



The multidimensional impact of total laryngectomy on women



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ABSTRACT

Based on society's expectations of what defines the norms for what is deemed "masculine" and "feminine", and a propensity for society's members to adhere to these expectations, women may face a unique set of circumstances and pressures following surgical treatment for laryngeal cancer. This is primarily due to the changes that occur to women's physical, psychological, and social functioning when dealing with cancer diagnosis and treatment outcomes. Because of concerns related to physical disfigurement, acoustic and perceptual changes to one's voice, and threat of the psychological sequelae associated with total laryngectomy (TL) (or, the surgical removal of one's voicebox and surrounding structures), there is an increased potential for violation of social expectations that cross these areas of functioning. As such, efforts that seek to better understand the potentially differential impact of TL on women and identify the specific needs they may have leading up to and after such treatment pursuant to contemporary societal expectations are warranted. Thus, this paper provides an examination of the potentially differential impact of TL on women. In addressing this position, this paper examines the unique challenges women may face postlaryngectomy through the framework of the International Classification of Functioning, Disability, and Health (ICF). Through the use of the ICF, this paper will provide an expanded perspective related to the interactions between body functioning, active participation in daily activities, and contextual factors that may act as facilitators or barriers to women's societal reintegration secondary to TL.

Learning outcomes: Readers will be able to describe the multiple factors that may contribute to the differential impact of total laryngectomy (TL) on women. More specifically, readers will gain an understanding about women's physical, psychological, and social functioning secondary to TL. This paper also provides readers with exposure to the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) framework. This framework provides readers with an expanded perspective related to the interactions between body functioning, active participation in daily activities, and contextual factors that may act as either facilitators or barriers to the societal reintegration of women secondary to TL.

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1. The multidimensional impact of total laryngectomy on women

Society has long held specific norms and expectations for all of its members. A perceived violation of such expectations holds the subsequent potential for a myriad of social penalties. For example, [Goffman \(1963\)](#) commented that ancient civilizations imprinted various signs onto the bodies of those that acted against society's expectations or norms. These signs represented a direct identification of one who was "blemished", one who was "... ritually polluted, to be avoided, especially in public places" ([Goffman, 1963, p. 1](#)). These societal 'standards' can also include gender-specific ideas and expectations about how men and women should look, how they should dress, how their voices should sound, and the roles they should fulfill within their respective societies. The [World Health Organization's \(WHO\) Commission on Social Determinants of Health \(2008\)](#) indicated that, "[g]ender inequities are pervasive in all societies" and "[g]ender biases in power, resources, entitlements, norms, and values and in the organization of services are unfair" (p. 145). While these biases and expectations can vary greatly across cultures and religions, many examples continue to persist in contemporary North American society.

Specific to considerations of gender, the United Nations Educational, Scientific and Cultural Organization [UNESCO \(2009\)](#) has commented extensively about the portrayal of women in the media and its consequences, stating that:

...a repetitive use of notorious gender stereotypes such as showing women only as carers of the family or as sexual objects affects the public's perception of reality. They exist in the portrayal of glamorous women to promote cosmetics and beauty products or in stories of women as carers and homemakers, again often to sell household food and services. (p. 13)

This comment calls explicit attention to how women may potentially be held to different standards and/or expectations than men, and as such, may exist across various levels of physical, psychological, and/or social functioning.

Further concern arises when women with specific health conditions require radical, invasive medical treatments (e.g., mastectomy, or the surgical removal of one or both breasts in the presence of cancer) that have the potential to result in numerous treatment-related disabilities. On a physical level, for example, women have been generally found to place greater importance on their visual appearance to others than men ([Muth & Cash, 1997](#)). At the social level, and in the context of laryngeal cancer (LC), women who normally have higher-pitched, laryngeal voices than men, must communicate with an unnatural, "alaryngeal" voice post-treatment and might result in being perceived as 'abnormal' during communication ([Coleman, 1971; Schwartz, 1968](#)). Finally, at the psychological level, women have increased anxiety, depression, distress, and fear in response to certain health conditions ([Jacobs-Lawson, Schumacher, Hughes, & Arnold, 2010; Katz, Irish, Devins, Rodin, & Gullane, 2003; Salva & Kallail, 1989](#)).

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