

Teenage Girls with Cancer: Strengthening Body Image Through Educational-Aesthetic Mediation

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ABSTRACT

This article presents an empirical study on the impact of setting up an educational-aesthetic workshop for adolescent girls in a medical oncology department on their body images. This qualitative study consists of organizing four educational-aesthetic intervention sessions with two cases chosen according to inclusion criteria. In this article, we will first define the key concepts which are body image, cancer, adolescence and educational aesthetics. Then, we will highlight the working methodology, the techniques for collecting information as well as the process of analyzing the data collected before and after the educative-aesthetic mediation procedure. Finally, we will present the results obtained during the empirical phase.

Keywords: body image, cancer, adolescence, educational-aesthetic.

I. Introduction

“We need beauty to experience the life within us differently, to be present to ourselves in a fuller and more complex way. Beauty helps us to welcome the movement of life within us”[1]. Our relationship with beauty is not a purely sensual or instinctive relationship, nor solely sentimental or passionate, but in a broader sense, it is a human relationship. Certainly, the sight of a beautiful painting, a beautiful landscape, a beautiful face pleases us. Our perception of beauty sharpens this desire to modify reality in order to sublimate and achieve perfection. This trend towards sublimation and perfection has been highlighted by the use of many tricks such as makeup.

This trick, specifically feminine, was revealed thanks to the considerable growth of the professional universe of aesthetics-cosmetics and the significant growth in the turnover of cosmetics and perfumery products [2]. Make-up has become, at the basis of the spread of these products, a social practice with a feminine connotation attracting the attention of all age groups, namely adolescence.

Teenage girls try to highlight their transformed bodies by resorting to appearance care. Nevertheless, the occurrence of a considerable stake such as cancerous disease, can conceal their desire for beauty. The many repercussions of this disease, both biologically and psychologically, as well as socially, during this phase, cause an alteration in the image of the body. Alopecia, skin problems as well as the fragility of the nails, alter the physical attribute of the adolescent girl and deepen the gap between reality and the image of the ideal body. It is in this context that socio-aesthetics has been brought into play as a practice with a human and social option that aims to promote biological and psychological well-being, and facilitate the social interaction of adolescent girls with mental illness. 'cancer.

The value that the person gives to his physical appearance and to the importance of the opinion of others with regard to him, especially at this age, seems to us referred to his education. Does the educator therefore have an important role in this practice? Can combining socio-aesthetic art and education lead us towards educational-aesthetic mediation?

In this article we will answer these questions.

The first part of this article covers a review of the literature on the concepts that we will use throughout this work. This part also includes the methodology adopted for this research. We successively present the selection criteria for two cases representing the study group, as well as the data collection instruments that we will use. The second part will be devoted

to the empirical part, in which we present an analysis of the data and a discussion of the results.

II. Theoretical study

1. Body Image

1.1 Definition

The concept of "body image" has its origins in neurology. However, it was developed and theorized in a psychoanalytical context because it belongs to the conceptual field of psychoanalysis. Paul Schilder was the first to define the concept by specifying that "the image of the human body is the image of our own body that we form in our mind, in other words, the way our body appears to us. same » [3]. In this sense, the notion of the image of the body presents the manner or the process with which man apprehends his body, and the perception of this organic and sensory apparatus by the psyche.

1.2 Alteration of body image

Admittedly, the image of the body begins to be constructed from birth. However, it remains modifiable throughout life. Many physical or psychological disturbances can cause body image disorders. According to Michel Reich, a psychiatrist specializing in oncology, the image of the body can be affected by a disorder which results in "the existence of a marked difference between the appearance or the current perceived functioning of a given bodily attribute and the ideal perception of this attribute by the individual [4] where it is a disagreement between the psyche and the body. Indeed, this imbalance between representations and reality gives rise to a real traumatic experience that is both bodily and psychic, overflowing the psychic capacities of the subject. The establishment of a sort of barrier between the bodily dimension and the psychic dimension leads to confusion between the somatic and sensory attribute on the one hand, and the psychic attribute which yields to the determination of an ideal image of the body, on the other hand. The subject inhabiting his body finds himself, in this sense, before a foreign and almost unknown body from which he becomes incapable of appropriating and reappropriating his body.

Johnston, Dariou and Flaman (2014) underlined that body image "is modified throughout life and particularly during adolescence" [5].

2. Adolescence

Adolescence is the period of life between puberty and adulthood. The World Health Organization WHO delimits the age of adolescence between 10 and 19 years [6].

Johnston, Dariou and Flambard emphasize that the period of adolescence is characterized by physiological, psychic and social transformations with "intense bodily and psychic changes" which take place [7]. It is a period of physical, emotional, but also social change through which the gaze of other influences future status of the adolescent as a man or a woman.

2.1 Phases of adolescence

Adolescence is the transitional period between childhood and adulthood. This period has been broken down, according to the World Health Organization WHO, into three phases:

The beginning of adolescence: is a stage that extends from 11 to 13 years during which the girl has her "first period" [8].

Mid- adolescence: is the period between 13 and 16 for girls. Mid-adolescence is a "troubled period par excellence" [9]. It is marked by a struggle between the needs for independence and dependence, whether with family, at school or among friends. The physical changes that occur during this phase pose a considerable challenge for the adolescent girl in finding herself in front of a strange and new body.

End of adolescence: the end of adolescence comes into play from the age of 17 and "occurs after the consolidation of the last stages of physical development" [10]. This is the period during which the adolescent girl acquires her psychic identity and finds herself capable of maintaining sexual, intimate and affective relations. This stage is the final stage reached after several attempts, during which the young adolescent forms an adult identity by overcoming the contrasts experienced during mid-adolescence. Through "body image shifts underpinned by new investments" [11]. The adolescent gradually finds herself capable of going beyond the disturbance phase. Social integration facilitates self-recognition and adaptation to the new body resulting from the many modifications. It is this phase of late adolescence that interests us in the present work. We opt for this choice since the image of the body during this period tends towards stability.

2.2 Female social identity

Regarding social identity, several definitions have been identified. Valérie Discour considers, in this context, that it is "the more or less strong propensity to experience an emotional awareness of belonging to a place and the 'others' who occupy it, not only according to personal dispositions and references and group membership but also according to collective and culturally marked modes [12]. In this sense, the feeling of belonging and being part of an intersubjective atmosphere is a necessity for the young adolescent who needs to recognize herself through her specific behaviors with others. It is to be understood that the adolescent tries during this period to engage in a social group and to identify with it. It is commitment that will maintain the identification process by facilitating the establishment of a psychosocial status that goes beyond subjectivity towards an interhuman relationship. It is, therefore, the social exchange which obviously participates in the construction of this identity.

Undeniably, the body is a social support guaranteeing physical contact with the world, whose "metamorphosis is a change of form and appearance" [13]. During this social integration, the adolescent gradually tries to identify with this group, to attract the opposite sex through her physical body, which presents the attribute of appearance, from which "the interest in the genitals is will find moved towards the body, in particular by the investment of external feminine attributes such as make-up, clothing and hairstyle » [14].

In this sense, female sexuality is experienced through the encounter with others. It is this meeting which allows a

passage from childish sexuality to a maternal sexuality then erotic and which is characterized by a true tendency towards the amorous relations favoring the conscience of oneself as well as of others during which "the identity will pass through the mirror gaze of the other » [15] in order to recognize themselves. It is during this period that the adolescent must find her identity and achieve a kind of independence and autonomy by giving as much as receiving in order to maintain social relationships.

3. Cancer: a multidimensional fragility

According to the WHO, cancer is conceived as a disease affecting "any part of the body" [16].

and which is characterized by the unlimited proliferation of cancer cells. These cells go beyond their spatial and temporal limits to impose themselves as a real challenge.

Understanding, in this sense, that "carcinogenesis involves induction, promotion and progression" [17]. The involvement of cancer gradually passes through these three stages. The first stage, which is induction, results in the transformation of the cell from the normal state to an abnormal state, from which all the malignant cells cause the formation of a local tumor crystallizing the promotion phase. The progression phase corresponds to the appearance of the cancer by the establishment of metastases.

3.1 Side effects of cancer treatment

3.1.1 Appearance-related somatic alteration

***Alopecia**

"*Very frequent hair loss*" [18] is a form of impairment caused by submission to radiotherapy or chemotherapy. This treatment side effect is closely related to appearance; it is the physical sign presenting the visible part of cancer. The young adolescent finds herself, therefore, forced to hide from the gaze of others. In this sense, "the most important side effect for girls is hair loss, which is difficult to live with" [19] with which the disease concretely crystallizes by imposing a reality that is difficult to bear. For a young girl who is in the process of constructing her own sexual identity, the loss of "the entire hair system (eyelashes, eyebrows, pubic and axillary hair)" [20] is, undeniably, a very painful experience affecting both her appearance and her femininity.

*** Skin problems**

"*In people with cancer, skin and tissue integrity is compromised by the effects of chemotherapy*" [21]. Thus, due to chemotherapy, the skin of the young adolescent girl changes from a fresh and shiny skin resulting from the metamorphosis of adolescence to a dry and pale skin reflecting the imposition of a disease serious enough to overwhelm the force of the changes in adolescence.

"*Mucosal toxicity in the oral mucosa*" [22]:

This is an appearance of canker sores in the oral mucosa, that is to say the inner part of the mouth, and it is because of chemotherapy. These often painful canker sores cause difficulty in eating. This toxicity affects a very sensitive part of the body and can overflow the mucous membrane and affect the lips.

The lips present an important part of the body of the young adolescent since this part is a physical sign of female sexuality. Thus, Johnston, Dariou and Flambard believe that

the body is "a source of pleasure and sexual satisfaction" [23] and adopt the idea that adolescence is a reactivation of childhood impulses since "the enjoyment and satisfaction around the body, forgotten during the latency period, are reactivated during adolescence" [24]. In this sense, we can identify the reactivation of the oral drive from which the mouth presents an erogenous and drive zone. In addition, the mouth is one of the determinants of facial features, which is why teenage girls tend to use lipsticks. Therefore, the attack of the mouth by these mouth ulcers is an attack on the feminine appearance of the young adolescent girl.

***Fragility of the nails**

We note, the fragility and the change of the color of the nails as another side effect of the anti-cancer treatments. The nails become sensitive and brittle due to chemotherapy or radiotherapy and sometimes end up falling off.

***Sexual disorders and fertility disorder**

Every adolescent tries to engage in romantic relationships in order to experience the maternal and erotic sexuality occurring during this passage from childhood to adulthood. However, cancer treatments can affect the teenage girl's sexual interest and damage the reproductive organs causing very early menopause. In this sense, the young adolescent finds herself incapable of experiencing her sexuality because cancer treatments, namely chemotherapy, risk eradicating the signs of femininity because of the damage to the reproductive cells, in other words, "the 'invasion of their bodily intimacy' [25]. It should be noted, therefore, that cancer introduces an extension of latency, the latency period of which is defined as "marking a pause in the evolution of sexuality with a reduction in sexual activities, the desexualization of sexual relations. object and feelings, the appearance of feelings such as modesty, disgust and moral and aesthetic aspirations [26]. The attack of the sexuality of the adolescent girl can cause the reactivation of the period of latency and stop the sexual development translating the passage towards the world of the adults. Living this risk imposes itself as a traumatic and distressing experience.

3.1.2 Psychic alteration

Being affected by a cancerous disease is certainly a traumatic experience. According to Michel Reich "On the psychic level, the announcement of the disease makes the patient realize his mortality" whose idea of death triggers "a work of mourning" [27]. Thus, the announcement of the potentially fatal cancerous disease threatens the narcissistic foundations of the subject since narcissism "is recognizing oneself as a unit clearly separated from others" [28]. The death that we often try to avoid is, generally, considered only through the death of others. However, as soon as the disease enters, the affected subject is confronted with the idea of his death, of which he anticipates the loss of his autonomy although the loss of control over his body. Following the announcement of the disease, the beginning of the treatment process deepens the work of mourning from which the person carrying this disease and subjected to anticancer treatments is faced with the fear of falling and the fear of death. In this sense, the beginning of treatment emerges the beginning of pain and suffering. David le Breton, a French anthropologist and sociologist, believes

that “pain” and “suffering” are two intrinsically linked concepts. Le Breton emphasizes that suffering is the description of the feelings of the individual, and focuses that pain is a medical term describing an unpleasant sensory experience. However, he assumes that “pain is not that of an organism, it is not confined to a fragment of the body or to a nerve path, it marks an individual and overflows towards his relationship to the world, it is therefore suffering.” [29]. As a result, cancer treatments certainly present a real source of pain and suffering, evoking in some cases the involvement of “reactive psychological disorders reflecting defense mechanisms” [30] such as: denial, revolt and sublimation. Freud connected mourning and sublimation by examining “the techniques of defense against suffering and that he places sublimation therein” [31]. “We call the capacity of sublimation this capacity to exchange the goal which is originally sexual for another which is no longer sexual but which is psychically related to the first.” [32]. In other words, sublimation, crystallizing a passage from the concrete to the abstract, is the fact of diverting the drive from sexuality to creation or artistic practice which is, undeniably, a place of sublimation.

3.1.3 Social alteration

“*Puberty, physiological and psychic phenomenon*” entails “a powerful vacillation of the feeling of existence and continuity” of which the sexed body of the adolescent girl “is translated on the narcissistic and objectal level by the search for the first amorous relationships... the encounter with the sexed other therefore increases the source even puberty tension” [33]. However, the side effects of treatments such as hair loss, change in nails, dry skin and sexual disorders encourage the sick person to plunge into mourning for the relationship with the other with which the alteration of appearance causes a real disturbance of identity. This alteration evokes in the adolescent a feeling of distinction compared to the adolescent girls of her entourage. In this sense, the alteration of appearance due to the loss of some dimensions of seduction and erogeneity hinders a very important aspect of the work of adolescence, which is the relational aspect. The entourage participates, undeniably, [34]. As a result, the teenager finds herself unable to accept the bodily changes brought about by the treatment, so that it will be very difficult for her to incarnate herself in this sick and strange body. The psycho-social alteration provoked by anti-cancer treatments crystallizes, therefore, by the immersion in the mourning of loss of self-body and the mourning of loss of self-social from which the entourage determines the relationship that holds the teenager sick with her body and it is for this reason that the contact with the entourage in this context seems frightening. This stigma causes a negative self-perception, which translates into the use of headscarves and wigs to camouflage hair loss. Society has, in this sense, collective norms by which it stigmatizes each individual who exceeds these norms.

3.2 Cancer and adolescence: body image disorder

Anti-cancer treatments cause the bodily integrity of the person with cancer to be impaired and bring into play a

fragmented self-perception where the subject is faced with several bodies:

***The real body:** “It is the body weakened, bruised, dilapidated, mutilated because invaded by the disease and confronted with the side effects of the treatments.” [35]. The real body is the body-object, in other words, the somatic apparatus subjected to anti-cancer treatments and to the painful and tiring experience of chemotherapy. This body is the place of canker sores, hair loss and all the side effects of treatment.

***The body of need:** because of cancer treatments, the sick subject loses his autonomy and becomes incapable of controlling his body. In this sense, he adopts a total dependence which results in the “disinvestment of the body ego” [36]. This body takes place because of the real despair that the teenager feels when suffering from cancer and submitting to its treatments.

* **Identity body:** this body results in the loss of autonomy and the destruction of the self-image because of the attack on the body.

***Imaginary body:** the imaginary body is the body “reduced to the real [37]”. Thus, the sick subject imagines a body that is more affected than the real body, this causes bodily integrity to be impaired.

***Pain body:** it is the body affected by physical and psychic pain. The pain body is the place of anxiety, stress and grief.

4. Educo-aesthetics: a medium based on an educational strategy

Educo-aesthetics is a medium that we have staged as a term and practice to combine socio-aesthetics with education:

4.1 Socio-aesthetics

Socio-aesthetics is “the intervention with a population weakened by an attack on its physical and psychological integrity and/or in social distress” [38] » through the professional practice of aesthetic care such as make-up, facial care and nail care. It is the practice of appearance care in order to provide a kind of physical, psychic and social satisfaction. Murielle Colin, qualified nurse in socio-aesthetics, believes that “Socio-aesthetics is a set of aesthetic treatments offered to patients with the aim of promoting communication, well-being and comfort” [39]. In this sense, the exchange experienced by the “aesthete” [40] with the socio-beautician as well as the participants during the treatment process, can contribute to getting back in shape and improving the quality of life. In addition, healing techniques, such as relational touch, can provide a kind of comfort and relief. Socio-aesthetics is, therefore, a consideration of the individual as a biological, psychic and social entity.

* Socio-aesthetic workshop

The socio-aesthetic workshop, also called the “look” workshop, is an aesthetic care device requiring a spatio-temporal framework and materials corresponding to the main objective of the workshop. Running a “Look” workshop involves the presence of a multidisciplinary team made up of an educator, a psychologist and a socio-aesthetician. This workshop is thought of as a “transitional space in the sense given to it by Winnicott”.

Thus, “the frame creates a border between inside and outside, which secures the subject to indulge in a creative daydream with his body” [41]. So, the socio-aesthetic mediation workshop allows the participant to establish contact with his body and with the external world, through the process of exchange experienced with the socio-aesthetician. A socio-aesthetic workshop can be individual, favoring sharing with the socio-aesthetician, or in a group, through which the exchange and communication between individuals can evoke a feeling of security and containment.

The team involved in the “Look” workshop is a multidisciplinary female team made up of a socio-aesthetician, educator, nurse, caregiver and psychologist. Thus, “The importance of being among women, out of the gaze of men, is constantly recalled in the discussions held with beauticians. The fact of being able to “drop the mask” for a moment, to relax, is always presented as something essential and positive” [42]. In this sense, the members of this team are part of a form of maternal transmission, of which the “Look” workshop is installed as a reassuring maternal envelope.

4.2 Educational aesthetics

Highlighting the essential principles for setting up a “Look” workshop, Almudena Sanahuja and Patrice Cuynet underlined that “The team is made up of three caregivers-facilitators (educator, caregiver and nurse, all three have received training in aesthetics). In this sense, an educator trained in aesthetics can lead a “Look” workshop and provide “aesthetic treatments (mask, facial massage, creams, make-up, relaxation)” [43]. Educo-aesthetics is therefore an educational strategy highlighting the importance of the combination of educational skills and know-how in aesthetics. The contribution of educational skills in socio-aesthetic mediation provides a favorable educational-aesthetic transfer.

***The role of the educator:**

The socio-aesthetician aims, certainly, to reduce the distance between the individual and his body. However, the role of the educator is to establish a communicative and relational field between the participants. She is the moderator of the “Look” workshop, whose function is to maintain the framework of this device. Welcoming the participants and noting attendance is his first task. Indeed, stabilizing the setting, including the group, creates a containing, soothing and reassuring atmosphere. Before getting involved in the care process, the educator introduces the session as well as the time frame of the workshop. The participants must go to the care each in turn, according to the order announced by the educator: “During this time we will take care of you, in turn, which will require a waiting time for each of you. We will take care of you, providing you with the basics, make-up advice. We will teach you how to apply make-up properly, to choose and harmonize make-up with your body. So that you find yourself and feel beautiful! » [44]. The “Look” workshop is a place of mediation between the teenager and her environment. The role of the educator, in this context, is to evoke the interactions of the participants. Asking their opinions about their classmates' makeup styles, listening to

their suggestions and answering their questions reduces the tendency towards isolation and silence, and facilitates social integration. It should be noted that the involvement in this device creates a space of trust between the educator and the participants. The role of the educator therefore corresponds to managing the framework of the “Look” workshop and strengthening intersubjective relations.

4.3 Socio-aesthetics: source of well-being

4.3.1 Physical well-being: improvement of physical appearance

Sanahuja Almudena specifies that “the name of the workshop, ‘Look’ was not chosen in an innocuous way. The translation into French is “regard”, “appearance”” [45]. Thus, Appearance is “what comes immediately to sight, to thought”. It is the appearance memorized through the image, frequently, seen in the mirror. The “Look” workshop provides various treatments to modify the appearance of individuals suffering from physical illness. The fact of blurring certain imperfections thanks to corrective make-up, reduces the distance between the real image of the individual and his ideal image. Skincare, make-up, and polish promote mirror identification, crystallize a satisfying, near-perfect specular image, and enhance self-confidence. Jacques Oudot believes that “No face can be completely bare. To unveil, you must first veil” [46]. Therefore, the beauty treatment process can help the person to re-accept their appearance and to be able to incarnate themselves in their modified body.

4.3.2 Psychic well-being: reinforcement of the psychic envelope

Certainly, the psychic envelope is a rather fragile attribute that any malaise can threaten it. However, socio-aesthetic mediation attempts to provide an atmosphere aimed at reinforcing this attribute. “The containing envelope of the workshop gives the feeling of being in a cocoon, within which the atmosphere is serene and relaxed” [47]. The container frame of the “Look” workshop brings into play a soothing atmosphere evoking a feeling of security. The socio-aesthetician's reassuring actions on the participant's cutaneous envelope aim, among other things, to reinforce her psychic envelope. “Sensory has a preponderant place”. Didier Anzieu considers in “Le Moi-Peau” (1995) that “tactile sensoriality constitutes the organizing model of the Self and of thought. The skin is of capital importance: it provides the psychic apparatus with the constituent representations of the Ego and its main functions [48]. Relational touch therefore has a specific effect. Thus, “this “handling” stimulates the erogenous zone which is the face, a place which becomes a source of internal excitation of pleasure or displeasure” [49]. *“Touch is the first sense of communication, of well-being”* [50]. In this sense, skin care reactivates the relationship between the person's interior and the external world. This relationship between body and psyche serves to strengthen the narcissism of the adolescent girl and help her to come to terms with her body image.

4.3.3 Social well-being: social integration of the individual

It should be noted that the standard of beauty is often socially and culturally determined. Thus, the social group has "a representation of the average appearance of a man or a woman, an old person or a young person [51] hence any physical modification can be socially stigmatized and judged as "abnormal". In this context, the role of socio-aesthetics is to maintain a body image resembling social norms through the practice of aesthetic care. This image allows a process of identification providing a feeling of self-confidence. Paul Schilder emphasizes that "the image of the body is, in essence, social: never isolated, always accompanied by that of others"[52]. The gaze, the relational touch as well as the word during the care process, allow the individual to re-establish contact with his peers. Indeed, this sensory contact facilitates the social reintegration of the individual. Being diagnosed with cancer can cause a kind of isolation due to a social stigma that represents the connotation of the disease. However, the sharing that this individual experiences with the socio-beautician during the treatments facilitates the exchange with others and reinforces his social attribute. The spoken word makes it possible to "make this relational link tolerable" [53]. The "Look" workshop is, in this sense, an intersubjective atmosphere favoring the communicative aspect of the participant.

III. Methodological part

1. Research methodology

The approach of our research is part of a descriptive paradigm aiming to respectively give a faithful image of the situation. In this sense, we will attempt to describe the effect of socio-aesthetic mediation on the well-being of adolescent girls with cancer, and the role of this mediation in strengthening their body image.

The methodology associated with this paradigm is that of qualitative research.

2. Type of research

The case study is about describing and understanding in depth a situation or a social fact, an individual or a group. We will use the case study method to highlight the difference between the state of each case before and after participation in an educational-aesthetic mediation workshop.

3. Presentation of the study group

The following table summarizes all the characteristics of the study group. In a deontological register, we are going to change the names of the cases:

Table 1: Study group characteristics.

Last name	Age	Experience with the disease
"F"	19	a year
"I"	18	8 months

* Inclusion criteria:

We chose our study group intentionally based on the following criteria:

-Age :'beautiful' teenage girls, between the ages of 16 and 18 present the appropriate study group for this research. So this **period** is characterized by a certain physical, emotional and intellectual stability of which it is the "intermediate period" [54] between adolescence and adulthood.

-Sex:It seems necessary to us to evoke the criterion of sex for the cases to be studied, namely young adolescent girls. This choice refers to the close relationship between girls and aesthetic and cosmetic practices. Thus, makeup can be considered a permanent feminine practice.

-Experience with cancer treatments:It should be noted that the cases to be studied in this research are young girls undergoing cancer treatment. The state of health should not be very altered to avoid any confusion or physical or psychic complication.

- The participation agreement:the research group agreement is essential. The cases to be studied must, above all, agree to participate in this research. In this sense, it should be noted that the researcher must be understanding of the choice of each group member.

4. Description of research location:

A field approach is necessary to achieve the research work objectives. We will carry out our study in the Tunisian public health establishment "Salah Azaiz". This hospital located in Tunis opposite the old door of Bâb Saadoun was founded on March 14, 1969 by the doctor and surgeon Salah Azaiz. This institute has four care departments, including the oncology department where we carried out our research.

5. Data collection techniques:

The semi-directive interview, also called the open-ended interview or the centered interview, is a technique often used to carry out qualitative studies. In fact, the semi-directive interview is not entirely open, nor channeled by a large number of specific questions or questions formulated in advance. It is a technique which consists in giving free answers but within the framework of the questions asked. As part of our research, we will use this technique to collect data on the cancerous disease as well as the educational-aesthetic mediation in the construction of the body image in adolescent girls with cancer.

6. Research practice process:

Before setting up the socio-aesthetic mediation workshop, we will explore the effect of cancer on the body image of each member of the research group. An evaluation session will be done at the end to evaluate the role of educational-aesthetic mediation in strengthening the body image of adolescent girls with cancer.



IV. Empirical part

1. Course of the sessions

1.1 Exploratory session

This is an individual 30 minute session with each teenage girl at her bedside. Being alone with the mediator provides a calming environment allowing the teenager to feel at ease and to express herself freely. During this session, we tried to explore the impact of the cancerous disease on the body image of each adolescent girl. This through a well-targeted interview.

**The interview:* This is an exploratory interview during which the teenager will try to talk about her experience with the disease and her interest in cosmetic products.

It is a symbolic field which will allow a ground of confidence between the teenager and the educator.

1.2 Educational-aesthetic interventions

These are four educative-aesthetic intervention sessions that will take place following the same approach. Each session will last "1h 30" [55]. The educative-aesthetic treatments will take one hour and will be followed by 30 minutes of discussion.

The animation of our "Look" workshop is the task of a multidisciplinary group made up of a clinical psychologist, a nurse, a beautician and me as an educational-beautician trained in education, artistic mediation and aesthetics. .

**Model session*

It is a group practice during "The interest of going through the group also allows us to rework the deepest part of the individual". Thus, Kaës and Anzieu focused on "the dynamics of the unconscious image of groups" and "the analogy between the body and the group" [56] highlighting "the narcissistic foundations of subject identification". "During the first session, the aim of the workshop is thus presented to the adolescent girls. The first hour is devoted to care [...] (care provided to young girls and time for verbal elaboration)". The first hour is, therefore, a time of care, make-up, nail polish and verbalization.

The workshop space is well laid out:

- Make-up area and nail polish: deckchair allowing you to lie down.
- Materials are seductively arranged on a small table.
- A mirror within reach.
- Soft music.
- Waiting area.

First, the beautician will provide hand and face care such as masks and massages. During this time, the teenager is supposed to close her eyes and enjoy these moments of relaxation and calm. After the care procedure, the participant goes on to nail polish and make-up with the educator-beautician. Contrary to the care procedure, the make-up and varnish application time is the time for social interactions. The dialogue between the aesthete and the educational-beautician evolves from "I know what you need" to "tell me what would make you happy". The council intervenes only after". "Another way for the beautician, to "enliven" her technicality, is to take the time, in the presence of the person being treated, to explain to him what we are going to do, to show him, [57]. The other participants can intervene in one way or another to give their opinions, suggesting a color for the lipstick for example.

The skincare and make-up procedure involves the use of relational touch. Thus, starting with "the bodily approach to the face, which would be the metaphoremotonymic place of the whole body, through touch, the caregivers then exercising their function of shielding excitation and of libidinal recharging on this part of the body". Casting a glance at one's image in the mirror from one moment to another, and contemplating oneself in the mirror after the educative-aesthetic treatments, will allow the acquisition of the notion of limit which leads to a self -valuation. Gradually, the verbalization reflects the adolescent's involvement in the workshop. In this context, we must "take the right gestures, the right words, to ensure that times of silence are also experienced as pleasant"[58].

The last half hour is devoted to time for analysis and reflection for caregivers [59].

1.3 Evaluation session

The last session will be devoted to an evaluation by semi-directive interview in order to reveal the effect of educational-aesthetic mediation on the physical and psychological well-being of the adolescent girl with cancer. This is an individual session so that the teenager is not influenced by the answers of the other participants.

The interview will take place in an atmosphere of harmony, flexibility and authenticity without being a form of interrogation.

2. Presentation and analysis of cases

2.1. Case of "F"

*Anamnestic data

Table 2: General description of "F".

Age (year)	Size (cm)	Weight	General behavior	Type of cancer	Organ affected	General treatment effect
18	1.76	65	-Introversion - Shyness	Osteosarcoma	right foot	-Hair loss -Brow fall -Weightloss Dryness and discoloration of the skin

*History and experience of the disease

The beginning of this story dates back to July 2018 with the installation of bone pain in his right foot. When she consulted a free practice doctor, he directed her to the hospital in her region where she had the exact diagnosis of her condition and she was referred to the "Salah Azaiz" institute: "F » has osteosarcoma, in other words, bone cancer in his right foot. In August 2018, she was taken into chemotherapy. Then, she had surgery following which "F" resumed cancer treatment at "Salah Azaiz". "F" is hospitalized five days a week with intervals of 21 days between the two hospitalizations.

2.1.1 Record of the interview:(See appendix pp 3-4)

2.1.1.1 Experience with cancer

*Physical vulnerability

"F" places great importance on his body; especially his physical appearance. However, the side effects of chemotherapy call into question his body image. She assured, during the first interview, that the occurrence of the cancerous disease caused a remarkable change in her body:

"Since my illness, I have noticed that my physique has completely changed."

Moreover, she spoke with pain and bitterness of the fall of her eyelashes and eyebrows using a time indication that highlights the occurrence of cancer as an interval between past and present:

"My eyelashes and eyebrows have fallen out from chemo. »

However, it tries to camouflage this fragility by maintaining an acceptable external image. Indeed, "F" does not dare to remove her Fald or her turban even when she is alone. This indicates that she fears not recognizing herself.

*Psychic vulnerability:

During the interview, "F" used the phrase "before I was" three times, which shows an attachment to the past. Indeed, the teenager expresses her nostalgia for the past by trying to reject her current strange body and find the healthy body she once had before being struck by cancer.

*Social vulnerability:

"F" presents a low self-confidence which results in a feeling of fear towards the gaze of others. A strong anxiety of

judgment of the other is also detected in the speech of this teenager:

"I rarely walk around and it's because of my foot. Thus, "F" presents a tendency to isolation and withdrawal into itself.

2.1.1.2 The relationship with cosmetic products

Speaking of aesthetics, "F" claimed that she doesn't like cosmetics very much. However, she pointed out that she sometimes finds herself drawn to her products so that she uses them frequently. Although putting on makeup does not present to "F", as with many young girls, an "I always look beautiful" need, this teenager confessed that going out with a well-made up face brings a feeling of joy and relief to her. she. Mascara and lipstick were their favorite products. However, cancer treatment concerns, such as paleness of the face, evoked in "F" a tendency to wear out foundation.

"When I feel my face is pale I use a little screen and foundation"; this is what the teenager said in this remark. The discourse of "F" yielded to an educative-aesthetic intervention that can arouse in this adolescent positive feelings such as "joy and relief".

2.2 Case of "I"

*Anamnestic data

Table 3: General case description of "I".

Age (year)	Size (cm)	Weight (Kg)	General behavior	type of cancer	Organ affected	General treatment effect
18	1.68	50	-Introversion -Cooperation	Osteosarcoma	right foot	- Hair loss - Brow fall -Weight loss -Dryness /discoloration of the skin

*History and experience of the disease:

In December 2018, a small accident sparked "I"'s story with his illness. So when she was walking as usual, her right leg was twisted and swollen. By consulting the doctor, he directed her to the "Kassab" hospital where she learned the exact diagnosis of her condition: she has bone cancer in her right foot. Then, "I" was referred to the "Salah Azaiz" hospital for chemotherapy treatment. It should be noted that "I" has never had a surgical operation. Regularly, "I" spends two days of hospitalization per week.

2.2.1 Interview report:

2.2.1.1 Experience with cancer:

*Physical vulnerability:

"I" attaches great importance to his physical appearance. However, illness as well as sudden physical mutilation

challenge his body image. "I" said during the interview that losing weight due to cancer treatments has seriously bothered him.

"No, weight loss does not intrigue me, well a little, honestly a lot. »

Body picture	The data collected before the educational-aesthetic intervention	The data collected after the educational-aesthetic intervention
*Physical sphere	Physical insecurity and dissatisfaction with the body image	-Research for the manifestation of feminine beauty. - Desire for seduction
*Psychic sphere	Anxiety of the future	-Optimism - Positive energy
*Social sphere	low self-confidence and fear of the outside world	-Strong desire to participate social

However, "I" adopts a "normal" external image in which her hygiene is often well cared for, her clothes are clean and she frequently wears either her Folard or her turban. Thus, "I" always seeks to camouflage the parts altered by the treatment.

*Psychic vulnerability:

The discourse of "I" manifests a disturbance between admission and denial. Talking about the concerns of the cancerous disease, she pointed out that she has lost weight in a very remarkable way. However, she hesitated to admit the psychic discomfort due to this anatomical change.

"No, not at all, good a little, actually a lot. »

Indeed, she said at first that this change did not bother her. Nevertheless,

"T" made up for it by admitting that the weight loss left her frustrated. This reflects a feeling of dissatisfaction by showing her nostalgia for her old anatomy, in other words, her healthy body that she had in the past.

*Social vulnerability:

A fear of societal judgment was focused in the "I" speech.

"No, I have not experienced this situation and I wish that I never will experience it. »

Thus, she is afraid to face the outside world and to be seen as "unnatural ". This fear presents a barrier that prevents the adolescent from communicating and establishing contacts and deep relationships with others. This pushed the young adolescent to adopt a passive attitude and avoidance of social relations. She said ; in this sense, that she does not come out much:

"At the moment, I don't go for walks often.

With these words, "T" focused his attitude of introversion and withdrawal.

2.2.1.2 The relationship with cosmetic products:

During the interview, "I" assured that the cancerous disease has strengthened her intake with cosmetics. Thus, she affirmed that going out without make-up does not present a disturbance. However, putting on makeup long before you go out is a source of joy and excitement. Using cheek-making evokes a sense of pleasure in this teenager. Therefore, we will use the educo-aesthetic mediation in order to arouse the positive feelings of "I" such as: joy, excitement and pleasure.

3. Results

After having identified the effect of the cancerous disease on the body image of each research case, we will compare the data collected during the exploratory phase, and the information that we have collected through the semi-directive interview and the drawing test after the educational-aesthetic intervention, in order to focus on the role of educational-aesthetic mediation in promoting the physical and psychological well-being of adolescent girls with cancer and facilitating their social interactions.

3.1 Case of "F"

Table 3: The role of educational-aesthetic mediation in favoring the physical, psychological and social well-being of "F".

Before getting involved in the mediation process, we tried through our research instruments to reveal the effect of the cancerous disease on the body image of "F". Thus, this teenager expressed her dissatisfaction with her body image, including the loss of weight, the loss of her hair and her eyebrows, as well as the inability to move, caused "F" to have a psychic malaise which crystallized in a feeling of nostalgia for the past and anxiety for the future. This psychic fragility weakened his self-confidence by causing introversion behavior due to a fear of facing the outside world. This discomfort has given rise to a negative body image. During the first mediation session, "F" was uncomfortable, hence she found it difficult to accept the touch of the educator-beautician and to adapt with the group. Gradually, the soothing and containing atmosphere of the "Look" workshop helped the teenager to relax. After four intervention sessions, the feelings and comments of "F" vis-à-vis the care in educative aesthetics testify to the impact of this medium on his body image. The make-up and beauty treatments as well as the interaction with the group have favored in "F" a state of physical, psychic and social well-being. The attempt to manifest one's feminine beauty through the maintenance of an attractive and seductive external image promotes physical satisfaction and a special interest in the body. This satisfaction translates a feeling of optimism and vitality as well as a positive energy pushing the adolescent to adopt a character of extroversion which crystallizes in a strong desire for social participation and a tendency to establish contacts with those around her. In this sense, the educational-aesthetic mediation could have favored in "F" a three-dimensional well-being denoting his positive body image.

3.2 Case of "I":

Table 4: The role of educational-aesthetic mediation in promoting the physical, mental and social well-being of "I".

Body picture	The data collected before the educational-aesthetic intervention	The data collected after the educational-aesthetic intervention
*Physical sphere	-Physical dependence. - Damage to bodily integrity.	- Satisfaction with body image.
*Psychic sphere	- Frustration	-Satisfaction. - Relief.
*Social sphere	- Attitude of introversion and withdrawal into oneself.	-attitude of extroversion and tendency to communicate with others.

The body image of "I" has undergone, because of the disease, a significant failure under the effect of bodily changes induced by cancer treatments. Through an initial data collection process, we focused on a state of physical ill-being which translates into physical dependence due to the impairment of the bodily integrity of the "I". This physical malaise evoked in this adolescent a feeling of frustration giving rise to an attitude of introversion and withdrawal into oneself. During the educative-aesthetic care "I" gradually began to get involved in the "Look" workshop in order to be able, after four mediation sessions, to reach a reconciliation with his body, with himself and with the society. This reconciliation favored, in "I", a physical, psychic and social well-being, whose satisfaction with the body image elicited in this teenager a sense of contentment and relief. This appeasement has allowed "I" to adopt an attitude of extroversion and a tendency to communicate with his fellow men as well as those around him. As a result, we can see that this well-being provided by educative-aesthetic art has allowed a transition from a negative and failing body image to a positive body image.

CONCLUSION

This article traces the progress of our reflection on the impact of educational-aesthetic mediation on the body image of adolescent girls with cancer. Our sensitivity towards aesthetics-cosmetics has encouraged us to adopt the socio-aesthetic approach by calling on our educational skills in order to set up an "educational-aesthetic" mediation. Throughout this work, we have tried to mobilize our knowledge in psychology, sociology, pedagogy, education and mediation to explore the impact of educational-aesthetic mediation on the body image of adolescent girls aged between 18 and 19 years old.

The objective of this work was to address the problem of the relationship between the four notions: body image, cancer,

adolescence and educational-aesthetic mediation. Thus, we noted in a first place that the repercussions of the cancerous disease envelop the specified of adolescence as an age group which is characterized by deep upheavals by provoking a failure in image of the body. It is in this context that we proposed educational-aesthetic mediation in order to help these teenagers to accept the new image of the body modified by the disease and to overcome this failure.

In view of our theoretical framework, we selected two cases compatible with the inclusion criteria of our research. The data collected by the use of the semi-directive interview allowed us to qualitatively reveal the impact of educational-aesthetic mediation on the body image of adolescent girls with cancer.

To conclude, it should be noted that the results obtained during our research cannot be generalized since our research group was reserved only for two cases. Moreover, the measurement of well-being and body image remains subjective and personal from which we cannot obtain permanent results.

The field of research on the impact of artistic mediation is very broad. We are far from having understood everything on this subject, but we have tried to approach some aspects and we plan to delve even more in further work.

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