by letting his curiosity outweigh his duty to follow the interaction order, viewing her as an “open person” with a limited right to privacy instead of extending a “phantom acceptance” to her (Goffman 1963: 122). He reminded her about her stigma in a way that did not allow her to “reciprocate naturally” or engage in impression management but create a scene that poignantly illustrated the “unfairness and pain” of her situation (Goffman 1959; Goffman 1963: 121). Megan thinks that people are so concerned with the appearance of others because they are superficial and that people should respect the privacy of others. She teaches her children to “NEVER ask someone what is medically wrong with them” because having that knowledge will not make them feel any better. She is showing her children how to be a “proper” social member in Goffmanian terms because they are learning that they are not supposed to force others to reveal how “delicate” and “fragile” their performances actually are (Goffman 1959: 56).

Megan was able to avoid being discredited after she purchased an expensive and natural looking European human hair wig. Wearing a wig allows her to feel “at peace” with her condition as long as others do not ask her questions about why she wears one because they allow her to “pass” as normal (Goffman 1963). Once some co-workers who liked to talk about hair asked Megan to look at her scalp because she was afraid that she was going to lose her hair. Megan believes she asked her this question so that they could find out why she was wearing a wig. Her co-workers were trying to maliciously discredit her rather than helping her maintain and save face (Goffman 1959;

Goffman 1963; Goffman 1982) by bringing hair loss as a topic of conversation. They may have hoped that by discussing their fears of having hair loss that Megan would reveal the truth about her appearance out of an obligation of reciprocity (i.e. self-disclosing her condition in return).

The mother of her daughter's friend once asked Megan "what is wrong with you medically" when she was drunk. Megan told her

'look I know you're drunk so I am going to overlook this question, I have known you for years, don't you think if I wanted you to know something I would have told you by now?' I went home crying to my husband and the next day she called me to apologize and I reiterated how I feel about my private business. She proceeded to say to me 'you know I am a hairdresser and so I know what is wrong with you.' I told her 'is it going to make your life any better actually knowing what is wrong with me...NO!' So long story short we let it go and a few months later we were out and she had too much to drink again and she had the nerve to press the issue AGAIN about what is wrong; omg [i.e. oh my god] I literally almost smacked her in the face (which I know is immature and not like me but I was tired of it) so same thing, next day she called and apologized. I did not tell her that I would never go out with her again but I will not! She won a local contest of a limo and drinks last week and sent me a text inviting me, I did not even respond! I am so over nosy people!

In this example, the woman who asked her about her hair loss was a member of "the wise" (Goffman 1963), a type of "service specialist" (Goffman 1959) that usually helps women maintain face by teaching them how to conceal their hair loss rather than disrupting the image they are presenting to others by revealing the truth behind it.

A similar situation occurred when she was at Panera with her friends one morning when a man came over and asked her if she had cancer. She told him that he should mind his own business but still felt embarrassed in front of her friends because she had never told them that anything was wrong with her. Her embarrassment may have been caused by her failure to maintain the definition of the situation she had presented to her friends of being "normal" (i.e. someone without hair loss) (Goffman 1959; Goffman 1963).

Shannon became “hypersensitive” about how others look at her after her sixth grade teacher came up to her and asked “oh my goodness, What happened to you?” and people asking why she was “missing some hair here and here” when she tried to wear braids.

I sat there just sort of paralyzed in fear like ‘why are you showing this to everyone?’ And now everyone had to see this. I don’t want to talk about it. You know? What 6<sup>th</sup> grader isn’t embarrassed about something on their body? And so she said, ‘oh, did you have surgery?’ And so I just nodded to get her to stop talking about it...it was mortifying a ton because then everyone looked and everyone wondered and I didn’t want to talk about it. I didn’t want to do anything with it.

Although Shannon’s teacher may not have known about her alopecia because she was not a member of “the wise” (Goffman 1963), it was still inappropriate for her to ask about her hair because teachers are supposed to support and protect their students from being embarrassed by others (even teachers themselves) and especially should not have asked about it in front of her classmates. She remembers becoming embarrassed after someone asked about her hair when she was on a trip with her debate team.

We were all hanging out and one of my friends said, oh, here, let me braid your hair. And we just did it. And I just thought, ‘oh this is fun. This is fun.’ [We’re] just hanging out. And then someone touched it and kind of asked me about it. And I got really embarrassed because he didn’t say it in a kind manner. It was kind of like, ‘oh, what did you do or what’s wrong with you?’ So, you know, I started crying and kind of took the braids out. My friend defended me. She’s like, ‘Justin, shut up.’ And like, ‘you’re an ass’ and made him leave or something...She tried to make it less than a big deal, but any time when I know that someone is looking at or you can tell if someone’s looking at it, it’s just embarrassing...[and] hurtful.

Shannon feels angry about having alopecia because people ask careless and insensitive questions instead of realizing that she has a disease. She suggests that “instead of satisfying their own curiosity, [they should] think that this might really hurt someone.



Maybe they're not comfortable with the topic just because you are." The shame, embarrassment, and anger she felt symbolize that her teacher and friends crossed moral boundaries (Scheff 2003). Moreover, she is angry that people have to look at her hair because she fears that they will see her as "damaged." She thinks that she would be "more carefree" if she did not have alopecia because she would not have to pay as much attention to how she looks (i.e. less self-conscious).

Chelsea is proud that she was able to keep going after discrediting herself when her wig came off during a soccer game.

I tackled this girl and my hair...I was wearing [a wig] and my hair came off. And I flipped over and usually I would like freak out about it. But I was coming to that point of accepting it a little bit more. And so I just slipped it back on and started running again. And it may seem like insignificant to an outsider, but to me, like for me to be able to do that and to not stop, that was important.

It was important for Chelsea to be able to continue playing soccer after her wig came off because it meant that she was coming to accept her alopecia instead of tightly controlling the way that she managed her appearance. She was able to handle the disruption in her presentation of self without feeling ashamed or embarrassed that her hair loss had been exposed (Goffman 1959; Scheff 2000; Scheff and Retzinger 2000).

### *Chapter Summary and Conclusion*

Women with alopecia regard their hair as a source of embarrassment and shame because they realize that female identity is based on appearance. Identity work is an emotionally fraught process as women strive to protect their presentation of self by being prepared for potential disruptions since they know that they cannot count on others to help them save or maintain face by practicing civil inattention or holding a working consensus (Goffman 1959; Goffman 1963; Goffman 1982). Since there is no guarantee

that others will help them during interaction or while they are in public, they try to control their identity performances by taking responsibility for controlling their appearance. This is achieved by performing hair work so that they can meet social and cultural norms of gender, femininity, health, and normality (i.e. maintaining the status quo) as well as hiding their hair loss. The consequences of failing to conform to these norms means that their performances may be challenged such as when others try to discredit them or ask them questions about their condition out of a sense of entitlement or curiosity. They often find themselves facing the possibility of being discredited either accidentally or purposefully; the “unfairness” and “pain” of their situation is presented to them repeatedly even when they avoid participating in activities in which they are likely to be discredited because others do not exercise tact (Goffman 1963: 121). They do not have the opportunity to experience a sense of normalcy because others do not accept their appearance. Instead, they represent what it means to live with embodied doubt, living constantly on the edge of being discredited or discrediting themselves because they and others are uncertain about their ability/capability to meet appearance norms. The final chapter discusses the broader implications of the individual experiences of hair loss examined so far for women's identity performances.

## **CHAPTER SEVEN: ANALYSIS and DISCUSSION**

The identity performances of the women examined in this study reveals their awareness that appearance matters for female identity, particularly that hair loss is not acceptable because others may negatively judge them for it. Hair becomes a threat to women's presentation of self rather than an aspect of appearance that enhances these identity performances as they focus on meeting norms of gender, femininity, beauty, and health. Racial and gender norms portrayed through media representations of hair loss and baldness influence this process as they are unable to find images of women, particularly white women and women with non-cancer related hair loss, to identify with and emulate. This chapter will begin with a brief summary of findings as they relate to women with temporary hair loss, thinning hair, and alopecia before turning to a analysis of how this study relates to research on managing a discrediting condition. It then explores whether women's emphasis on presenting a healthy identity can be understood as standing in lieu of thinking about presenting a feminine identity (i.e. as a new framing or reframing of femininity). The chapter concludes with an overview of the contributions this study has made to existing research on identity, appearance/body, and hair work, study limitations, and suggestions for future research.

### *Summary of Findings*

Before getting in to a summary of my research findings, I would like to reiterate that examining women's identity performances in relation to type of hair loss was an analytic advantage because it allowed me to parse out the unique components of their

experiences, particularly since there is little to no sociological research on this subject. Although the women spoke to the same broad themes of gender, femininity, beauty, health, and normality, the way that these concerns played out differed greatly depending on by the type of hair loss women had because it structured their experience in different ways since they were motivated by different concerns. This had different implications for identity and provided a context for understanding their identity performances. Organizing the chapters in this way allowed us to see the progression in the amount of women's concern about and control over their appearance.

In chapter four, I explored the effect of temporary hair loss on women's presentation of self. Hair loss was a medically sanctioned event caused by stressful bodily changes caused by chemotherapy and hormones. This sense of being "diagnosed" with hair loss structured their experience in that it had a cause and a cure, reassuring them that it would be a brief experience rather than an indication of some other more permanent medical condition. Thus, this experience was temporal in nature and consisted of three stages: anticipation of hair loss, experience of hair loss, and recovery from hair loss. For the first stage, women with cancer anticipated hair loss by purchasing wigs or making other plans to deal with their initial shedding while those with post-pregnancy hair loss relied on their past experiences (as well as familiar strategies from the past) and family history. During the second stage, women tried to realign their appearance with their sense of self by wearing wigs and looking healthy or looking feminine to meet social norms of gender, femininity, and race (Smith 1990; Uçok 2005; Uçok 2007). For the third stage, recovery, women came to have a renewed appreciation for and protective attitude towards their hair upon its return. None of the women felt like they had been or were likely to be stigmatized for their hair loss.

In chapter five, I explored the impact of thinning hair on identity performances wherein women tried to look professional, acceptable, and presentable. None of the

women that I interviewed knew why their hair was thinning although several of them had seen doctors in the hopes of being diagnosed with a condition that would in turn allow them to find a remedy that would help them improve the quality and volume of their hair. Their experiences were also characterized by an element of temporality but in a more ambiguous manner as they compared past and present appearances and presentations of selves against their concerns of an unknown future. Although they were worried about the types of images they were able to convey to others and some tried to keep apprised of their options should their hair loss worsen in the future, no one had received a negative comment from someone about their hair. Their concerns stemmed from a fear that others would criticize their appearance rather than having actually had this sort of criticism take place (i.e. worried about the possibility of being discredited rather than actually having been discredited). Women of color (with the exception of Eva) emphasized looking professional and acceptable, regarding hair as way of getting ahead in academia as well as receiving affirmation from others while the remainder of the participants wanted to look presentable so that they would be less noticeable to others. For some looking presentable was a tool that allowed them to be “enterprising selves” (Rose 1998) and achieve their career goals by conforming to gender norms portrayed by the media (Kellner 1995; Smith 1990).

Finally in the last chapter, I examined how women with alopecia use their presentation of self to negotiate complex issues relating to gender, femininity, beauty, health, and normality. Women viewed alopecia as a stigma that differentiated them from others not only in appearance but also in terms of identity (Goffman 1963). They tried to perform identity in ways that met hegemonic norms because they were aware that they did not meet such norms because they had alopecia. Rather than feeling empowered and embracing alopecia as Riley (2009) suggests, they tightened control over their identity performances and selectively self-disclose their condition to others so that they

would not appear “deviant” or be discredited (Goffman 1959; Goffman 1963). Women tried to look healthy so that others would not think they had cancer, acted and felt normal so that they could cope with their situation, and hid their hair loss so that others would not challenge their appearance. Hiding hair loss was important because their experiences taught them that their appearance was likely to be scrutinized because of their gender (Butler 2006; West and Zimmerman 1987). Any differences detected were likely to be brought to their attention because they could rely on others to help them save face (Goffman 1982). Instead, they had to carry the burden of interaction alone by carefully and cautiously constructing their identity performances so they appeared to be as they should be and not as they really were (Goffman 1959; Goffman 1963).

#### *Managing a Discrediting Condition*

This project fits into the larger category of research that focuses on how individuals manage a discrediting condition as seen in recent work examining a substantively diverse range of subjects such as tattoos (Irwin 2001), female athletes (Ezzell 2009), shyness (Scott 2005), and belly dancing (Kraus 2010) among others. This literature points to several possible stigma management strategies including but not limited to secrecy, educating others, semantic manipulation, managing a personal front, and resistance. Other than the few women that discussed the need to educate others about alopecia, most of my participants drew on two stigma management strategies that can be found in this broader literature. First, many of the women focused on the issue of secrecy (Goffman 1963) in that they disclosed their hair loss to certain individuals. Kraus (2010) discusses how female belly dancers often did not tell friends and co-workers about their interest in belly dancing because they feared that they would be seen as exotic dancers or strippers or that they others would challenge their morality. Instead, they separated their lives into groups of people that knew about their belly

dancing and others that did not. This can be seen in Megan's statement that she only told family and close friends about her alopecia. Another example was when Amy made it seem that she no longer had alopecia by denying that she had the desire when her friends asked her about it.

Aside from engaging in secrecy, women also tried to manage their personal front through upholding accepted ideas of gender, femininity, beauty, and health by hiding their hair loss from others. This was demonstrated when women with temporary hair loss talked about realigning their sense of self with their appearance by wearing wigs in order to maintain continuity in their presentation of self, when women with thinning hair discussed wanting to look "less noticeable" and "presentable" so that others would not be able to detect their hair loss, and when women with alopecia shared stories of using hair work to cover bald spots. Appearance management may lead to social isolation or withdrawal from interaction if individual's anxiety about their self-presentations interfere with their ability to participate in interaction successfully (Scott 2005). Women may become detached from society if they spend more time focusing on and judging their identity performances rather than participating in interaction. It is important to note that these two strategies cannot be neatly separated out but rather intertwine as keeping their hair loss secret from others often necessitates managing their personal front (i.e. appearance management helps them keep their hair loss a secret).

Although some women tried to compensate for their hair loss by paying greater attention to other aspects of their appearance, most continued to focus on making sure their hair conformed to valued social and cultural norms. This can be seen in the way that many of the women defined femininity in terms of hair *and* clothing (or appearance more generally) rather than solely in terms of overall appearance.<sup>31</sup> Looking feminine

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<sup>31</sup> Women's emphasis on appearance may partly be a function of the interview guide but may also be attributed to the type of women that participated in this study. Participants may have

and healthy allowed women to replace a stigmatized status (hair loss) that they perceived as having few benefits for their identity with ones that provided an acceptable level of status in society (Han 2009).

Furthermore, participants did not appear to compensate for their hair loss by focusing on other personal or professional roles but rather focused on how they could make the best of their appearance in spite of their hair. When women did discuss work roles, they focused on how being successful in these roles was dependent on appearance. This was seen in Claire's concern about how her thinning hair would affect her ability to be successful at her job if it became worse in the future, Trish's desire to balance being in control over her appearance with the need to look professional at work, and Lauren and Shannon's concern about making sure that co-workers did not learn about their alopecia. Rather than using work identities as something that could make up for their appearance issue, they talked about how maintaining a "normal" appearance was important for them to be successful in these roles.

Resisting norms may have been difficult for participants because they were engaged in isolated acts of managing a discredited condition since few, if any, of them knew other women with hair loss,<sup>32</sup> leading them to reproduce normative structures of gender, femininity, beauty, and health. Instead of resisting these norms, women engaged in normative identification wherein they learned to navigate and manage their condition in ways that reproduced the very norms that they complained about (Ezzell 2009; Palder 2008). They may not have broken away from dominant norms because they did not think that it was socially acceptable to do so. For instance, one of the

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been satisfied with other aspects of their appearance other than their hair or felt like they could manage those appearance issues more easily (i.e. felt like their hair was something that was unmanageable).

<sup>32</sup> Cancer survivors were the only exception to this.



reasons that Paige and Claire did not believe that going bald was a viable option for them was their concern that it was something that would violate norms of race and gender (i.e. something that is unacceptable for women, particularly white women).

Appearance practices were reframed as part of being an “enterprising self” (Rose 1998) wherein women believed that they were responsible for dealing with their hair loss through discipline (Foucault 1995) since bodies were projects to be worked on (Bordo 2003; Gimlin 2007; Shilling 2003). Conforming to norms meant that they were not victims of their appearance, that in effect they were regaining control over their bodies and their lives by scrutinizing and monitoring their appearance. This in turn allowed them to circumvent the potential consequences of being a woman with hair loss that they would rather not face. While women tried to conform to norms because they felt like they were expected to look a certain way they simultaneously distanced themselves from the images they presented to others by claiming that these images allowed them to fit into society rather than being a true reflection of who they were (i.e. something they *had* to do rather than *wanted* to do).

Although women thought it was unfair to have to and disliked having to conform to norms, they may have been less likely to resist because they were not embedded in communities of resistance that would facilitate this from happening (Klawiter 1999; Johnston and Taylor 2008). From the above discussion, it is fairly obvious that resistance may have been more likely to occur if we did not live in an appearance-oriented society where appearance is tightly linked to success. Resistance may also be facilitated by increased awareness and educating others about non-cancer related hair loss. This could help change social perceptions about hair loss as well as provide cultural space in which resistance can occur by providing discourses, resources, and tools that would allow women to manage hair loss through alternative presentations of self or in ways that are entirely unrelated to appearance. Resistance may be more likely

to occur if relations between women with hair loss are strengthened through social movements around this issue as seen in research on the Deaf community (Hole 2007; Hamill 2009).

Despite this lack of resistance, hair loss did provide a standpoint (Collins 2000) that allowed them to develop insight into social and cultural norms because it allowed them to experience what it is like to be a stigmatized other, particularly if it involved a loss of privilege. Research has found that people become more aware of their body and the importance of listening to what their body is telling them after experiencing a stroke due to their loss of bodily determination (Ellis-Hill, Payne, and Ward 2000; Faircloth et al 2004). Irwin's (2001) analysis of first-time tattooees found that they felt pressured to legitimate their decision to get a tattoo by claiming that their tattoo symbolized important achievements/milestones, showed commitment to conventional behavior since they were carefully planned and chosen, and functioned as "pieces of art" in order to maintain their middle class status. A good example of this process from my study was when women with temporary hair loss learned to redefine beauty by realizing that beauty is something that comes from within rather than from external appearance. Another instance occurred when with alopecia began to realize that they lived in an appearance-oriented society and that people were "superficial" and "insensitive" after being discredited by others.

### *Temporality and Diagnosis*

In this section, I would like to revisit the issues of temporality and diagnosis that have been alluded to throughout this project because they help explain and account for how and why hair loss affects women's identities in the ways that have been discussed in earlier chapters. The experiences of women with temporary hair loss follow Frank's (1995) restitution narrative of illness, treatment and recovery that in turn allows them to

be “successfully ill” (Frank 1997) wherein wearing wigs is regarded as acceptable way of dealing with their cancer status rather than a symbol of a stigmatized identity (Goffman 1963).

Women with thinning hair occupy a liminal space in terms of hair loss in that they are not bald nor do they have normal hair. The cause of their thinning hair remains mysterious, as they do not have the benefit of having a medical diagnosis that would help them explain and treat their hair loss. Being in a “diagnostic limbo” (Nettleton 2006) means that they are unable to suffer “in code” (Dumit 2006) because there is not a health movement around their condition that can increase its social visibility. Instead, they mourn their past appearance as they compare it to the present one as well as trying to maintain their previous presentation of self as much as they can while they look for remedies or cures that will help them prevent and/or conceal additional thinning in the future.

While women with alopecia do have a medical diagnosis that explains their condition, their presentation of self is problematic as there is little social discourse or awareness of their disease since it is not politicized in the same way that cancer is (Klawiter 1999; Nettleton et al 2004). They do not have the associated rights and privileges that come from having a cancer diagnosis that would allow their identity performances to go unchallenged but rather must settle for giving the best performances their appearances allow them to give (Goffman 1959; Nettleton 2006). While they are not “anomalously ill” because they have a legitimate medical cause for their hair loss, the lack of social awareness of alopecia leaves their identities open to being questioned by others since their appearance makes others uneasy and uncomfortable due to their inability to process the image presented to them (Goffman 1959; Nettleton 2006; Zerubavel 1991). Women are left with feelings of shame, embarrassment, and anger (Scheff 2000; Scheff and Retzinger 2000) as they cannot control or cure their hair loss or

the way that others react to it (see also Leder 1990). Whether women were diagnosed with alopecia as children or later in life, they are simultaneously attached to and detached from their hair in that it is an aspect of the appearance that they enjoy yet something that they may find themselves grieving over in the future if they lose it for good (Riley 2009).

The impact of hair loss created increasing feelings of “dys-appearance “ (Leder 1990: 77) and “social dys-appearance” (Leder 1990: 86) as the types of hair loss became increasingly permanent. While feelings of “dys-appearance” were evident for women in all three chapters, there were some differences in the degree of “social dys-appearance” they experienced. Women with thinning hair felt stirrings of “social dys-appearance” (i.e. felt self-conscious) because they did not know what others thought about their appearance. While they were concerned about the potential responses of others, their interaction with others was never disrupted because of their appearance. For women with alopecia, feelings of “social dys-appearance” were more prevalent because they had experienced what it was like to be discredited and feared that these experiences would occur in the future if they were unable to conceal their hair loss properly. This may account for why women wanted to realign their appearance and sense of self (Ucok 2005; Ucok 2007) by holding on to their previous presentation of self (Goffman 1959) rather than accepting and adapting to their new appearance or diseased body (Aujoulat et al 2008) regardless of what type of hair loss they had.

### *Why Do We Care About Appearance?*

I would like to return to the point that I mentioned briefly in the previous section when I suggested that people may be more likely to comment on the appearance of women with alopecia because they have difficulty processing what they see because I believe that it needs to be unpacked more fully. Part of the reason that others may feel

comfortable in commenting on the appearance of women with hair loss is that they believe that they are doing this with good intentions although their actions may not be perceived this way. People may want to support women with hair loss but may not understand how to do this in a way that does not offend them since they associate with cancer/illness. They believe that they are offering support to women that are ill because they cannot understand hair loss as something that is not related to health. This assumption hurts women's feelings, making them more self-conscious about their appearance, that in turn makes them less likely to want to talk about it with others.

People may feel comfortable asking others about their appearance they are exposed to a "media culture" (Kellner 1997) and other cultural texts that focus on private lives and problems (Habermas 1989) that were previously hidden from view. They may believe that it is okay to talk about appearance issues because they see people talk about them freely in reality makeover programs (Banet-Weiser and Portwood-Stacer 2006; Gallagher and Pecot-Hebert 2007; Lee 2009; Wilson 2005), infomercials, talk shows, and commercials. Personal boundaries become erased as people think that it is okay to ask others about their appearance since they are willing to talk about it in other forums. They may believe that they are helping women by asking them about their hair loss, taking the visibility of hair loss as a sign that women do not know about it or do not know how to conceal it appropriately. This assumes that women (and people with appearance issues more generally) want to and should fix or correct their appearance. Indeed, as members of an appearance-oriented society where we are used to evaluating our own bodies in relation to the norms we see depicted in the media and other forms of cultural discourse (Foucault 1995), often wondering if we should talk about prescription drugs we see in infomercials/commercials to see if they are "right" for us, diagnosing our selves and bodies based on these images, we may believe that we are actually helping others (i.e. doing them a favor) by pointing out that they do not meet appearance norms.

### *A Healthy Identity?*

Building on this previous discussion of the how and why women with hair loss try to present healthy identities to others, I would like to explore how these practices are linked to cultural discourse of health as well as norms of gender and femininity.<sup>33</sup> This emphasis on health and fitness is bound to our current cultural context as we live in a time where obesity is an epidemic, eating disorders are prevalent, and health insurance costs are rising (Bell 2006; Bell 2009; Edgely 2006). This project has shown that bodies, selves, and culture are intertwined whereby bodies have social and cultural meanings conferred on them as well as confer meanings reflecting how selves are culturally defined (Monaghan 2001). Women want invisible bodies that are not subject to social scrutiny because it interferes with social interaction and gets in the way of their ability to perform their desired presentation of self (Goffman 1959). Healthy bodies are subjected to an aesthetic pathology because having a normal appearance allows women to avoid being stigmatized (Goffman 1963). These practices stem from our cultural discourse of health which suggests that healthy bodies have higher social value than non-healthy ones since they are linked to notions of youth and beauty (Edgely 2006; Featherstone et al 2001; MacNevin 2003). In this way, we value a healthy *appearance* because it is taken to be an accurate measure of an individual's state of health rather than focus on what healthy *body* lets people achieve (Jutel and Buetow 2007; Rich and Miah 2009; Wright, O'Flynn, and Macdonald 2006).

But by thinking about healthy bodies and identities in this way, the practices of appearance work remain linked to female bodies and to the attainment of the same ends; the only difference is the way these processes are framed (i.e. as looking healthy rather than looking feminine or beautiful) because women are still controlling their

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<sup>33</sup> This section should be regarded as a tentative discussion of these issues that are worthy of further exploration in future research rather than as providing definitive answers.

appearance to “look healthy” (Foucault 1995) just as they did when they wanted to “look feminine” or “look beautiful.” Women (and people more generally, the focus is on women here) are still responsible for successfully controlling their appearance by disciplining their bodies, self-surveillance, and heightened risk-consciousness (Foucault 1995; Moore 2010). “Doing health” may be considered as a new way of “doing gender” (West and Zimmerman 1987) as female bodies are treated as objects that are to be displayed and presented for the approval of others.

Looking healthy may even be a more socially acceptable way of talking about appearance work because it is something that is so highly valued in our culture. It is easier to say that you are performing bodily practices as a way of looking healthy (which is read as being healthy) rather than saying that you are doing it to look feminine or beautiful (which are times considered to be pursuits that are more frivolous). Regardless of women’s motivation, whether they want to just *look* healthy or actually *be* healthy, they are still focusing on meeting social and cultural norms through appearance. Taking this perspective allows us to blend discourses of beauty, femininity, and gender, with those of health and well-being in that women are taking responsibility for their appearance without thinking of it as doing beauty work. This may be of particular importance to women who feel disqualified from having (or presenting) a feminine or beautiful appearance as we have seen from women with hair loss because although they may not believe that they have or can present these types of identities, they still try to achieve a healthy one. This provides a solution to the corporeal dilemma their appearance presents because it allows them to reframe their appearance so that it is socially acceptable.

### *Main Argument*

The main themes of this dissertation focus on the importance of hair for female identity as well as why and how women try to meet norms of gender, femininity, and health. This project has demonstrated that appearance and more specifically hair (or lack thereof) is an integral component of women's identity work by examining the various reasons why women try to conceal their hair loss from others. Most of the women in this study were concerned about how their hair loss affected their presentation of self (Goffman 1959), believing that they had to hide their hair loss from others through hair work or wigs (with the exception of two cancer survivors) in order to meet norms (particularly in terms of gender). Women with alopecia expressed this sentiment by trying to act, feel, and be normal when interacting with others (Foucault 1995; Goffman 1963).

Women learned that hair was important from images they found in our "media culture" (Kellner 1995), images that taught them that hair is something that they are supposed to care about more than men because it is part of what defines womanhood. Hair makes women socially acceptable since it part of their "crown and glory" (i.e. something they are "supposed" to have) as well as a tool that they can use to achieve professional goals they have set for themselves (Dellinger and Williams 1997; Rose 1998; Weitz 2001). This explains why many of the women were worried about the way that others would perceive them if they knew that they had hair loss (with the exception of the cancer survivors) since it would make them noticeable by attracting negative attention to their appearance.

The desire to avoid attracting negative attention was the main reason that women wanted to meet norms of femininity and health regardless of age or type of hair loss. Furthermore, most of the participants claimed that hair was part of how they defined a feminine appearance although it is unclear how this is related to their hair loss.



Did women believe that hair was something that makes women look feminine prior to their hair loss or did they start believing this after they began losing their hair because they lost an aspect of their appearance that they had previously taken for granted? Women with alopecia focused on looking feminine by making sure that their hair continued to be a feminizing feature for them because they did not believe that having alopecia released them from continuing to depict a feminine presentation of self as having cancer would. None of the women challenged the connection between hair and femininity, instead choosing to search for ways they could make their hair look feminine as effectively as possible (Foucault 1995; Gagne and McGaughey 2002; Weitz 2004). For women with post-pregnancy hair loss, looking feminine allowed them to look less masculine but more importantly look healthy.

Although looking healthy was discussed in the temporary hair loss chapter as well as the one on alopecia, there were significant differences in the reasons women provided for engaging in this form of presentation of self (Goffman 1959). For women with cancer, looking healthy was a way for them to deny that they were ill and avoid confronting the possibility of dying (Shilling 2003). By contrast, women with pregnancy-related hair loss and alopecia wanted to look healthy so that others would not think that they had cancer because female hair loss is typically associated with illness or disease, especially among white women. Similarly, women with alopecia did not want to look “plain” or “sick” because others would treat them as someone that had a “horrible disease” rather than as a healthy individual. Interestingly, while cancer and alopecia are conditions that are medically diagnosed, women with cancer want to pass as healthy despite being ill and proclaim a “survivor” identity when they regain their health (i.e. mark that they were ill), whereas women with alopecia try to always pass as healthy although they do not have a life threatening illness (Goffman 1959; Klawiter 1999); the only “illness” they have is alopecia (i.e. they are otherwise healthy). Sophie’s interview

revealed a different motivation behind looking healthy in that she viewed it as a way of proving her health status to others. Looking healthy helped corroborate that she was healthy instead disguising a medical condition.

While the women with alopecia were more open in claiming that their hair loss made them look “deviant” from norms of gender, femininity, and health because they felt marked (Brekhus 1998), “defective,” and “imperfect,” this was feeling was reflected in the use of wigs by women with cancer as well as couched less explicitly in terms of looking professional, acceptable, and presentable by women with thinning hair. In particular, the use of the words “acceptable” and “presentable” imply that thinning hair is something that is not acceptable or presentable for women by making them “more noticeable” and in turn uncomfortable. This language implicitly refers to their realization that their appearance is not as it should be. Rather than using the more emotional and powerful language illustrated in the chapter on alopecia, women with thinning hair relied on ambiguous terminology to express the same sorts of feelings. One reason for this is that women with thinning hair may have felt like they did not have the “right” to complain about their hair loss since they were not actually “losing” it in the same ways that they would if they had cancer or alopecia, they did not have a diagnosis to legitimate their hair loss.

Despite women’s concern with meeting norms of gender, femininity, and health, women were active agents in negotiating why and how they tried to conform to these norms rather than cultural dupes (Bartky 1997; Dellinger and Williams 1997; Foucault 1995). Women’s identity performances can be regarded as responses to the demands of seeing and being seen wherein people are what we see and seem to be what they are. Hair loss makes them vulnerable whether or not they try to conceal it, leaving them on the precipice of discovery as others closely inspect their appearance. This means that their presentation of self must be fixed and stable rather than fluid and dynamic as

women try to avoid having their hair loss detected by others. They focus on portraying a static image of self rather than adapting it to cope with changes hair loss brings to their appearance.

Adhering to norms allowed them to achieve their goals in the workplace (Weitz 2001) and in their private life. Cancer patients' wigs made them feel comfortable going to work and to school, looking professional, acceptable, and presentable allowed women with thinning hair to set and achieve important academic and career goals, and hiding hair loss allowed women with alopecia to feel comfortable interacting with others and in control of their lives. Instead of letting hair loss stand in their way, they coped by performing identity in ways that would allow them to continue on with their lives with minimum disruption even if it meant that they had to spend more time constructing their presentation of self so that they met social and cultural norms.

Although some women expressed mixed feelings about going to salons, salons were an important resource in these processes. This ambivalence was caused by a simultaneous anxiety/nervousness about what their experience would be like and the prospect of looking and feeling good and proud of their appearance after their hair was styled. This pleasure may come from a belief that salon products and services are necessary for enhancing the appearance and attractiveness of hair (Weitz 2004). Salons helped them construct, maintain, and protect the performances they presented to other audiences because stylists were seen as experts that could perform better hair work than the women could do alone at home (Gimlin 2002; Goffman 1959; Goffman 1963). While women may have been discredited at or had to discredit themselves when they went to salons, getting their hair done at a salon allowed them to avoid being discredited in other contexts because it made their hair loss less noticeable to others (Goffman 1963).

Women with alopecia were the most concerned with being discredited because they could not count on others to help them save and maintain face since others would more likely to pay greater attention to their appearance rather than less attention to it (Goffman 1959; Goffman 1963; Goffman 1982). Thus, they were continually faced with the possibility of discredited as the “unfairness” and “pain” of the situation was repeatedly presented to them rather than being given “lip service” (Goffman 1963: 121-22). By contrast, women with cancer were the least worried about being discredited by others because their identities were bestowed with aspects of sacredness and privilege due to their cancer status. Women with thinning hair were in their comfort zone in that they had few, if any, experiences of being discredited but were still imbued with the fear that they were more likely to be discredited in the future if their hair loss became worse.

### *Significance of Study*

This was one of the first studies if not the first study to sociologically analyze the effect of hair loss on women’s identity performances among women with three types of hair loss as there are few studies to examine these issues with regards to cancer patients let alone with women with thinning hair or alopecia. Women with thinning hair and alopecia are located in the border regions of the hair work literature (if not outside of it entirely) in that they do not have hair that is malleable (i.e. “normal hair”) yet do not “have cancer.”

This study contributes to existing research on identity, appearance/body, and hair work. It merges Goffman’s theories of identity (1959; 1963) with Foucault’s (1995) analysis of the body by recognizing that identity is located in the body wherein selves and bodies are mutually constitutive. It explored the implications of bodily difference in the form of a stigmatized appearance on the presentation of self in women with hair loss (Goffman 1959; Goffman 1963). In this way, bodily presence was brought back into the

discussion of selves and identities (Shilling 2003). Until this point, research has only linked hair work to issues of embodiment (Budgeon 2003; Weiss 1998) for African American women (Banks 2000; Patton 2006; Rooks 1996) and cancer patients (Hansen 2007; Lord 2003; Rosman 2004; Ucok 2005; Ucok 2007) but here we see that hair work is embodied for women with other forms of temporary hair loss, thinning hair, and alopecia as they viewed hair as signs of femininity, gender, beauty, and health.

This project demonstrated that appearance has social implications by showing how appearance issues among women (in this case hair loss) impedes women's presentations of self and attitudes toward social interaction in that it becomes a "social disability" of sorts (Goffman 1959; Goffman 1963). The fear of experience of hair loss impairing social functioning leads women to try to blend in seamlessly with appearance norms by hiding their hair loss from others. There may be similar implications for those that carry other hidden identity markers as well.

At the same time, this project was not about the "politics of beauty" (Wolf 1991) nor did it regard women as cultural dupes (Bartky 1997) that blindly follow norms depicted through media images (Gamson 1999; Habermas 1989; Kellner 1995; Smith 1990) but rather as active agents that negotiate social and cultural definitions of gender, femininity, beauty, and health in order to achieve goals that are important to them (Dellinger and Williams 1997; Link and Phelan 2001; Rose 1998; Weitz 2001). Regardless of whether they are considered agents or dupes, women with hair loss seem to "discipline" their hair much in the same ways women discipline their bodies (Bartky 1997; Bordo 2003; Butler 2006; Foucault 1995), striving to conform to social and cultural norms under all conditions across a range of contexts by presenting images of self they believe are acceptable to others. This study also revealed that unlike existing research on women's hair work (Weitz 2004) where hair is seen as indicative of beauty, hair may be regarded as a sign of having a healthy identity. Women may find it easier to explain

their efforts to control their appearance through a discourse of health because healthy identities have a higher value in our current social context. This allows them to perform similar types of appearance management practices to meet norms of gender and femininity using socially desirable language.

### *Limitations*

This project has several limitations. First, it was challenging to recruit participants and schedule interviews during the spring and summer of 2010 because potential participants that were associated with colleges/universities were busy with end of the semester activities and upcoming travel plans (although this was true to some extent for others as well). Second, the sample was somewhat homogenous in nature in terms of education level (most had some college education), sexuality, occupation (most were students or professionals), and class (most were middle-class). The chapters on temporary hair loss and alopecia could have been more racially balanced (i.e. more similar to the chapter on thinning hair). For these reasons, it is important to recognize that this project offers “partial truths” (Collins 2000) and may not be generalizable to women in different contexts or social locations or those with other forms of hair loss but rather opens up space for examining these experiences and processes. The size and diversity of the sample may have benefited from recruitment through offline hair loss/alopecia support groups or through additional online support groups. Third, the quality of the email interviews may have been improved if online recruitment had begun earlier or if participants had been asked to respond to fewer questions in greater detail instead of being sent the entire interview guide. Using a narrative approach may have helped elicit more stories in face-to-face as well as email interviews.

### *Future Research*

There are several avenues for future research. First, scholars could explore the people that women with hair loss interact with on a daily basis such as friends, family members, (and strangers but this may be more difficult to do) in order to understand when and why they comment on their appearance (i.e. the purpose of this) and how they help them save or maintain face in front of others (Goffman 1982). How do these practices differ depending on the type of hair loss a woman has? Relatedly, stylists, cosmetologists, and medical professionals could be interviewed to explore the ways that they help women cope with hair loss and construct identity performances as well as if and how this is affected by a woman's social location (Roberts 1997). These individuals are in the unique position of being able to emotionally support clients by listening to their needs and making them feel good about their appearance. Moreover, stylists can help women cope by offering their expert opinion on what styles will best hide their hair loss, teaching women how they can conceal their hair loss at home (i.e. making it look thick and shiny) and advising women about what they can do to protect their hair from additional hair loss, thinning, or damage (Foucault 1995). How do they help realign their sense of self with their appearance (Ucok 2005; Ucok 2007)? Does it matter whether or not they work in an organization that specializes in hair loss?

Second, researchers can explore how hair loss affects women that come from cultures where hair is valued (such as African American or Asian American women). What do women do when a socially and culturally valued trait is threatened? Racial differences in appearance may become compounded and identity performances may become more complicated if women of color (particularly African American women) feel like they are unable to meet norms of gender, femininity, and beauty because of their hair loss, particularly since their bodies have not been traditionally seen as beautiful (Banks 2000; Hunter 2002; Patton 2006; Wallace-Saunders 2002). Does the presence

of weaves, wigs, and extensions in African American women's hair work make presentation of self easier (because they are not "stigma symbols" (Goffman 1963) or more difficult for women with hair loss?

Third, it may be fruitful to examine how women discuss identity practices in online support groups because they are spaces where they have the opportunity to anonymously interact with others like them that offer advice on how to live and cope with hair loss (Goffman 1963). It may function similar to a back region, serving as a place where they can refer to their offline routines in technical or cynical terms or discuss staging problems such as which types of hair work will and will not work and the fate of their earlier performances (i.e. collude with one another or engage in communication out of character see Goffman 1959). How do women's experiences in online support groups inform their presentation of self in the offline world?

Fourth, research can explore how wigs and extensions are used in the identity work of women without hair loss as they are commonly used by women with hair rather than as "disidentifiers" or "stigma symbols" (Goffman 1963) because they are not trying to conceal hair loss. Instead, hair additions may be used to experiment with their presentation of self (Goffman 1959), present performances that they could not portray with their natural hair, or break social norms, or compliment existing hair. Why do women with wear wigs and extensions (i.e. what are they trying to accomplish?)? What are they saying about identity?

Finally, scholars should continue to examine the relationship between appearance work and control in terms of how this is shaped by cultural context (i.e. racial, ethnic, religious, and national cultures). One possible avenue of research could explore the role self-help books or movements (Cherry 2008; McGee 2005) play in how women manage hair loss. Are women that read self-help books or participate in self-help movements more or less likely to deal with their hair loss through appearance



management? How do their identity practices differ from women that do not engage in a discourse of self-help?

I would like to close with a quote from Weitz (2004) that echoes some of the points discussed in this project. She comments that

...our hair remains an almost magical substance: both uniquely public, open to others' interpretations, and uniquely personal, growing out of our bodies and molded (imperfectly) to our individual desires. For this reason, hair will continue to serve as a marker of individual identity throughout our lives (P. 225).

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## APPENDIX A: IRB APPROVAL LETTER

Dear Investigator:

Your human subject research project entitled Women's Hair Work and the Construction of Identity meets the criteria for EXEMPT APPROVAL and will expire on March 01, 2011. Your approval will be contingent upon your agreement to annually submit the "Annual Exempt Research Certification" form to maintain current IRB approval.

You must submit the Annual Exempt Research Certification form before **January 15, 2011**. Failure to timely submit the certification form by the deadline will result in automatic expiration of IRB approval.

If you wish to revise your exempt activities, you must contact the Campus IRB office for a determination of whether the proposed changes will continue to qualify for exempt status. You may do this by email. You will be expected to provide a description of the proposed revisions and how it will impact the risks to subject participants.

Please be aware that all human subject research activities must receive prior approval by the IRB prior to initiation, regardless of the review level status. If you have any questions regarding the IRB process, do not hesitate to contact the Campus IRB office at (573) 882-9585.

Campus Institutional Review Board

### IRB Amendment

Dear Investigator:

The proposed changes to your Exempt project were approved.

As a reminder, you must submit the Annual Exempt Research Certification form 30 days prior to the expiration date. Failure to timely submit the certification form by the deadline will result in automatic expiration of IRB approval.

If you have any questions regarding the IRB process, do not hesitate to contact the Campus IRB office at (573) 882-9585.

Campus Institutional Review Board

## APPENDIX B: RECRUITMENT FLYER

### Women's Hair Loss Study

Are you a woman who...

Is experiencing hair loss or balding?

Has thinning hair?

Has experienced hair loss in the past?

Is currently bald?

Has a female family member or friend who has thinning hair, is or has experienced hair loss, or is bald?

If you answered "yes" to any of the above, you may be interested in sharing your story by joining a new research study of hair loss at the University of Missouri-Columbia. If you are interested in sharing your experience in a 1-2 hour interview, please contact Priya Dua ([pd3d2@mail.missouri.edu](mailto:pd3d2@mail.missouri.edu)) in the Department of Sociology.

The names and identities of all participants will remain confidential.

Priya Dua  
University of Missouri-Columbia  
Department of Sociology  
312 Middlebush Hall  
Columbia, MO 65211

## APPENDIX C: INTERVIEW GUIDE

The first few questions explore what your hair currently looks like.

1. Could you describe your hair for me?
2. How did you choose this style?
3. Could you tell me a little about how you lost your hair?

### Hair, Identity, and Interaction

The next series of questions explore the how your hair relates to your sense of self and the way you interact with others.

4. Is your hair a part of who you are (i.e. how see/define yourself or how others see/define you?)
5. How do you deal/cope with hair loss? What does it mean to be a woman with hair loss?
6. Have you ever thought your life might be different if your hair were somehow different?
7. Do others know about your hair loss? If so, how did they find out?
8. Do you have any horror stories to share?
9. Do you think your hair affects how others think about or respond to you?

### Hair Care Practices

The following questions examine the way that you currently care for your hair. Feel free to mention any changes in the your hair care activities since you began losing your hair.

10. Do you enjoy your hair, or caring for your hair? Were your feelings different before you had hair loss?
11. What do you do to take care of your hair most days? How long does that take? What thoughts go through your mind when you're doing this?
12. How often do you get your hair cut or styled?
13. Could you tell me about the last time you had a bad haircut, or a bad hair day?
14. Have you explored any special hair care products or treatments because of your hair loss? What did you try?
15. If you found a product or procedure that would stop or reverse your hair loss, would you try it? Why or why not?

### Appearance, Beauty, Femininity and Hair

This last series of questions ask about appearance, beauty, and femininity.

16. In terms of appearance, how do you recognize a woman as feminine (i.e. as a woman)?
17. Do you think there are ideal standards for women's hair?
18. Has your perception of your appearance changed since you began experiencing hair loss?
19. Some women that I've interviewed have mentioned that having hair loss/thinning hair has changed the way that they think about how their bodies appear to others. Has the way you care for other aspects of your appearance changed?
20. Do you believe your appearance matches your sense of self?
21. How important is your hair to you?
22. Have your attitudes about hair as an indicator of beauty changed since you experienced hair loss? As a part of a feminine identity? How so?
23. Have your thoughts about beauty changed since you began losing your hair?
24. Do you pay attention the appearance of other women (either in the media or in your everyday life)?
25. Do you feel beautiful?

### Wrap-up

26. Is there anything else that you'd like to tell me that I might not have known to ask about?
27. Do you know other women with hair loss? How did you meet them?

### Demographic Information

I'd like to ask you a few demographic questions before we end the interview.

28. What city do you live in?
29. What is your occupation?
30. How old are you?
31. What is your racial or ethnic background?



32. What is your educational background?

33. What is your marital status?

34. What is your sexual orientation?

## APPENDIX D: LETTER OF INFORMED CONSENT

Priya Dua, Researcher  
University of Missouri-Columbia  
Joan Hermsen, PhD, Project Advisor  
*Women's Hair Work and the Construction of Identity*

### Introduction:

I am Priya Dua from the University of Missouri-Columbia. I am doing research on the relationship between women's hair loss and identity. If you have any questions, please ask me. The purpose of this research is to better understand how women's hair loss affects their identity. You can help with this research by participating in an interview on hair loss.

### Voluntary Participation:

As part of this study, you are being asked to participate in an interview that will take approximately 1-2 hours of your time. Your participation in this research is completely voluntary. It is your decision whether you participate or not.

### Anonymity:

Your interview will be taped and transcribed. All names will be changed in the interview transcript. Only my project advisor and I will have access to the information recorded on your interview tape prior to transcription. The data from this project will be stored in a secure location. Any information that is obtained in connection with this study and that can be identified with you will remain anonymous.

### Risk to Participant:

There is a minor risk that some questions may make you uncomfortable.

### Right to Refuse or Withdrawal:

This reconfirms that your participation in this research is voluntary. This also includes the right to withdraw from the project at any time.

### IRB Contact:

If you have questions about this form or the research project, you can contact the Institutional Review Board at the University of Missouri-Columbia. The Institutional Review Board is a group that protects the rights of people participating in research studies. Their address is:  
483 McReynolds Hall  
University of Missouri  
Columbia, MO 65211

**I have been invited to participate in research about the women's hair loss and identity. I understand that I will participate in an interview on this topic.**

**I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have had have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from this project at anytime.**

Print name of participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year

## **VITA**

Priya Dua was born in 1979 in Chicago, Illinois. She received a Bachelor of Arts degree in Psychology and a Bachelor of Arts degree in Liberal Studies in 2002 from Maryville University. She graduated with her Master of Arts degree in Sociology from the University of Missouri-Columbia in 2005 and decided to return to pursue a doctorate in Sociology from in the fall of 2006.