

*The politics of choice feminism:
making sense of the PIP breast implant scandal**

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Introduction:

Since the rise of the Second Wave, feminists have made important advances in theorizing the nature and complexity of consent.¹ In this paper, I highlight a recent variant of feminist thinking termed choice feminism, which emphasizes the virtues of choice as the ultimate sign of women's freedom and liberation. The dominance of choice feminism on the political landscape, I suggest, elides the depth of feminist thought in favour of a liberal orientation toward woman as free, rational, choosing subject.² Drawing upon an ongoing controversy in the UK surrounding the recall of a faulty breast implant manufactured by Poly Implant Prothèse (PIP) as my reference point, I examine how our public conversation, and media discourse, serves to mask the complexity of consent, to individualize the issue through a choice feminist lens rather than considering consent at a societal level. Making sense of the PIP breast implant scandal, I suggest, requires us to shift our focus from the individual to society, to theorize further how the cultural hegemony of the cosmetic surgery industry is maintained through the presence of multiple societal discourses that establish the normality of bodily improvement. On the politics of breast augmentation, choice feminism represents the common sense of "make-over culture"³; it is the set of commonly-accepted ideas that secures the hegemony of a late modern, possessive individualist, and consumptive framing of the body in which the work of self-improvement through augmentation is not so much a choice but an imperative.

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¹ For example, see Carole Pateman, *The Disorder of Women: Democracy, Feminism and Political Theory* (Stanford, CA: Stanford University Press, 1989) & Nancy Hirschmann, *The Subject of Liberty: Toward a Feminist Theory of Freedom* (Princeton: Princeton University Press, 2003).

² See Summer Wood, "On Language: Choice," in *Bitchfest: Ten Years of Cultural Criticism from the Pages of Bitch Magazine*, Lisa Jervis and Andi Zeisler, eds. (New York: Farrar, Straus and Giroux, 2006); Jennet Kirkpatrick, "Introduction: Selling Out? Solidarity and Choice in the American Feminist Movement," *Perspectives on Politics* (2010), 8: 241-245; Nancy Hirschmann, "Choosing Betrayal," *Perspectives on Politics* (2010), 8: 271-278; and Joanne H. Wright, "Choice Talk, Breast Implants, and Feminist Consent Theory: Hobbes's Legacy in Choice Feminism," in Nancy J. Hirschmann and Joanne H. Wright, eds., *Feminist Interpretations of Thomas Hobbes*, (University Park: Penn State University Press, 2013).

³ Meredith Jones, *Skintight: An Anatomy of Cosmetic Surgery* (Berg: 2008), 1.

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In 2001, the French company, PIP, began using an industrial grade of silicone intended for use in mattresses rather than a medical grade of silicone traditionally used for bodily implantation in its silicone breast implants. Although two UK surgeons identified problems with PIP implants and advised against their use as early as 2007, it was not until March 2010 that British surgeons were ordered to stop using them, and it was later again—December, 2011—that French and British women were told of the health concerns.⁴ The French government moved from issuing a warning to women with PIP implants to consider removal to offering to pay for removal (a measure involving 30, 000 French women, upwards of 20% of whom received the implants in post-mastectomy breast reconstruction).⁵ In contrast, the British government initially downplayed the risk and claimed that women who had received these implants should neither be concerned nor rush to have them removed.⁶ Not long after this, upon learning of eight French women with the implants being diagnosed with cancer and of the higher rupture rate of PIP implants, they offered women who had received their implants on the NHS the opportunity to have them removed for free.⁷

Private cosmetic surgery clinics were encouraged to make the same offer to their former clients since the vast majority (95%) of women who get breast augmentation do so privately.⁸ Some large clinics agreed, while others refused, blaming the Medicines and Healthcare Products Regulatory Authority (MHRA) for approving the implants in the first place.⁹ Many clinics and physicians had disappeared altogether or were unreachable.¹⁰ The largest provider of PIP implants in Britain, Harley Medical Group, which had fitted the implants in 14, 000 of the more than 40, 000 British women who received them, first refused to provide clients free removal, but eventually, as a result of pressure from government, solicitors, the public, and protests by women, agreed to remove ruptured implants that had been implanted in the last ten years at no cost.¹¹ Still, many women expressed anger and frustration at Harley and other clinics for their reluctance

⁴ “Breast implant scandal: timeline of how events unfolded,” *The Telegraph*, 15 Mar., 2012. See also Robert Mendick, Laura Donnelly & Harriet Alexander, “Breast implant scandal: the whistleblowers,” *The Telegraph*, 31 Dec., 2011.

⁵ Angelique Chrisafis, “France could order removal of all faulty breast implants,” *The Guardian*, 21 Dec., 2011, p. 20; Esther Addley & Angelique Chrisafis, “UK reassures women after breast implant alert,” *The Guardian*, 24 Dec., 2011, p. 4.

⁶ James Meikle, “British Women to sue over breast implants,” *The Guardian*, 22 Dec., 2011, p. 1.

⁷ Sarah Boseley & Kim Willsher, “Women told they can have implants removed for free,” *The Guardian*, 7 Jan., 2012, p. 10.

⁸ *Ibid.*

⁹ Sarah Boseley, “Major UK breast implant companies reject call for free removal and replacement,” *The Guardian*, 10 Jan., 2012, p. 8.

¹⁰ Denis Campbell, “Pain but no gain in quest for the body beautiful,” *The Guardian*, 9 Jan., 2012, p. 11.

¹¹ Commons health select committee report, p. 3.

and/or refusal to take responsibility for the products they sold; women spoke of the anxiety they experienced at not knowing whether they had received PIP implants in the first place, or whether their implants had ruptured. At the end of last year, Harley Medical Group went into administration to avoid what might have become a multi-million pound legal payout to former clients. The same physicians and directors re-opened at the same address under a new name, Aesthetic and Cosmetic Surgery Ltd, allowing them to avoid the burden of liability.¹²

In January of 2012, the government ran a public advertisement reassuring women who were concerned about their health that, if their private healthcare provider refused to offer them services, they could be referred by their GP to have them removed—but not replaced—on the NHS. The full-page NHS advertisement, titled “The NHS will support women with PiP breast implants,” repeated the claim that there was no reason for alarm, that PIP implants presented no “increased risk of harm *compared to other brands of breast implants.*”¹³ An interim report of the NHS Expert Group set up to review the health risks associated with PIP implants issued in the same month found no increased health risk stemming from the implants themselves, and no link to cancer; however, it concluded that PIP implants have a rupture rate higher than other silicone implants, up to double the rupture rate, observable after 5 years.¹⁴ It was primarily on this basis that they agreed that removal of the implants would be covered (at least if circumstances warranted), but a good deal of the report is taken up by logistics of payment for removal and replacement, and of what commitment this implied for future care in the cases where private clinics failed to recognize their moral duty of care to their patients.

While it is clear that the PIP implant scandal brought to light some of the health risks and other dangers associated with cosmetic breast augmentation (as well as reconstructive surgery after mastectomy)¹⁵, the conversation surrounding it also contributed in important ways to the normalization of the surgery by framing issues of women’s health and public and private accountability narrowly and by reinforcing some of the assumptions about why women seek the surgery.

¹² Jo Macfarlane and Niamh Walsh, “Faulty breast implant firm plunges into bankruptcy...to avoid paying millions to 1,700 victims,” *The Daily Mail*, 18 Nov., 2012.

¹³ *The Guardian*, 14 Jan., 2012, p. 24. Emphasis added.

¹⁴ Sir Bruce Keogh, “Poly Implant Prothèse (PIP) breast implants: final report of the Expert Group,” Department of Health, NHS Medical Directorate, January, 2012.

¹⁵ Although I am not addressing the specific issues surrounding breast implantation after mastectomy, the health concerns associated with breast implants apply as much to women in this group as to women seeking cosmetic augmentation. In fact, new research done by Canadian researchers suggests that implants can hinder early detection, making it more likely for women with implants to be diagnosed with breast cancer at later stages than women without implants. See “Could cosmetic implants hinder breast cancer detection?” *Globe and Mail*, 1 May, 2013. <http://www.theglobeandmail.com/life/health-and-fitness/health-navigator/could-cosmetic-implants-hinder-breast-cancer-detection/article11664611/>.

The health-related aspect of the conversation was guided by the mantra of “removal and replacement,” by a two-part assumption that (1) women with PIP implants wanted and/or deserved to have them removed to restore their health—both physical and mental—and (2) they would automatically seek replacement with another brand of implant. The recommendations of the report issued by the Expert Group emphasized this 2-part assumption. It recommends, in the interests of women’s health, that in instances where the NHS is removing the implants for free but not offering replacement, women be given the option of paying for replacement in the same surgery. “It is not reasonable to expect women to go through two procedures,” says one member of the Commons health select committee that reviewed the report’s findings.¹⁶ She states, “Women are torn now because the NHS offer includes removal and not replacement. It is a very important issue that needs to be sorted.” Properly attending to women’s health necessitates reducing the number of surgeries women must face, assuming replacement as more of an imperative than a choice.

Among the most notable aspects of the conversation about both health and accountability was that it remained generally within the bounds of make-over culture, a culture that presumes that women (and increasingly men) ought to be engaged in a relentless project of bodily self-improvement. This is not to say that the British newspapers and public discourse steered completely away from discussing the risks of cosmetic surgery, because certainly there was some discussion of the issue. This discussion, however, centered primarily on the regulation of the cosmetic surgery industry and of medical devices and on the dubious qualifications of some practitioners on the market.¹⁷ The default assumption continued to be that replacement was the obvious next step after removal; PIP became the ‘bad apple’ while any concerns about breast implants in general were marginalized.

As the details about the PIP manufacturing process came to light, it was easy to identify this company as the bad apple and its owner, Jean Clause Mas, as a villain. Mas was purchasing industrial grade silicone (at 5 euros/L) rather than medical grade (at 35 euros/L), and managed, cagily, to prepare for scheduled visits from the German regulatory agency by hiding evidence of his use of unapproved silicone.¹⁸ With advanced notice of fifteen days before an inspection, Mas would order employees to hide all incriminating documents. Following the closure of his plant, and his arrest for “aggravated deception,” Mas was asked if he had anything to say to the thousands of women worldwide whom he had deceived about the quality of their implants.¹⁹ “The victims are only suing to get money,” he stated, “I have

¹⁶ Sarah Boseley, “PIP breast implant warnings were inadequate, says MPs’ report,” *The Guardian*, 28 Mar., 2012.

¹⁷ Sarah Boseley, “Concern over training of surgeons in cosmetic clinics,” *The Guardian*, 16 Jan., p. 1-2.

¹⁸ Sarah Boseley, “How implants are regulated no more closely than a new toy from China,” *The Guardian*, 7 Jan., 2012, p. 11.

¹⁹ PIP manufactured 400,000 implants but the number of women who received them is unknown. They were sold under different product names to countries all

nothing to say to them.” (Now that he is awaiting sentencing in France, facing up to 4 years in prison, he has finally apologized.²⁰) The fact that other varieties of PIP implant had been identified as faulty in the past, and withdrawn from the UK market, combined with Mas’s refusal to pay damages awarded by the court back then, left Mark Harvey, a UK solicitor who works on implant cases, incredulous: “PIP has been able to come back into this country with a defective product and walk away again.”²¹

Thus, in terms of who should be held accountable in this situation, a finger could be pointed easily at the manufacturer; at the MHRA, that knew as far back as March 2010 (or perhaps earlier) of some problems with PIP implants but did not let British women know until more than a year later; the French health watchdog, the AFSSAPS, which ignored warnings from the FDA and other sources inside France that the implants were likely to rupture; as well as at the private clinics, some of which had relied excessively on a cheap product and then refused accountability.²² To a significant extent, the scare surrounding PIP implants became an issue of failed consumer protection. Yet, even here, Peter Ellingworth of the Association of British Healthcare Industries clarifies in a letter to *The Guardian* that “Millions of medical devices are used every day across the EU with very few reports of failure.” If the charges against PIP are found to have validity, then this would certainly constitute a breach of trust, Ellingworth writes, “But no system can entirely guard against this type of deliberate abuse.”²³

Thus, PIP is determined to be *the problem*, but not even a problem that the best regulatory system can ensure against. It is not breast implants per se, nor the culture of self-improvement that poses the health risk, but rather, PIP implants alone. And as much as the British government had attempted to reassure women that there was no *greater* health risk associated with PIP implants, much of the public and medical conversation about this event centered on the particular dangers of this brand. The response and activism of women who received these implants tended to reinforce this theme. For example, a group of 30 French women calling themselves “pipettes” began a public campaign in France to raise awareness about the company.²⁴ British women protested outside several of the leading cosmetic

over the world. The World Health Organization issued a “Global Health Warning” to raise awareness about the dangers of PIP implants.

²⁰ “PIP breast implant boss apologizes,” *The Guardian*, 24 April, 2013.

<http://www.guardian.co.uk/world/2013/apr/24/pip-breast-implant-boss-apologises>

²¹ Sarah Boseley, “How implants are regulated no more closely than a new toy from China,” *The Guardian*, 7 Jan., 2012, p. 11.

²² The difference in price was significant: roughly £50 for PIP implants compared to £300 for other brands. See Sarah Boseley, “Major UK breast implant companies reject call for free removal and replacement,” *The Guardian*, 10 Jan., 2012, p. 8.

²³ “Safeguards on the cosmetic surgery industry,” 11 Jan., 2012, p. 29.

²⁴ Kim Willsher, “French breast implant patients fight public indifference,” *The Guardian*, 6 Jan., 2012. <http://www.guardian.co.uk/world/2012/jan/06/french-breast-implant-patients-pipettes/print>

surgery clinics in London because of their refusal to take responsibility for the products they sold, for implanting in them a cut-rate product. The affected women in France and Britain compare PIP implants to “ticking time bombs inside their chests.”²⁵

In terms of their safety, much more could be said about PIP implants, and about breast implants more generally. To take one example, the Expert Group noted the relative similarity in chemical composition between PIP and other implants, except for the greater concentration of D4, D5 and D6 siloxanes in PIP implants over other brands.²⁶ The report points out that siloxanes are found in many of the products we encounter and use, including hair and skin products (they are also present in MacDonald’s Chicken McNuggets), and find no risk to human health as a result. Yet of the several types of siloxane, two, D4 and D5, are determined by Environment Canada to be “toxic, persistent, and have the potential to bioaccumulate in aquatic organisms.”²⁷ Siloxanes appear on David Suzuki’s Dirty Dozen of cosmetic chemicals to avoid because they are suspected endocrine disrupters, reproductive toxicants and are harmful to fish and other wildlife. It is only recently that concerns about the higher concentrations of siloxanes in PIP implants have surfaced, and to this date, not much attention has been paid to these concerns.²⁸

Setting the toxicity of PIP implants aside, several Canadian scientists who study breast implants do not agree with the reintroduction of silicone implants onto the North American market. These scientists argue that the implants on the market in Canada are “unsafe and similar to those banned by Health Canada in 1992.”²⁹ The problem, suggests Pierre Blais, a researcher who boasts having analyzed more than 16,000 breast implants after removal, stems from the interaction between an implanted foreign entity and living tissue, which is always changing.³⁰ Blais likens getting implants to a game of Russian roulette, but we could also say it is akin to performing nonconsensual body-burden testing, the outcome of which is not yet known.

In the midst of the scandal, *The Guardian* ran an article entitled, “These are just ordinary women: how surgery has soared in the UK,” in which plastic surgeons themselves attested to the overall safety of the procedure: “The thing about breast

²⁵ Jenny McCartney, “The breast implant scandal strips away the glossy euphemisms of cosmetic surgery,” *The Telegraph*, 7 Jan., 2012. See also “PIP breast implants: Your stories,” BBC News, 23 Dec., 2011.

²⁶ Sir Bruce Keogh, “Poly Implant Prothèse (PIP) breast implants,” p. 6.

²⁷ David Suzuki Foundation website, <http://www.davidsuzuki.org/issues/health/science/toxics/chemicals-in-your-cosmetics---siloxanes/>; accessed November 11, 2012.

²⁸ Sarah Boseley, “PIP breast implant campaigners question findings of independent report,” *The Guardian*, 9 May, 2013. See also Jacqui Wise, “Review that found PIP implants to be safe was flawed, say campaigners,” *BMJ* 2013; 346: f3034.

²⁹ Isabelle Maher, “Breast Implant Surgery in Canada unsafe: Experts,” QMI Agency, October 24, 2011.

³⁰ *Ibid.*

augmentation,” says one surgeon, “is that it’s a very safe procedure, very reliable, with a very high rate of satisfaction, and a very low complication rate.” Another explains the rise in the surgery as a product of “increased availability and affordability of the procedure. Breast surgery is now seen as an entirely routine procedure... like having tonsils out.”³¹(22 Dec 2011, p. 7). This is an unusual and oddly inappropriate comparison to print in this context, first, because tonsils are part of the lymph system and no longer routinely removed, and second, because of the content of the story that follows. Encapsulated within the larger article *downplaying* safety risks is a short piece about a woman whose experience points in a different direction; she had her implants so that she could “feel normal” after being teased her whole life for being flat-chested, but shortly thereafter began to have a litany of health problems. A lump in her breast, assumed to be caused by her implants, had to be removed. After surgery, she developed a host of other problems: breathing difficulties, enlarged lymph nodes, and severe tonsillitis. Among the treatments was a tonsillectomy —which, in this case, was anything but routine. It turned out, she had a ruptured implant, which was removed for free but she had to pay for the anesthetist and the replacement implants. On the question of risk, yet another surgeon quoted in the main article explains that, while he does bring up the issue to his patients,

an emphasis on risk alone can overlook the health benefits of implants. If you have no breasts or completely empty breasts I’m told you don’t feel feminine, there can be self-confidence issues. There’s a perception that women having breast implants are all bobble-headed bimbos looking for enormous pneumatic breasts, but this is not the case. *They are ordinary women.*³²

Despite the horrors of this “One woman’s story,” which concludes with her statement that, “If I could turn back time now I would never have had it done,” the surgeons quoted strike a celebratory tone. Breast augmentation is normalized as something “ordinary women” seek; it isn’t about glamour but about trying to feel normal. Moreover, there are health benefits to having them that may outweigh the risks, since the surgery is simple and straightforward.

When we look at the media treatment of the PIP scandal, as well as government and medical discourses, the poor practices of one manufacturer, and the question of who will pay for explantation and replacement are the focal points. Even the worst-case stories emphasize women’s relief at receiving replacements. There is almost no discussion of the rationale for replacement: why are women with PIP implants replacing them with another type of implant? The idea that women may not need to have their implants replaced after removal, or that replacement might be inadvisable, especially in cases where the PIP implant had ruptured and left the breast cavity irritated, surfaced only briefly in a report by the Commons Health Committee. Sir Bruce Keogh, NHS Medical Director, told the committee that the “aim of the NHS offer is to restore somebody to their pre-implant condition as

³¹ Esther Addley, “These are just ordinary women’: how surgery has soared in the UK,” *The Guardian*, 22 Dec., 2011, p. 7. Emphasis added.

³² *Ibid.*

best as possible,” yet this point was certainly not emphasized in the remainder of the Commons report, nor was it picked up in media coverage when the report was released.³³

Only in rare instances do journalists or letters to the editor reflect on what one letter describes as missing:

Where is the critical exploration of why women feel compelled to subject themselves to this kind of elective surgery? Media coverage seems strangely accepting of the implant industry’s own narratives about responsible providers and better regulation. We need a debate about what cultural and economic interests are driving this commodification of women’s bodies.³⁴

Rarely is it mentioned that all implants can rupture and leak silicone into the body. Journalist Jenny McCartney of *The Telegraph* states in a January 2012 article, “...the truth is that post-operative problems are not confined to PIP implants: there is always a risk of rupture and leakage, although at least the official ones contain medical grade silicone, not the material for sofa stuffing.”³⁵ She contrasts the dream of attaining beauty and perfection, on the one hand, with the “terrible worry” of living with PIP implants, the ugly reality of removal surgery, on the other. She writes with unusual candour,

Reading it all, I cannot help but wonder what, exactly, the dream is really made from. Make Yourself Amazing [name of a reality tv show], indeed. I don’t think it’s for men per se, who as husbands or boyfriends are rarely the driving force behind women’s surgery, although there may be the desire to attract male attention. I think it’s more from the conviction that women must endure painful, risky things to make themselves amazing, because they will never be amazing enough as they are.³⁶

To take up the issues raised in these more critical letters and stories would involve deeper investigation of what discourses are at work to generate broad societal consent to this industry. Deeper investigation is neatly avoided, and critical questions occur only at the margins of the larger conversation about consumer protection, and about replacement. Choice feminism, I am arguing, plays an important role in the contemporary popular understanding of cosmetic breast augmentation and cosmetic surgery. It is the common sense shoring up the dominant order of make-over culture. Common sense, in Gramsci’s specific usage, is the set of commonly held, everyday beliefs and assumptions that pervades our

³³ House of Commons Health Committee-Sixteenth Report, “PIP Breast Implants and regulation of cosmetic interventions,” 21 Mar., 2012, Sections 45-6. <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1816/181602.htm>

³⁴ Henry Thompson and Karen Bridgett, Letter to the editor. “Safeguards on the cosmetic surgery industry,” *The Guardian*, 11 Jan., 2012, p. 29.

³⁵ Jenny McCartney, “The breast implant scandal....”

³⁶ *Ibid.*

culture. While most of the suppositions of common sense are beyond question, they are still political and play an important role in reinforcing hegemony and fostering a population's consent to the status quo. Certain questions, such as — What is driving this trend toward “ordinary women” choosing to undergo elective breast augmentation? What if all implants involve some known and some unknown health risks? —cannot be asked because they lie outside the bounds of permissible discourse. Even in the examples of women suffering terrible health problems as a result of implants, the connection is not automatically made to the imperatives of beauty culture. Indeed, as historian T.J. Jackson Lears explains: “normally most people find it difficult, if not impossible, to translate the outlook implicit in their experience into a conception of the world that will directly challenge the hegemonic culture.”³⁷

Choice feminism renders the issue of consent in highly individualized terms; it takes women's choices at face value as legitimate expressions of their will, and steers away from making any connection between women's choices and gender inequality. It boils down the complicated politics of choice to the following simplistic framework:

Women are autonomous agents and rational choosers who make independent choices about how to conduct their lives. These choices owe nothing to society nor are they products of society; rather, they are legitimate expressions of a woman's authentic will.

Choice, in this instance, is intrinsically good, and it can also be feminist. As Summer Wood describes in BITCH magazine, the language of “It's my choice” has “become synonymous with ‘It's a feminist thing to do’—or, perhaps more precisely, ‘It's antifeminist to criticize my decision.’”

If the choice feminist principles of individual autonomy and agency frame the discussion of consent to implants then women are typically left with two options. They can participate in make-over culture or refuse it. Women who participate in it, however, can face societal judgment as was the case for some in the PIP scare. Judgment about women's choices to have implants, and of the British government to pay for removing the faulty implants at taxpayer's expense, run throughout the media treatment of PIP. We see this in a BBC interview with a Norfolk woman who explained her anxieties about having received PIP implants and her choice to have them removed and replaced. Her interviewer asked her how she would respond to the criticism that this was a cosmetic and not a necessary (or reconstructive) surgery. In her reply, she explains that she did not get the implants to be “a glamour model” but that it was a “personal choice for self-confidence and self-esteem,” that she wanted to feel like “a normal person” after having gone through childbirth and breastfeeding. When the discourse is framed in individualized terms, and when it centers on personal choice as the basis for having the implants, the opportunity is there also to blame and judge the individual for making poor choices. As much as choice feminism is meant to emphasize women's empowerment, by centering its

³⁷ T. J. Jackson Lears, “The Concept of Cultural Hegemony: Problems and Possibilities,” *The American Historical Review*, Vol. 90, No. 3 (Jun., 1985), pp. 567-593, p. 569.

politics on individual choices it also leads easily into a politics of judgment, which, in turn, can only be countered with a defensive stance concerning self-esteem and self-confidence. But here again, in both the judgmental and defensive political positions, the larger issue of consent to make-over culture is evaded. We judge the women who had the surgery, rather than the culture that inspired it.

The other “choice” is to refuse to participate in this cultural trend, to not have cosmetic surgery. One can, indeed, make the choice to step out of make-over culture altogether. Eve Ensler, in her book *The Good Body*, makes exactly such a promise and a plea to women:

I am stepping off the capitalist treadmill. I am going to take a deep breath and find a way to survive not being flat (in reference to her stomach) or perfect. I am inviting you to join me, to stop trying to be anything, anyone other than who you are... Tell the image makers and magazine sellers and the plastic surgeons that you are not afraid... Then be bold and LOVE YOUR BODY. STOP FIXING IT. It was never broken.³⁸

Powerful as Ensler’s words are, the individual opt-out approach negates the degree to which the culture of self-improvement is more of an imperative than a choice. In this regard, even as her approach attempts to break free of make-over culture, it works within an individualist, choice feminist framework that boils down to the individual woman as agent with options.

Insofar as women are individuals living in the normative culture of self-improvement, we cannot downplay their desire for conformity, or the sincerity of their need for greater self-confidence and self-esteem, as the Norfolk woman described. Indeed, Kathryn Pauly Morgan argues,

It may well be that one explanation for why a woman is willing to subject herself to cosmetic procedures, anesthetic, post-operative drugs, predicted and lengthy pain, and possible side effects that might include her own death is that her access to other forms of power and empowerment are or appear to be so limited that cosmetic surgery is the primary domain in which she can experience some semblance of self-determination...³⁹

If this is the reason why women choose augmentation —because they have no other power or opportunity to exercise agency— then we are on terrain quite different from what choice feminism suggests.

If, as I am suggesting, choice feminism forms the ideological backdrop, or the common sense that generates spontaneous consent of the culture to the cosmetic surgery and beauty industry, it should come as no surprise that the discourse surrounding PIP stopped short of considering the cultural forces shaping women’s choices. In this regard, choice feminism is an inapt framework for discussing the PIP scare, as it is depoliticized to the point of (actively) ignoring the vital link between

³⁸ Eve Ensler, *The Good Body* (New York: Villard, 2004), p. xv.

³⁹ Kathryn Pauly Morgan, “Women and the Knife: Cosmetic Surgery and the Colonization of Women’s Bodies,” in *The Politics of Women’s Bodies: Sexuality, Appearance, and Behaviour*, ed. Rose Weitz (New York: Oxford, 2003), p. 177.

the culture of bodily-modification and gender inequality. If anything, the discourse surrounding implants fits neatly with choice feminism's language of *women's empowerment through surgery*. The industry and its practitioners are savvy in their use of women's health discourses to sell their services and products. Indeed, rather than making a link to social inequality, surgeons, clinics and the industry import the language of women's empowerment (*Botox*: "For me, myself and I"), and their need to feel secure in their bodies, to sell their product.

Consider Dr. Julie Khanna's descriptions of her service niche in Toronto, Canada. Dr. Khanna is a lone woman practitioner in a sea of male cosmetic surgeons in Canada and one of Canada's leading users of silicone implants. In fact she is partly responsible for their reintroduction on the Canadian market in 2006 after a 13-year moratorium. On her website, Dr. Khanna claims to "look beyond the surgical procedure to the patient as a whole, from inner self to outer beauty." And while she advertises her ability to help "both men and women," she puts the emphasis on her capacity to address the "special concerns of her female patients." Tapping in to gendered body insecurities, she pitches her services as a solution: "Many of my patients prefer a surgeon who they believe understands their needs and how they feel about their bodies. We want every patient to be happy with their result and pleased with their experience."⁴⁰

As we can see from Dr. Khanna's remarks as well as the discourses surrounding the PIP scandal, feeling satisfied, as a late modern citizen of make-over culture,⁴¹ about one's body depends on the steady consumption of products and services, ranging from the non-invasive to the highly invasive. The understanding of the body in make-over culture is a possessive individualist one; that is, it views the relationship of the individual to the body in proprietary terms. The normative Lockean directive to labour and to improve—in his case, the land—in ours, the body—as the means to gain title has special applicability here. Breast augmentation is but one tool available for the project of improvement, and not the most invasive by a long shot. It is the logical political outcome of a culturally hegemonic, liberal- and possessive-individualist conception of the body and of a vision of feminism premised on choice as the ultimate sign of women's empowerment.

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As a postscript, it is worthwhile to revisit the media treatment of the PIP implant scare, and in particular, to focus on one column that appeared in *The Guardian* entitled "What I'm really thinking."⁴² An insightful and clever narrative that captures this columnist's motivations for obtaining implants 6 years prior (her desire for attention) as well as her own guilt for being vain, this column is the only one in the entire media discourse in which the question of replacement is engaged.

⁴⁰ Dr. Julie Khanna, Institute of Cosmetic and Laser Surgery.
<http://www.icls.ca/specialist/drjuliekhanna.htm>

⁴¹ For discussion of citizenship, see Jones, *Skintight*, p. 12.

⁴² "What I'm really thinking: The Woman With Breast Implants," *The Guardian Weekend*, 10 Mar., 2012, p. 87.

Not able to enjoy the attention any longer because she “may be carrying something toxic” in her body, she writes,

I sought out what nature didn't give me, and paid someone to put it inside me. But now here is the problem, it has become me, like my leg or my arm; this has been my body for more than half a decade... Remove or replace? Remove, I think...I'm scared to go back, but I'm more frightened of what might happen if I leave them in.

But it is her final paragraph that illuminates the *harm*, if we can think of it in these terms, that choice feminism does to women in terms of its individualist framing of consent:

I take temazepam to sleep, otherwise the thought that I've brought this on myself upsets me too much. I feel so bad that I'll need the NHS to help me because my private clinic no longer exists—surely they have more important things to do than remove the symbols of my vanity and insecurity. Maybe this is an opportunity to change something more than my breasts.

Not only does choice feminism fall short of delivering its promise of “empowerment through surgery”, it leaves individual women alone to bear the burden of responsibility when things go awry.