The Case of the Missing Areolae: Race and Breast Reduction Surgery

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Abstract:
Writings about female breast reduction surgery have primarily focused on the size, location on the chest, and the techniques for such surgical reduction. Few have looked at how the areola is handled, nor whether there is an underlying racial context in decisions about this part of the female body. This multi-disciplinary, multi-technique, part analysis, part auto-ethnography seeks to open up and broaden the discussion, asking the question whether subliminal racial preferences play a role in surgeons' decisions.

1 Writing about female breast reduction surgery brings to one's attention ideas about possibilities and desirabilities. Yes, surgery means cutting the body, but to "reduce" through cutting requires some thinking through. What is being reduced, materially and non-materially? Obviously the size. Also the content, yes? The content of what? The outer visible thing we call a breast, yes. Also tissue, etc. inside. But is there also something else being reduced? The woman's sense of who she is? Or is that being expanded? And then there is desire. Whose desire is it that goes into play when a woman opts to have surgeons reduce her breasts, especially when there are deep, continuing questions about female agency? When historians, feminists, and physicians, as well as writers in popular magazines, write about breast reduction surgery on the female body, they vacillate about the surgery's desirability. Varying and sometimes conflicting perceptions of patients, surgeons, and the health insurance industry all weigh in. Not having devised a truly objective method to define an "overly large" breast, the insurance industry has weakly made a stab at clarity and specificity post hoc, so to speak, by allowing payment for the procedure only in the event of removal of a fixed percentage minimum amount of tissue, while giving secondary consideration to the affective complaints of patients. With regard to surgeons, whether female or male, considering the many cultural fixations about breasts, especially in the West, the impossibility of any objectivity on their part seems clear.

2 After all, what are breasts of a size more than flat but the primary indicia of the female sex? To therefore suggest that it is possible and even desirable to reduce this obvious sign of being female points to ambivalence about being female and ambivalence about femininity itself, individually and collectively.

3 *Admittedly, she now comes to be aware of having had, after the fact, a great amount of personal conflict about those things on her chest. Why did she have them "reduced"? Oh, yes, she trotted out the requisite list of complaints, all true, about bra straps slicing into her*

shoulders, back pain, a constant sensation of being constantly pulled forward and down by the weight of those boulders on her ribs. Two sacks of potatoes like albatrosses around her neck. Then, of course, but at the least, the gaze of male eyes towards a point below her neck infuriated. But are there layers of some vague murmurings beneath as she tries to diminish male power over her existence by shrinking her awareness of the focus of their attention—away from her intellect?

4 In examining female breast reduction contextualized by race, I will touch upon the act of this particular kind of surgery, the motivations for performing such surgery, on the part of patients as well as on the part of surgeons, and the unquestioned agendas in the development of choices by surgeons in performing and developing new techniques.[1] Do the motivations, the development of choices, and the acts interlock with racial ideas? We are accustomed to consider the breast in toto, with perhaps momentary attention paid to the nipples for nursing or sexual reasons, our attention driven by the male focus.

5 But there's one feature that usually gets ignored and that is the areola. Are there extensive perorations on areolae in newspapers, magazines, and billboards as there are on breasts and nipples? No. How many women even know the word? How aware are women, in preparing to have a knife put to their bodies, of what's hidden in everyone's ideas about human breasts?

6 As a start, finding resources on the topic of female breast reduction is difficult. This complexity contrasts with numerous references and citations to breast cancer, as well as to breast augmentation. It would appear that a continuum of perception of need exists.

7 *So, Trinh Minh-ha declares, "to seek is to lose, for seeking presupposes a separation between the seeker and the sought, the continuing me and the change it undergoes" ("Not You / Like You" 371). However, in order to be with the reality of the surgical cutting away of a specific part of her breasts, the areolae, she must seek in order to gain, go back to her center, realizing that even so, with their loss, she has not lost. Taking up this quest for her areolae, to which she had no awareness of attachment before they were taken without her consent, has opened her up to layers deep within which now peel away, slowly, as she thinks, writes, stops, puts aside the writing for weeks, months, consults with others, live and on pages, goes back again, thinks some more, not digging, not tapping, as it's all there already waiting for her readiness to face the loss as gain.*

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[1] In carrying out the research for this paper, I found the use of both "mammaplasty" and "mammoplasty" in the titles and text of books, articles, and on Internet sites. When quoting and referencing, I will retain the spelling the writer used. However, in my own comments, I will attempt to maintain the use of "mammaplasty," thereby retaining the root "mammary."

8 At one end of the continuum is breast surgery for breast cancer. At the other end are procedures for breast augmentation. In the middle at an unfixed place breast reduction surgery quivers. Its place wavers as a result of conflict about whether this procedure results from vanity, therefore putting it under the rubric of "cosmetic surgery" thus closer to the site of breast augmentation, or whether this procedure is "medically necessary" putting it closer to the situation of breast surgery for cancer.

9 *This whole discussion about being in the middle really bothers her, as someone who's so tired of attempts to fragment her whole. Having her breasts sliced down seemed an effective way to internalize erecting that middle finger at the universe, unaware. But why breasts, since they seem more clearly markers of female-ness rather than race markers? Or was she missing something?*

10 Looking at the conflict over the procedure, having to tease out articles relating to breast reduction is bloody frustrating. Here again male domination of the agenda in the so-called objective paradise of scientific research makes the skewed appear the norm. They make her work extra hard, yet again, to get to a place where she wants to be, which is other than flat on her back, except as an act of power.

16 *And then, there are the areolae, those coins or circumambulating talismans of darkness around the nipples, forming a broad, supportive shadowy bridge of in-between-wholeness between nippled desire and fleshy anxiety. Before the surgery, she gave them little attention except to note out of the corner of her consciousness that they seemed larger, more spread out, covering almost half of each breast, than those of the pale pink women at whose breasts she slipped a glance in the locker rooms. She was more focused on the weight and intrusion of these things that seemed determined to stifle her, when she was lying down, on her chest, on her side, on her back, when she was standing, when she was running, when she was lifting weights, every second of her material existence.*

17 Anecdotally, on my expressing my concern about the possible implications of my research, in that I feared that there also I would find evidence of racism, a physician friend, who is Jewish, told me that he dated black women from Africa, from the U.S., as well as white and Jewish women, and he never noticed any race-based difference in breast size or size of the areola.[2]

18 *Well, maybe he was not looking. Or maybe he could only see areolae of a size correlating with what he expected to see. Maybe the larger areolae were invisible to him.*

[2] Telephone conversation, December 9, 2005.

19 Gilman definitively states that the "breast functions as a racial sign even in the basic aesthetic surgical guides to breast reduction" (232). Ample evidence exists, as presented by Haiken and Gilman, of the surgical creation of northwestern European noses on black and Jewish patients and of Northwestern European eye shapes on Asian patients, both at the request of the patients and at the hands of surgeons helping patients to appear more ideal, more civilized, more pleasing, more "Western," more beautiful, or perhaps to try to escape the restrictions of their cultures. Either they're reacting to the outside world looking at and judging their physical presence or it's their own world jumping on them. Or both at the same time. I came across no evidence that in changing noses or eyes, information about specific changes that were to be made was not shared with the patient, as was the case with this particular patient and her areolae.

20 My research uncovered no unequivocal statements about the presence of race-based ideas in determining what the post-surgery breast areola should look like. To claim that the areolae "should" be reduced in proportion to the breast, I ask why, and who determines what that proportion "should" be. Therefore, I hypothesize that the resulting areolae in breast reduction surgery embody race-based notions about the "ideal" breast.

21 *Browsing through the photos of breasts in Spiegel and Sebesta's* Breast Book (*2002*), *she tries to remember her breasts pre-surgery, and she wavers about agreeing with Gilman that the areolae are larger the closer to the equator you get. In the photographs, the areolae of indigenous women of the Americas or the South Pacific seem no larger than those of their Aryan sisters of the north. Perhaps, like my physician friend, the photographers unconsciously aimed their attention only at breasts that had smaller areolae, as being the more beautiful breasts. Still why were her breasts and some breasts, and not even the darkest of breasts, sporting areolae covering almost one-third of the breast? Spiegel and Sebesta write that the areolae, along with the breasts, expand during pregnancy and retract after (53). Are women of the tribe of larger-sized areolae in a permanent psychic state of pregnancy, even if they never give birth to a human? What are they pregnant with? Was her drive to reduce her breasts a revolt against being quick with the unknown?*

22 When medical culture and the public both came to the conclusion that breast reduction resulted in a decrease in physical, not just psychological, symptoms, this type of surgery came to receive more acceptance. That a woman would choose to undergo what in essence is major surgery must speak to her perception of her situation as being desperate.

23 Since this type of surgery increased in acceptance over the years, why is it still so difficult to find research articles that focus specifically on that type of surgery? Over time,

one perceives a shift from "worship of breasts to domination of them" (Spiegel and Sebesta 53). One comes to understand the conflicted feelings that individual females and males, the medical establishment, the health insurance industry, as well as popular culture have about female breasts. Female breasts have been a focus for anxiety for a very long time. Combining anxieties about race with anxieties about female breasts leads to the inevitably of pathological projection.

24 Men are anxious about women's breasts for reasons of sexuality, procreation and survival of their genes. As an effect of patriarchy, women are anxious about their breasts because men are anxious. An important way for women to survive is for men to have less anxiety about women's breasts.

25 Who has control over female breasts and for what reason determines both their perception and handling. Early on, any removal or reduction of the female breast could be associated with the acquisition of power by that woman. On the other hand, the Medieval standard for beautiful breasts was that they be small, round, firm and wide apart. These breasts, as objects of male desire, were always white and often compared to two apples (Latteier).

26 *Apples tend not to have large dark circles around their point of attachment to the tree unless they're diseased or rotting.*

27 This early preference by white males regarding the desired appearance of white female breasts may be so deeply rooted as to be embedded in the choices that surgeons currently make when crafting new breasts during breast reduction surgery. For example, in an article describing what's purported to be an improved technique in breast reduction surgery, the clear objective is to achieve "nipple projection," with no rationale given for why this is a desirable outcome (Casas et al 955-60). A "boxy" breast mound and "deficient breast projection" are put forth as outcomes to be avoided, as the goal is "conical breast shape" and "anatomic projection."

28 Why is it that, as female breasts increasingly came under the control of men, ideal female breasts must be for pleasure, look like apples (first small, later large), and be high on the chest, of adolescent placement and form, simultaneously with being too large to be adolescent? The standard for perfection is contrary to nature, unrealistic, and impossible to achieve, without repeated surgical, and thus male intervention, since most surgeons are still male. Even with the increasing presence of female surgeons, white males control the text.

29 *Using the metaphor of "text" troubles me in writing about a topic so intimately personal to females. Leonard Shlain posits that "the demise of the Goddess, the plunge in*

women's status, and the advent of harsh patriarchy and misogyny occurred around the time that people were learning to read and write" (viii). With patriarchal mores so internalized, I struggle to find a less masculinist metaphor.

30 If Diana Jones accepts that women tend to view their own body, in terms of their breasts, through the lens of men's perceptions, it would appear that she accepts as uncontroverted fact that women are disempowered when it comes to their breasts. If this is the reality of women's relationships with their breasts, then issues of power and disempowerment lie at the core of the history of how women's breasts are perceived, touched, manipulated, and thus affect decisions about reduction. As Kathy Davis puts it, "[t]he body remains [...] a text upon which culture writes its meanings" (50).

31 Jones counterpoises contrasting views the dominant white male culture has held of white female breasts vis-à-vis black female breasts. Her comments on the "mammy" figure in U.S. history serve to validate the perspective of female breasts as objects of production, primarily in those of the lower classes, which here included virtually all people of African descent in the U.S. during the 18th and 19th centuries, regardless of their economic status, even if they were not enslaved. Being objects of production in a capitalist culture, the larger the better. In addition, the larger the breast the closer its owner is to the primitive.

32 *She pauses, stops at this word "primitive," although it's painful to do so. So many, many layers of generations of trying to wash every trace, eliminate the slightest hint of being associated in any infinitesimal way to the "primitive."*

33 *"Child, why can't you keep your hair tidy? It looks so wild," says a proud wavy-haired aunt married so comfortably to a Jewish Lebanese Jamaican with dead straight hair, straight nose, and blue eyes. Their skin color is the same. Everyone's skin color in the room is the same, but still there's a difference.*

34 *With her two hands, she palms the little girl's hair hard down onto her skull. She felt that she couldn't breathe, she couldn't see. She was suffocating, dying. Don't be wild. Don't be female. To be female is to be uncivilized.*

35 A battle rages on our chests. Salvos of insults, leers, obsessions land on the two mounds on that terrain. The female breast being contested territory, a page upon which is written conflicting text, plays an important role in any interpretation of breast reduction techniques, choices, and developments. One way to decrease the warfare is to shrink down the mountains, less territory to fight over, less soil on which to plant the flag of possession.

36 Using the metaphors of "text" and "territory" to represent female breasts troubles me. Perpetuating this perspective seems highly suspect in any effort to resist the oppressive hand

of patriarchy. Alternatives for communication exist. However, academia has fixed on text as the ruling medium of messaging, which then itself reifies and reinforces patriarchal domination. I see no way of feminizing "text" or "territory."

37 *The terrain remains contested. Uncle G, the husband of one of the aunts, announced to the world that his wife's breasts were like that of an aircraft carrier from which one could launch fighter planes. She felt disgusted, wanting to have nothing to do with any of them. But she has no choice, no say in the matter. She is just a child, and a female child at that.*

38 When women take the message of responsibility for their breasts to heart and seek breast reduction as a means of exerting control over their "out-of-control" overly large breasts, they are prodded and questioned and have to pass tests and rules of thumb. Furthermore, as a result of over-emphasis on the possibility of breast cancer, "being a woman with breasts has come to be defined as a risk factor" (Davis 50). No matter which path you take, the place you get to is that being a woman is risky.

39 *This she knew all along. This came at the time of her birth, even before that, at the time of her conception. The message drummed into her mind from time before time, is that being female is deadly.*

40 Women are set up for an impossible conflict. They are to protect this part of their body, which does not really belong to them, but when that body part becomes diseased, it can kill them. So something they are told is not part of them in life becomes part of them in death. Therefore, opting for breast reduction surgery can come to be interpreted as fiddling with a time bomb or messing with property that does not belong to her. Breasts belong to men. They signify femininity. Within the patriarchal hetero-normative world-view, femininity exists only for the pleasure of men. Whether lesbian women view female breasts differently than men do is not within the scope of this essay. Breasts belong to men in their role as sexual beings and also as members of the medical establishment when breasts became medicalized. Finally, breasts also belong to men because it is men who, in general, and with their medicine, exert control over the discovery, diagnosis, control, and removal of female breasts when cancer comes into the picture. And when cancer comes into the picture, patriarchy still retains control, burning or removing the breast(s) not to empower the woman, as was done for Amazons, but in an attempt to maintain her now disempowered existence in a culture, where, breastless, she is no longer feminine and therefore no longer of value.

41 It, therefore, should come as no surprise that when a woman seeks to exert property rights over her breasts, to right/write her own life, by seeking breast reduction surgery, the culture seeks new and additional ways to remind her that she does not and cannot ever have

control over her breasts. Her breasts belong either to men and/or to medicine. With both men and medicine in the U.S. being nurtured in the Anglo-Saxon cradle of cultural ideas, so too must women's breasts be held to the Anglo-Saxon idea of the perfect.

42 *Yes, I realize I continue the materialistic metaphor of territory, in the grip of metaphorical thinking. Doing so, I aim to meet the other where he stands, in a frame within which he feels comfort, before shape-shifting him to another place of being so as to be with her where she and her areolae have their real existence. "It is our human condition to be unable to escape the dimension of the Symbolic" (Davoine and Gaudilliere 68).*

43 In writing about breast reduction and decisions about how to handle the details of the breast such as the nipple and the aureolae, the issue of choice dominates, as a result of the need to frame the entire discussion within the context of one of contested power, because of the reality of the domination of patriarchal concepts. On the one hand, what seemed of most importance to surgeons was developing techniques to reduce the amount of scarring as well as developing techniques to maintain as much as possible of sensation in the breast, especially in the nipples. These objectives would seem in the interest of the women themselves, albeit also in the interest of the men or women with whom the woman might be having an intimate relationship. On the other hand, nipple projection, as mentioned earlier, as well as high placement on the chest and conical shape, are also important objectives to the surgeons. These objectives seem less focused on the best interests of the women as individuals and more focused on the interests of the culture, and of male needs, conditioned by culture. But nowhere in all the research articles on breast reduction surgery was there any discussion or debate about the size of the areola, except with a brief mention about proportionality. However, more recent websites of breast surgeons and clinics at least briefly mention the desirability of the woman discussing areola size pre-surgery with the surgeon, while often making the assumption that the cause of a larger areola (from the perspective of the surgeon) results from the stretching involved with the larger breast.

44 *None of them checked with her younger sister who has natural size B breasts with aureolas half the size of the breast, not this tiny darkness around her nipples that she got after surgery.*

45 When it comes to determining how much of the areola to remove, I conclude that clear cultural and racial influences play an important role, as a result of embedded cultural definitions of beauty. A breast with more areola tissue than found on a European or Asian breast is deemed undesirable, if not ugly. To increase the desirability of that breast, the size of

the areola must be decreased, in an environment of almost total silence about that decision. Is it because the areola is always darker in color?

46 The use of the word "freak" by more than one young woman narrating her travails with her large breasts validates Gilman's comment that the "abnormality" of large breasts consists of "being seen as different within the model of the racialized (or primitive) body. Women with large, pendulous breasts are not yet 'New Women' with small, firm breasts" (223). He also explains that to "examine the origins of aesthetic breast reduction, one must understand that [...] the reduction of the pendulous breast came to have meaning within another system of representation, that of race. [...] Smaller breasts represented 'Germanness,' as opposed to large, pendulous breasts, which were read as a sign of the primitive" (220).

47 *She wants to know why the surgeons removed half of her areolae without any pre-surgery discussion with her. They seemed to take it as a given that it would be OK with her, and/or that removing all but a small 1 ½ inch dark brown coin around her nipples is standard in breast reduction surgery. Why? Especially when doing so involves losing all those milk ducts that the aureolae represent? But then, since breast reduction surgery often results in the inability to nurse, those milk ducts are no longer important? And, because of her being of a "certain age," those milk ducts would no longer have relevance? Finally, what role did perceptions of her race play in correlation with her being of a "certain age" in the decision to decrease her patrimony (why is there no equivalence with matrimony?) of milk ducts? Would stitching back a larger areola be more difficult than trimming the areola's circumference, resulting in a lesser amount of stitching to be done?*

48 *Not only does she ask why half of her areolae were spirited away in surgery, but also how did she come to be born with such areolae? Were her areolae representative of an expanding universe? Even with the areolae trimmed back, controlled, restrained, that which generated the original diffusing areolae still obtains.*

49 Breast reduction techniques have evolved from the "anchor" scar to the "inverted T" to the "lollipop." A plastic surgeon is quoted as referring to the "inverted T" as the "gold standard for the last 40 years." From a nautical image on the chest to some kind of house construction tool image to a sweet to eat. Nice. How fitting. But none of the developments in breast reduction techniques pay any attention to the size of the areola, focusing almost entirely on reducing physical scarring at the center of the chest between the two breasts. This site of the largest accumulation of skin forms a junction.

50 *Junction at the center of her chest over her sternum, my armour against the world, the center of her anchor, that forms a material manifestation of the non-material but not*

immaterial pain at the core of her being, being in-between and thus nowhere centered, which IS HER center, evolving into the rage with which she is quick, a rage not yet aborted even though the larger than white-size areolae as stigmata of enduring pregnancy with fury have been cut short; clearly she must give birth to the rage to release it from her body, but not with writing words (and the irony is that she needed to seek relief from the pain of the loss in resorting to the words of the calm research writer, the reading and writing that held her in their embrace so early, so soon, against the injuries of those who should have simply loved her, lest she explode too violently and be unable to continue—to live) *words which exist to control, repress, demarcate, label, strangle, while her body aches to blaze up from the page and scream in your face* of skin being pulled from various directions, *pulled from various directions, repeat after me, pulled from various directions* has a tendency to become either "hypertrophic or keloid" (Gilman 220).

51 *In her search to have her breasts reduced to a manageable size, she came across a man, reputed to be the leading breast surgeon in the area, who told her that he would not do surgery on her as she would develop keloids. He then went to take a phone call, leaving her body chilled and naked from the waist up in his examining room, even though she defensively showed him her C-section scar, smooth and non-keloidal. Silently she dressed myself, left, tried to shake his spirit-killing oppression from her heart, entering out-of-body numbness again so as to function and not function.*

52 "Systems of domination materialize in the voices of women" (Spitzack 4).

53 On the other hand, the "lollipop" or "short-scar" technique involves no cutting and thus no remaining scar tissue at the center of the chest. Apparently this technique can also be described as a "vertical reduction mammoplasty with superior pedicle" or the "lollipop" technique (Otrompke 18). Reviewing the advantages and disadvantages of this new technique, reported in a news article published in 2005, the surgeon is reported to have been at work on the refinement of this technique for five years, after he became familiar with the techniques of two European surgeons who had been using the procedure on thousands of European patients for over 30 years.

54 *European patients bearing ghostly breasts "tip't with vermilion" with tiny areolae. Treating this as an academic matter, she tells herself, is vital. It is a matter of survival.*

55 This is the technique portrayed in illustrations on the breast reduction section of the website of the American Society of Plastic Surgeons. One of the disadvantages is that "you cannot do it in a breast of more than a certain size, and in breasts in which you take off more than 800 grams from each side" (Otrompke 18). The above-mentioned website of the A.S.P.S.

says nothing about this caveat. In all the discussions about improvements in techniques, absolutely nothing is said about the areola.

61 Perhaps I disagree with Trinh Minh-ha when she writes "I say I write when I leave speech, when I lose my grip on it, and let it make its way on its own" (*Woman, Native, Other* 35). On the contrary, while I write I cling to an oral tradition precisely because it makes its way on its own, being less susceptible to control and a masculinist perception of order, as it sings, screams, moans, weeps, the words for which are but sickly pale labels for the reality of orality.

62 *But still she persists to bridge the gap between orality and writing in expressing her loss. I am her advocate pressing her case.*

63 The culture has yet to address the deeper hidden contexts of racial, gender, and sexual oppressions that manifest themselves in what the perfect breast should look like. Perhaps the Medieval standard for the breasts post reduction looking like two apples remains, but we are given no contemporary overt guidance as to what is a desired "shape," the origin of the criteria, nor who decides. And silence remains about the areola.

64 She remains with the question whether, in having breast reduction surgery herself some six years ago, done by an Italian American surgeon and a dark-skinned Latino intern, both of them very attractive—sex is always in the frame—her multi-generational mixie breasts of a pale tan color with large brown areolae, lighter in shade than my darker brown nipples, and yet not as light a brown on the other side of the areola, a gradual change in terrain or text color, with no clear edge, were reconstructed to fit into white European-based criteria, and an unconscious emotional need for a racial edge between colors? Her personal reasons rested purely on historical distress at being female. Those reasons became corrupted by a system that racialized her original intent.

65 *Returning from the blurry haze to created time, she hears a voice calling her name. She opens her eyes. The woman in white, adjusting the IV by the gurney on which her body lies, says to her, "Everything went well." Perhaps.*

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