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Review Article

Discourse on Intimacy: Trajectories of Female Subjectivation and Symbolic Transformation Around Breast Cancer

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Abstract: This study examines the transition from silence to public speech in the context of breast cancer in Côte d'Ivoire, analysing the mechanisms of destigmatisation and the dynamics of collective meaning-making. The central issue concerns the social and cultural regulation of women's discourse and its impact on the visibility and social representation of illness. The research interrogates the collective and symbolic strategies through which women negotiate their identities, recalibrate the boundaries between the intimate and the public sphere, and transform the social gaze directed at their embodied experiences. Grounded in a qualitative methodology combining narrative interviews and direct observation, the analysis reveals that the discursive articulation of the intimate catalyses solidarity, self-affirmation, and bodily reappropriation. The discussion highlights the constitutive tension between stigmatisation, female subjectivation, and self-determination, demonstrating how collective speech operates as a vector of symbolic emancipation and identity reconfiguration. In conclusion, shared narration emerges as a lever for social transformation, simultaneously producing new forms of visibility and recognition for women confronting illness.

Keywords: Destigmatisation, Female Subjectivation, Collective Meaning-Making, Embodied Experience, Breast Cancer.

INTRODUCTION

Empirical observation indicates that, in Côte d'Ivoire, discourse surrounding breast cancer has historically been circumscribed by modesty, social silence, and stigma. Women encounter significant barriers to articulating their experiences, discussing the disease, and fully participating in awareness-raising initiatives. Yet, media platforms, community-driven interventions, and networks of female solidarity are progressively enabling the emergence of a public voice. Through testimonies, discussion groups, and symbolic practices, some women transform individual reticence into collective discourse, generating a shared understanding of the disease and contributing to its social destigmatisation. This transmutation of private experience into public expression reflects a dynamic of female subjectivation, in which speaking of illness constitutes an act that is simultaneously social and political.

The paradox lies in the tension between the imperative to speak and the social constraints that continue to enforce silence. On the one hand, awareness campaigns valorise visibility and expression; on the other, gendered norms, cultural taboos, and fear of judgment limit the discursive emancipation of women. Communication around breast cancer thus oscillates between disclosure and restraint, between public visibility and self-censorship. The research question is therefore formulated as follows: how are processes of destigmatisation and transformation of public discourse around breast cancer constructed and negotiated in Côte d'Ivoire? The objective is to understand how female speech functions as an instrument for reconfiguring relationships with the body, society, and the disease.

This study seeks to analyse the mechanisms through which Ivorian women convert reticence into public discourse, redefining the boundaries between private spheres and collective spaces. It aims to identify processes of subjectivation and discursive dynamics that allow patients to articulate their corporeal, emotional, and social experiences within a public space long defined by silence. Scientifically, this research situates itself at

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the intersection of gender sociology, chronic illness studies, and communication scholarship, illuminating the ways in which female discourse constitutes a vector of emancipation in the face of stigma. Practically, its findings may inform public health policies and more inclusive awareness programmes capable of recognising and amplifying women's voices, while promoting solidarity and collective self-determination in confronting breast cancer.

Bourdieu (1986) analyses how social and cultural norms structure bodily practices and symbolic behaviours, demonstrating that attitudes towards the body serve as markers of social distinction. Through a methodology combining observation and qualitative inquiry, he reveals that modesty and social conventions act as instruments for reproducing hierarchies. In this perspective, the silence of women living with illness reflects the internalisation of dominant norms of femininity. Goffman (1959) explores social interactions by distinguishing the *frontstage* (public space) from the *backstage* (private space). Employing participant observation, he shows how stigma constrains self-presentation and the management of speech. This framework illuminates the ways in which women with breast cancer negotiate between concealment and disclosure. Foucault (1976) interrogates the interplay between power, knowledge, and subjectivation, demonstrating that discourse on the body is both regulated and generative of emancipation. His historical and documentary method reveals that articulating illness constitutes an act of resistance against normative power.

The present study is distinguished by its contextual grounding: it highlights how Ivorian women appropriate these logics to transform reticence into public discourse, linking individual subjectivation to a collective construction of meaning. Through this approach, it extends beyond classical analyses by integrating the African cultural dimension of bodily, gendered, and illness-related relations, demonstrating that to speak of breast cancer is already to reclaim a space of dignity and social existence.

1. Theoretical and Methodological Framework

The study of destigmatisation dynamics and the collective construction of meaning surrounding breast cancer in Côte d'Ivoire was situated within a sociological perspective attentive to gender relations, social norms regulating the female body, and processes of subjectivation. The research object was approached through an interactionist and phenomenological lens, embedding the study within the sociology of lived experience (Kaufmann, 2011) and chronic illness (Herzlich, 1969), with particular attention to how women generate social meaning from their experience through narrative, language, and interaction. The central objective was to understand how patients, confronted with stigma, progressively transformed reticence into public discourse, thereby contributing to the collective construction of meanings surrounding the disease.

Foucault's sociology of the body and power (1976) provided an analytical framework to apprehend how medical and health systems govern female bodies. The concept of *biopower* enabled an understanding of how medicalisation and awareness campaigns, while aiming at prevention and empowerment, simultaneously introduced implicit norms of control and moral regulation. Empirically, interviews revealed that women perceived these dispositifs as simultaneously protective and normative, imposing frameworks for bodily and behavioural conduct. The application of this theoretical lens proved instrumental in understanding the tension between social discipline and individual autonomy, and in analysing the transition from imposed silence to claimed speech.

Bourdieu's theory of symbolic domination (1998) facilitated comprehension of the structural dimension of inequalities in the face of stigma. Breast cancer was not experienced homogeneously: women from lower socio-economic backgrounds reported particular difficulties in verbalising their experiences, due to limited cultural capital and restricted access to symbolic and social resources. Narratives revealed that internalised shame, fear of judgement, and social constraints structured the capacity either to speak or to remain silent. The empirical application of Bourdieu's framework thus demonstrated that stigma affected not only the body but also social positioning and access to spaces of recognition.

Goffman's stigma theory (1963) complemented this perspective by illuminating the micro-dynamics of everyday interactions. Patients described diverse strategies of identity management: concealment, temporary withdrawal from social spaces, or the display of courage and faith. These practices constituted modalities of identity negotiation, enabling the reconstruction of a viable social status within a cultural context where female illness was heavily morally codified. The application of Goffman's framework allowed for the linking of intimate experience to local normative structures, demonstrating how interactions both produce and reproduce stigma while offering avenues for resistance.

The interactionist and phenomenological perspective highlighted how women progressively transformed individual experience into a socially shared narrative. Local associations, support groups, and awareness campaigns constituted spaces of discourse and validation, wherein vulnerability was converted into a symbolic and collective resource. Empirical evidence indicated that shared narratives, symbolic interactions, and exchanges of experience facilitated destigmatisation and the reconfiguration of meanings ascribed to the diseased body.

Methodologically, the research adopted a comprehensive qualitative approach, privileging the exploration of social meanings and resilience practices. The primary site was the Alassane Ouattara National Centre for Medical Oncology and Radiotherapy (CNRAO) in Abidjan, supplemented by two community associations involved in supporting women with breast cancer. This choice was justified by the concentration of patients and the social diversity of observable experiences, encompassing caregiver patient interactions, associative engagement, and participation in awareness campaigns. Participants were selected according to criteria ensuring sociological diversification: age, educational level, marital status, disease stage, associative involvement, and experience with awareness initiatives. Purposive sampling retained twenty patients, five healthcare providers (doctors and nurses), and three association leaders, yielding a total of twenty-eight interviews.

Data collection combined semi-structured interviews and participant observation, enabling the capture of the interactional and symbolic dimensions of illness experience. Interviews were conducted in French and local languages (Baoulé, Dioula, Bété) to reflect the richness of emotional and cultural registers. Data analysis followed an inductive process inspired by Grounded Theory (Glaser & Strauss, 1967), with transcriptions coded according to emergent categories such as “modesty”, “speech”, “solidarity”, “resilience”, and “collective meaning-making”. Triangulation of sources between interviews and observations strengthened empirical validity and allowed micro-individual dynamics to be linked to collective transformations of representations of the body and disease.

Thus, the articulation of Foucauldian, Bourdieusian, Goffmanian, and interactionist-phenomenological frameworks demonstrated that the transformation of modesty into public discourse was not merely an individual process. It constituted a socially situated process of destigmatisation, wherein narrative construction, collective recognition, and mutual support enabled the reconfiguration of the female body, the affirmation of women’s subjectivity, and the construction of shared meanings surrounding breast cancer in Côte d’Ivoire.

2. RESULTS

2.1. From Silent Experience to Discursive Visibility: Negotiating Body and Identity

The findings highlighted how women diagnosed with breast cancer transform initial reticence, shaped by shame, fear of social scrutiny, and bodily stigma, into a reflexive narrative of their experience. This transition from silence to speech constitutes a process of subjectivation (Foucault, 1982), in which self-expression becomes a means of symbolically reclaiming both the self and the body. By articulating in discourse what was previously unspeakable, patients redefine the boundaries between the intimate sphere and the social domain, converting the illness experience into both a narrative and an identity resource.

> *“At first, I was ashamed to talk about it, even to my family. But when I saw other women testify, I realised that speaking is also a form of healing.” (**A.K., 42 years old, primary school teacher, Abidjan**)*

A.K.’s testimony exemplifies the passage from silence to public speech as a process of female subjectivation in the Foucauldian sense (Foucault, 1982). Her initial shame and reluctance to disclose her illness, even within the family, reflect the internalisation of social and cultural norms regulating female discourse on the diseased body, which imbue the breast cancer experience with symbolic and bodily stigma. This initial inhibition can be conceptualised as a social regime of truth, wherein the articulation of illness is governed by societal norms that determine the legitimacy of speech and enforce silence on certain aspects.

The pivotal statement, *“when I saw other women testify, I realised that speaking is also a form of healing”*, underscores the collective and performative dimension of speech. Peer experience functions as a mechanism of social mediation, facilitating the transformation of intimate experience into a shared narrative. In this dynamic, speech ceases to be merely a vehicle for information or emotional expression: it becomes an act of symbolic reclamation of the body and self, simultaneously catalysing solidarity, identity validation, and social reassurance.

This trajectory also demonstrates the redefinition of boundaries between the private and public spheres. Collective narration enables the patient to shift her experience from the historically silent and shame-laden intimate sphere to a social space where bodily experience is recognised and legitimised. The interviews thus reveal that the transformation of modesty into reflexive discourse is not solely an individual emancipation strategy but forms part of a collective process of co-constructing meaning and destigmatisation, in which speech operates as a therapeutic tool, an identity lever, and a means of social reconfiguration.

In sum, this corpus confirms that public discourse in the context of breast cancer in Côte d’Ivoire is not merely an expression of personal experience but constitutes an act of symbolic resistance and female subjectivation, transforming bodily experience into a narrative and identity resource capable of redefining social norms surrounding the illness.

2.2. Public Speech as a Vector of Subjectivation and Symbolic Resistance

Field data revealed that public speech functions as an act of resistance against norms of silence imposed upon the female body in illness. In a context where modesty is socially mandated, speaking about breast cancer constitutes a challenge to gendered codes of secrecy and reconfigures symbolic hierarchies between "respectable" and "exposed" women. Speech thus becomes a tool for repoliticising bodily experience, in line with Butler's (1997) analysis of the performativity of language.

> *"When I take the microphone to testify, I feel that I am not speaking just for myself, but for those who dare not. It is a way of saying that our pain deserves to be heard." (**T.N., 36 years old, trader, Abidjan**)*

T.N.'s testimony exemplifies the performative and political function of public speech within the context of breast cancer, consistent with Butler's (1997) performativity framework. The assertion *"I am not speaking just for myself, but for those who dare not"* highlights the intersubjective and solidaristic dimension of female discourse. Here, speech exceeds individual expression to become a collective act of visibility and recognition, wherein the patient embodies both her personal experience and the voice of other silent women.

This posture illustrates how speech functions as a tool of symbolic resistance against the norms of silence imposed on the female body in illness. By publicly articulating pain and bodily experience, the speaker defies social prescriptions delineating what is "respectable" or "exposed", thereby contributing to the reconfiguration of gendered symbolic hierarchies. Performative speech transforms intimate experience into a socially meaningful event, simultaneously redefining the status of ill women in the public sphere and legitimising their testimony.

From a sociological perspective, this excerpt illustrates the repoliticisation of the female body in illness, wherein discourse becomes a vector of subjectivation and collective empowerment. Public speech, in this sense, transcends individual catharsis: it generates a performative effect that alters social norms and creates a shared discursive space, allowing women to negotiate visibility, recognition, and the symbolic value of their bodily experience. The interview thus underscores the central role of collective testimony and mediation dispositifs in transforming power relations surrounding the body, illness, and gender.

In conclusion, T.N.'s voice demonstrates that public speech simultaneously constitutes an act of symbolic resistance, a lever of emancipation, and a mechanism for co-constructing meaning, contributing to destigmatisation and the identity reconfiguration of women facing breast cancer.

2.3. Collective Dispositifs as Levers of Destigmatisation and Female Subjectivation

This third dimension highlighted the role of collective speech spaces associations, support groups, media campaigns in deconstructing social stigma surrounding cancer. These dispositifs facilitate the desindividualisation of shame and mutual recognition among women facing a shared ordeal, contributing to the production of collective symbolic capital (Bourdieu, 1986), replacing isolating shame with shared dignity.

> *"In the support group, I feel understood. We are no longer afraid of others' gaze; we learn to stand tall, even without a breast." (**M.Y., 50 years old, dressmaker, Abidjan**)*

M.Y.'s testimony exemplifies the structuring role of collective speech spaces in the symbolic transformation of the breast cancer experience. The assertion *"we are no longer afraid of others' gaze; we learn to stand tall, even without a breast"* reveals how individually internalised shame, reinforced by social norms concerning the female body, is progressively desindividualised and converted into a sense of shared dignity.

Membership in a support group operates as a social mechanism of mediation and collective symbolic capital (Bourdieu, 1986). Mutual recognition among women experiencing similar bodily challenges creates a network of identity and emotional validation, where vulnerability ceases to be stigmatised and becomes a resource for reaffirming the self and the body. The statement *"we learn to stand tall, even without a breast"* illustrates how collective speech enables symbolic and bodily reclamation, transforming perceived mutilation into a sign of resilience and relational power.

From a critical perspective, this interview emphasises the performative and normative function of collective spaces: they create a framework within which intimate experiences can be narrated, recognised, and legitimised, contributing to the deconstruction of social stigma and the production of shared symbolic capital. This process reveals how collective interactions generate a rearticulation of relationships to the body, illness, and society, allowing women to reconstruct their identity in a space where solidarity and discursive emancipation prevail over isolation and shame.

In sum, M.Y.'s testimony illustrates that collective support dispositifs are not mere forums for expression but social and symbolic arrangements that catalyse the transformation of shame into collective recognition and contribute to the production of symbolic capital capable of redefining female dignity in the context of breast cancer.

2.4. Shifting Boundaries Between Intimate Experience and Collective Speech: Destigmatisation Processes

The final dimension examined the transformation of intimate experience into a public cause. By appropriating media and associative spaces, patients redraw the boundaries between domestic and public spheres, contributing to the politicisation of bodily experience. Speech becomes an instrument of visibility and legitimacy, whereby the suffering body is converted into a site of advocacy and solidarity. This process illustrates a reconfiguration of socially acceptable femininity, in which vulnerability becomes a form of agency or a manifestation of autonomy (Mahmood, 2005).

> *"Before, it was a family matter. Today, we talk about it on the radio, on TV. We want everyone to know it is not shameful, but a reality we face together." (**D.E., 47 years old, nurse, Abidjan**)*

D.E.'s testimony paradigmatically illustrates the transformation of intimate experience into a public cause, consistent with Mahmood's (2005) analyses of female autonomy and agency. The statement *"Before, it was a family matter. Today, we talk about it on the radio, on TV"* demonstrates how patients shift the management of illness from the domestic/private sphere to mediated and associative public spaces, redefining boundaries between intimate and social domains. This discursive act is performative: by exposing their bodily experience, women create visibility that challenges stigma and socially legitimises their experience.

The transition to public speech also represents the politicisation of bodily experience, whereby the suffering body becomes an instrument of advocacy and solidarity. The interview illustrates how vulnerability, far from being reduced to a subordinate or passive position, is transformed into a form of autonomy and agency, in accordance with Mahmood (2005).

The speaker explicitly emphasises the collective dimension of this process: public speech is not merely an individual emancipation strategy but a means of generating shared meaning, contesting social norms of silence, and fostering solidarity among women facing the same ordeal.

Moreover, the excerpt highlights the reconfigurative and performative function of discourse, wherein public narration of bodily experience redefines socially acceptable femininity and transforms collective perception of breast cancer. D.E.'s statement demonstrates the capacity of patients to reclaim their bodies and experiences, inscribe their experience in a legitimate public space, and simultaneously produce symbolic and social recognition, contributing to destigmatisation and the construction of a reinforced collective identity.

Ultimately, public speech, as reported by D.E., functions as a lever of symbolic and social transformation, wherein vulnerability is converted into emancipatory action and shared symbolic capital, redefining power relations surrounding the female body in illness.

3. DISCUSSION

The investigation reveals that women confronted with breast cancer in Côte d'Ivoire traverse a trajectory from silent experience, characterised by shame and stigma, to public speech, constituting a genuine process of female subjectivation. The narrative articulation of bodily experience enables a symbolic reclamation of both body and identity, transforming individual modesty into a narrative and identity resource collectively recognised.

Public speech functions as an act of symbolic resistance: it challenges norms of silence and gendered codes of secrecy, redefines social hierarchies between "respectable" and "exposed" women, and politicises bodily experience. Collective dispositifs support groups, associations, and media campaigns play a structuring role by desindividualising shame, fostering mutual recognition, and producing shared symbolic capital.

In sum, appropriation of public, media, and associative spaces enables patients to redraw boundaries between the intimate and social spheres, transforming vulnerability into a form of agency and autonomy. Public speech thereby becomes a lever for destigmatisation, symbolic emancipation, and identity reconfiguration, contributing to social visibility and legitimisation of the female experience of breast cancer.

Based on the results previously outlined, an analytically targeted discursive corpus was selected. This methodological choice does not aim to account for the entirety of the data collected, but rather to concentrate analysis on structuring and significant elements, excluding redundancy. Within this framework, the study centres on the object: *"Public speech as a vector of subjectivation and symbolic resistance."*

The public speech of women with breast cancer constitutes an act of symbolic resistance against norms of silence and gendered hierarchies. By testifying publicly, they transform their intimate experience into a socially meaningful event, articulating visibility, recognition, and solidarity. This performative speech operates as a vector of female subjectivation and collective empowerment, contributing to destigmatisation and identity reconfiguration.

These findings resonate directly with scholarship on the performativity of language and female subjectivation. The analysis highlights how public articulation transforms intimate experience into a socially significant event, providing visibility,

recognition, and solidarity, converging with Butler's (1997) work on performativity: language does not merely express lived experience but produces effects of reality, reconfiguring social norms and gendered hierarchies. Public speech thus functions as a performative mechanism capable of altering representations of the diseased female body and effecting symbolic reconfiguration of bodily experience.

This observation also aligns with Foucault's (1976) analyses of power, knowledge, and subjectivation. Public articulation constitutes a process of symbolic self-reclamation, wherein bodily subjectivation occurs through enunciation, breaking regimes of truth imposed by social and cultural norms. By shifting their experience from the intimate register to the public sphere, patients participate in a redefinition of boundaries between private and social spheres, confirming the Foucauldian insight that discourse is a central instrument of both power and emancipation.

The collective and intersubjective dimension of public speech, articulating solidarity and mutual recognition, converges with the work of Bourdieu (1986, 1998) and Goffman (1963). Bourdieu emphasises the existence of symbolic capital and the struggle for legitimisation of social positions: here, women create shared symbolic capital, transforming individual shame into collective dignity and reaffirming their value within a social space that historically marginalised them. Likewise, Goffman highlights the management of stigma and identity reconfiguration in relation to social norms; public speech can be understood as a strategy of identity negotiation, wherein the stigma of the diseased body is displaced and valorised through testimony.

Nevertheless, divergences emerge in relation to certain authors. For instance, Herzlich (1969) and Kaufmann (2011) emphasise the centrality of individual and domestic experiences in constructing the meaning of illness, highlighting familial and intimate mediation of emotions and identities. In the Ivorian study, although the domestic sphere constitutes the starting point of silent experience, identity transformation occurs predominantly in the public and collective space, illustrating an extension of subjectivation beyond the intimate sphere into a performative and social dimension. Moreover, while Mahmood (2005) stresses female autonomy framed by religious and cultural norms, the present findings illustrate an emancipation that negotiates and redefines these norms rather than conforms to them, revealing the plasticity of symbolic power in contexts of health-related stigma.

Finally, the methodological approaches employed in this study draw theoretical support from Glaser and Strauss's (1967) Grounded Theory, which valorises the emergence of analytical categories from data, thereby conferring empirical legitimacy to the interpretation of public speech as a vector of resistance and identity transformation.

In synthesis, the discussion highlights a strong convergence between the study's findings and sociological literature on language performativity, subjectivation, and symbolic capital. Public speech by women living with illness constitutes both a lever of resistance against gendered norms and an instrument of collective emancipation, corroborating the analyses of Butler, Foucault, Bourdieu, and Goffman. Divergences, particularly with approaches centred on the intimate or prescriptive norms, underscore the contextual specificity of the Ivorian experience: the public and collective sphere becomes a site of symbolic and social innovation, where female vulnerability is transformed into agency and shared identity capital. This study thus demonstrates women's capacity to redefine their bodies, identities, and social norms surrounding illness, extending the sociological understanding of processes of destigmatisation and female subjectivation.

CONCLUSION

Analysis of the discursive trajectories of women confronted with breast cancer in Côte d'Ivoire highlights a complex process of symbolic and social transformation. The transition from silence to public speech is not merely an individual expression of bodily experience: it constitutes a mechanism of female subjectivation, wherein reflexive narration enables symbolic reclamation of body and identity while redefining boundaries between intimate and social spheres. Speech thus becomes a vector of symbolic resistance, challenging norms of modesty and gendered hierarchies of secrecy while politicising bodily experience.

Collective dispositifs support groups, associations, media campaigns play a structuring role in this process by desindividualising shame and producing shared symbolic capital, generating mutual recognition and social legitimisation. These collective spaces function as social and symbolic arrangements that catalyse identity and bodily reclamation, transforming vulnerability into an emancipatory resource and agency. Mobilisation of public, media, and associative spaces illustrates patients' capacity to inscribe intimate experience within a collective cause, simultaneously redefining socially acceptable femininity and discursive norms surrounding illness. This process of co-constructing meaning operates on both individual and collective levels: it legitimises bodily experience, fosters solidarity among women, and contributes to destigmatisation of breast cancer.

This study enriches sociological knowledge on gender, health, and communication by highlighting dynamics of female subjectivation and the performativity of speech in a context of stigma. It underscores the role of collective and media dispositifs in reconfiguring

power relations associated with body and illness, providing a theoretical framework for understanding symbolic transformation of marginalised bodily experiences. Practically, findings may inform public health policies and awareness programmes by guiding the design of inclusive and solidaristic spaces for expression, capable of enhancing symbolic power and visibility of women confronting breast cancer.

The research is based on qualitative data from a specific sample of Ivorian women, which limits generalisability to other cultural or socio-economic contexts. Furthermore, the focus on discursive experiences may obscure other structuring dimensions of illness experience, such as material or institutional constraints. Finally, the introspective and retrospective nature of interviews may introduce memory and social performance biases in the collected narratives.

Ultimately, this study demonstrates that female speech in the context of illness is not a mere expressive tool, but a genuine lever of social and symbolic transformation, wherein identity emancipation, public visibility, and the reconfiguration of power relations converge to produce symbolic capital and collective recognition. Breast cancer thus becomes a terrain of social invention, where women, through articulation of the intimate, transform stigma into agency and shared legitimacy.

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