

# I

## Introduction

I arrived at Jenna's home at five o'clock on a hot and humid evening in the middle of June 1994.<sup>1</sup> The house was at the end of a street in an affluent suburban neighborhood. Only three other homes occupied the street—one was still under construction. The front yards of the houses appeared newly landscaped; the grass was artificially green, and the shrubs and bushes that lined the front walks were perfectly manicured.

A young girl in a bathing suit with a wet towel draped across her shoulders answered the doorbell. Assuming that the girl was Jenna's daughter, I explained, "Hi, I am Susan. I have a meeting scheduled with your mother." "Hold on a second," the girl replied and disappeared up the hall stairwell. As I stood waiting, two small boys, also in swimsuits, ran around in the downstairs part of the house, laughing and screaming, twirling up their towels and whipping them across each other's legs. Across the room, through a window, I could see a man (probably the children's father) skimming the family's outdoor swimming pool. In less than a minute, the girl who had greeted me returned and in her soft-spoken voice said, "My mother will see you now." I followed her upstairs into her parents' bedroom.

In the large room was a king-size canopy bed and a sitting area consisting of a couple of chairs, a coffee table, and a Victorian-style couch. The curtains in the room had been drawn and the lights dimmed low, providing a quiet and somber atmosphere, a sharp contrast with the lively scene

downstairs. With a pillow propped behind her back, Jenna was resting on the couch. "Make yourself comfortable, Susan," she said.

I began setting up my tape recorder while I again explained to Jenna the purpose of our interview. During an earlier phone conversation, I had told her that I was interviewing women who had breast implants; I wanted to understand how they had arrived at the decision to undergo surgery to enhance or reconstruct their bodies, and how having breast implants has affected their lives.

I also explained that I was interested in learning how women with breast implants were coping with medical uncertainty. Since the early 1990s, the media has increasingly disseminated conflicting information about implant-related risk. This publicity began shortly after Mariann Hopkins won a \$7.3 million lawsuit against Dow Corning Corporation, the leading manufacturer of breast implants. Hopkins alleged that her own implants had caused her to develop debilitating autoimmune diseases and that Dow had withheld information about these risks from the public prior to her surgery. Although Hopkins won her case, the existence of a relationship between implants and disease has remained the subject of both public and scientific debate. To this day, many physicians and implant manufacturers maintain the view that breast implants are "safe," even though anecdotal evidence suggests that the devices have dangerous side effects. By January 1992, so many implant recipients had reported experiencing implant-related complications and health effects to the Food and Drug Administration (FDA) that the FDA restricted the use of the devices until manufacturers could provide evidence of their safety and efficacy. Although the FDA's decision generated further popular media commentary on the breast implant controversy, I began to notice that there was scant scholarly attention to breast implants outside of epidemiological and medical journals. As a medical sociologist, I told Jenna that I wanted to understand how women themselves were interpreting the conflicting information about implant-related risk, as well as how they felt the medical community was responding to the uncertainty associated with these devices.

Jenna began telling her story. Like many of the women I had previously interviewed, Jenna received breast implants because she was unhappy about the way her breasts appeared after nursing her three children. She explained that her spouse, who was "very fitness- and beauty-conscious," contributed to her poor sense of body image. She

was ashamed to undress in front of him and continually made attempts to hide her "stringy and stretched-out" breasts from his view.

In 1989 Jenna decided to visit a plastic surgeon. She told me, "I thought that maybe he could somehow surgically 'lift' the sagging breast tissue." Although Jenna had no intention of receiving breast implants, the surgeon convinced her that he could make her look "as good as new" with these devices. Jenna admitted that the surgery sounded simply "too good to be true," but she trusted her doctor, assuming that physicians were knowledgeable about the risks associated with the procedures they performed and the devices they used. Since her surgeon told her that receiving breast implants was practically "risk-free," breast enhancement seemed like a logical solution for improving her poor self-image. Moreover, Jenna's surgeon provided her with names and phone numbers of his patients who already had received breast implants. When Jenna called these women, they explained that they were "thrilled" with their new bodies, claiming that their husbands thought they "looked beautiful."

What Jenna had thought would be a simple and safe procedure to provide her with a new appearance turned into a nightmare. One month after Jenna received her implants, she had to have them replaced because one had migrated from her chest to her armpit, and both devices caused her breasts to become extremely hard. A year and a half after her replacement surgery, Jenna began to experience a wide range of strange symptoms. First, she developed a rash across her chest and stomach that lasted for over two months, then mysteriously disappeared. Soon after, she began noticing that she was unable to exercise as often as she used to. Prior to receiving implants she ran three miles a day; however, her runs became shorter and less frequent because her knees would swell up and her back and shoulders would ache when she exerted herself. Eventually, Jenna's pains progressed to the rest of her body—she lost mobility in her hips, wrists, and hands. She also began to experience fevers and was bedridden for several days at a time.

Unaware of a potential link between breast implants and autoimmune disease, Jenna could not imagine what was causing her to feel so miserable. She always ate healthy foods and took good care of herself. The doctors she saw all told her that they could find nothing physically wrong with her. With no name for her troubles, Jenna tried to ignore her symptoms and to continue with her daily activities. However, her

health began to deteriorate even further. Some days she was so tired and feverish that she could not get out of bed to drive her children to school or prepare their meals. In addition, Jenna noticed that her hair was falling out. As these symptoms progressed, Jenna began to think that something was terribly wrong with her. Not until 1991, however, did she connect her poor health to her implants.

One evening, about two years after Jenna's initial visit to her plastic surgeon, she turned on the television and began watching *Prime Time Live*. To her surprise, the show was airing a segment about the dangers associated with silicone breast implants. On the television screen, a surgeon hovered over a woman's body draped with a blue surgical cloth. With his gloved hands he was scooping out a gooey, slimy gel from the woman's chest and tossing the substance into a metal container adjacent to the operating table. The message the program conveyed was that breast implants can rupture or leak silicone into women's bodies and potentially cause serious autoimmune symptoms and diseases. Jenna was alarmed: Her own plastic surgeon had told her that her breast implants would last forever. Jenna began thinking about her own history of health problems. It all began to make sense to her—prior to receiving breast implants, she had been in good health—after her surgery, her health began to deteriorate.

Despite her worsening symptoms, her physicians dismissed her concerns, telling her that all the scientific studies on implant-related risk indicated that the relationship between breast implants and disease was "not significant." Unable to come up with a diagnosis for Jenna's symptoms, one physician told her that she ought to consider visiting a psychiatrist—that perhaps her real troubles were in her head, not in her body. Jenna eventually found one doctor who was willing to acknowledge the possibility that these devices could be contributing to her poor health. This doctor ordered an X ray of Jenna's breasts, which confirmed that both of her implants had ruptured. Six weeks later, Jenna made the painful decision to have her implants removed.

Even after ex-plantation, Jenna continued to experience a wide range of debilitating symptoms, including chronic fatigue, hair loss, occasional disorientation, and joint pain. More recently she was diagnosed with rheumatoid arthritis.<sup>2</sup> Not only has Jenna's health worsened, but from the multiple surgeries she has undergone, she now has a "massacre" across her chest. Ironically, a procedure that was intended to make Jenna more "beautiful," appear more "feminine," and improve her poor

self-image, has left her disfigured and fearful about the future. Even when she is asleep, her dreams remind her of her ordeal: "Every night I have nightmares. . . . Some nights I dream about a woman who has breast cancer and then develops three breasts. Other nights I dream of strippers. And then, some nights I dream that my hair is falling out—that I touch my hair and it will all come out. I just am really bothered, constantly, constantly afraid. I just don't know what the future holds for me."

## **Experiences and Methodology**

This book is an interview-based study of women's experiences with breast implants. It is about how women arrive at the decision to surgically alter or reconstruct a part of their body that is intrinsically linked to ideas about femininity, and about how they come to view this decision after learning that this method of achieving a cultural ideal has either failed, or has the potential to fail. Feminist scholars have noted that, as the most pronounced part of the female body, breasts are a source of female pride and sexual identification, as well as a source of competition, insecurity, shame, and confusion. In the words of the feminist scholar Susan Brownmiller, breasts are "the chief badge of gender."<sup>1</sup> Similarly, the feminist philosopher Iris Young comments, "A woman . . . often feels herself judged and evaluated according to the size and contours of her breasts, and indeed she often is. For her and for others, her breasts are the daily visible and tangible signifier of her womanliness, and her experience is as variable as the size and shape of breasts themselves."<sup>2</sup> Given the meanings attributed to breasts in our culture, what life experiences lead women to turn to plastic surgery for breast implantation? And, if breast size and shape are so intertwined with definitions of femininity and womanhood, how do women with breast implants make sense of their identity as "feminine" if they experience implant-related troubles and complications?

As I answer these questions throughout the pages of this text, I explore the dynamic interplay between cultural assumptions about femininity and societal expectations of medicine and science. In Western culture, medicine and science are presumed to be rational, objective, and value-neutral disciplines that perpetuate a reliance on a simplistic, cause-and-effect model for "treating" and "curing" disease. The logic of this model guides plastic surgeons' practices. For instance,



the American Society of Plastic and Reconstructive Surgeons has proclaimed that small breasts are “deformities [that] are really a disease which in most patients result in feelings of inadequacy, lack of self-confidence, distortion of body image and a total lack of well-being due to a lack of self-perceived femininity.”<sup>5</sup> The labeling of small breasts as a “disfiguring disease” (“micromastia” is the correct diagnostic label) has led plastic surgeons to believe they can provide any woman who feels inadequate and unfeminine with a quick and simple solution to their troubles—breast implants. In this way, plastic surgeons are capable of creating and perpetuating definitions of ideal female appearances—they decide which female bodies are “diseased” and “in need” of surgical alteration, and with their medical expertise, they are able to mold and reshape women into “perfect” images of femininity.

However, plastic surgeons are not the only ones who participate in the labeling of small or asymmetrical breasts as pathological conditions. Women, too, become involved in this process when they rely on plastic surgery as a solution for their problems. How do women participate in this medicalization process? How do predominating beliefs about medicine (as well as cultural assumptions about femininity) shape the decision to receive breast implants, and how do these beliefs and assumptions affect the ways in which women experience the outcomes of their surgeries?

Women’s experiences with breast implants demonstrate how scientific and medical knowledge is uncertain, ambiguous, and continuously evolving. Since the development of breast implants in the early 1960s, medical scientists and epidemiologists have argued over whether the devices pose a serious threat to women’s health. The media did not begin informing the public about this debate until the early 1990s, when the FDA was deciding whether or not to restrict the use of implants and when increasing numbers of women were alleging that they had been harmed by the devices. Since this time, numerous studies have been conducted to evaluate the risks associated with breast implants. While most of these studies conclude that the relationship between the devices and various diseases is “insignificant,” anecdotal evidence continues to suggest otherwise. Consequently, many physicians and medical scientists are still unsure about how to interpret the scientific evidence regarding implant-related risk. If these “experts” are unable to come to an agreement about the risks associated with breast implants, how do implant recipients themselves make sense of the scientific “evidence”?