



A SALINE SOLUTION

by Lyndsay Hall

THREE topless girls vacationing in South Beach dance to no music. Pelicans swoop onto the girls' sand-ridden towels, peck their bills around in search of food. Men recline on nearby beach chairs, stare from behind sunglasses perched on the tips of their noses. You can't shame them for staring—you watch from your own towel ten feet away. Your boyfriend watches, too. One woman's breasts sag, heavy teardrops resting on her upper ribs. Another pair mirror your own: enough to squeeze in a teenaged palm. You look down at your chest: unremarkable lumps covered by a lime-green Guess? triangle top. Pink ruffles line the bikini as though to suggest not only have your breasts not matured in your twenty years since infancy

—your taste in fashion hasn't either. You press your chest into your towel, into the sand.

The third girl, bronzed with hips swaying like swings, has perfectly round breasts. They do not sag. They bounce, her brown nipples hard. You can't look away. You hear your boyfriend laugh; it sounds like happiness, satisfaction. The sun sears your back.

Here's what you would not have admitted that day seven years ago: You like her boobs because, sure, they look nice, appealing in their symmetry and more than enough for a grown man to cup. You had wished for breasts like those—prayed, too, back when you still did stuff like that. But mostly you like them because you think your boyfriend does. He says he'll look elsewhere if you skip the gym, quit running. He squeezes your lower tummy; you tense when he rests his hand on your thigh. You think he will leave: when he yells at you, that one time you undercook the roasted potatoes but you'd been waiting so long you just eat them anyway, the Saturday night he doesn't fucking come home. There is, to you, no thought worse than of him leaving.

You know there are at least a hundred reasons why a woman would pursue elective breast augmentation surgery. You also know your most compelling reason—the one you don't say, but instead bury in your lower

chest—is a man.



In human's deep evolutionary past, women developed breasts as storage for the extra fat used to gestate and lactate infants. Essentially, they're little more than remodeled sweat glands, but without them, we could not have survived. The mammary gland, from which milk is produced, fills with estrogen receptors. Where there is estrogen, there are fat-storing cells. As more fat is produced, more estrogen is produced.

No concrete evidence suggests breasts have survived this long for sexual reproduction (or sexual appeasement), or that all men across all cultures across all times have a predisposed attraction to breasts. Any anthropologist to claim otherwise may actually be projecting his or her own cultural biases and desire back onto evolutionary times. The idea that there exists such thing as a “perfect” breast size or shape presumes men are universally ingrained with identical sexual desires—it wouldn't take long to debunk that theory.



On your boyfriend's computer you scan plastic surgeons' websites. The galleries present each woman six times, separated in two columns: pre-operative on the left and post-operative on the right. The women stand without heads. On the left, the women are unsurprisingly flat-chested. On the right, many women have tanned. Their breasts balloon into symmetrical circles; their nipples ogle at you through the screen. None of the breasts are deformed pre-op, but post-surgery each appear perfect in a way that they hadn't before.

You imagine these women sought plastic surgery simply because they were unsatisfied with their lot. Maybe they dated men or were married to men who sometimes couldn't get it up. The man says it's from the booze, or he's stressed from the board meeting that morning, and for a minute the woman believes him. But when she rolls over and tugs the chain on the bedside lamp she thinks, *no, it's because of me*. The woman notices her man's gaze wander from the busty college student eating lunch at the picnic table to the busty jogger passing on the sidewalk. She hears the whispered "damn" that slips across his tongue. The woman flips through Victoria's Secret catalogs, knowing lace was made for larger breasts; hell, even thigh-

highs are for larger breasts, and those go on one's legs. And what all these women have in common, you think, is they know no one fantasizes about the flat-chested chick. In these headless photographs you find camaraderie, women who get you.

You schedule a consultation with Dr. Roudner, the best surgeon in Miami.



The profile of a typical breast augmentation patient: a young woman with psychological distress about her physical appearance. Suffers from low self-esteem. History of having endured teasing about her appearance. Most have undergone psychotherapy. Others show frequent occurrences of psychological depression and body dysmorphia. A notable number have attempted suicide.

A 2008 longitudinal study reported that women who sought breast implants were almost three times more likely to commit suicide as women who have not. Seven additional studies have reached that same conclusion. Until ten years post-surgery, the suicide rate for women with and without

augmented breasts remains constant. However, the rate spikes to four times greater for those with implants at the eleven-year mark, and six times greater at the twenty-year mark. Additionally, women with breast implants are more likely to die from alcoholism and the abuse of prescription and recreational drugs.

All studies conclude that breast augmentation surgery itself does not increase the death rate. Simply, psychopathologically-inclined women are more likely to undergo elective breast augmentation.



In the kitchen you tell your mother you're meeting with the surgeon on Monday. You tell her you have always adored large breasts (this is true), and why didn't she pass hers onto you? She shrugs—it's not like she had any say in the matter, otherwise she would've handed down the blue eyes, too. Behind her, your little sister singsongs "slut" again and again. Amy's recently recovered from anorexia, so you perceive her concerns of your body as, frankly, bullshit. While sautéing vegetables, Mom suggests, "You should tell your father. I think he'll notice."

When you tell him, it's a few days later. Your parents divorced in January. By now, in March, your mother has returned to your childhood home and your father rents a house from a friend. That friend's mother recently died in the house. No one knows which bedroom. Dad cooks dinner and you eat around the coffee table in the living room; he and your sister sit on the couch and you sit cross-legged on the brown carpet. There's been a recent cockroach infestation; they've taken over the dining room.

"I met someone," Dad says to fill a lull in the conversation. You imagine there had to have been a million more appropriate things he could have said. For example, "How do you like the chicken?" or "I miss your mother."

Your parents divorced, as they told you on the family room couch, because your father fell out of love with your mother. For months you've wondered what she could have done better. Was it because she'd put on weight over the years? Was it because your father didn't like her cooking? He used to complain about it in the morning when he would drive you to school. You worry your boyfriend will complain in the same way about you. Not today, maybe not tomorrow, but twenty-three years from today, will your fate mirror your mother's?

“I’m getting breast implants,” you say.

Your dad can’t be mad. He should know it’s too soon to meet someone else. You wonder what she looks like, then feel guilty for this. You stomp out of the house and drive to your boyfriend’s place.



Some of the earliest artifacts from the Stone Age are figurines made of bone, stone, and clay: females with enormous busts. A sacred body part—no infant could survive without them. The fantasy of multi-breasted women became a staple of Indian art and appeared in the polymastic statues of Artemis of Ephesus. In that latter piece, she has seventeen bulbous orbs dangling from her chest. The renaissance renewed the emphasis of the flesh, and the breast became synonymous with spiritual nourishment and maternal sacrifice.



Your doctor’s name is pronounced Rude-ner. During the consult he does

little more than reassure you that, no, you won't get cancer from the saline, and yes, you can still breast-feed. These are your only questions. You sit, legs dangling off the exam table, fixated on the framed interview with him printed in *W* magazine. A pull-quote from Dr. Roudner: "How can anyone expect us to be satisfied with the body God gave us when God also gave us Gisele?" He touches your breasts. He doesn't say you need larger boobs or that you're a good candidate for breast augmentation, nor does he make such suggestions with his eyes. He says only: "You think a 34C?" The receptionist pens your surgery for mid-May.

A few weeks before, your boyfriend promises your mother that he'll take good care of you when you get out; he's already requested off work. But your mother claims responsibility. He can stay in the house, she says, and sleep on the recliner set up in your room. In private your boyfriend bitches that your mother doesn't trust him. It's still years before your mother bitches about your boyfriend's "anger management," as she puts it. Nobody asks how you're feeling. Nobody asks what you want.

You wouldn't know how to answer, anyway.

You slink away to the back porch to call the surgeon. You skim the pool water with your bare feet. "Dr. Roudner's office," a woman answers after two rings. You tell the receptionist you want to please cancel your

appointment, and can she refund the deposit? (You paid for the surgery with student loan money.) Instead of agreeing she puts you through to the surgeon directly. He calls you sweetheart, and he wants to know what's the matter.

Here's what you wanted to say but couldn't that day seven years ago: You're worried your body will be eternally scrutinized and decided by a man. You want promise that your boyfriend will stay—and if he does, you want to know whether it'll be so because of saline sacks stuffed in your chest. Is that enough? Should it be?

Instead, you say, "I don't want you to make me look stupid." You pace. You remember growing up in this house, before the divorce, back when families stayed together and nothing had to change. Your dad left, even though your mother wears a 34D.

Dr. Roudner laughs. "You won't look stupid, but if it helps, I can make them a little smaller."

To this you agree. A little smaller is all right. More honest.



In 1895, the first medical report of a breast augmentation surgery occurred after a woman became concerned about asymmetry that developed when a tumor and its surrounding tissue were removed from her left breast. The German-Bohemian surgeon, Vincenz Czerny, used a lipoma—a benign fatty tumor—to fill the space hollowed by the removal of a second, different tumor.

Between then and the 1960s, many surgeons experimented with techniques for breast augmentation and reconstruction, but none stuck. (In Japan, prostitutes had their breasts injected with sponges, among other non-medical substances, believing American servicemen preferred bustier women.) Silicone-gel and saline-filled implants were introduced simultaneously, and surgeons performed the first silicone breast augmentation mammoplasty in 1962. The surgery was most popular among performers: go-go dancers, burlesque dancers, topless dancers, and finally, Hollywood. The broader culture began seeking implants in the '70s and '80s.

From 1992 until 2006 the FDA placed a moratorium on silicone implants after a jury determined Maria Stern's silicone implants caused her systemic autoimmune disease, and a second jury linked Mariann Hopkins' ruptured implants to her mixed-connective tissue disease. Despite the court

cases, the FDA never concluded whether or not these silicone implants were harmful or safe.

Meanwhile, during this time, you had Pamela Anderson, MTV, and a faint knowledge of *Playboy* magazine, if not tangibly, then at least of its societal value. Journalists suspected Mariah Carey—a woman you practically worshipped for her talent—underwent surgery after the release of her 1997 album, *Butterfly*. If she was irrelevant without breasts, what were you? You had Britney Spears, Christina Aguilera. Their photos adorned the magazine covers your mother kept in the wicker basket on the toilet, and later, the posters hung bedside. You learned from boys in school the way a woman’s body should look. They had a club for girls like you: the Itty Bitty Titty Committee. You prayed and you journaled, hoping you’d develop into a woman.



In your dressing gown, just before the nurse takes your blood, you say you change your mind. You’d like to go home. There is no recovery room: only a white sheet separates you from the woman minutes out of surgery. (Dr.

Roudner conducts roughly thirty-six surgeries a week.) The patient moans and whimpers into her pillow. She's coming in and out of anesthesia, the nurse explains.

She hands you a Xanax. "Take this, it'll be okay."

She draws your blood but leaves a needle in your elbow crease. You stare at it. You can't help but stare at it. Soon you are rolled into a stark white room—it's unimpressive. Sterile. You don't know what you were expecting—marble, maybe, like a rich person's kitchen. The silver tray on your bedside holds silver tools. Your surgeon pulls on his plastic gloves. An anesthesiologist connects the needle in your arm to the anesthesia drip. Dr. Roudner smacks his mask over his mouth, and then, black.

Two hours later you awake, your mouth painfully dry. You want a mirror. You aren't sure which is more urgent: that or the water.

Recovery hurts as bad as the online blogs warned. You feel as though a dresser—no, the whole fucking house—sits square on your chest. Your new breasts sink into your bones when you lie, so you're forced to sit upright. But you're too tired to sit upright. The pressure keeps you awake throughout the night, even with Vicodin timed for every four hours. You believe the implants might explode through your skin: how elastic is skin

even? You drift to sleep in the armchair for the fourth, fifth, sixth night in a row. On the seventh day, you wean off the Vicodin and eat food other than pudding. On the tenth day you raise your hands as high as your head and slip on a shirt without a zipper or buttons. You shit your pants at work. They say this happens, something about the painkillers.



Breast augmentation is the most common form of plastic surgery in the United States, beating out nose jobs and liposuction. Even without cosmetic enhancement, breasts are bigger than they've ever been thanks to the Western diet and birth control.

In 2014, nearly 300,000 women and teenagers underwent elective breast mammoplasty, while 100,000 breast cancer survivors had reconstructive surgery often with implants. These numbers have tripled in the last 20 years, when only 101,000 procedures were reported.

“In Miami,” Dr. Roudner says in *Ocean Drive*, “18-year-olds are now requesting larger breasts from their parents [for graduation gifts] instead of cars.”



Your breasts heal lopsided. You massaged them the way the nurse instructed, but you worry your boyfriend didn't do it right those few times he volunteered, or maybe you showed favoritism to one and not the other, or maybe it's because you returned to your waitressing job six days post-op. (You were promoted to waitress from hostess when you told the general manager about the surgery.)

You call the surgeon. He says they're lopsided because your breasts were always lopsided, they were just too small to notice. Your boyfriend likes them anyway. He cups his hands around them and smiles at you. You name the right Trixie and the left Candy—stripper names, you joke, and in your boyfriend's bathroom, you introduce them to your friends. You throw a party in their honor.



In the book, *The Chemistry Between Us: Love, Sex, and the Science of Attraction*

published in 2012, experts Larry Young and Brian Alexander examined the emotional, biological, and cultural reasons why heterosexual men enjoy breasts. The authors concluded that men are “fascinated” because of a hormone released during breastfeeding that helps form the bond between a mother and her baby. This hormone is also responsible for the nurturing bonds between lovers.

“Men are the only male mammals fascinated by breasts in a sexual context,” Young wrote. “And women are the only female mammals whose breasts become enlarged at puberty, independent of pregnancy. We are also the only species in which males caress, massage, and even orally stimulate the female breasts during foreplay and sex.”

Dr. Young, in a column for *Huffington Post*, says male admiration for breasts is “pretty weird,” although he cites the attraction as nature, not nurture. Young boys on playgrounds are not taught that breasts are a sight at which to ogle.



Five years later, in a wave of empowerment, you leave your boyfriend,

move to New York, and decide you want professional nude photographs—not for any man, but for yourself. You hope to remember this time in your life. You don't believe *this time in your life* is something special, exactly; rather, you think if you can commemorate this moment *as* something special then the feeling and actuality will follow. This is the best you'll ever look, magazines say. Mid-twenties, no kids, and a gym membership you use twice a month. You feel desperate for validation, but you won't let anyone know—you're empowered, remember? You don't own a full-length mirror. You stand on the toilet and prop open the medicine cabinet. The mirror reflects to your waist.

One of your breasts has deflated. You cup it in your palm; it feels empty.

You call the surgeon's office and the nurse asks that you email pictures of your chest. She doesn't sound panicked the way you do, as though this deformity doesn't impose a major inconvenience onto her life or that it's her boss' fault. You wait in the subway station for the northbound train and she texts to say your breast has swollen. There's probably blood, she writes. You'll need an ultrasound.

On all the emergency room forms you write: *internal bleeding*. You write: *one breast has swollen*. This doesn't sound right to you—you could've sworn

you felt it, its vacancy—but you do know that if what you’re writing on these papers is true, someone better hurry. The ultrasound technician has gone home for the evening and the ER discharges you before a diagnosis. There’s no imminent danger. Call if you feel chest pain. You used to tease your mother for being a hypochondriac. Now you worry you’re a hypochondriac.

Your father doesn’t believe you’re dying when you call on the walk home. You believe you’re dying. A Google search leads you to breast cancer. On Sunday night—two days after the ER, twelve hours before your scheduled ultrasound—you and a friend eat your last meal before you discover you have cancer: tater tots and nachos. Still no chest pain.

Maybe there’s no chest pain because it’s not cancer and there’s no blood. The next morning the ultrasound technician says what you already knew, before you forgot you knew it: the breast implant ruptured. You’ll need a replacement.



A breast implant can survive within a woman’s body for a decade, if not

longer. When a saline implant ruptures, leaks, and empties, it deflates quickly and the body absorbs the saltwater. It can be surgically removed and replaced. The probability of this happening? Less than ten percent.

Reasons for a breast implant rupture: damage during implantation; damage during other surgical procedures; chemical degradation of the implant shell; blunt trauma, penetrating trauma, blast trauma.

You still don't know why yours, as you say it, popped.



You replace the breast implant but never pursue nude pictures. Instead you move to Los Angeles and meet a man with whom you feel like yourself. He says he doesn't care about whether you shave your pubic hair or if you cancel your gym membership. The first time you knew for sure he loved you, you were wearing a backwards baseball cap and sweats. You danced to Taylor Swift. You want to believe him when he says you're fine the way you are, but you don't. You don't believe someone can simultaneously exist and love you.

One night you two stumble away from a bar toward Hollywood

Boulevard in search of tacos. It's after midnight. He grabs your hand at the street corner and twirls you into him. "Ugh," he moans. His eyes roll back and he tilts his head toward the sky. "I can't believe I'm with you." You laugh and try to walk away before the crosswalk symbol changes. He twirls you again. "You're just so hot."

When he is sober he calls you beautiful, intelligent, talented. But as the sign changes from GO to DON'T WALK, you are hot, and that feels satisfying—you never bought fake tits to be beautiful.



And yet, after only a few months, you leave your relationship and as a result wind up here: in your therapist's office, tossing a pillow between your hands and into the air. You tell her you have low self-esteem (you're afraid of being left—this is why you left), that your college boyfriend aided your low self-esteem (you're afraid you can't be loved—this is why you left), and you suggest your parents did a shit job at marriage (maybe this, too, is why you left). She asks you to rattle off your insecurities. You start with your feet: you think you're developing cankles. You work your way north.

Your thighs, the way they rub against one another, the way they dimple, the spider veins you trace with your chewed-off fingernail.

Your fatty knees.

Your birthing hips—you don't care what magazines say about curves or the fucking Kardashians.

Your stomach pouch.

Your lopsided breasts, although you do take pride that no one notices they're fake.

Your crooked, skinny nose.

Your right eye that squints more than your left.

At your premature crow's feet, your therapist asks if you're done. You nod, but reluctantly. A few weeks later she will diagnose you as depressed. But that afternoon you think of the hairs that grow from the mole on your cheek, and you think of the way you once called that mole a beauty mark, before you knew better. You'll continue to pay off your breast implants for years, maybe decades. In bed, you'll confess to men they're fake, and wonder whether you do so out of transparency—a trait on which you pride yourself—or because you want a man to love you for you, and you don't know that your breasts count as *you*. Either way, you can't fathom what it

would cost to fix or cover or manipulate your flaws, to purchase self-esteem. Only then you realize one can't.

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