



# A Merleau-Ponty Perspective: Body Experiences of Cervical Screening in Taiwan



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## Abstract

**Introduction:** The purpose of this study is to explore women's body experiences when undergo cervical screening.

**Methods:** This study is a phenomenological study. Data were collected through semi-structured interview guidelines. The contents of the interviews were then analyzed and categorized using the content analysis method.

**Results:** A total of 30 women were interviewed, with three main themes related to participants' experience, including:

- a) Body in medical (e.g., body being gazed; body being touched)
- b) Live body (e.g., Self direction; Body direction)
- c) Body of Interactive Feelings (e.g., Materialized body, Culture norms body)

**Conclusion:** Based on the results of this study, in order to improve the body experiences of cervical screening, suggestions are provided regarding "senses of the body", "habits of the body". A Women's body must be respected and protected when undergoing cervical screening. This study suggests that (1) Create friendly and positive body-subject experiences; (2) Building privacy and safe screening space for the body; and (3) A more integrated cervical screening service to align with women's habitual body.

**Keywords:** Cervical screening; Qualitative; Phenomenological; Perception; Habitual body

## Introduction

Cervical cancer is the second most common female malignancy worldwide. The American Cancer Society estimates that in the United States, about 12,200 new cases of invasive cervical cancer were diagnosed in 2010, and about 4,210 women died from cervical cancer [1]. Cervical cancer is the leading malignant neoplasm in Taiwan (incidence rate of 16.2/100,000) [2], about 40% of women in Taiwan die from cancer, and about 10% of these cancer deaths are due to cervical cancer [3]. Papanicolaou (Pap) smear screening is considered the best approach to reduce cervical cancer incidences worldwide, as regular screening by a Pap smear can decrease the risk of this invasive disease. In 1995, Taiwan began to provide a national and free cervical cancer screening program for women aged 30 years and over.

There are many barriers that prevent women from attending a cervical screening, including a lack of understanding of cancer

information, low economic status, logistics, social or cultural issues, previous experience with health care, relationship with a physician, previous experiences with cancer, previous negative health care and preventive experiences, perceived risk and discomfort, and satisfaction with screening services [4-6]. Research results indicated that, previous health care negative experiences affected attendance to cervical screening [7-9].

The examination of a female's reproductive system and is extremely private as it related to one's sexuality and is more invasive to a women's body. Merleau-Ponty [10] indicated that the body is the fundamental category of human existence, and is a phenomenal field. Phenomenological research purposes are to understand the essence of this phenomenon, and to show the entire picture of the experience. The purpose of this study was to acquire a deeper understanding of the experienced feelings of the body, when women undergo cervical screening, in order to enhance the quality of women's health care.

Background

Perceptions and Barriers to Attend Pap Smear

Cervical screening can be physically and emotionally uncomfortable, and women can feel vulnerable due to embarrassment and discomfort, which are associated with barriers defined by the clinician male gender [8,5,11]. The characteristics of the doctor play an important role in whether women participate in screening [12]. Other issues that significantly influence the decision to have cervical screening include, past screening experiences, particularly with regard to dignity and comfort, and negative views toward "painful," "embarrassing," or "unnecessary" actions [11,13,9]. In addition, culturally bound perceptions of sex and sexuality affected women's views of cervical screening. Chinese women's culturally bound negative views of sexuality seem to permeate their attitudes toward cervical screening [14,15].

Habitual body and perceptions

French scholar Merleau-Ponty is the most representative philosopher of body phenomenology, which suggested that the senses of the body are the perceptions of a systemic relationship formed between items of the internal world and those of the external world, where a body acts as the experiential subject [16,17]. Following Merleau-Ponty, a living body is not a thing, it is a situation. It is my grasp upon the world [18]. A body schema is a system of sensory-motor abilities; it provides human beings with the perspective to view and experience the world, or "being-in-the-world" [19-21]. Merleau-Ponty indicated in the book, *Phenomenology of Perception*, that the body is the site where the various experiences existing in the world are perceived. For Merleau-Ponty, the body plays a constitutive role in experiences [22]. Body experience is multisensory integration involving cultural concepts and perceptions [23,24]. The objective is to feel and perceive experiences, to encounter the world through visual and textual senses, and to develop the self-body [10]. The phenomenal body (the live body), "it is me inasmuch as I am conscious of the world". My body as a being-in-the-world is existential, which means that the body is "lived (corps)" and intentionally structured. Through my body, I have access to this form of existence. Merleau-Ponty's notion of the 'habit body' enables a more detailed exploration of the experiential knowledge of the body on embodied actions [25]. "Habit" consists in a kind of no cognitive, preconception "motor intentionality [22]. Phenomenon of habit is just what prompts us to revise our notion of 'understand' and our notion of the body. Between the intention and the performance and the body is our anchorage in a world. Habit is merely a form of this fundamental power. We say that the body has understood and habit has been cultivated when it has absorbed a new meaning, and assimilated a fresh core of significance. Merleau-Ponty [10] suggested that the primary way of learning about the world is through the body. All forms of knowledge of the world are therefore practical and embodied, developed via a 'corporeal schema' of the habit body, and a constellation of techniques learned through experience

that enable the individual to read experiences and situations, and act accordingly [25,26,18]. Merleau-Ponty shows us, in three ways, the roles that a live body plays in habit. Firstly, bodily space is the matrix of habitual action, and is an objective setting. Second, body also expresses habits through gestures. Third, our body gives our life the form of generality, and develops our personal acts into stable dispositional tendencies [27].

Thomas and Polliio [28] pointed out that the body is the existing place of experience in the world, and the situation of human life can be understood through the body. Body, subjects, and the world are intertwined and closely related [10]. To understand a women's state of being when undergoing a Pap smear, it is necessary to understand their body experience.

Methods

Design and Participants

This study Phenomenological descriptive methodology was adopted. The philosophical foundation is Merleau-Ponty's phenomenology which outlines the embodied nature of human perception. Purposive sampling was used. The inclusion criteria included:

- a) women aged 30 and above
- b) women who have undergone Pap smear
- c) women who can express their experiences in Chinese or Taiwanese.

The exclusion criteria were

- a) women who have undergone hysterectomy
- b) women who have unmarried.

The interviews were continued and not concluded until theoretical saturation was reached when no new information was being produced by subsequent interviews. This study interviewed thirty women in total.

Procedures

Table 1: semi-structured interview guide.

1	What is your reasons for undergoing "cervical screening" ?
2	What is your experience with receiving "cervical screening"?
3	Why do you think some women don't have "cervical screening" ?
4	What do you have negative experience for "cervical screening"?

An appointment was arranged with each participant for interviews in the hospital. A semi-structured interview guide (Table1) was used for this study. Interviews were conducted in the Chinese language. The interviews were audio-taped and transcribed verbatim. Each interview lasted for approximately 40-60 minutes. The researcher used the transcripts and copies of the field notes, and converted the recorded content into transcripts within 72 hours after the interviews. Credibility, dependability, and transferability were evaluated to secure study trustworthiness (Table 1).

Analysis

Table 2: Stages of the qualitative content analysis.

1	The interviews were taped and transcribed word for word.
2	The transcribed interviews were read through as a whole several times to capture the patients information needs, and to search for common and distinctive features, variations and important nuances.
3	The text of each interview was divided into meaning units.
4	The meaning units were condensed, with the core preserved.
5	Categories were created as groups of expressed manifest content with shared commonality.
6	Subthemes and a main theme were constructed and based on manifest and latent content.
7	Selection of quotes.
8	Validation of the findings.

Data were analyzed using the thematic content analysis method. An inductive content, inspired by Graneheim and Lundman, was used to interpret the text [29] (Table 2). The text was read through several times to gain a sense of the whole. Then, the text was divided into meaning units, which could be a paragraph, a sentence, or several sentences, depending on shifts in content. The meaning units were condensed, abstracted, and coded. The codes were then reflected upon and interpreted into

Table 3: Characteristics of participants.

Item	Category	Quantity	%	Item	Category	Quantity	%
<b>Age</b>	30-40	12	40	<b>Education</b>	Elementary school	7	23.3
	41-50	9	30		Junior high school	3	10
	51-60	8	26.7		Senior high school	9	30
	61-70	1	3.3		University	11	36.7
<b>Occupation</b>	Yes	27	90	<b>Marital Status</b>	Yes	28	93.3
	No	3	10		No	2	6.7
<b>Childbirth Experience</b>	Yes	29	96.7	<b>Sexual Experience</b>	Yes	30	100
	No	1	3.3		No	0	0

Body Experiences of Cervical Screening

Table 4: Bodily Experiences of Cervical Screening.

Theme	Sub-Theme
Body in medical	(1) Body being gazed
	(2) Body being touched
Life body	(1) Self direction
	(2) Body direction
Body of Interactive Feelings	(1) Materialized body
	(2) Culture norms body

The data are presented in terms of three themes

- a) Body in medical
- b) Life body

themes and sub-themes. Data were transcribed from audiotape-recordings after the interviews; the main analysis was conducted were critically discussed by co- authors, who individually read and coded the transcripts (Table 2).

Ethical Considerations

Ethical approval was obtained from the Clinical Research and Ethics Committee of the Taichung city Hospital. Information regarding the study was given to all women before recruitment. Informed consent was obtained from the women before completing semi-structured interviews.

Findings

Characteristics of the Participants

The 30 participants ranged in age from 30 to 70 years, with a mean age of 42.9 years old. Regarding educational background, seven subjects were elementary school graduates (23.3%), three were junior high school graduates (10.0%), nine were senior high school graduates (30.0%), and eleven were university graduates (36.7%). In terms of employment, three were unemployed (10.0%), 28 were married (93.3%), two were single (6.7%). 29 were women with childbirth experience (96.7%), and one had an unborn baby (3.3%). All subjects were women with sexual experience (100%) (Table 3).

- c) Body of Interactive Feelings (Table 4).

**Body in medical:** Facing the medical cervical screening, embarrassment and shyness are common experienced by women when bodily privacy is being violated under the perceived situations of being gazed at and being touched by an examiner. The content included: (1) body being gazed; and (2) body being touched.

**Body being gazed:** When women receive cervical screening, they must allow the exposure of physical privacy while being gazed at by an examiner. As subject (4) mentions, regarding the embarrassment of uncovering one's private parts to an examiner, "When the nurse told me to take off my underwear, I felt awkward ... since I've never take off underwear in front of others." In addition, some women mentioned very uncomfortable

and embarrassment when opening their legs on the examination table; as Subject (7) said, "To open my legs in front of an outsider... or being naked in front of a stranger, makes me very uncomfortable."

**Body being touched:** This refers to the women fear of being touched inappropriately on the body by an examiner. As subject (4) mentions, does not like to be willful touched by a male physician. She said, "I don't want my body being willful touched by a male physician... I don't like the physician's hands fumble the body touching around... It's very uncomfortable." Subject (6) said, "I am afraid my body is being touched unnecessarily. I don't like any unnecessary contact... I don't like his hands on my thighs or patting me casually, which makes me uncomfortable." Therefore, women fear of the examiner's strength of hand touch on the body, Subject 5 said "Some doctors hand power is very heavy... it is uncomfortable."

### Live Body

This refers to the women's individual corporal body through body schema to the perceptions the cervical screening. Women via body-subject revised adjustment, building the physical and mental comfortable with environment or examiner. The content included:

- a) self direction
- b) body direction

### Self Direction

This refers to a women's body via posture or gestures constantly to revised self reduce inner pressure for the mental well-being. As subject (10) mentioned that she hopes to avoid eye contact with the physician. She says, "It can avoid embarrassment for both sides... if the physician enters when you are ready and you try not to have eye contact with the physician." Subject (17) said, "Even though he is a physician, it is better not to face each other, because it is embarrassing, it is better if the physician enters after I get ready." More, they hope that body privacy and safe can be protected; examination space can be created to relax the body. As subject (6) says, "If the curtain is not closed well, it is a little awkward. For screening, there is a cloth covering the front part in the body, block the gaze of the clinician, It feels more relaxed and there is less pressure." In addition, Subject (8) brings up the importance of an independent examination space. She said, "... The curtains are always randomly pulled but leave a gap... If someone has the intention to peek, they can still peek through it. Therefore, an independent space is safer."

### Body Direction

Although medical/nursing personnel reminded women of relaxing their body during the examination, their bodies still were beyond control and became stiff. For example, subject (2) said, "I could not relax my body. Although the doctor kept asking me to relax, my body was beyond my control." Subject (5) indicated that her body developed involuntary reactions

during the examination. She said, "They asked me to relax... However, I could not. I felt relaxed when the examination was completed. I felt that it took a very long time to complete the entire examination process."

### Body of Interactive Feelings

This refers to the women undergo cervical screening, individual body through embodied and fresh to understand the self body habits conflict. The content included:

- a) Materialized body
- b) Culture norms body

### Materialized Body

During the process of cervical screening, women are alert to how their Body is treated. The verbal response or body language of medical/nursing personnel make them feel like there are treated as objects. During the examination, if medical/nursing personnel joke about non-relevant issues, they will feel disrespected. Subject (4) said, "No one cared about my feeling on the examination table and the medical/nursing personnel were joking around. Their attitude hurt my feelings." Subject (5) mentioned that there was no nurse practitioner during the examination. She said, "There is a curtain in front of the examination table which can cover the patient. However, the nurse practitioner suddenly disappeared because she was very busy. I felt insecure and disrespected." To women, nurse practitioners play the role as a protector. Nurse practitioners' role as protect enables women to eliminate the sense of alienation caused by materialization.

### Culture Norms Body

When women receive cervical screening, they feel must overcome an exposure of their bodily privacy by an examiner. These behaviors are conflicts with women's habitual body of culture norm. As subject (5) said undergoing cervical screening to the influence of Chinese culture, she said, "Most doctors are male. I feel embarrassed to face a strange male doctor. My husband was opposed to it because he dislike that I undergo an examination with a male doctor alone." Subject (3) attributed her delay in undergoing cervical screening to the influence of Chinese culture. She said, "I suppose that we Chinese are more reserved. I find it scary to undergo Pap smear...I would try to postpone as long as possible if it is not necessary to undergo it...I was not active to undergo cervical screening."

### Discussion

#### Reflection on the Body Experiences of Pap Smear Screening

Huang [23] and Merleau-Ponty [10] indicated that the body is the entity where spirit (consciousness) and flesh (body) intertwine. The results of this study found that when a woman experiences cervical screening, visual, tactile perceptions may affect the views and feelings. Though the process of the cervical screening is short, but women's body perceptions affect their



mental comfort. Make their bodies are out of control mind and could not relax the bodies. The result is consistence as the Merleau-Ponty [10] mention "my body is constantly perceived". And all meaning occurs through perception [24]. We find Women's body interaction between "subject and object" undergo cervical screening. The body subject via posture or gestures constantly revised self to reduce mental inner pressure for the well-being. For example, women try not to have eye contact with the physician during the checkup. More, they do not like being willful touched, such as patting thighs or limbs, and unwanted touching, etc. As Su [30] indicated our living body feels a gestalt experience because the visions and touches felt by our bodily organs are intertwined in the recess.

## Habitual Body and Perceptions

According to the research results, the 'body being gazed' and 'body being touched' are notions 'body at movement', as the Merleau-Ponty's phenomenologist of perception. I perceive and I am perceived through my body, as it is my vehicle of being-in-the-world and, I do not have a body but I am a body. 'Materialized body' and 'Culture norms body' are notions body embodied under cervical screening and creates conflicts with the habitual body. Following growing, a woman's body is impacted by cultural and social disciplines. This study found that the requirements and regulations of Chinese culture on "sex" make women feel that should not disclose their private part in front of any person other than their husband. The embarrassment experienced by Taiwanese women stems from their culturally bounded perception of sex and sexuality of cervical screening. This study results discovers are consistence with Coy [25] indicated women to maintain sovereignty over the body that is embedded in socio-cultural norms. Chinese culturally bound perceptions of sex and sexuality affected women's views of cervical screening [14,15]. Consequently, they struggle over whether to undergo cervical screening. Their inward conflict is particularly significant when facing male doctors. In addition to, according to this research results, the conflicts of habitual body behaviors, including opening legs while waiting for the physician, uncovering private parts, being touched inappropriately, pain, disrespectful tones, male doctor, etc. In order to allow women to feel at ease during a cervical screening, women constantly revised their corporeal and embodied to decreased conflicts with habitual body. In Taiwan, the cervical screening often focuses on the screening rates and examination time speed, such as the propaganda slogan of "Six Minutes Saves A Life". Consequently, ignoring the feelings of the body. When the process of examination emphasizes too much on quantity and technology, it often affects the body perceptions, as it ignores respect to the body.

## Conclusion

The three main themes related to body experiences of Cervical Screening include

- a) Body in medical
- b) Live body

## c) Body of Interactive Feelings

When women receive a cervical screening, their body will be at ease and without pressure if their body experience can be consistent with their habitual body.

## Relevance to Clinical Practice

For those who undergo cervical screening, their body must be respected and protected. This study suggests:

- a) Create friendly and positive body-subject experiences
- b) Building privacy and safe screening space for the body
- c) A more integrated cervical screening service to align with women's habitual body.

## Limitations

This study interviews were use Chinese or Taiwanese language, and use English language translating for this report, there may be some bias of the data. In additions, this research within Taiwanese culture, the findings may not be transferable to all cultures. This may also be mentioned as a limitation of the study.

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