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The Lived Experience of Stigmatization Due to Chemotherapy-Induced Hair Loss for Young Women With Cancer Who Attend College

Challna Blair
Walden University

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Chalna Blair

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the review committee have been made.

Review Committee
Dr. Ethel Perry, Committee Chairperson, Psychology Faculty
Dr. Steven Linnville, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

This study investigated the stigmatization experienced by young women in college due to chemotherapy-induced hair loss. Previous research primarily focused on older women, adolescents, and men, leaving a gap in understanding the impact on young college-age women. Using Goffman's theory of stigma and Giorgi's descriptive phenomenological method, six young women were interviewed confidentially. The primary research question asked what is the experience of stigma in young women in college who have hair loss during or following chemotherapy cancer treatment?

The study revealed that these women often faced being ostracized by peers, received minimal family support, and experienced distressing scrutiny from others, leading to identity crises and significant emotional distress. These findings highlight the need for higher education institutions to better support young women undergoing chemotherapy. Moreover, this study's findings support social change by informing and recommending healthcare professionals to provide tailored support to these young women and prepare them for the social challenges that will face them due to chemotherapy-induced hair loss.

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Dedication

I dedicate this dissertation to my very best friend in this world, Jesus Christ, without whom not one breath is possible.

Acknowledgments

A special gratitude is offered to my Mother and Daughter, Greg Murphy, Dr. Ethel Perry, Dr. Robert Cameron, Will Coward, S. Harrison, A. Lemieux, Dr. Linnville and finally, Dr. Charles Frazier Stanley. For all of the people listed above knowingly and unknowingly allowed God to use them so that this completed dissertation goal would come to pass.

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Chapter 1: Introduction to the Study

Chemotherapy-induced alopecia negatively affects 55.3% of women causing increased distress in their lives (Choi et al., 2014). Correspondingly, about 50% of women with cancer viewed hair loss as the worst outcome of chemotherapy (Phillips et al., 2017). Chemotherapy-induced hair loss usually occurs 7 to 21 days after the start of chemotherapy cancer treatment (The Institute for Quality and Efficiency in Health Care, 2006) due to toxicity swiftly splitting hair follicle cells (Trueb, 2010). Eventually, poisons in cancer treatment therapy destroys the follicle of the hair and hair falls out, such as a disfigurement of the hair follicles that happens due to chemotherapeutics (Haslam & Smart, 2019).

Chemotherapy-induced hair loss among individuals with cancer leads to stigma, specifically stigma involving their cosmetic appearances (Watanabe et al., 2019). Women cancer patients who experience this hair loss say they feel and look differently at themselves, as if they have lost their femininity (Trusson & Pilnick, 2017). They feel they may experience pessimistic treatment by other individuals if they do not cover or hide their hair loss (Boyle, 2018).

The aim of this study was to discover the lived experiences of stigmatization due to chemotherapy-induced hair loss among young women who attend college. This study was conducted because there is not enough awareness about young college women who experience chemotherapy cancer treatment and its outer impact (hair loss) to their physical appearance while living in a college environment. Some young women may be empowered by the hair loss, but others may not, and they will need help to cope with it, especially in this type of environment where most young people may not have regular exposure to individuals who have medical issues that can impact their physical appearance. In this chapter, I briefly summarized research literature from Grogan et al. (2019), Viny and Barr (2006), Freites-Martinez et al. (2019), Suwankhong and Liamputtong (2018), Tripathi et al. (2017), and Yeshua-Katz et al. (2019), who all found that cancer-related or chemotherapy-induced hair loss causes distress for some young women. Next, the problem statement of this study and the purpose of the study is revealed. The research question and the nature of the study, as well as specific definitions that need clarification, are included. Assumptions are revealed and examined along with the scope and delimitations, limitations, and significance, followed by a summary of the chapter.

Background

Chemotherapy-induced hair loss is an issue among women that causes them to feel uncomfortable about the way they look. Grogan et al. (2019) found that hair loss is traumatic for women even after cancer treatment had ended. Like Grogan, Freites-Martinez et al. (2019) found that chemotherapy-induced hair loss negatively and positively (e.g., after hair re-growth treatment) affected their women participants by creating pessimistic feelings about their bodies and life quality. Freites-Martinez, Tripathi et al. (2019) study found that chemotherapy-induced hair loss negatively affected the women participants in their study with no positive outcome connected to the negative outcome, except for after exercising (e.g., exercising created positivity). However, Tripathi et al. (2017) found that chemotherapy-induced hair loss negatively affected the women participants in their study, however the women participants reacted to the loss of hair with acceptance because they felt that the treatment for cancer would save their lives. Nevertheless, Suwankhong et al. (2019) found that hair loss related to cancer treatment is very agonizing; however, cancer-related hair loss received more attention than hair loss or alopecia related to other illnesses (e.g., ringworm). The participants in the above-mentioned studies were ages 18 and over with different backgrounds, but none of the studies specified whether those women were attending college because hair loss while attending college was not the subjects of their research studies. This study addressed the gap of missing research, only among young women who have experienced stigma because of chemotherapy-induced hair loss while attending college.

Problem Statement

There were 912,930 new cancer cases projected for women in the year 2020 (Siegel et al., 2020). In 2016, the cancer incidence among female young adults was 23 per 100,000 for ages 15 to 19 and 55 per 100,000 among female adults ages 20 to 29 (American Cancer Society, 2016). Moreover, in 2022, there was a trend increase from 80 per 100,000 to 98 per 100,000 among young women ages 15 to 19 who received a cancer diagnosis was indicated by the National Cancer Institute (2022). Expounding on the National Cancer Society report, the American Cancer Society (2023) lists that young female adolescents and adults have the most cancer diagnosis annually. Some women who are diagnosed with cancer experience emotional (e.g., trauma and cancer identity) and physical (e.g., hair loss) issues because of chemotherapy cancer treatment. The trauma of hair loss and the stigma attached to a cancer patient identity made patients upset and feel abnormal (Trusson & Pilnick, 2017). Expanding on Trusson and Pilnick (2017), Wang et al. (2017) noted that among women with cancer, negative attitudes are associated with health-related stigma. Similarly, Grogan et al. (2019) found that chemotherapy hair loss is not viewed as something positive by women. Unlike Grogan et al., Trueb (2017) highlighted that hair is a symbol in some cultures and Dornelas (2018) noted that hair is directly related to feeling attractive and reflecting good health. In a similar way to Trueb, Tripathi et al. (2017) expounded on culture and noted that women in the Indian culture socially evaluated their bodies often and experienced much distress due to their first experiences with body changes due to illness. Unlike Tripathi et al., Grogan et al.'s qualitative research study also examined post cancer-related hair loss among women from the United Kingdom age 37 to 67 suggested that further research should include a broader age range to have more diverse views of hair loss due to cancer. Similarly, Barber and William's (2021) study examining how female college students cope with college life while being habitually ill suggested that further research studies examine issues that female students in college universities encountered due to an unseen long-lasting illness (i.e., cancer). Likewise, Jafri et al.'s (2021) study examining stigmatization of cancer level amid Malaysian university students suggested that future studies should include different cultures and subgroups.

Previous studies examined cancer-related stigma and how chemotherapy-induced hair loss affects the perception of the body among young women and women in different locations (e.g., cancer center) have of their body (Tripathi et al., 2017). Female participants in Trusson and Pilnick's (2017) study responded to a university website research invitation but did not attend the university. Compared with Trusson and Pilnick, Tripathi et al. (2017) noted that the Indian women participants in their research study were in a cancer center. Female participants in Mosher and Danoff-Burg's (2017) study responded to a university research invitation about cancer-related stigma correlated to perception, attended the university, however had no diagnos~~is~~ of cancer. Hence, the present study explored the lived experience of stigmatization of young women with chemotherapy-induced hair loss who attend college.

Purpose of the Study

The purpose of this qualitative study was to explore the lived experience of stigma related to hair loss due to chemotherapy cancer treatment among women in college who have cancer. This research is unique because, unlike prior studies, it addresses the stigma and distress experienced by younger women in college and how this stigma guides the way these young women views change about themselves after chemotherapy-induced hair loss during and after chemotherapy.

Research Question

What is the experience of stigma in young women in college who have hair loss during or following chemotherapy cancer treatment?

Theoretical Framework

The sociologically rooted theoretical framework of this research study is Erving Goffman's theory of stigma (social stigma theory). In this theory, Goffman (1963) proposed that social categories are created both by society and social environments. Goffman (1963) noted that people with a normal perspective are known as "Normals" (p.

3). A Normal's viewpoint involves unconscious, specific, and undesirable actions toward someone with stigma because they view the stigmatized individual as less than human (Goffman, 1963). Therefore, a theory of stigma was created that offers explanation of why a rationalized bias exists toward others who have a stigma, even in the area of class (Goffman, 1963). Goffman was the very first individual to create the sociologically rooted stigma theory that examines the life of people with different types of stigmas. Individuals with certain types of stigmas known as "Deviants" are socially pushed aside because of the stigma they possess (Carnevale, 2007). One facet of social stigma theory is the idea of social identity (or status). Social identity is one's perception of an unfamiliar individual, where one does not know the person's background. When an individual engages in social interaction with a stranger, the formation of social identity occurs. Social stigma is defined by Michael-Titus et al. (2010) as an individual or group of person's view or behavior that is influenced by another individual's physical, mental, or social state. Wang et al. (2017) discussed that stigma related to health, such as, cancer patients, is common. This study looked at social stigma theory among women in college who have chemotherapy-related hair loss. Goffman's stigma theory directly relates to this study because some young women and women with chemotherapy-induced hair loss may not feel comfortable in social environments, for example in a college, which may result in experiencing stigmatization.

Nature of the Study

This study used Giorgi's descriptive phenomenological approach that enables extensive inquiry of the lived experiences of young women who have stigma because of chemotherapy-induced hair loss who attend college. The descriptive phenomenological approach is pertinent for the stigmatizing experiences to be understood because participants are interviewed remotely and they describe their situation connected to the phenomenon (i.e., data collection). Giorgi and Giorgi (2003) discussed the descriptive phenomenological psychological method step by step, which includes interviews either recorded and transcribed or written, the researcher reviews the transcribed or written interviews and gets a sense of the experiences in their entirety, and finally the researcher pinpoints the psychological message within the participants accounts (i.e., gathering a theme and expressing those themes and accounts in a psychological language).

Definitions

Stigma: Goffman's definition of stigma is a unfavorable judgment connected to the features of an individual which sets the individual outside of the boundary deemed bearable according to/by society's measure for personal characteristics and execution, (i.e., a special connection between characteristics and being stereotyped (Goffman, 1963; Tang et al., 2016).

Chemotherapy-induced hair loss: Chemotherapy-induced alopecia (i.e., hair loss) is defined as a disfigurement of the hair follicles that happens due to chemotherapeutics (Haslam & Smart, 2019).

Cancer identity: Cancer identity is assigned either by an individual to themselves or assigned by other individuals to the individual whose appearance reveals the chronic illness (Trusson & Pilnick, 2017).

Concepts of stigma: Concepts of stigma co-occur with stigma and are a part of the reason that stigma is experienced (Goffman, 1963).

Assumptions

In this study, it was assumed that young women who attend college experience stigma at home and in other social environments due to chemotherapy-induced hair loss. It was also assumed that young women experience distress about losing hair from their head more than from their body were honest in the interviews when participating in this research study. One possible outcome of the results of this study is that programs and therapies within the college and hospital environments could help young women with chemotherapy-induced hair loss cope with the issue of experiencing stigma. This is a qualitative study; therefore, each of the participant's experiences were subjective, specific to each participant's account of the stigma. The above-listed assumptions were imperative because experiencing stigma due to chemotherapy-induced hair loss (i.e., a cancer treatment side effect) among young women were the focus of the study.

Scope and Delimitations

Only young women participants with chemotherapy-induced hair loss who attend college and live in the United States of America were included in this study. This group is selected because literature is lacking about young women who experience stigma because of chemotherapy-induce hair loss in the United States. In addition, literature is lacking on young women who experience stigma due to chemotherapy-induced hair loss who attend college. The lived experiences of these young women were selected as the focus of this study to bring attention to the issue of information lacking in this area.

Young women experience stigmatization because of hair loss due to cancer treatment, and this issue was not receiving the attention needed (Barber, 2019). Young women ages 18 to 35 years old are the only women included in this study. Men and children are not included, nor are older women included, to prove the need for further research on young women with chemotherapy-induced hair loss. Participants' accounts were interpreted according to their words, and no researcher verbiage was added. Giorgi's descriptive method was selected because it connected best with the direction of the research study.

Limitations

Limitations for this study of social stigma experienced by young women in college with chemotherapy-induced hair loss did not change from the proposal. Only young women who attended college from 2019 to 2023 and were 18 to 35 years of age were interviewed, which excluded input from other women older than 35. Participants' experiences were based on their detailed perceptions. The findings may not apply to individuals with personalized views of gender, who have not experienced chemotherapy-induced hair loss, or who have not attended college. A limitation of the descriptive phenomenological approach of this research study was the small number of six participants.

The limitations for transferability in this study include the small sample size of this research study, which was specific to the population of young college women with chemotherapy-induced hair loss who experienced stigma. Limitations regarding dependability and transparency were addressed by keeping detailed audit trail documents to note personal issues of biases or judgment.

Significance

This descriptive phenomenological study addressed the gap in the literature. This study contributed to addressing a gap by providing an in-depth examination of the experiences women in college have with stigma due to chemotherapy treatment for hair loss. Results from this study might provide educational information to healthcare providers to help younger women cope more effectively with the consequences of chemotherapy.

Summary

In this chapter, I stated the problem of a lack of research on my topic of study, which is the stigmatization experienced by young women who attend college because of chemotherapy-induced hair loss. Assumptions were revealed and examined along with the scope, delimitations, limitations, and significance. The purpose of this study was to explore the lived experience of stigma related to hair loss due to chemotherapy cancer treatment among women in college diagnosed with cancer. The research question and definitions of keywords were provided, as well as information about Giorgi's descriptive phenomenological method, why the scope includes only young women ages 18 to 35, and why those in college were selected. Limitations were discussed, and finally, the significance of the study was revealed.

In Chapter 2, the literature review will include an explanation of stigma, which is a complex concept with a long history. This will lead to a review of research related to important concepts, such as labeling, discrimination, stereotypes, and prejudice. Health stigma and a health framework were examined, along with how chemotherapy-induced hair loss affects young and older women globally and in different cultures. Cancer identity among cancer survivors was explored to give an idea of what those young women will have to face once they are cancer-free. Finally, programs were explored to help young women and others cope with the outcome of chemotherapy-induced hair loss and the stigma it causes. Goffman’s stigma theory plays a central role in this exploration of young women’s stigma experience because of chemotherapy-induced hair loss.

Chapter 2: Literature Review

Hair loss due to chemotherapy treatment is a traumatic experience that negatively affects women cancer patients and leads to a feeling of stigma (Trusson & Pilnick, 2017). Researchers have investigated the connection between chemotherapy-induced alopecia and stigma in both older women (Baati et al., 2010; Choi et al., 2014; Frith et al., 2007) and younger women (Hilton et al., 2008). One study showed that 55.3% of older women with a mean age of 48.4 were negatively affected by chemotherapy-induced alopecia and it led to increased distress in their lives (Choi et al., 2014). Despite the traumatic nature of hair loss, especially for young women, there appears to be a lack of research on this topic. More research is needed to address the traumatization and stigmatization of young, college-aged women who suffer from chemotherapy-induced alopecia or hair loss. Most studies that have examined the harsh effects of hair loss among cancer patients were conducted between the years 1975 (Brunner et al., 1975) and present (Versluis et al., 2022). However, none of these studies explored the specific experiences of college-aged women who attend college. Research on college-aged women has focused almost exclusively on other physical traumas and hardships of cancer treatment, such as weight loss and breast removal (Iddrisu et al., 2021). Although the authors did not include recommendations specific to college women, the results did point to recommendations for future research on young women experiencing hair loss due to cancer treatment (Trusson & Pilnick, 2017). This study contributed to filling a gap that exists about young women who have chemotherapy-induced hair loss, experience stigma, and attend college by addressing the need for research in this area and to highlight programs to help solve the issue.

As a result of the lack of research, the aim of this study was to examine the lived experiences of young women attending college while also suffering from chemotherapy-related hair loss. To fully understand the aspects of this study, information about important concepts related to the phenomenon, such as stigma and self-perception, must first be explored. The sections below include an explanation of stigma, which is a complex concept with a long history. Health stigma and a health framework are examined, which lead into a review of research related to important concepts, such as labeling, discrimination, stereotypes, and prejudice along with how chemotherapy-induced hair loss affects young and old women globally and in different cultures. Cancer identity among cancer survivors is explored to give an idea of what those young women will have to face once they are cancer-free. Finally, programs are explored to help young women and others cope with the outcome of chemotherapy-induced hair loss and the stigma it causes. Goffman's stigma theory plays a central role in this exploration of young women's stigma experience because of chemotherapy-induced hair loss.

Literature Search Strategy

I conducted an extensive literature review of journals, books, and conferences and previous articles about stigma experiences and cancer-related chemotherapy-induce hair loss among college women, men, young adults, older women cancer patients and survivors through several online libraries and databases. These databases included OVID, APA Psych Info, Science Direct, Wiley Online Library, Elsevier, Springer, NCBI, Walden University Library, PubMed, Thoreau, Sagepub, ProQuest, Academic Search Complete, Psyc Articles, Psy Extra, Soc Index, MEDLINE, and Google Scholar.

The keyword search phrases and terms that I used were as follows: *Cancer and hair and young women and college, stigma and cancer and hair loss, and young women and college, scholarly articles on stigma and young females with cancer-related hair loss, stigma and chemotherapy treatment and hair loss and young women and college google scholar, stigma and hair loss, scholarly articles stigma and young adult women with cancer-related hair loss ncbi, stigma and hair loss, scholarly articles stigma and young adult women with cancer-related hair loss, stigma and adolescents and experience and hair loss and chemotherapy, scholarly articles stigma and young adult women with cancer-related hair loss ncbi, scholarly articles stigma and teenage with cancer-related hair loss ncbi, scholarly articles stigma and adolescents with cancer-related hair loss ncbi, scholarly articles stigma and girls with cancer-related hair loss ncbi, scholarly articles on stigma and young women with cancer-related hair loss in college, scholarly articles on stigma and cancer-related hair loss stigma and chemotherapy treatment and hair loss and women in college researchgate, stigma and chemotherapy treatment and hair loss and women and college, stigma and adolescents and chemotherapy ncbi, living with stigma adolescents and cancer United States, What is the stigma experience?, young university women who have hair loss due to cancer, stigma cancer and Goffman's theory, cancer Goffman's theory, cancer and Goffman and stigma, chemotherapy cancer treatment hair loss girls, chemotherapy-induced hair loss college female, young women career cancer, college women cancer, college life cancer experience, college women and* *cancer, cancer hair loss statistics 2020, cancer stigma and college women, college and cancer ncbi, college life stigma for young adults with cancer ncbi, stigmatization effects on health ncbi, Goffman's theory of stigma and cancer ncbi 2020, idea of goffman's theory of stigma ncbi, young women with cancer stigma and altered appearance due to cancer hair loss, young women with cancer stigma and altered appearance due to cancer hair loss ncbi, young women with cancer and altered appearance due to cancer-related hair loss ncbi, young women losing hair because of cancer ncbi, young women cancer hair loss ncbi, psychological aspect of young women experiencing hair loss due to chemotherapy, young females bald because of cancer ncbi, females younger than 30 and cancer hair loss ncbi, stigma effects on health of cancer patients with hair loss ncbi, stigma affecting health of cancer patients ncbi, earliest age stigma occurs ncbi, definition of stigma ncbi, origins of the idea of social stigma ncbi, the history of stigma ncbi, experience of cancer-related hair loss stigma ncbi, social interaction, "normal" individuals could cause a stigmatized individual, or those who view themselves as stigmatized, to feel ostracized, physical state and cancer ncbi, trust and cancer-related hair loss ncbi, psychosocial, pediatric oncology health-related stigma experience, Health-related stigma experience, stigma experience, stigma experiences, chemotherapy induced hair loss stigma, chemotherapy-induced alopecia stigma, Stigma and Cancer-Treatment Related hair loss and experiences and alopecia ncbi, stigma experiences and rejection ncbi, chemotherapy and hair loss and older women and chemotherapy and hair loss ncbi, define socioeconomic status? ncbi, socioeconomic and fear and stigma ncbi, socioeconomic and stigma ncbi, socioeconomic ramifications of stigma ncbi,* *chemotherapy-induced alopecia stigma ncbi, chemotherapy-induced hair loss and alopecia and stigma ncbi, Health-related Chemo-Induced Hair Loss Stigma Experience ncbi, health-related stigma experiences ncbi, stigma experiences and rejection ncbi, health and social and cultural norms ncbi, health-related social and cultural norms, health-related and social and cultural, health-related social and cultural standards ncbi, chemotherapy treatment hair loss among women, chemotherapy and hair loss and older women, chemotherapy and hair loss, young females and stigma due to chemotherapy hair loss or alopecia, cancer patients and stigma experience, The cancer stigma experience of children cancer patients children experiencing health related stigma, cancer and health-related stigma experience and adults stereotypes and chemotherapy hair loss, deformities, Perception, attitudes, preparedness and experience of chemotherapy-induced alopecia among breast cancer, patients (hair loss or alopecia) AND (women or female) AND (college or university or higher education) AND (stigma or prejudice or attitude or discrimination) AND (chemotherapy or chemo or cancer treatment), Health-related Chemo-Induced Hair Loss Stigma Experience ncbi, Stigma and Cancer-Treatment Related hair loss and experiences and alopecia ncbi, chemotherapy-induced hair loss and deformities, psychosocial impact of chemotherapy-induced hair loss among women and cancer-related hair loss, chemotherapy OR chemo OR cancer treatment, hair loss OR alopecia, stigma OR attitudes OR psychological stress OR quality of life.* I searched for literature specific to stigma experienced by children, adolescents, and adults, including men, young men, women, young women, and college women who had experienced health-related stigma due to a broad number of cancer-related illnesses with a focus on chemotherapy-induced hair loss and the publication date range for the literature reviewed were 1975 to 2022. I selected seminal literature and pertinent to this study. The most current appropriate articles were selected for this study.

Theoretical Foundation

The theoretical foundation of this research study is Goffman's (1963) theory of stigma. Goffman explained that stigma is not based on the physical appearance of an individual but the perception an individual has about normal and abnormal people influenced by their social group. He explored the emotional impacts of stigma on individuals who had an awareness of their own stigmatization. Goffman also found that stereotypes are a part of stigma (Santos et al., 2016) and that stigma occurs in a social environment when physical marks are viewable or because of a status (Pescosolido & Martin, 2015), such as disqualification from acceptance in a social environment due to disgrace (Santos et al., 2016). The term stigma was derived from the Greek (Goffman, 1963) as the word *stizein*, which means a mark (Arboleda-Flórez, 2002).

Several researchers have used Goffman's theory as the basis for their work. For example, Mandizadza and Moyo (2021) used Goffman's theory of stigma to build their study about the experiences of stigma caused by cancer among 20 adult male and female individuals dwelling in Zimbabwe. Likewise, Rosman (2004) used Goffman's theory as the basis for their investigation of chemotherapy-induced hair loss. Wilson and Luker (2006) applied the theory to statistics to prove their theory's relevance and to gain a better understanding of interactions between cancer patients, and Turan et al. (2019) used Goffman's stigma theory and a literature review as a building block to help develop their framework on multiple causes of stigma or intersectional stigma. Majors and O'Brien (2005) used Goffman's theory as an example when creating their stigma-induced-identity threat model. Stangl et al. (2019) used Goffman's theory of stigma to build upon and create a modern health stigma and discrimination framework about health stigma and other elements such as social judgement and discrimination. Stangl et al.'s health stigma and discrimination framework were developed to decrease the stigmatization process through creating a straightforward manual that includes intervention, research, and programs to reduce stigma related to health issues that includes cancer. There are two categories that make up the health stigma and discrimination framework: drivers (i.e., cultural norms and stereotypes that increase stigma due to a lack of awareness; Stangl et al., 2019). Else-Quest and Jackson (2014) utilized the social aspects of Goffman's stigma theory to examine stigma caused by cancer and concluded that some cancers carry more of stigma than others (e.g., lung and cervical cancer) and are thought to have been easily prevented, that attaining the disease was the fault of the cancer patient.

The research question, What is the experience of stigma in young women in college who have hair loss during or following chemotherapy treatment?, helps build upon Goffman's theory of stigma because his theory focus is on more than just one group or types of people and not body illness only. This research study helped to build upon Goffman's stigma theory in the area of physical ailments that cause stigma. This was done by researching a certain age group, gender, and side-effect of a specific ailment (e.g., chemotherapy-induced hair loss/alopecia due to cancer treatment).

Literature Review Related to Key Concepts

Stigma Definition and History

Definition

Stigma has been defined in various ways at different times and by different people. The ancient Greeks defined it as an unusual physical body feature (Goffman, 1963). A stigma has not always been considered as a negative, but simply as a "point or mark" that signified "decorative, religious, or slave ownership" (Fink, 1992, p. 30). Stigma was also connected to the injuries of Christ and later, when the Greek meaning for the word stigma was "taken over" by the Latin meaning, stigma became sign that signified something negative and shameful, such as a word to describe a mark placed on criminals (Fink, 1992, p. 30).

While the Greek and Latin meaning of stigma focused on a mark, French sociologist Emile Durkheim focused on how stigma impacts the community. Durkheim, who was one of the founders of sociology, wrote in 1895 that those people with a stigma (i.e., "deviant") make it easier for people (i.e., "class of actors") to contribute to a community by meeting the needs of others and creating an emotional connection (Falk, 2010, p. 17). Goffman's definition of stigma is an unfavorable judgment connected to the features of an individual that sets the individual outside of the boundary deemed bearable according to or by society's "measure" for personal characteristics and execution, for instance, a special connection between characteristics and being stereotyped (Goffman, 1963; Tang et al., 2016). In a similar way to Goffman, Santos et al.'s (2016) research study on illness in Brazil defines stigma as unsought dissimilarity that includes a derogatory characteristic (e.g., mark) as part of the definition that creates issues (e.g., bigotry). Stigma occurs at the nexus between a physical or other deformity and a signaling of other concepts, such as “labeling, stereotyping, separation, status loss, discrimination, and racism” (Hatzenbuehler et al., 2013, p. 2). Stigma is an idea that connects to humiliation (Scambler, 2009).

History

Stigma is a concept that stretches back over thousands of years. In ancient, Greece, 37% of slaves were noncitizens and prisoners of war, mostly from other countries, and deemed not fit for citizenship (Fink, 1992, p. 17). Slaves created a concern for the Greeks, which led them to develop a way to protect their property and ensure the return of “runaway slaves;” the solution was a development of a mark or tattoo defined as *stigma* (Fink, 1992, p.17). The mark of stigma for a slave was used to signify devalue (Arboleda-Florez, 2002). The slaves for which the stigma mark was created were Greek and the mark clarified lack of freedom or distinguished free men from enslaved men (Gray, 2002). Prisoners and slaves both received the stigma ‘burn’ which was a mark burned into prisoners and slaves, to signify evasion should be practiced when approaching them (Brouwers, 2020). Stigma has a lengthy historical relationship with a divergence from the usual, including what is self-accepted and what is accepted by society (i.e., other individuals; Scambler, 2009). Stigma and society may be linked. At times in the past, stigma caused people to stay away from ill individuals due to fear and the psychological stress of catching another’s illness (Tyler & Salter, 2018). Stigma may cause fear.

Health-Related Stigma

Goffman (1963) found that there are three types of stigmas: “tribal stigma,” “blemishes of individual character,” and stigma related to physical issues of the body, such as deformities. Weiss et al. (2006) defined stigma-related to health or health-related stigma as individuals socially set apart or to the side because they have a health issue. Stangl et al. (2019) defined health-related stigma as stigma experienced due to various illnesses in an individual, for example an illness such as cancer; however, Stangl et al. did not include part of Weiss’s definition (i.e., setting apart, but just being ill with a disease creates perceived stigma). Moreover, there are two concepts considered as features of health-related stigma: perceived and felt stigma.

Perceived stigma is defined as a realization that the stigma exists (Guarneri et al., 2019; Livingston & Boyd, 2010; Pattyn et al., 2014). Like Guarneri et al. (2019), Pattyn et al. (2014), and Livingston and Boyd, (2010), Latalova et al. (2014) expounded upon the definition of perceived stigma by adding that it reveals a person’s feelings and assumptions about another individual’s feeling as a catalyst to another feeling, for example, feeling low is a hint that someone is uncertain. Furthermore, lung cancer patients experience depression due to perceived stigma (Gonzalez & Jacobson, 2012).

Felt stigma is defined as apprehension and fear and/or pessimistic treatment by other individuals, such as what is experienced by those with speech impediments (Boyle, 2018, p. 1). Trusson and Quincy (2021) expanded upon Boyle’s (2018) definition of felt stigma and found that felt stigma is that an individual is privy to their personality and are embarrassed due to their stigmatizing image, although no concepts related to stigma are experienced. Therefore, Boyle found that individuals were aware of their personality change because of hair loss and did not feel good about the visible hair loss. The following example of felt stigma is that of a man who feels he looks weird, for example abnormal or not looking normal, because of hair loss (Trusson & Quincy, 2021).

Health Stigma and Discrimination Framework

Stigma, involving diseases, such as cancer, is related to the socio-ecological spectrum made up of multiple areas, such as individual (attitude and knowledge), interpersonal (social groups, friends and family), organizational (place of work), community (cultural values and attitudes) and public policy (local and national laws and policies) and all of these areas are included in the health stigma and discrimination framework (Stangl et al., 2019). Starting with Goffman's theory of stigma as a building block, Stangl et al. (2019) noted that Goffman's theory of stigma was one of the theories that lead to social isolation for individuals by creating a "stigmatizer" (i.e., person who causes the stigma) versus the "stigmatized" (i.e., person who experiences stigma) environment, increasing the discomfort of stigma by bringing more attention to the stigma (Stangl et al., 2019).

The health stigma and discrimination framework developed by Stangl et al. (2019) consists of stigmatizing behavior, and health and social impacts and includes diseases such as cancer. The health stigma and discrimination framework help decrease the stigmatization process through the development of a straightforward manual that includes intervention, research, and programs to reduce stigma-related to health. Two categories that make up the health stigma and discrimination framework and determines the occurrence of stigma in various ways are drivers that differ by health condition and facilitators that assign labels to individuals who are ill (Stangl et al., 2019). Drivers include stigma marking, manifestations, outcomes, and health and social impacts and facilitators include cultural norms and stereotypes that increase stigma due to a lack of awareness (Stangl et al. 2019). Health-related stigma includes diseases such as cancer and applies labels to individuals who are ill (Stangl et al., 2019). Drivers include stigma marking, manifestations, outcomes, health, and social impacts and facilitators include cultural norms and stereotypes that increase stigma due to a lack of awareness (Stangl et al. 2019).

Social Concepts That Co-Occur With Stigma

Labeling

Goffman (1963) viewed labels as a characteristic of stigmatization. Labels are a way for those who do not have stigma to point out the stigma of other individuals (Goffman, 1963). Labeling is a component of stigma that creates issues for people in different manners and is defined differently by people. Labeling leads a person with a disease to adopt a cancer patient identity, that negatively impacts behavior and leads to an outcome of stigmatization (Suwankhong & Liamputtong, 2016). Johnson et al. (2007) found that labeling is used by society to signify an individual as tarnished, undesirable, and disabled.

Like Rosman (2004) who saw hair loss as a label for a patient with cancer, Bajpai and Chandrasekharan (2020) defined labeling as an item that leads to stigmatization of patients with chemotherapy-induced hair loss, because the hair loss can be seen distinctively as a balding or bald head. Labeling for some types of cancers creates stigma for the individuals with illnesses because the public views that acquiring specific types of diseases could have been avoided or prevented, that it is the cancer patient's fault if they have the disease (Else-Quest & Jackson, 2014). Suwankhong and Liamputtong (2016) expounded on the definition of labeling and revealed that it creates a certain identity and sets apart people with specified distinctive characteristics.

Stereotypes

Goffman (1963) viewed stereotypes as another important component of stigmatization. Stereotypes and characteristics are uniquely connected and produces stigma, such as an individual who is not blind experiencing awkwardness when meeting someone who is blind (Goffman, 1963). Similar to Goffman, Hatzenbuehler et al. (2013) found that stereotypes occur simultaneously with stigma and differ from the labeling construct. Further expounding on Goffman and Hatzenbuehler et al., Pickering (2015) defined stereotyping as a description of and judgement about a person's worth using a method that confirms and approves 'unequal' interactions in relationships between individuals. Stereotypes are learned and self-imposed because of a stigmatizing reaction from society (i.e., self-stigma) that involves pessimistic and poignant reactions and conduct (Corrigan & Watson, 2002; Tang et al., 2016). Fujisawa and Hagiwara (2015) list stereotypes as a negative theme in a cancer stigma framework. Stereotypes are a part of a cancer patients' experience. Furthermore, stereotypes lead to devaluation 'social' status in which an individual is only identified by or associated with the feature that caused the stereotype, and separation from others who do not have the feature associated with the stereotype (i.e., isolate; Pickering, 2015, 2018). Stereotypes, self-imposed by women suffering from cancer, are viewed as a personal unpleasant fate or bad luck that increased their feelings of stigmatization (Holland, 2003; Tang et al. 2016).

Discrimination and Prejudice

Besides labeling and stereotyping, discrimination is another central component of stigma Goffman (1963) viewed discrimination as an important component of the theory of stigma. Discrimination is defined as an ideology where one person thinks themselves better than others with a stigma (Goffman, 1963). Corresponding to Goffman, The National Research Council (US) Panel on Race, Ethnicity, and Health in Later Life (2004) defined discrimination as experiencing bias because of a group that an individual belongs to. Likewise, Togioka et al. (2021) defined discrimination as pessimistic movements and/or inconsideration applied toward a person or people that takes place due to a biased and insulting point of view, specifically in a medical environment. Discrimination can occur among any individual, take place established upon a realization that one belongs to a certain group, even those individuals who are not a part of the group experiencing it (Togioka et al., 2021). A group may experience discrimination if something of lesser value is given to them and not another group (Togioka et al., 2021), in other terms, discrimination involves behavior that is acted out against a group. There are two types of discrimination that Togioka et al. (2021) highlighted that are displayed by individuals, macroaggressions, which are discriminatory societal comments or actions that come involve healthcare racism, such as mistreatment of a certain group through dishonest healthcare information and microaggressions, such as very negative, and subtle abuse and rebuffs toward a group in a healthcare setting.

Prejudice is another concept that co-occurs with stigma that different researchers similarly defined. Goffman (1963) viewed prejudice as a type of illness when applied to groups with stigma. In a similar way to Goffman, Demirtas-Madran, (2020) defined prejudice as viewpoints people have toward groups and those who belong to it because of a specific attribute (Dovidio & Gaertner, 2006). Also, Jackson (2011) expounded upon Dovidio and Gaertner’s (2006) definition of prejudice by adding that it is a discourteous, pessimistic, and qualitative view and reaction regarding people based on the group they belong to. Prejudice occurs between groups, a group in regard to an individual, and an individual in regard to a group (Cox et al., 2012) or rather, prejudice are critical thoughts about a group by another group.

Social Judgment

Judgment, socially in a group involves the support of a particular viewpoint based on group membership (Goffman, 1963). Converse of Goffman, Healey et al. (2013) found that social judgment involves trust and how approachable a person is. Expounding upon the definition given by Healey et al. (2015) found that social judgment consists of how individuals view other individuals, such as a first impression about another person, moral and judgments. Social issues due to cancer identification connects to self-blame and leads to unpleasant declarations from those who are not sick and comments such as, people stating they are surprised the patient is not dead due to assumed survival rates (Fitch, 2020). Social judgement created issues for those with a chronic illness by creating stigma that leads to seclusion, avoidance, and inferiority because of the negative experience and an expectation of bad treatment by other individuals (Scambler, 2009). In a similar way to Scambler (2009), Fitch examined the experience of those with cancer and cancer survivors and found that the social lives of those with cancer were negatively affected, that they felt as if they were blamed for having the illness and viewed as ‘throwaways’ in a social environment.

Chemotherapy-Induced Hair Loss

Definition and Facts

Chemotherapy-induced hair loss occurs due to toxicity swiftly splitting hair follicle cells (Trueb, 2010). Like to Trueb (2010), Haslam and Smart (2019) noted that chemotherapy-induced hair loss occurs when poisons in cancer treatment therapy destroys the follicle of the hair and hair falls out, such as, a disfigurement of the hair follicles that happens due to chemotherapeutics. However, Saraswat et al.’s (2019, p. 69) expanded on Haslam and Smart’s definition of chemotherapy-induced hair loss, scientifically, as the “cessation of mitotic activity in hair matrix resulting in narrow and weakened portions of the hair shaft known as Pohl-Pinkus constriction, which is prone to fracture.”

Chemotherapy hair loss is an outcome of cancer treatment. The Institute for Quality and Efficiency in Health Care (2006) revealed that chemotherapy hair loss occurs 7 to 21 days after the start of chemotherapy cancer treatment by the process of scalp hair fall out in the beginning followed by fallout of hair on the body. Hair loss due to alopecia negatively affects self-esteem, causes depression, anxiety, and people avoidance among patients (Davis & Callender, 2018, p. 1). Further, chemotherapy-induced alopecia is an awful side effect of chemotherapy (Katikaneni et al., 2014) that often comes as a surprise to cancer patients (Rossi et al., 2017).

Women

Women who have chemotherapy-induced hair loss felt stigmatized because they looked different and felt different about themselves, that is, they felt they had lost their femininity (Trusson & Pilnick, 2017). Moreover, for some hair loss was so overwhelming that women started to experience out-of-control feelings, such as panic and gloom and up to 50% of women with cancer viewed hair loss as the worst outcome of chemotherapy (Phillips et al., 2017, p. 13). Hair loss is a part of the outcome of the treatment of cancer and some women cancer patients chose to camouflage their bald head to avoid unwanted attention like stares (Trusson & Pilnick, 2017). Other women chose not to camouflage their baldness and received undesirable attention because their bald heads were visible (Trusson & Pilnick, 2017). Hair loss caused women to suffer socially and mentally which created an interruption of their normal daily life function and loss of happiness (Boland et al., 2020). However, negative feelings about chemotherapy-induced hair loss began to reverse to happiness and comfort when physicians informed women that their hair would return (Hammoudeh et al., 2017). Hair loss experienced by women created emotions such as loss of happiness, uneasiness, lack of self-confidence, and inability to function normally (Bunagan & Pathomvanich, 2010). Women over 40 felt their attractiveness decreased because of cancer treatment hair loss (Coe et al., 2013).

While chemotherapy-induced hair loss can be a significant trauma for older women, younger women may even have a more difficult experience (Watanabe et al., 2019) because chemotherapy treatment information provided to young women was not sufficient, such as detailed information about the severity of side effects (Greenzang et al., 2020). Chemotherapy-induced hair loss, a distressing side effect of some chemotherapy agents is an immensely distressing side effects experienced by cancer patients (Shaw & Boyle, 2017). Hair loss created misery when that cancer treatment issue (i.e., hair loss) appeared among female cancer patients 18 years and older (Melissant et al., 2019).

Cancer-related hair loss negatively affects women cancer patient's emotions. Women experienced negative emotions such as feeling weird, upset, wounded (Trusson & Quincey, 2021), unsureness, and tension due to scarring (Lam et al., 2003). In a female and male study, Trusson and Quincey (2021) found that some women with a mean age of 54 were not as concerned about body hair loss because hair loss on the head was more of an issue. Some women reported the potential tension in themselves from any psychological scarring that the stigma mark of baldness would symbolize and would set them apart, for a while, from normal people; therefore, some women camouflaged their baldness to avoid the stigma (Lam et al., 2003).

Globally, in Different Cultures, and Stigma

Worldwide women view and experience hair loss from chemotherapy treatment in a variety of ways. For example, Women in the country of China in the city of Hong Kong felt that hair loss was less severe than gaining weight (e.g., changes in the face size due to weight gain) because hair loss can be camouflaged with a wig. Therefore, these women felt that weight gain was the cause of social issues and feelings of not belonging, for example, being ill around older people would make them nervous because the older people would fear they would catch the disease/illness (Lam et al., 2003).

In the country of India, individuals may not know how devastated women are who experienced loss of hair which led to insensitivity from their own culture, where for generations, hair has been a symbol of being a woman (Daniel et al., 2021; Weaver et al., 2022). In a study about chemotherapy-induced hair loss experiences among Danish women, Hansen’s (2007) researchers found that chemotherapy-induced hair loss issues associated with lost femininity and illness, and head coverings and items, such as make up, are utilized to camouflage cancer treatment effects. These women participated in a rehabilitation program that helped them create a cured frame of mind, although they were not actually being cured of cancer, by utilizing spa retreats or teaching courses that includes make up and wig instruction sessions that cover the stigma area of the head and face, to convince the patients that they are not ill (Hansen, 2007, p. 10).

In the Jordanian culture, hair loss is an issue that causes nervousness and isolation because women looked different after cancer treatment due to the side effects and the idea that hair is associated with beauty and being a woman (Alhusban, 2019). Also, in the country of Korea, 68 women with mean age of 48 felt chemotherapy-induced alopecia induced hair loss was more difficult to cope with than in other countries due to the negative, stigmatizing views of cancer by the Korean public, for example experiencing stigma because their bald head could be seen, that made them feel uncomfortable (Choi et al., 2014; Cho et al., 2013). In addition, as a cultural issue, general hair loss, for example, non-cancer treatment hair loss among women, is an issue, because hair is connected to society's view of being a woman, youthful and symbolizes class or status (Burns & Senna, 2020). Also, in some cultures, hair is an international symbol of power (Peterson et al., 2018). As a cultural issue, general hair loss, such as, non-cancer treatment hair loss among women is an issue, because hair is connected to society's view of being a woman, youthful and a symbol of class or status (Burns & Senna, 2020). Although these studies included women of all ages in different cultures, they do highlight that chemotherapy-induced hair loss is a distressful experience no matter your culture or race.

Quality of Life

Chemotherapy-induced hair loss negatively affects the quality of life (Lemieux et al., 2008). Quality of life is the standard of a person's existence and their gratification with their existence, an amalgamation of living conditions and contentment (Felce & Perry, 1995, p. 54). Quality of life in relation to health is defined as a person's view of their own health in every area, such as psychosocial and bodily, which is dependent upon discovery of a disease, pre- and post-therapy and surviving the disease (Mokhatri-Hesari & Montazeri, 2020). The term quality of life appeared in 1975 and the term quality of life connected to health, initially appeared in articles that were published in 1980 (Post, 2014).

Cancer Patients, Stigma, and Hair loss

Lack of Preparation

Lack of preparation for the side effects. To chemotherapy increases the difficulty of accepting hair loss among young women 20 years and older (Watanabe et al., 2019). That is, Kim et al. (2012) found that cancer patients experienced distress and torment because they were not given the proper information to prepare them for the side effect of chemotherapy-induced hair loss which often negatively affects their lives. In a similar way to Kim, Peterson et al. (2021) found that a lack of preparedness for cancer patients with chemotherapy-induced hair loss created an issue of not knowing how to take care of themselves because of their illness and emotional issues, such as not knowing how to cope with the strong feelings of disconnection with ‘normal’ people around them they felt so strongly (Peterson et al., 2021).

Chemotherapy Hair Loss, Cosmetic Appearance, and Stigma

Cancer patients experience stigma because chemotherapy-induced hair loss changes the way they look. Chemotherapy induced hair loss among individuals with cancer leads to stigma, specifically stigma involving cosmetic appearances (Watanabe et al., 2019). Moreover, Knapp et al. (2014) noted that appearance is a concern among cancer patients during and after cancer treatment because of hair loss and uncertainty about regrowth of the hair that will negatively affect their social life and quality of life. Additional to loss of hair, cancer treatment leads to other issues related to a cancer patient’s physical appearance, such as, potentially disfigurement because of surgery, as in the case of breast cancer (Grogan et al., 2019; Knapp et al., 2014; Melissant et al., 2019).

Patients who showed concern about their appearance were unprepared to deal with alopecia (i.e., hair loss) because the amount of information provided about hair loss from medical personnel was insufficient (Kim et al., 2012; Yilmaz et al., 2019). In addition, Gegechkor et al. (2017) found that appearance concerns about hair loss and the body, negatively affected female cancer views of themselves (e.g., negative effect on personal relationships). Additionally, Watanabe et al., found that 59% of 1478 cancer patient survivors who experienced chemotherapy-induced hair loss reported eyebrow loss and 60% reported eyelash loss. Like Gegechkor et al., Lam et al. (2003) noted that appearance is a large issue for women who have attempted to camouflage their illness to lead a normal life and avoid stigma and ousting by the social groups they belonged to (Lam et al., 2003).

Cancer Identity

Cancer patients experience stigma because of chemotherapy-induced hair loss which leads to stigma and a change from their own identity, such as, the way they view themselves, to a cancer identity, after cancer treatment has finished. Cancer identity and how it socially affects cancer patients is a mystery, but what is known is that cancer identity is assigned either by an individual to themselves or by other individuals to the individual whose appearance reveals a chronic illness (Trusson & Pilnick, 2017). Cancer patients do experience an identity crisis, for example, psychological reactions, body image disruptions, felt doubt, and anxiety (Hasan et al., 2018). Further, Hasan et al. noted that cancer identity creates more of a negative outcome after a cancer diagnosis and contributes to the negative view they have of their body.

Patient Therapy Programs/Social Support Groups to Cope With and Post Cancer

Cancer patients who experience stigma because of hair loss need therapy programs or support groups to cope with cancer and its treatment outcomes. There are programs with a pinpointed focus on raising awareness and monitoring and evaluating for improved interventions to assist in the improvement of awareness about health- related stigma and avoid the harmful outcomes of stigma (Stangl et al., 2019; Yilmaz et al., 2019). Development of support groups that involve emotional and strength bonding helped those with cancer to ease their stigma and segregation by being around others with cancer (Batts, 2003). Expounding on Stangl et al. and Yilmaz et al., Arunachlam et al. (2021) noted that support groups and motivation for therapy by nurses is a solution that would help cancer survivors better cope with cancer treatment consequences.

Support groups or therapy for young adult women with chemotherapy-induced hair loss do exist. One therapy called Solution-Focused Brief Therapy (SFBT) includes seven sessions, where patients' issues are discussed that also included a questionnaire about self-esteem which was the main subject discussed in the study (Anakomi et al., 2018). Corresponding to Anakomi et al., Van den Hurk et al. (2019) noted that support group classes instructed by hospital caregivers helped cancer patients better cope with chemotherapy-induced hair loss.

Summary and Conclusions

Literature strategies used for research in Chapter 2 were revealed, such as phrases, terms, and databases used were also included. An extensive review of Goffman's theory of stigma, stigma history, and meaning, chemotherapy-induced hair loss or alopecia, and young women and general individuals were explored. Chemotherapy-induced hair loss in young and older women and stigma were some of the main issues discussed in this chapter. Stigma's relationship to worsening health and social issues was also discussed. Chapter 2 contains a detailed review of the history of stigma and its meaning, whose origin is Greek, and that stigma was usually applied to someone who was different, such as an enslaved person or criminal. Facts and definitions are included in this chapter to clarify complex terms that are not like cancer identity and stigma. The major themes in the literature found are that stigma is attached to chemotherapy-induced hair loss and that young women are affected by the stigma, but there is no inclusion of only young women who attend college experiencing stigma because of chemotherapy-induced hair loss. In some previous articles, young women and women were the focus, and women in other countries, with limited mention of women in the United States. Stigma is an issue, and researchers recycled the definition of stigma in each other's articles. Chemotherapy-induced hair loss does exist at times because of the concepts related to stigma, such as labeling, stereotyping, and social judgment. People do not have to experience stigma from someone else to be stigmatized; people stigmatize themselves. They feel uncomfortable because they no longer have hair. An issue that often comes up among cancer patients is wigs. One main concern with cancer patients is wigs or camouflage. Some women think it is necessary to wear wigs, especially in certain cultures, because they are viewed as less than women because they do not have hair. Some women who wear wigs to feel pretty and lift their self-esteem to feel better conclude that their health will improve if they feel better about how they look. It is well-known that others and self-imposed can impose stigma, and there are different types of stigmas (e.g., self) and stigma frameworks. For example, the health-related stigma framework Goffman's stigma theory, but the researchers disagreed with his theory. In addition to different stigmas and the stigma framework, identities imposed on cancer patients also exist. Cancer identity is a complex term. Some researchers have one solid definition of cancer identity, while others attempt to define it, yet others note that the definition is a mystery. Cancer identity experiences are connected to stigma. Young women, men, and women do experience stigma, including in work areas, class, and cultures, but the definition of the term young, such as age, includes women up to 40 years of age, which can be confusing. The specific experiences of young women who attend college and have or are experiencing stigma due to chemotherapy-induced hair loss listed are unknown and lacked attention in peer-reviewed articles. An account of experiences was missing from all articles reviewed about stigmatization experiences in the higher education environment.

This study filled the gap in the accounts and examinations of the stigma experienced by young college women. There have been studies done about women who have a college education and experienced stigma. However, there are no studies about women who attend college and experience stigma because of chemotherapy-induced hair loss, details of their experiences, if any, while attending college, such as: What comments were made to/about them? Did they experience discrimination? Was their social life experience difficult? This study focuses on younger women who may feel ostracized following hair loss. In this chapter, I explained stigma, a complex concept with a long history. This led to a review of research on important concepts of stigma, such as labeling, discrimination, stereotypes, and prejudice. Health stigma and a health framework were examined, along with how chemotherapy-induced hair loss affects young and older women globally and in different cultures. Cancer identity among cancer survivors was explored to give an idea of what those young women will have to face once they are cancer-free. Finally, programs were explored to help young women and others cope with the outcome of chemotherapy-induced hair loss and the stigma it causes. Goffman’s stigma theory played a central role in this exploration of young women’s stigma experience because of chemotherapy-induced hair loss. This study will bring attention to young women who attend college and may be experiencing stigmatization due to chemotherapy-induced hair loss and are stigmatized due to their appearance. The reason for selecting the research design and the role of the researcher is discussed in Chapter 3, and the selected methodology and any trustworthiness issues are discussed.

Chapter 3: Research Method

In this chapter, the study’s methodological approach is identified and explained. Stigmatization experienced by young women because of chemotherapy-induced hair loss was the phenomenon of inquiry. The purpose of this study was to explore the experience of stigma related to hair loss due to chemotherapy cancer treatment among women in college. This chapter identifies the descriptive phenomenology approach as the methodology used for this study and the phenomenon. Interviews were used instead of written descriptive accounts for better recounting (Giorgi et al., 2017). The descriptive phenomenology approach by Giorgi used for this study was phenomenological psychological, not phenomenological philosophical, compared to the approach from Husserl, from which Giorgi adapted the idea or theory (Giorgi et al., 2017) is used to collect and analyze the interview transcriptions to offer the best valid outcome for this study. In this chapter, I discuss the research design, the rationale for selecting the descriptive phenomenological approach, and the research question.

My role as the researcher, how participants are recruited for my elected population, is disclosed in this chapter. The methodology of this study started with identifying the population and ended with discussing the data analysis plan. Any trustworthiness issues and other areas that include dependability and ethical procedures were also discussed. Finally, the conclusion includes the summarized main points of Chapter 3.

Research Design and Rationale

This study explored the following research question: What is the lived experience of stigma in young women in college who have hair loss during or following chemotherapy cancer treatment? The design selection for this study was qualitative because it examined participants' lived experiences. Other designs, such as mixed and quantitative methods, were not appropriate for this study because quantitative methods include statistical and numerical data, and mixed methods focus is qualitative but includes numerical data (Hansen et al., 2016) that were not needed for this study. The qualitative descriptive phenomenological method used in this study, created by Giorgi (who adapted the idea from Husserl), is an analysis of accounts and descriptions necessary to get the proper findings. This study encompassed interview questions with no direct "yes" or "no" answers, and accounts were analyzed and transcribed only. Therefore, quantitative, and mixed methods would not have been appropriate for this study. Giorgi stated that analyzing accounts and descriptions is necessary for the proper findings.

In this study, the descriptive phenomenological method focused on the lived experience of young college women with cancer who were stigmatized due to chemotherapy-induced hair loss. Ordinary life, everyday world, description, and situation are some of the terminologies used in the descriptive phenomenological method (Giorgi & Giorgi, 2003). Interviews were the only data source used to reveal the information given by the participants to track accounts that appear and mirror/reflect the phenomenon under examination (Giorgi & Giorgi, 2003; Koivisto et al., 2002) in the descriptive phenomenological approach used for this study.

Role of the Researcher

I examined the descriptive phenomenon of stigma experienced by young women in college with chemotherapy-induced hair loss who attend college. I collected and exhausted data from the participant interviews using the Zoom online meeting platform because of safety precautions due to the COVID-19 pandemic. As the researcher, I ensured a safe, secure, private, confidential, and comfortable open speech environment. Giorgi and Giorgi (2003) advised that the researcher conducts interviews, collects the data, reads, and translates the data to present the meaning of it psychologically. Virtual interviews are different than in-person interviews; therefore, it was imperative to present a friendly tone of voice and mannerisms to help create a comfortable environment for the participant. I was not familiar with any of these participants. Therefore, no researcher bias was present to sway the study outcome.

Qualitative Methodology

A descriptive phenomenological approach was used for this study to examine the lived experiences of stigmatization of young women in college who have chemotherapy-induced hair loss. The descriptive phenomenological framework I selected focused on the lived experiences or accounts of the participants or individuals, in other words, what they experience while living their lives (Sundler et al., 2019). Confidential Zoom interviews with each individual participant permitted me to properly collect the accounts or information from the participants to comprehend their lived experiences of stigmatization among young women in college who have chemotherapy-induced hair loss. The differing comprehension of accounts allowed me to do further in-depth analysis (Giorgi et al., 2017).

Participant Selection Logic

Population and Sampling Strategy

Young women, ages 18 to 35, who attend college/universities and have a history of cancer and chemotherapy-induced hair loss were the population target of this study. The participant selection method for this study used flyers and snowball sampling, allowing one chosen participant to network and inform others about the study and possibly participate. I posted flyers in local cafés on college campuses on social media platforms, research pool areas at colleges, e-mails sent out to cancer centers, and qualifying participant referrals. The number of eight to 13 participants was selected due to the limited time and area I used for the research study. The primary participants to initiate the snowball method were selected using my online university research pool database and another local university research pool database. The first participant must feel she experienced stigma due to chemotherapy-induced hair loss and has a history of cancer. Therefore, networking was involved in snowball sampling (Parker et al., 2019). Snowball sampling started with a low number of individuals who qualified for the study and received an invitation to participate in the study; second, if agreed upon by both the researcher and participant, those individuals referred other individuals who were qualified for the study and participated. Finally, the sequence continued until enough qualifying participants were selected (Parker et al., 2019). The target snowball sample size was eight to 13 young women. Young women who attended college in 2019, 2021, and 2022 were recruited because those years are more relevant. Thirteen participants were selected because of a similar research study conducted by Hrin and McMicheal (2022) that also included 13 older women participants who did not experience hair loss or anguish until chemotherapy cancer treatment. Recruitment of eight to 13 young women in college (e.g., virtual or in-person) who have a history of cancer and who feel stigmatized because of chemotherapy-induced hair loss was achieved by distributing flyers. Those young women who did not meet the requirements could not participate in the study. Recruits for this study include all races. Therefore, age was the only primary criterion affected because the study involved only young women ages 18 to 35 who have attended college since 2019.

The objective was to continue snowball sampling until the target sample size was reached, which continued until saturation was reached (Parker et al., 2019). Saturation was achieved by ensuring that all data had been collected and no new data existed (Mwita, 2022). If participants were not recruited in the selected area in a timely manner, I moved to another area of the state of Texas to recruit along with the Walden University participant pool and conducted the same recruitment method to attain the participants that met the requirements for the study. Participants knew if they qualified for the research study by information written on the flyers that were posted. The flyers included directions for how to contact the researcher by e-mail. Many young women did not meet the requirements; therefore, saturation was reached due to a small sample size of up to 13. My dissertation chair and second committee member reviewed content validity.

Inclusion and Exclusion Criteria

Inclusion in this study required that participants were young women who attended college, aged 18 to 35, and informed me they had experienced stigmatization because of chemotherapy-induced hair loss. English-speaking participants were required for this study. Excluded from this study were men of all ages, online students, older women (36 years of age and above), female adolescents below the age of 18, those with no experience with chemotherapy-induced hair loss, individuals unable to communicate by speaking English effectively, those not enrolled in college or a university, and those unable to participate due to some unforeseen issues. Individuals who met the eligibility requirements to participate in this study were selected, and those participants informed others about the research and those they thought were eligible. All individuals who did not meet the eligibility requirements for this study were not selected.

Instrumentation

I ensured valid data collection from the participants in this study by developing an interview protocol grounded in the peer-reviewed literature and received committee feedback on the protocol. I was the primary instrument used in this study. Open-ended questions were used in this study to allow participants to give full accounts of their experiences with no restrictions on how much information they can share (Turner et al., 2022). I established 10 interview questions (see Appendix) based upon the missing criteria from the exhaustive literature review (e.g., see Trusson & Pilnick, 2016, 2017; Mandizadza & Moyo, 2021); the same 10 questions were presented to each participant. The 10 questions were developed by reviewing the literature and seeking information lacking in the research literature. These 10 research questions are most effective at retrieving the accounts of the lived experience of stigmatization due to chemotherapy-induced hair loss for young women with cancer who attend college and among those research questions: how those experiences changed their view of themselves. Video communications were used to conduct the interviews because they are cost-effective and confidential (Keen et al., 2022). The participant interviews were recorded on Zoom.

Procedures for Recruitment, Participation, and Data Collection

Recruitment for eligible participants in this study was done by using a flyer that targeted young women with cancer who attend college and want to give accounts of their lived experience of stigmatization due to chemotherapy-induced hair loss. The demographics in the recruitment areas were not all young women in the Walden online participant database, nor were they in the additional university participant database and physical location surroundings (e.g., college cafe). The Zoom virtual platform was used for the data collection and recording of interviews. The snowball sampling method is used to select, network between, and refer possible participants. If snowballing was not effective, an online research participant site was utilized. I collected the data by documenting and recording the interviews; communication between the participants and me regarding interview details was done by e-mail. The data were collected daily for a 5-day, 1-week period.

The timing of the research was adjusted if there were interview scheduling challenges. To determine whether eligibility requirements were met to participate in this study, criteria questions were presented to individuals (Paterson et al., 2019). I presented interview questions in confidential video meetings during any weekday daytime or evening hours. The participants were at their homes or a confidential area and participated in one 30- to 60-minute interview session. During these interview sessions, data were recorded and transcribed. After each interview, each participant was given verbal and written information about the data and how it was used. No follow-up interviews were necessary. In addition, eligible individuals were fluent in and comprehended English. When the selection criteria were met, participants confirmed their participation in this study by e-mail. A participant number of eight to 13 young women in college who experienced stigmatization due to chemotherapy-induced hair loss was selected to ensure saturation. As a thank you for participating, I gave each participant an $80 incentive.

Qualitative Data Analysis Plan

Participants' data were collected using open-ended questions so that their accounts and points of view were shared completely (Turner et al., 2022). At the time of this study, ethics were present, such as confidentiality and non-judgment or bracketing. These participants shared limited information due to their traumatic experiences. Therefore, I made the setting comfortable and did not share any comments or opinions on any information shared by the participants. I recruited young women aged 18 to 35 to align with the study subjects who socially participated in college activities. As part of the descriptive phenomenological approach, I performed bracketing. Bracketing is the researcher's practicing reflexivity to put aside all personal feelings about the subjects the participants are giving accounts about (Giorgi et al., 2017). The interviews for this study were documented, voice-recorded virtually, and transcribed verbatim. Written documented accounts were examined and converted to a psychological connotation according to the descriptive phenomenological method by Giorgi (2017).

Giorgi's descriptive phenomenological method data analysis process involved several steps. Interviews that pertained to this research study phenomenon were conducted. When conducting the interviews, I transcribed them after the interviews were done from the recording to maintain validity and avoid leaving out any information. Transcribing and reviewing the participants' experiences was the next step in the analysis. Review of the transcription was performed multiple times. A transcription review was necessary to understand the participant's experience (Giorgi et al., 2017). A second transcription was performed that consisted of converting the participant's accounts from their words to a psychological connotation. During transcription, I performed bracketing and put aside all bias and personal opinions about the participant's accounts of their experiences (Giorgi et al., 2017). I further analyzed the participant's accounts and experiences. I continued to perform bracketing at this step in the analysis. Each participant's account was grouped into specific areas by slashes into areas called meaning units, and the phenomenon was discovered (Giorgi et al., 2017). Psychological connotation is the next step in determining the phenomena. I transformed each participant's meaning unit into psychological connotation. Psychological connotation allowed the researcher to convert the participant's account and experiences into psychological meanings (Giorgi et al., 2017). The meaning units were transformed or summarized as a whole. I transformed the participants' accounts into non-grouped accounts and completed the psychological meaning. The meaning units transformed allowed for a complete revelation of the experience through psychological meaning (Giorgi et al., 2017).

As mentioned earlier, bracketing was performed throughout the steps above to ensure that no bias or personal judgments on my part would interfere with the participant's account and experience transcription (Giorgi et al., 2017). The focus of performing this data analysis was to reveal the commonality among the accounts that led to a better comprehension of the phenomena (Giorgi et al., 2017). If some participants disagreed with the study's implication, those participants' statements were documented and used if necessary, especially if a large number of young women disagreed.

Issues of Trustworthiness

Trustworthiness

Trustworthiness is established by researchers' honesty about how they conducted, interpreted, and concluded their research study (Cloutier & Ravasi, 2021). To confirm trustworthiness, I maintained consistent questioning without introducing other subject topics, with the same questions presented to each participant. Doing so ensured that my research met standards and produced an acceptable study.

Credibility

The credibility of research studies reveals honesty in data interpretation and trust between the researcher and participant (Nemouchi & Holmes, 2022). I performed all interviews, and interpretations were made in the participants' own words to ensure the validity of the participants' accounts. Although I initially chose to voice record through video communication, due to hacking threats, I recorded with a voice recording device that was not connected virtually. Constant contact with my assigned dissertation committee was maintained to ensure credibility.

Transferability

Specific details about the study are imperative to ensure the reader views the study's trusting results (Maxwell, 2021). I only interpreted the participants' accounts per their words and added no verbiage of my own. This study is transferable to those who are young women who experience stigmatization due to chemotherapy-induced hair loss.

Dependability

Constant monitoring of the order of the research process ensures dependability (Nguyen et al., 2021). I ensured the dependability of this study by utilizing tables and transcribed notebooks for each participant with documented information in the proper areas for each step in this research study process. In each table, the process, the interview summaries, the data collection process, the psychology connotation, and finally, the summary were all included.

Confirmability

Confirmability, credibility, and dependability are strongly linked in qualitative research. Confirmability occurred when the researcher revealed each step of research or audit trails necessary to track how the study was conducted from beginning to end (Nguyen et al., 2021). I used the same approach to confirmability as dependability, such as tables and transcribed notebooks for each participant with documented information in the proper areas for each step in this research study process. There was a notebook for each participant tracked and a codebook for the audit trail that included any issues; bracketing prevented bias and judgmental opinions from happening.

Ethical Procedures

It is important to follow ethical procedures in research studies. Ethics not only involve not bringing physical harm to the participants but also emotional harm, such as disrespect (Takeda, 2022). I maintained strict confidentiality, respect, and professionalism while conducting the interviews for this study, avoided off-subject topics if mentioned by the participants, yet remained approachable and friendly.

Agreements

Following approval from the Walden Institutional Review Board (IRB), I started the recruiting and selection process; I had permission to use (a) user interviews and university participant pool, (b) Google ads, (c) college café to advertise to recruit individuals for this study, (d) LinkedIn, (e) Research and Me, and (f) Facebook. I recruited up to 13 young women or, when saturation is achieved, experiencing stigmatization due to chemotherapy-induced hair loss who attend college. I used the above recruitment items to increase recruitment and attempt to reach saturation.

Treatment of Human Participants

Recruitment for this study took place on Google ads, one research study recruiting website, and mainly the university participant pool and in a nearby college café where potential participants spent some time eating. I advertised for this study by supplying my first name, initial, and full last name with a dedicated phone number and e-mail specifically for the research study, not my account or number. I supplied consent forms by e-mail to individuals who met the eligibility criteria. Consent disclosures were sent to the participant electronically or were read aloud by the researcher, and the participant's verbal consent was recorded (Khan & MacEachen, 2022). In accordance with the Walden IRB requirements, participant data were kept in a locked filing cabinet, and all video data were erased. Every aspect of the research purpose was disclosed to me, including their rights and the fact that participation in the study is at will; however, no compensation was received until after the participant had completed the research study.

Treatment of Data

Collected data from participants in this study remained confidential, along with where it is stored. No personal information was documented, even if the participant accidentally volunteered. Breach of security was avoided by providing participants with identifiers, such as young females 1 through 10, and color-coded. Video-recorded interviews were deleted after each session, and only voice recordings were left for transcription (Khan & MacEachen, 2022). Voice-recorded data will be manually deleted by erasing the information after a storage time of 5 years in a secure area in my home. I will shred the transcriptions after 5 years.

Threats to Trustworthiness

One threat to trustworthiness is bias (McSweeney, 2021). Documenting body language, voice recording, and transcribing participants' accounts verbatim was performed to avoid bias. Incentives were used to help improve the number of eligible participants. The dissertation committee ultimately had the final review of every aspect of the study to ensure the absence of bias.

Summary

How I identified the population and justification of the sampling strategy were given for the lived experiences of stigmatization due to chemotherapy-induced hair loss for young women with cancer who attend college. Justification of the choice, as well as inclusion and exclusion criteria, was provided. A rationale to explain specific procedures of the research study, such as ethics, how the research study was conducted, and any data storage concerns that arose, was given. Discussions included my role as a researcher, such as how and where I recruited eligible participants. Also included was information about the interview questions, such as how many and the subject matter, and finally, any issues with trustworthiness were addressed. In Chapter 4, the results of this research study are discussed.

Chapter 4: Results

Previous studies have shown that chemotherapy-induced hair loss causes distress for some young women (Choi et al., 2014; Yeshua-Katz et al., 2019), creating negative feelings about their bodies (Freites-Martinez et al., 2019). Women fear adverse treatment if their hair loss is not concealed (Boyle, 2018). However, prior research studies conducted about stigmatization experienced due to chemotherapy-induced hair loss among older and young women (Barber, 2019; Choi et al., 2014; Yeshua-Katz et al., 2019) did not include young women who attend college and experiences with stigma due to chemotherapy-induced hair loss. Therefore, the purpose of this study was to explore the lived experience of stigmatization due to chemotherapy-induced hair loss for young women with cancer who attend college.

Chapter 4 includes a detailed description of this study's results, the research setting, and the participants' demographics. This chapter also consists of data collection, analysis of data, and trustworthiness evidence. Chapter 4 will close with this study's results and the chapter summary.

Setting

Participants were recruited nationwide; however, due to scams that occurred at the beginning of the recruiting process, the only interview option was through secure audio/video conferencing. I utilized User Interviews, a participant recruitment agency, to attain the valid participants needed for this study. Six participants agreed to participate, with an $80 incentive accepted, in interviews via Zoom video conferencing. I administered each interview from a confidential location with no distractions.

Participants were instructed to choose a confidential location with few distractions to allow for open and honest responses to the research questions. During data collection, nothing was presented to influence the participants' responses or interpretation of the results.

Demographics

Initially, 13 possible participants responded to the recruitment flyer for this study. I then sent the consent form by e-mail to each potential participant for review. To begin, seven participants consented to participate in this study. However, one individual pretended to be different people, with different identities, so the interviews could not be used. After starting over, and after an extensive screening process, I selected six participants. Each participant validated their eligibility by passing the extensive screening process by the User Interviews Research Recruiting company and by answering questions I presented through secure chat communication within the User Interviews platform. The six participants were sufficient to reach data saturation (see Mwita, 2022).

Participants were diverse in ethnicity and were all 26 years of age and younger. All participants reported chemotherapy-induced hair loss during college attendance. Participants' identity designation was by title, letter, number, and color (i.e., YF1-Red to YF6-Pink) to secure privacy. Among the six participants, one (16.7%) experienced low stigmatization due to chemotherapy-induced hair loss, three (50%) experienced high levels of stigmatization due to chemotherapy-induced hair loss, and two (33.3%) experienced extreme levels of stigmatization due to chemotherapy-induced hair loss. The highest education level of each participant was college graduate.

Data Collection

The data collection method used for this study was structured interviews. I made an interview guide (see Appendix) that was used as the instrument to examine the experiences of stigma in young women in college who have hair loss during or following chemotherapy cancer treatment. The data collection process began on September 27, 2023, when I received Walden University's IRB approval (No. 09-26-23-0392215). I contacted the American Cancer Society and local cancer societies specializing in cancer patients and their issues connected to chemotherapy treatment. I described my research study as the stigmatization experienced by young women who had or have chemotherapy-induced hair loss who attend or have attended college. I petitioned to submit my flyer to distribute among their members, but this process was unsuccessful.

The research study was then posted on the Walden University Participant Recruitment Pool to attain qualified participants; however, only scam artists responded. Posting the recruitment flyer on LinkedIn and Facebook was also unsuccessful in recruiting participants from these sites. Finally, only the User Interviews Recruiting platform was used for participant recruitment. Due to timing, an $80 gift card was offered as a thank-you. User Interviews explained to each participant the option to cancel and to be aware that no gift amount would be issued. All communication (i.e., pre-screenings, day and date of appointments, and chats) occurred through a secure chat within my research study area on the User Interviews platform. Each participant's interview, consent form, and transcriptions are stored in a secure folder on my computer. A total of six participants who passed screening, 96% to 100%, were chosen for participation in the data collection of this study.

When the six participants agreed to the consent forms by e-mail, each interview was scheduled through the User Interviews recruiting platform secure chat and scheduling system. All six participants agreed to Zoom video conferencing audio/video interviews and were given options for the time, day, and date in the User Interviews scheduling section. I provided Zoom video conferencing links in the secure chat area of the User Interviews recruiting platform. I provided each participant with their secure Zoom link the day before or the day of their scheduled interview. I started each interview by establishing rapport with the participant, providing a brief explanation of the purpose of the study, and giving options not to answer any questions that made them uncomfortable. Participants were informed that their identities would remain confidential and only be identified as color-coded alphanumeric assigned titles. During the finalization of participation in the research study, each participant was given the option to express any concerns or ask any questions about consent and the research study. Each participant had no questions or concerns and consented to move forward to participate in the research study. After each participant agreed to participate in the study, I informed each participant that the research study interviews would be video recorded and that there was no option to opt out of being video recorded due to previous participant scams during prior recruiting attempts. Each participant agreed to be video recorded. I took thorough notes during the collection of data for this research study. Data collection concluded on January 19, 2023.

Nine to 10 questions comprised the interview instrument used to examine the stigmatization experienced by young women in college who have chemotherapy-induced hair loss or had chemotherapy-induced hair loss. Each interview lasted approximately 45 minutes due to time constraints presented by the Zoom platform. However, 45 minutes was sufficient for each participant to provide thorough answers. I offered follow-up interviews, but they were not necessary or requested. After the end of each interview, I digitally transcribed the recordings in Microsoft Word using the dictation feature, then printed each transcription. I reviewed each interview recording and transcription to be accurate word for word. I shared the transcripts with my chair for review. After receiving feedback, I made corrections. Participant interview recordings, transcription, and notes were stored in a password-protected secure file folder.

The data collection plan, as described in Chapter 3, remained the same. The only change was that the study ended with six participants instead of up to 13 participants as initially proposed. Because this was a niche research study, only six participants were needed to achieve data saturation. During data collection, no uncommon circumstances were experienced.

Data Analysis

I used Giorgi's (2017) descriptive phenomenological data analysis method to examine the lived experience of stigmatization due to chemotherapy-induced hair loss for young women with cancer who attend college. This method allowed me to recognize themes and meanings that evolved from the open-ended participant interview questions. Once the interviews were transcribed accurately using the Microsoft Word Dictate feature, I reviewed the video-recorded interview transcriptions multiple times to understand the participants' experiences. While I reevaluated the transcripts, I bracketed any personalized bias to ensure the data were in their original and valid condition (Giorgi et al. 2017).

During transcript review, I color-coded, numbered, and added each unit of meaning to their assigned Word document. Data analysis disclosed 59 participants' experience meaning units. To identify the individual meaning units, I titled and numbered them as MU1–MU59. The unit of meaning sections were evaluated for likeness. Upon finding similarity, I paraphrased meaning units for each participant into paragraphs called phenomenological essence.

Four main psychological meanings emerged from the unit of meaning analysis: (a) experiences of stigma and college, (b) undesirable staring, (c) undesirable questions and comments, and (d) coping strategies and family support. The combination of the meaning units resulted in the overarching psychological meaning of stigma experienced due to chemotherapy-induced hair loss.

Units of meaning gleaned from the data were experiences of stigma and college, undesirable staring, undesirable questions and comments, coping strategies, and family support. The meaning units' combination resulted in the main psychological meaning of *Stigma Experienced Due to Chemotherapy-Induced Hair Loss*. Five main psychological meanings emerged from the unit of meaning analysis (see Table 1).

Table 1

Descriptive Phenomenological Thematic Structure of Findings

Overarching Theme Psychological Meaning: Stigma Experience due to Chemotherapy-Induced Hair Loss
Psychological Meaning
1. Stigma Experience and College
2. Undesirable Staring
3. Undesirable Questions and Comments
4. Coping Strategies and Family Support

These psychological meanings were used to create the chapter's Results section. Although there was one outlier among the participants' stigma experience, this individual's experiences were still consistent with the main psychological meanings. Therefore, the outlier individual was still included in the final analysis.

Evidence of Trustworthiness

Trustworthiness is established by the honesty of the researchers about how they conducted, interpreted, and concluded their research study (Cloutier & Ravasi, 2021). I reviewed the research questions that occurred often to confirm the achievement of trustworthiness and ensure study alignment. Consistently administered interview questions also ensured trustworthiness.

Credibility

I applied multiple strategies during data analysis to ensure research validity. Strategies utilized were saturation of data, review, and bracketing (Giorgi et al. 2017). Despite a 2-month delay due to scammers in the recruitment process, eligible participants were interviewed after strict screening, and the data were collected. Digitally recorded interviews were transcribed word for word. Finally, communication with my dissertation chair occurred often to ensure extra validity.

Transferability

Transferability provides specific details about the study and is imperative to ensure the reader views the study results with trust (Maxwell, 2021). In this dissertation, I provide a specific description of the method used, data collection, and the process used for analysis. Participants in this study were from diverse ethnicities as young women who attended college or attend college and experienced stigma due to chemotherapy-induced hair loss. The results of this study may be transferable to other young women of diverse ethnicities with different types of side effects from chemotherapy treatment.

Dependability

Constantly monitoring the research process order ensures dependability (Nguyen et al., 2021). Attainment of dependability for this research study occurred when I utilized an audit log that included a specific documentation record of the process used in this research study. The audit log included the following:

- the method used for this study
- the characteristics of the participants

- an analysis and summary of the data attained from the interviews

Confirmability

The steps I took in this research study to ensure confirmability were closely related to those applied to ensure dependability. Also, the audit log was necessary to track how the study was conducted from beginning to end (Nguyen et al., 2021). I kept detailed documentation from the methodology development through the data analysis, verbatim transcriptions, and detailed notes to achieve confirmability.

Results

This section includes the findings of the study, which consist of quotes from the transcripts of the participants that validate each theme. Interview questions (see Appendix) for the study addressed each participant's stigma experience in general, in the college environment, at home, when alone, in social situations off-campus, while on a date, at family gatherings, and while shopping. The main overarching theme and four themes answered the main research question: What is the experience of stigma in young women in college who have hair loss during or following chemotherapy treatment?

Overarching Psychological Meaning: Stigma Experienced in College Due to Chemotherapy-Induced Hair Loss

The overarching theme that resulted from the participants' interview question responses was "stigma experienced due to chemotherapy-induced hair loss." Five of the six participants (83%) revealed that stigma was experienced due to chemotherapy-induced hair loss. YF1 shared, "everybody's kind of like you know what's going on over there." YF2 stated, "people kind of looked at me, as if you would look at somebody who's doing something." YF3 noted,

> At home it was more like. I feel like people were thinking they were being supportive of me a lot of the time, but in doing that they were kind of like giving me backhanded insults. … Everyone kept saying I looked like my brother. One point someone said like one of The Beatles and I was like, can you stop comparing me to men—And it was always like everyone just kept making comments about it because it should make me feel better. But instead it was just like reminding me that my hair fell out. They just tell me I'm the one who's making it the problem because I'm being dramatic and choosing to take it as an insult or something—it was like it became a conflict because no one would respect my boundaries about my hair loss. And everyone wants to make me feel better by talking about it. But it didn't do that.

YF5 reported, "I don't know. I don't want to say like empathy, but just more questions and like weird, weird exchanges." YF6 shared,

> I knew what to kind of expect with going through everything again … So you know, that's stigma. The girl who has cancer or the person who has cancer. I went through two phases of hair loss when I was younger, I had to battle, that was a little bit more difficult. … I knew what to kind of expect with going through everything again.

One discrepant case was YF4, who stated,

> Doesn't bother me either way personally. Yeah, I would say. I understand. I don't think that kids are, they just they don't know. They've never seen maybe somebody with that type of thing. So I don't take it too personally.

Psychological Meaning 1: Stigma Experience in College Dorm

The initial theme disclosed by the participants was each participant's experiences with stigmatization while living on campus. Participants YF2 and YF5 cited that they experienced stigma in the college dorm because of their chemotherapy-induced hair loss. The issues included feeling uncomfortable and undesirable questions. YF2 shared, "Making people feel like speechlessness and resisting to ask me why? How? and again making myself and them feel uncomfortable" YF5 commented, "you get the questions, they were like, 'oh, what's happened? Why is it like that?'"

Psychological Meaning 2: Undesirable Staring

The second theme disclosed by the participants was experiences with staring that caused negative feelings. All the participants shared that staring occurred. Five of the six participants, or 83%, mentioned that the starting was an issue and was not welcome. YF1 stated,

> I'd say in general, it's just the like the looks for men and women. … Especially being you know a young woman in her 20s, everybody's kind of like you know what's going on over there … looks like why don't you take better care of yourself?

YF2 shared, "I kind of found it very strange that people would just not ask and would rather talk behind my back or give me strange looks." YF3 noted, "I, like, would not leave my house with the way I was because I didn't want people to look at me weird, but I feel like people still were." YF5 stated, "Just like the looks that you get," YF6 noted, "the stares and the looks … when somebody like, passes you and they kind of break their neck to turn around and look. But now I tend to keep my head down."

Psychological Meaning 3: Undesirable Questions and Comments

The third theme the participants disclosed was their experiences with being asked questions and receiving comments they felt were inappropriate. Five of the participants shared that questioning and comments occurred. Four of the six participants, or 66.4%, mentioned inappropriate questioning and comments were unwelcome. The issues included unwelcome questions about "why" and "what happened." YF1 shared, "like the comments about it especially being you know a young woman in her 20s everybody's kind of like you know what's going on over there?" YF2 noted, "they would be the question askers, you know, they wanted to know if my head hurt? if I felt pain with my hair loss? … Nobody wants to be answering them sort of questions." YF3 stated,

> I didn't like when anyone talked about my hair in general. And it was always like everyone just kept making comments about it. … When the conversation come up with then have to explain that like I lost my hair and that's why it's short people.

YF5 shared,

> The questions, they were like, "oh, what's happened? Why is it like that?" … So, you might have, like, just like you like. People who are, I'm not going to say, like healthier, but, like, people who don't have that it's hard, when better days than other days, but it's just like people who are, I'm not going to say, like, healthier,

> but, people who don't have that, it's hard when. You feel like critique or judged … unprovoked sympathy or whatever.

Psychological Meaning 4: Coping

The fourth theme disclosed by the participants was experiences with coping with negative actions of others and while alone. All the participants shared different ways that they coped with hair loss. Four of the six participants, or 66.4%, mentioned that support from others was a big part of coping, but not when alone. The coping strategies included family, friends, positive outlooks, or negativity when alone YF1 stated,

> my friends was always the first ones to stand up for me. … I had a group of protectors there. … If I had mentioned anything to them they were always very supportive they were like, you know, "it'll grow back."

YF2 shared,

> And your partner could leave you. At that point, talking to my partner, being honest, being open and letting him know them fears and or just being reassured that their fears were just never a reality and could never be a reality.

Y3 shared,

> Once I started, like, integrating back into society. I didn't look in the mirror how I looked in my head anymore because I just didn't look like that anymore. So then, it was like, I feel, I didn't identify with myself, so that like made me really antisocial. I just, like, didn't feel good about anything ever.

YF4 explained,

> My family is very, very close, so I think that that's something that helped a lot. … Especially 100% I think support system … I think again, my parents would keep everybody kind of like up to date without me having to be involved and have to hear every single question, concern.

YF5 shared,

> It's hard enough when you have a condition, you're different. And then, you know, you're still learning, like, the stages of how to cope with it daily. … Yeah, because, before I used to get upset, but like, what is that gonna do like? Yeah, try to educate, but that doesn't retain well, so I just don't, I don't say anything. I mean it's, it's not like it this rolls off. It's just like you just build like a barrier where like it's still there. Like, you're feelings still get hurt when people, like, say stuff or, like, critique or judge, but you just, like, ignore it because. It's gonna happen.

Y6 noted,

> My #1 support. I have a group of friends that I've been around since I was the child… because I had such a good support team at school, with close friends and at home with my parents, it made it a lot easier. … It's been many, many years since I've been on a date. … I'm pretty much petrified of doing it. That's hard. Or even Facetiming, they're like, you wanna FaceTime and I'm like ohh, you know, make up some excuse. Yeah, you know, I'm at work or I'm at the doctor or whatever, we'll do it later. I always come up with some excuse, So, you know, my walls just been so up.

Summary

Chapter 4 described Giorgi et al.’s (2017) descriptive phenomenological analysis method. Chapter 4 also provided the participants’ interview setting locations, demographics, data analysis and data collection description. The four psychological meanings were stigma experience and college, undesirable staring, undesirable questions and comments, and coping strategies and family support. Chapter 5 will provide a synopsis of key findings and a reveal how the results will validate, invalidate, or add to the knowledge in the particular discipline. I will also analyze and explain the meaning of the findings in theoretical framework form, provide future research recommendations, and the possible impact of social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Chapter 5 includes a discussion of this research study, along with conclusions and recommendations that emerged from the study. This qualitative study's purpose was to probe and log the stigma experienced due to chemotherapy-induced hair loss by young college-age women with cancer while attending college. Descriptive accounts included the experiences of the participants in their entirety (Giorgi & Giorgi, 2003). Previous research studies had examined this issue but with older women (e.g., Mosher & Danoff-Burg, 2017; Tripathi et al., 2017; Trusson & Pilnick, 2017). This is the first attempt to do so with younger women attending college.

The five-step phenomenological descriptive method by Giorgi was utilized to attain data through six structured interviews. By completing interviews with each participant (Giorgi et al., 2017), I was able to glean a detailed understanding of those young women who had been stigmatized from their chemotherapy-induced hair loss. The study's results indicated "stigma experience due to chemotherapy-induced hair loss" as the overarching psychological meaning, along with the four psychological meanings presented in Chapter 4.

The main findings from this research study were as follows:

- Staring is an undesirable action that most participants found uncomfortable.
- Stigma experiences, which included labeling a participant as a person with cancer, were severe and caused participants to feel uncomfortable, to experience self-loathing, and to be ignored by those whom they viewed as mentors.

- Questions and comments that were meant to be innocent were viewed as curiosity, unwelcomed empathy, and annoying.
- Stigma experienced when alone was severe, led to questions (e.g., “Why me?”), and caused antisocial actions as well as thoughts undesirable for continued quality of life.
- Support, whether from family or friends, impacted each participant’s view of their chemotherapy-induced hair loss.

Interpretation of the Findings

Chapter 2 included peer-reviewed literature about stigmatization experienced by young women in college who had ailments that required long-lasting treatment (Barber & William, 2021). The findings of this study validated that those young women who have chemotherapy-induced hair loss experience stigma, which involves antisocial behavior, self-loathing, immense impact on quality of life, distrust of others, and distaste for social gatherings with family. Awkward empathy should be avoided, as should ignoring those who have cancer in the classroom. Questions are fine at times, but not all the time. Proper etiquette of comments should rule when having a conversation with someone who has hair loss. It is not the fault of the patient that they have hair loss due to chemotherapy treatment, and wigs do not solve the emotional suffering endured during the situation. The findings were produced through the psychological meanings that were disclosed through the structured interviews.

Overarching Psychological Meaning

The findings from this research study disclosed an overarching psychological meaning: Participants did have a stigma experience due to chemotherapy-induced hair loss. All but one participant shared that the stigma that they experienced was difficult. Five of the six participants recounted experiences of difficulties, specifically with unwelcomed staring; comments and questions from their family, associates, and strangers; and being ignored and labeled outside the college campus in social college environments. YF1, YF2, YF3, YF5, and YF6 reported that staring was immense, and YF2 stated that the staring made her feel as if she was doing something wrong. Y6 shared that she was ignored by a professor, who, when her presence was unknown, labeled her the "girl with cancer" and was not willing to call her by her name; she stated that she was still scarred by that to this present day, because she viewed the professor as a mentor.

Jafri et al. (2021) and Barber and William (2021) examined stigma experienced by young women in college who were ill (i.e., with cancer) for a long time and found that the entire stigmatization experience caused distress. This study validates previous research because the stigma experienced by the participants due to chemotherapy-induced hair loss was validated. Most of the participants credited the stigma to invasive individuals who had no etiquette about how to treat those who were ill with cancer-treatment side effects.

Most of the participants had a strong support system; that is, YF1, YF2, YF4, YF5, and YF6 reported strong support from immediate family and friends. Some of the participants did not have a positive experience of support. For example, YF2 shared that she avoided family gatherings to avoid making everything about her. YF3 stated that her family's support was grossly misguided and was not support but rather heckling.

Most participants reported that experiencing stigma was distressing while in college and beyond. Jafri et al. (2021) and Barber and Williams (2021) explained that young people do experience stigma and need support to ease the college adaptation process. This study validated the knowledge of the research because support and management of stigma (i.e., adaptation) in the college environment experienced by the participants was verified.

Finding 1: Stigma Experience and College

The initial finding was that some of the participants in this study recounted they experienced stigma because of their hair loss due to chemotherapy treatment. Eighty-three percent of the research study participants experienced negative reactions due to one of the side effects of chemotherapy treatment (i.e., missing hair on their head). YF1, YF2, YF3, YF5, and YF6 experienced immense stigmatization.

Most of the participants experienced stigma from different individuals. YF1 shared that both men and women stigmatized her because of her age. YF2 stated that she had a difficult stigmatizing experience with chemotherapy-induced hair loss because individuals said nothing to her. YF6 noted that she was also ignored by individuals (i.e., a college professor) and labeled the "girl with cancer." Grogan et al. (2019), Viny and Barr (2006), Freites-Martinez et al. (2019), Suwankhong and Liamputtong (2018), Tripathi et al. (2017), and Yeshua-Katz et al. (2019) all found that cancer-related or chemotherapy-induced hair loss causes distress for some young women. Anxiety about experiencing stigma impacts women who attend college (Barber & Williams, 2021). This study confirmed the findings of research studies previously conducted that stigma is experienced by some young women.

Finding 2: Undesirable Staring

The second finding disclosed by the study was the participants' experience that occurred with undesirable staring. Five of six young women recounted that they had received undesirable attention, such as staring. One young woman noted that staring occurred and was not annoyed by this action. However, YF1, YF2, YF3, YF5, and YF6 experienced staring on many occasions and in some situations was met with hostility by the young women and their family members. YF1 shared that her husband was annoyed at the staring she received in a restaurant and a hostile reply ensued. YF2 stated that the staring made her feel uncomfortable. YF5 noted that she acclimated to the staring, but it continued to hurt her feelings. Boland et al. (2020) explained that hair loss caused women to suffer socially and mentally, which impacted their lives and quality of life. This study confirms the findings of the research studies previously conducted regarding undesirable actions toward those with chemotherapy-induced hair loss, such as undesirable staring.

Finding 3: Undesirable Questions and Comments

The third finding disclosed by the study was the participants' experienced undesirable questions and comments. Four of them recounted they had received unprovoked probing such as annoying comments and questions. Two of the participants noted they had experienced bothersome questions and comments but were not annoyed by them. Moroever, YF1, YF2, and YF5 had experienced unprovoked questioning and comments on many occasions. YF1 was annoyed with questions and forced replies to those questions. YF2 stated that unwelcome insults from family members and questions about how much pain she experienced made her feel uncomfortable. YF5 stated that there were constant comments made about her hair loss. YF5 noted that she experienced unwanted probing about her hair loss. Yeshua-Katz et al. (2019) explained that chemotherapy-induced hair loss caused distress for some young women. This study confirmed the findings of the research studies previously conducted in that due to their hair loss, the participants experienced distressing social actions that included undesirable staring.

Finding 4: Coping Strategies and Family Support

The third finding disclosed by the study was the participants' experience that occurred with coping strategies and family support. One hundred percent of participants recounted their coping strategies. YF1 stated that she felt a loss of identity; however, she felt better later because of an encouraging husband. YF2 shared that she felt self-conscious and paranoid; however, she had a supportive boyfriend to assure her that the hair loss would not be forever. YF3 recounted that she became antisocial; however, she focused on knowing that the hair would grow back. YF4 shared that the hair loss would not last forever. YF5 suppressed her emotions about the hair loss and attempted to acclimate to undesirable reactions. YF6 noted that she used avoidance and put up walls as a means to cope.

Barber and Williams (2021) explained some ways that female college students cope with illness and the symptoms that occur with it. Sixty-six percent recounted that they received strong family support. YF1, YF2, YF4, and YF6 shared that they received strong support from family members and close friends. YF1stated that strong family and friend support had allowed her to cope with the stigma experience better. YF2 shared that she received nothing but support from her family. YF4 stated that family protected her, along with a supportive boyfriend. YF6 stated that her strong support system was a group of close friends. Batts (2003) explained that support (i.e., support groups) helps ease the stigma of those with cancer. This study confirmed the findings of research studies previously conducted regarding coping strategies and family support.

Theoretical Framework

Goffman's (1963) theory of stigma (social stigma theory) was the theoretical framework used for this research study. Goffman proposed that social categories are created both by society and social environments. Goffman noted that people with a normal perspective are known as "Normals" (p. 3).

Pescosolido and Martin (2015) explained that stigma occurs in a social environment when physical marks are viewable or because of status. Wilson and Luker (2006) applied Goffman's theory of stigma to statistics to prove their theory's relevance and to gain a better understanding of interactions between cancer patients. Stangl et al. (2019) used Goffman's theory of stigma to build upon and create a modern health stigma and discrimination framework about health stigma and other elements such as social judgment and discrimination.

The findings of this study confirmed the social stigma theory. That is, the findings demonstrated that young women in college experienced social stigma due to chemotherapy-induced hair loss. The research study results revealed that the participants experienced stigma from peers, family members, strangers, associates, and a college professor. The results of the participants' experienced stigma were insults, unwelcome probing questions, misplaced empathy, being ignored and labeled, blame, and shame. Most of their experiences resulted in immense stigma, which caused self-stigma, antisocial behavior, putting up walls to block others out, acclimation to suffering, and suppressing emotions. Participants' experiences of stigma are compatible with Goffman's stigma social theory, which indicates that stigmatization impacts an individual's acceptance from a social standpoint. The experiences of participants were compatible with the social stigma theory claim that young women in college experience stigma due to chemotherapy-induced hair loss.

Limitations of the Study

This research study provided an overarching description of social stigma experienced by young women in college with chemotherapy-induced hair loss. There were some limitations identified while conducting this research study. The first limitation was that participants were all young women who attended college and were 18 to 35 years of age. Participants' experiences were based on their detailed perceptions. The findings may not be applicable to individuals who have personalized views of gender, who have not experienced chemotherapy-induced hair loss, or who have not attended college. A limitation in relation to the descriptive phenomenological approach of this research study was the small number of six participants. Transferability may be negatively impacted due to the small sample size of this research study, which was specific to the population of young college women with chemotherapy-induced hair loss who experienced stigma.

This research study was conducted to examine the lived experience of stigmatization due to chemotherapy-induced hair loss for young women with cancer who attend college. Based upon the strengths and limitations of the present research study and reviewed literature, recommendations for future research were disclosed. Current studies on this specific subject of research focused only on women who experienced stigma due to chemotherapy-induced hair loss. Those research studies did not specifically include college attendance and only chemotherapy-induced hair loss. It is recommended that further qualitative research be conducted to examine the social stigma experiences due to chemotherapy-induced hair loss of biological young men in college of a single ethnicity, such as Jewish, Hispanic, Chinese, or Japanese males.

Implications

Young women in college who experience stigma due to chemotherapy-induced hair loss may experience social stigma, specifically in a social environment (Pescosolid & Martin, 2015). This study's aim was to better understand the lived experience of young college women with cancer who were stigmatized due to chemotherapy-induced hair loss. The main finding of this research study could contribute to the present literature on stigma and inspire future research study on the impact of stigma on certain ethnicities and underserved countries. In addition, the results of this research study may inspire universities to create more in-depth support groups for those who cannot depend on family and friends for support. The detailed social implications of the outcome of this study could be to provide Americans and university administrators and professors with a better understanding of young college women with cancer who are stigmatized due to chemotherapy-induced hair loss and their needs and issues. This study may supply data to assist in the development of etiquette training and support services that will help these young women feel better in a social environment.

Conclusion

Young women with cancer while attending college who experienced stigma due to chemotherapy-induced hair loss suffered immense scrutiny and felt unsettled some of the time with the potential to undergo an identity crisis (Hasan et al., 2018). During college attendance, these young women were ostracized at times by their peers. Some received little-to-no family support. Further, these women experienced bothersome gazing that created distress and avoidance as they attempted to maintain a state of normalcy. Prior research studies conducted on stigmatization experienced due to chemotherapy-induced hair loss among older and young women (Barber, 2019; Choi et al., 2014; Yeshua-Katz et al., 2019) did not include young women who attended college. This descriptive phenomenological research study was needed to understand the stigma experiences of young women in college due to chemotherapy-induced hair loss. Six structured interviews were conducted with young women in college. Participants recounted their experiences of stigma and the impact that chemotherapy-induced hair loss had on them socially. This research study's findings disclosed stigma experience due to chemotherapy-induced hair loss. Additional findings revealed in this study were that undesirable staring, questions, and comments were a normal part of some participants' lives. The participants were not prepared for the struggle and distress that losing their hair would cause and were surprised at some of the disrespectful actions of others. Coping strategies and family support were also discussed. The results of this study may bring social change by providing Americans and readers of other nationalities, along with university administrators and professors, with a better understanding of young college women with cancer who are stigmatized due to chemotherapy-induced hair loss and their needs and issues. It may supply data to assist in the development of etiquette training and support services that will help these women feel better in a social environment and may thus positively contribute to society.

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Appendix: Interview Questions

What is the experience of stigma in young women in college who have hair loss during or following chemotherapy treatment?

IN GENERAL

1. What is the experience of stigma (feeling out of place or discriminated against) at home because of your hair loss due to chemotherapy treatment?

COLLEGE

2. Can you please tell me if you have ever experienced stigma in your dorm or home because of your hair loss due to chemotherapy treatment?

3. Can you please tell me if you have ever experienced stigma within your group of peers in the classroom?

4. Can you please tell me if you have ever experienced stigma within your group of peers outside the classroom?

5. Can you please tell me if you have ever experienced-stigma with your college professors?

SELF

6. Can you please tell me if you have ever experienced self-stigma when you are alone

PERSONAL RELATIONSHIPS

7. Can you please tell me if you have ever experienced stigma when you go on a date with a significant other?

FAMILY

8. Can you please tell me if you have ever experienced stigma when you are at family gatherings?

   Can you please tell me if you have ever experienced stigma within your immediate family system/ your parents?

RECREATION/EVERYDAY LIVING ACTIONS

9. Can you please tell me if you have ever experienced stigma when you go to the shopping mall?

10. Can you please tell me if you have ever experienced stigma when you go grocery shopping?