

Instead of merely remaining at the level of many qualitative, interview-based interpretations, which often simply regurgitate informants' stories, Pringle aptly applies poststructural and postmodern theoretical perspectives from Flax, Bourdieu, and Foucault to her analysis. Chapter 2 constructs a genealogy of women doctors, tracing the obstacles of entrance into this "male territory." Pringle explores the many constraints to women's full participation in medicine, including institutional barriers to admission to medical training, the problematic interpretation of female sexuality, and the hierarchical and discriminatory nature of medical specialties. Pringle concludes with a review of research indicating the disillusionment of doctors, and her skillful application of Bourdieu's *habitus* illustrates the potential for women to change medicine.

The next five chapters trace women's participation and representation within medical specialties, such as gynecology, surgery, anesthesia, psychiatry, and general practice. Besides charting the changes to specialties that occur when women enter and gain credibility, Pringle examines issues that produce new work practices, including the intergenerational difference, technological advancements, and changes in health care financing.

Chapter 4 is particularly notable for its attention to the social construction of gender in surgery. Relying on historical data, observations, and interviews, Pringle illustrates such theoretical concepts as hegemonic masculinity. Furthermore, she explores how the cultural anxiety about women surgeons destabilizes and disrupts certain social boundaries, producing ironic interplay between men's performances of femininity and women's performances of masculinity.

In Chapter 8, Pringle interprets the tensions between female doctors and nurses, sharpening her analysis with attention to class differences. While nurses appreciate working with female doctors, the relationships create more ambivalent feelings for women doctors. Pringle suggests that female nurses challenge the authenticity of doctors' femaleness. The heterosexual paradigm (e.g., flirting) is ruptured with the entry of the female doctor, and new manners of interacting must be established.

In Chapter 9, Pringle introduces the feminist *habitus* to define the shared sisterhood and non-hierarchical vision of women's health centers.

Entering into these centers, women doctors sacrifice certain privileges of the profession to create horizontal relationships with patients and other health care providers. But key pragmatic questions arise: Can clinic work truly be organized and distributed collectively? Can certain aspects of medical expertise, the medical model, and the process of medicalization be useful to women?

This book is an impressive analysis of extensive historical and original research. However, I have one major concern. The work would have been improved had Pringle deconstructed and unpacked the term *women*. When it comes to women in medicine, which women are we talking about? While she provides a few racial or ethnic descriptions, we are left to assume that the nonspecified informants are white women. Perhaps this issue was outside the scope of her research, but it would be valuable to investigate how the race or ethnicity of doctors has become another challenged normative assumption. And although individual female doctors may behave differently than their male counterparts, statements about these differences simultaneously underanalyze and illustrate the immense macrosociological implications of women's participation.

Silicone Survivors: Women's Experiences with Breast Implants, by **Susan M. Zimmerman**. Philadelphia: Temple University Press, 1998. 225 pp. \$59.95 cloth. ISBN: 1-56639-611-5. \$19.95 paper. ISBN: 1-56639-612-3.

JEAN ELSON
Brandeis University
 elson@binah.cc.brandeis.edu

Although the title of this book sounds like a commercial for an Oprah Winfrey show, Susan M. Zimmerman provides extensive evidence that the phrase *silicone survivors* best expresses how her respondents view their identities. Most of the 40 breast implant recipients Zimmerman interviewed believe they are survivors not only of the silicone that has ravaged their bodies, but also survivors of a medical system that has betrayed them and survivors of cultural constructions connecting breasts with femininity. In her analysis, Zimmerman gingerly walks the narrow feminist gangplank between claims that women who choose plastic surgery are active agents and assertions that such women are total-

ly constrained by cultural scripts. I have encountered the same precarious path in my own research on women's experiences of hysterectomy and oophorectomy. Zimmerman does not see women who undergo plastic surgery as "cultural dopes" or victims, as do some feminist scholars (e.g., Morgan 1991). However, she argues with recent conceptualizations of the choice to undergo plastic surgery as a source of creative agency (e.g., Davis 1995). *Silicone Survivors* more closely fits within the analytical framework of Susan Bordo (1993), who emphasizes that individual decisions are strongly shaped by cultural forces that perpetuate women's subordinate and objectified role in society.

The core of Zimmerman's case is that cultural beliefs about femininity and female bodies strongly influence medical discourse about benefits and risks of implant surgery. Zimmerman explores the peculiar process whereby small breasts have been medicalized through the diagnostic label "micromastia," with breast augmentation as the cure for this "pathological condition." Furthermore, Zimmerman raises the important issue that defining postmastectomy surgery as "reconstructive" rather than "cosmetic" more clearly reflects insurance company policy than medical necessity.

In the tradition of many sociological studies of women's health, Zimmerman makes an important political point regarding the connection between medical conceptions of women and their role in society. She candidly admits that she recruited most of her respondents from support groups and attorneys' offices. Therefore, it is hardly surprising that 85 percent of these women reported experiencing a variety of health problems they believed to be associated with their implants, and 90 percent were terribly concerned that their breast implants inevitably would create new health problems or worsening conditions (p. 145). Inclusion of respondents drawn from more diverse sources could have broadened her study, and Zimmerman is understandably frustrated at not being able to obtain referrals from plastic surgeons, which might have provided balance to an otherwise negative set of surgical experiences.

In a related methodological issue, I am somewhat uncomfortable with Zimmerman's decision to stay at the home of a breast implant support group leader and to allow this woman to accompany her to several interviews. Although this may well have established rapport, I wonder how

it framed the discussion for both the respondents and the interviewer. Zimmerman deftly circumvents this issue by stating that it is not her goal to reach a definitive conclusion regarding the health risks of breast implants, but "to demonstrate how women themselves participate in the medicalization of femininity by choosing to have breast implants, how they make sense of the medical and scientific uncertainty surrounding a controversial medical device, and how they, ironically, become empowered by their illness experiences" (p. 13). She does indeed achieve this objective. In one of several ironies that Zimmerman uncovers, many women who underwent surgery to "improve" their bodies are now scarred, disfigured, and disabled as a result. She discovers that some respondents made sociological connections between their own private troubles with implants and the larger public issue of plastic surgery, and were ultimately able to transform their guilt and shame into anger and rage.

To her credit, Zimmerman challenges recent epidemiological evidence in the scientific literature that there is no significant relationship between breast implants and autoimmune disease. She finds that a woman who sees contradictions between her own bodily knowledge and medical studies listens to an "inner voice" based upon feelings and life experience with which she can confront scientific and medical voices claiming to represent logic and reason. Half of Zimmerman's respondents listened to "inner voices" that told them to undergo implant removal. While I agree with her that this signifies agency, I would like to suggest that there may be multiple realities. Zimmerman implies that only those women who relate breast implants to physical problems are capable of listening to "inner voices." She appears to assume that those women who are not fearful about their implants are either in denial or misled, "unable to break away from the prevailing voice of medical science" (p. 168). In the wake of the media hype surrounding the FDA prohibition of silicone implants, it is conceivable that women who are satisfied with their breast implants and resist having them removed may also listen to "inner voices," based on their own feelings and life experiences.

I highly recommend *Silicone Survivors* as a valuable text for examining issues of women's health, sociology of the body, and the social construction of gender. Zimmerman's useful

analysis can also initiate enlightening discussion of a variety of other topics, including medical ethics, doctor-patient relationships, the negotiation of medical uncertainty, and the connection between corporate financial interests and medicine. Zimmerman's writing style clearly delineates complex issues in a provocative manner that makes this controversial subject accessible to both undergraduate and graduate students.

References

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Constructing Death: The Sociology of Dying and Bereavement, by **Clive Seale**. Cambridge: Cambridge University Press, 1998. 236 pp. \$59.95 cloth. ISBN: 0-521-59430-8.

GREGORY L. WEISS
Roanoke College

What is the basic motivation for social and cultural life, given the fact that all of us know we will eventually die? Clive Seale addresses this question in a book that is thoroughly researched, thought-provoking, and multidisciplinary (if not genuinely interdisciplinary). Seale contributes to our understanding of the influence of social and cultural factors on dying and bereavement and on how fear of death motivates social and cultural life. The book sharply extends British medical sociology's recent efforts to strengthen the theoretical foundation of the study of death and dying (moving beyond a more pragmatic focus) and dramatically illustrates the potential benefits to American medical sociology of enhanced dialogue with our British counterparts.

The central theme of the book is that "social and cultural life involves turning away from the inevitability of death, which is contained in the fact of our embodiment, and towards life." The fact that our bodies eventually die potentially threatens both our security and our ability to see life as meaningful. But it is also a motivation for social and cultural activity that orients us toward continuing meaningful existence.

Seale develops this theme through three sections. He begins with a review, analysis, and critique of existing theoretical approaches to the social construction of the body and social life. Moving beyond the Foucauldian approach and phenomenological perspectives, he gives primary attention to Turner's sociology of the body, to Bourdieu's development of the idea of a socially determined habitus, and especially to Giddens's structuration theory. Seale goes beyond applying social theory to facilitate a better understanding of death. He contends that an understanding of dying and bereavement is necessary for an adequate understanding of social life, and that this understanding must occur on both the social-structural and individual levels.

In this first section, Seale introduces three concepts that underlie the remaining chapters of the book. Anderson's concept of an "imagined community" is extended to include a variety of communities in which individuals may participate (ranging from those based on allegiance to nationalistic ideals to those created by life insurance systems). Walter's concept of "revivalism" refers to certain late modern social movements (such as hospice care) that critique the modern way of death and seek to elevate the experiences of dying and bereavement to public discussion. "Resurrective practices" are techniques that assist individuals in dealing with grief.

In the middle part of the book, Seale offers several cultural representations of death that are available in late modern communities. These representations are discourses on death ("cultural scripts") which give people a way to think and talk about death and find meaning in their own life and death. In Western countries, these representations emanate largely from either modernist medicine (e.g., the roles of scientific bio-medicine and encouragement of risk awareness) or revivalist discourse that focuses more on dealing with the individual experience of dying (e.g., stories of exemplary role models in the popular media). Often, these discourses enable individuals to see themselves as part of a larger community and to see their death in a larger context.

The third section applies the theoretical discussion of the first and the cultural representations of the second to the actual experiences of dying and bereavement (i.e., the extent to which people actually participate in the dominant cultural scripts). The disintegration of the social bond involved in dying is illustrated in