

## **Big Breasts, Bigger Burdens**

### **The Paradox of Breast Augmentation Explained Using the Theories of Paul Tillich**

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In any civilization, individuals and society are inextricably linked, with each directly influencing and informing the other. Societal values and expectations can be very harsh and rigid. For fainthearted people whose lives are dictated by standards of beauty as seen through society's lens, who strive to reach success as defined in society's dictionary, and who measure happiness by society's ruler instead of their own, the consequences of not measuring up can be devastating. These individuals, directly influenced by the imposition of society's unrealistic yet ever-present standards, sometimes resort to drastic measures to bridge the widening gap between their perception of themselves and their perception of society's ideals. They try to stopper a feeling of emptiness creeping inside them. In doing so, they lay everything on the line, risking it all for one last push for acceptance. This is the situation that many impressionable women find themselves in contemporary society. It is no wonder, then, that many of these same women opt to undergo potentially dangerous cosmetic procedures, such as breast augmentation, in the hope that their appearance might finally be in accordance with prevalent societal standards of beauty. In the process, they end up risking their physical and mental health and throw away any prospect of happiness they may have previously clung to. Many even become depressed and suicidal, bringing the irony of the matter full circle. What was meant to bring these women happiness and greater acceptance and esteem in society ends up throwing them into despair and further alienating them from their surroundings. Scores of scholars have tried, largely unsuccessfully, to account for this phenomenon. However, a meticulous understanding of Paul Tillich's *Dynamics of Faith*, and his ideas of ultimate concern, idolatrous faith, and existential disappointment can be applied to make sense of this disconcerting paradox in the contemporary culture.

A growing number of individuals have a natural obsession with measuring up to the standards set by society, regardless of the consequences. What could possibly be driving these women to change their bodies and forgo their natural appearance in favor of artificial beauty? Not just society in general, but even the elite medical community has shifted their position to accommodate and succumb to society's pervasive standards of beauty. In a 1982 petition from the American Society of Plastic and Reconstructive Surgeons (ASPRS) to the Food and Drug Administration, the ASPRS stated "there is a

substantial and enlarging body of medical information and opinion...to the effect that these deformities 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” (Mellican, 8). According to this petition, experts claimed the psychological effects of small breasts were reason enough to risk the physical health of these women. Small, fully functional breasts are referred to as deformities. This is when the study of psychological factors influencing breast augmentation began to emerge. If the educated doctors of a society are themselves unwilling to resist the allure of reaching the ideal standard of beauty as dictated by society, then there is no one left to argue in favor of realistic goals. If the doctors of a society bend to its fickle expectations, referring to perfectly natural breasts as deformities, then there is no way to expect the malleable mind of insecure women striving to fit in to be able to resist. Tillich gives the following example: “If a national group makes the life and growth of the nation its ultimate concern, it demands that all other concerns, economic well-being, health and life, family, aesthetic and cognitive truth, justice, and humanity, be sacrificed” (2). Society has imprinted aesthetic perfection as the “ultimate concern” in this subset of women as well as the medical community. The subjective standards of beauty have managed to deteriorate the objective standards of health. The misguided women seeking breast augmentation are fully supported by medical society while both sacrifice all things- including objectivity and health, as Tillich describes.

This sacrifice of all other things in favor of the one “ultimate concern” has been studied by Paul Tillich, and could explain parts of this phenomenon. Every human has one thing that they care about more than anything else in the world which Tillich refers to as their “ultimate concern”. People can be ultimately concerned about anything, including personal success. In his work, *The Dynamics of Faith*, Tillich states,

Faith is the state of being ultimately concerned: the dynamics of faith are the dynamics of man’s ultimate concern. Man, like every living being, is concerned about many things, above all about those which condition his very existence, such as food and shelter. But man, in contrast to other living beings, has spiritual concerns- cognitive, aesthetic, social, political. Some of them are urgent, often extremely urgent, and each of them as well

as the vital concerns can claim ultimacy for a human life or the life of a social group (1).

A person's ultimate concern is the one thing which they would be willing to sacrifice everything else to fulfill. In the case of breast augmentation and women, it could mean sacrificing even their health and sanity. The sheer volume of patients undergoing breast augmentation may suggest that this procedure is safe; however medical reports reveal that the insertion of implants with potentially harmful chemicals into the body is extremely dangerous. The American Society of Plastic Surgeons, one of the leading organizations documenting the effects of cosmetic surgeries, found that 289,328 women have undergone breast augmentation in the United States in 2009 alone- an increase in 36% between 2000 and 2009, making breast augmentation the most frequent US surgical cosmetic procedure for 2009 (2010). These numbers are alarming because of the dangerous chemicals that are present in breast implant shell envelopes and gels. Methyl ethyl ketone, acetone, and known carcinogens like benzene can leak out of ruptured implants leading to cancerous growths. Even intact implants can obscure cancerous growth from mammograms and are thus still dangerous. Furthermore, the actual procedures many surgeons practice today are no more advanced than the procedures performed a decade ago. Dr. Dowden is a plastic surgeon specializing in the newest, safest form of breast augmentation called transumbilical breast augmentation. According to Dr. Dowden many surgeons are reluctant to perform this new procedure in spite of the many safety improvements. He states, "Surgeons may be afraid to learn something new or may be wary of something unfamiliar, and they may see no justification for changing their current practice methods in light of the cost of the equipment and the time needed to learn the technique" (Dowden, 56). There is an insurmountable amount of evidence that breast augmentation has harmful effects on the physical health of a patient, and there has been no major change in the practice of this procedure in the past ten years. But, for women seeking to embody and showcase society's standard of beauty, these horrendous side effects are of little concern. They are occupied only with their "ultimate concern" of reaching society's standard of beauty; they care about it more than anything else in the world, no matter the cost or the consequence.

For additional insight into the link between breast augmentation as an enabler of aesthetic perfection and Tillich's idea of "ultimate concern", one need not look further

than the work of Julie Slevec, a psychologist studying the attitudes towards breast augmentation in women. Slevec's study focused on the driving forces and catalysts that spur women to choose breast augmentation as a justifiable course of action. In Slevec's statistical analysis of attitudes toward cosmetic surgery, she found that

Appearance investment, aging anxiety, and television exposure were unique predictors of endorsement of social motivations for cosmetic surgery, whereas body dissatisfaction, appearance investment, and television exposure were unique predictors of actual consideration of cosmetic surgery (65).

An analysis of her work shows that while many of those catalysts are internal, such as aging anxiety, there are other very important external factors that shape the psyche of these women, such as television exposure. These external factors are no doubt a product of social expectations and unrealistic ideals promoted by society. These external factors shaped by society and repetitively drilled into the minds of women everywhere end up elevating what should normatively be nothing more than a superficial preliminary concern, to the hallowed levels of "ultimate concern" within the minds of these women. Once this superficial concern has reached that sacred height in their minds, then it requires a certain amount of faith to be further propagated. Once these women have the faith that they can achieve this fulfillment of their ultimate concern, and believe that it is within arm's reach, they are willing to go to any length, no matter how dangerous, to have their faith come to fruition. Tillich explains, "Without the manifestation of God in man the question of God and faith in God are not possible. There is no faith without participation!" (116). A connection between an ultimate concern and the act of faith is not possible without first having faith in the "ultimate concern" itself. Therefore, it can be inferred that women who seek aesthetic perfection are not mindlessly following social trends, but are rather actively engaging in an act of faith, which they strongly believe will aid them in the realization and fulfillment of their ultimate concern of aesthetic perfection.

This supports Tillich's theory that faith is primarily an internal process, even if the catalysts may be largely external. After aesthetic perfection has been elevated to the level of "ultimate concern", societal standards play a far less vital role. Tillich goes on to say "he who has faith is separated from the object of faith. Otherwise he would possess it. It

would be a matter of immediate certainty and not of faith” (116). As Tillich describes, there is a balance between doubt and certainty in order to have faith. If an individual already perceived herself as aesthetically perfect, then this could not become an “ultimate concern” and the individual would not engage in the act of faith. Women who undergo cosmetic surgery do indeed feel aesthetically imperfect. More importantly, they feel pressured to attain that level of perfection in order to belong to society. This is the exact limbo women who seek breast augmentation are trapped in. They do not perceive themselves as aesthetically perfect; therefore, there is a disparity between the individual’s state of imperfection and their fulfillment of the ultimate concern. The motivation behind breast augmentation is defined in spiritual terms by Tillich. He states that, “individuals seek to eliminate the separation and live peacefully fully in faith. To attain such a state is a natural and justified desire of every human being” (117). As they begin to perceive aesthetic perfection as attainable, the faith manifests itself within them, giving them the hope and the belief that they will reach society’s standards and be fully accepted. Women seek to eliminate doubt and are motivated to undergo breast augmentation in order to “live peacefully fully in faith”- a natural response by any human being to societal pressures.

Although there are many negative side effects associated with breast augmentation, there are also many supporters of the cosmetic procedure. Proponents for breast augmentation argue that women who undergo this procedure are not disgruntled with their general appearance. McGrath, a plastic surgeon and consultant for the Food and Drug administration, states that “cosmetic surgery patients do not demonstrate greater investment or dissatisfaction with their overall body image compared with controls” (3). McGrath claims that women who undergo breast augmentation are merely dissatisfied with their breasts and are identical to other “normal” women in every other way. He claims breast augmentation patients do not have an overall negative self-image and are not any more preoccupied with their appearance than other women. McGrath has also found that after breast augmentation, women report “less embarrassment about the feature and less time invested in feeling upset about and camouflaging the feature” (3). Though she published these findings as recently as 2007, they curiously echo the 1982 ASPRS petition which called naturally small breasts “deformities”. Despite all the evidence highlighting the drawbacks of breast augmentation, two decades later elite

medical professionals within society still refuse to acknowledge the inherent dangers in the procedure, instead yielding to societal pressures and the temptation of aesthetic perfection. These professionals also claim that although there are some post-surgical complications immediately after the surgery, “women reported very high levels of satisfaction with the procedure and its psychosocial outcomes” (Figuroa, 378). Figuroa goes on to say that larger breast size was associated with being popular, sexually active, assertive, and overall more confident. In contrast, smaller breast size was associated with feeling lonely and depressed. Essentially, Figuroa and McGrath’s findings support the claim that breast augmentation leaves a positive psychological impact on the patient. On the surface, these findings seemingly support Tillich’s assertion that women are motivated to pursue their “ultimate concern” and gain a sense of fulfillment when they achieve it fully. However, these findings are not completely accurate, and these inconsistencies can be explained with a comprehensive understanding of Tillich’s argument.

In actuality, many women who undergo breast augmentation procedures do not enjoy a sense of fulfillment and are not happy. Loren Lipworth, a researcher working in the International Epidemiology Institute, has collected data that completely negates the idea that women who receive breast augmentation gain the fulfillment they so desperately seek. According to her study of a group of women who underwent breast augmentations, “135 suicides have been observed, compared with 66.9 expected” normal suicides in line with suicide rates in the general population (Lipworth, 234). David Sarwer, a clinical psychologist and professor at the University of Pennsylvania, has confirmed Lipworth’s finding that the rate of suicide is approximately doubled among women who receive breast augmentation. Further analysis of conflicting data reveals that women who electively choose breast implants do not achieve true, long lasting happiness. The physical and mental trauma that breast augmentation patients risk makes it clear that aesthetic perfection is the “ultimate concern” in these women. Why then does fulfillment of the “ultimate concern” result in suicide rather than happiness? McGrath explains “Even in the presence of scarring and capsular contracture, most patients said they were satisfied with appearance and derived psychological benefits from the surgery” (2). Lipworth agrees that patients initially feel happy by stating “women who receive breast implants used to report high levels of satisfaction with their surgery and improvements in

body image and psychological well-being” (236). Both confirm that the initial reaction of women right after implantation of cosmetic breast implants was extreme satisfaction. Lipworth, though, goes on to explain that this happiness quickly disappears as the time passes after surgery. Lipworth states “the increased risk of suicide was not apparent until 10 years after implantation” (234). McGrath and other proponents of breast augmentation only examine the time period right after augmentation; however, in order to fully assess the impact of breast augmentation, one must look at the patient’s entire post-operative life. The entire purpose of breast implants is to provide a psychological benefit to women that will last them well past their prime years. This was the philosophy behind the 1982 ASRPS petition and McGrath’s opening statement that “physical risks are contrasted with psychosocial benefits” (1). Evidence, though, suggests that these psychosocial benefits are temporary or perhaps even non-existent. This inordinate number of suicides in the general population as well as widespread discontent several years after can be explained by applying Tillich’s concept of “idolatrous faith” to the existing paradigm.

Although aesthetic perfection is the “ultimate concern” in these women, it is not true faith and thus will not lead to happiness. According to Tillich, aesthetic perfection would be classified as “idolatrous faith”. He states that, “in true faith the ultimate concern is a concern about the truly ultimate; while in idolatrous faith preliminary, finite realities are elevated to the rank of ultimacy” (Tillich, 13). The result of idolatrous faith is very different from that of traditional faith. While traditional faith results in fulfillment, “the inescapable consequence of idolatrous faith is ‘existential disappointment’ a disappointment which penetrates into the very existence of man!” (Tillich, 13). This concept of idolatrous faith and existential disappointment lends a plausible explanation to Lipworth and Sarwer’s findings that suicide rates and dissatisfaction increased after breast augmentation. These women elevated the wrong concern, a preliminary concern, to the level of “ultimate concern” and according to Tillich they are plagued with existential disappointment – driving them to take away their own life. This existential disappointment may not necessarily culminate in suicide, but still haunts women. Su-Ying Fang, a researcher studying post operative psychological effects of breast augmentation on women in Taiwan, explains how the sacrifices patients made were not worth achieving the “ultimate concern”. Years after receiving the implants “women began to wonder if having the surgery to improve their appearance had been worthwhile

when compared with the adverse effects they experienced as a result of breast reconstruction, the possible impact on follow-up care, and the ability to detect cancer recurrence” (Fang, 6). These women are not happy, but are now left forever worrying about their health. In fact, “women expressed dissatisfaction with how their new breasts looked and felt and were surprised at the lengthy, painful, and for some, problematic recovery from surgery” (Fang, 8). The very feature these women were trying to improve is the source of disappointment after the improvement. While McGrath maintains that breast implants are a great option to improve self esteem, he does admit “events that compromised the desired outcome eroded to some extent the psychosocial benefits that women derive from breast implants” (5). His claim is that it is the negative impacts of implants, such as obscuring cancerous growth, that are the cause of some discontent. He fails to recognize that the implants themselves are still the fundamental cause of the unhappiness, as an application of Tillich’s ideas of idolatrous faith and subsequent existential disappointment clearly shows.

Not only does society influence the individuals within it, but those individuals in turn also influence the society they are in. This can be witnessed in the breast augmentation paradox as well. As the number of women who give in to societal pressures grows; their actions begin to directly influence their surrounding environment. While there has been a lot of controversy about the influence of society on individual women, there is a much smaller body of research focusing on the impact of these women on societal trends. J. Mark Ramseyer, a world renowned economist, has analyzed the healthcare system of Japan and claims it foreshadows the American healthcare system after the implementation of universal healthcare. There has been an implementation of price caps on some necessary surgeries in order to provide basic, necessary care to all individuals while saving the government the cost from unnecessary surgeries. This has divided the medical field and has profound impacts on physician distribution. According to Ramseyer,

In effect, it bifurcates the medical services industry into the covered (non-competitive; medically necessary) sector, and the non-covered (competitive; medically superfluous) sector. Within the covered sector, it suppresses prices and subsidizes demand, and physicians respond by

degrading quality and allocating service by queue. Within the non-covered sector, they allocate service by quality and price (7).

In the non covered sector, physicians are free to charge whatever they please- thus this sector is the most lucrative and draws the top tier of physicians. In this competitive sector, the quality of care determines the price of care, and thus weeds out less competent physicians. In the non-competitive, medically necessary sector, physicians are not paid based on quality of care, but rather the quantity of patients they treat. Thus lower tier physicians move into this sector and provide suboptimal care to patients. Women seeking breast augmentation are willing to pay high prices for this elective surgery. According to Tillich's ideas on faith, women whose "ultimate concern" is aesthetic perfection will exhaust any and all resources in order to achieve this perfection. The individual's "ultimate concern" is driving her actions and is thus changing the entire medical field. The most talented physicians will no longer specialize in areas that will allow treatment of the general population, but will rather be sequestered and reallocated by prevailing market forces to treat a small range of patients who are willing to pay large sums of money for unnecessary surgery. These individual women are drawing away the best physicians and are having a huge impact on the medical community. By drawing away the majority of talented physicians, these women are in effect stifling medical research and thus the future quality of medical care to the general population. Thus, society's negative impact on these women comes full circle as they are trapped by the illusion of idolatrous faith in growing numbers and end up negatively impacting society as a result.

Since the introduction of breast augmentation, there has been a large controversy about the physical and mental effects of the procedure. Biased medical groups pushed for the costly, unnecessary practice and incorrectly validated the treatment of underlying psychological issues with physical alterations. Candidates for breast augmentation face dangerous chemicals and outdated procedures all in the name of aesthetic perfection. Applying Tillich's ideas, these hurdles are justified because aesthetic perfection has reached the level of "ultimate concern" in these women. Even more disturbing is that recent findings place the suicide rate of the breast augmentation population at double the normal rate. Tillich describes how the elevation of a preliminary concern, such as aesthetic perfection, to the level of "ultimate concern" can only lead to "existential disappointment", thus perfectly describing the current breast augmentation paradox-

suicide after improvement. Further analysis of his works reveals how faith in fulfillment of the "ultimate concern" is an internal process. Therefore it may be too late to assist women who have already elevated aesthetic perfection to the level of "ultimate concern". As a community, we must prevent the elevation of aesthetic perfection- the preliminary concern- to "ultimate concern". Empirical data suggests that this elevation is influenced by external factors created by society; therefore, actions taken to change the current societal pressures can be effective in saving women of future generations. The cynical may question why any attention should be given to these few, misguided, delusional women. If for no other ethical reason, it should be noted that the actions of these handful of women have a significant impact on the lives of the general population. The medical community and in essence society as a whole is forced to change to accommodate the radical women created by society itself.

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