

## Breast Wishes\*

Shari Hatt

*"Je me suis déféminisée et un énorme poids a été enlevé, physiquement et figurativement"—c'est ainsi que Shari Hatt explique les résultats de sa chirurgie pour la diminution de ses seins. Dans "Breast Wishes," l'expérience chirurgicale de Hatt est explorée à travers des citations, des témoignages personnels, et une série de photographies "d'avant et après." Elle questionne les conditions qui l'ont encouragé à considérer l'opération, surtout ses sentiments de culpabilité face à son corps. Elle raconte aussi en détail son traitement subséquent aux mains d'un établissement médical paternaliste et inapte.*

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*Under her sweater or blouse her breasts begin to make their display, and this body which the girl has identified herself with she now apprehends as flesh. It becomes an object for others to see and pay attention to. The young girl feels that her body is getting away from her, it is no longer the straightforward expression of her individuality; it becomes foreign to her; and at the same time she becomes for others a thing: on the street men follow her with their eyes and comment on her anatomy. She would like to be invisible; it frightens her to become flesh and to show her flesh.*

—Simone de Beauvoir

*... full breasts evolved to make the female frontal region more stimulating to men.*

—anthropologist Desmond Morris in  
*The Naked Ape* (1967)

**Assumption:** (def.) To suppose, accept or believe someone to be something, a

\* *Breast Wishes* is also the name of Shari Hatt's ongoing multi-media installation project, from which these texts and photographs were drawn.

*thing assumed in this way, to be taken as one's right, to take for granted.*

Before my first breast reduction surgery, I received unwanted attention daily, ranging from the straightforward (a group of men waiting for the bus remark: "Girl, you got nice titties" as I walk by) to the creative (single man walks up to me on a busy street, grabs a breast, twists it, yells "Tit Grabber" and walks away laughing) to the exploitive (I was fired from a cocktail waitressing job because I refused to show cleavage). North American males seem pathologically obsessed with this aspect of the female anatomy. In the years following my surgery, the harassment I receive on the street has not stopped, but it has been reduced dramatically.

*Without a doubt it was men who created the fetish for size and shape, for the ability to breast-feed has nothing to do with external dimensions, and pleasurable sensation resides in the erectile tissue of the nipples, not in the bulk. But the otherness of breasts, their service in the scheme of male erotic satisfaction long ago promoted the myth that a flat-chested woman is nonsexual or ungiving. At the other extreme, a woman with large breasts is usually assumed to be flaunting her sex or inviting attention. The assumption of a "ready to go" sexual nature in big-breasted women is reminiscent of the time when generous sexuality was assigned to large, meaty thighs and the phrase 'She has no thighs' implied an erotic stinginess or a sensual failure that bore no relationship to a woman's orgasmic response. The cultural belief that breasts are primarily decorative and intrinsically provocative seems related historically in Western civilization to the elimination of the routine sight of breasts as means of nourishing the young. How ironic that the sight of a mother breast-feeding her baby is unnerving to many of the same people who like to see—or to show—cleavage in a dinner dress. In a curious reversal the suckling infant actually becomes the embarrassing stand-in for the adult male lover.*

—Susan Brownmiller

**Demarcation:** (def.) *The act of defining or marking a boundary or limit, to separate distinctly.*

*We must, we must, we must increase our bust. The bigger: the better,*

*the tighter the sweater. The boys are depending on us!*

– popular childhood rhyme

The biggest relief of my operation is that I no longer feel a (guilty) responsibility for having large breasts. I feel that these breasts do not belong to me anymore, but to the doctor(s), they are just a “medical oddity” (they never felt like they were mine anyway). I have defeminized myself, and a huge weight has been removed, both physically and figuratively.

*Despite the controversy surrounding it, cosmetic surgery is increasingly popular. It raises the question of why women are willing to put themselves under the knife for operations which are painful, expensive, risky and which often leave them in worse shape than they were before.*

–Kathy Davis

In Montreal, two friends and I have experienced first hand the permanent effects of male doctors imposing their ideals of what a breast should be onto their patients. My first doctor not only left me with breasts that are much larger than I had insisted upon, but the operation was so botched that I required two further surgeries. A friend suffered a similar fate. Another doctor tried to assure a different friend (a 35 year old woman) minutes before her surgery by smugly saying: “Don’t worry, I’ll give you the breasts of a 16-year old girl.”

*The New York Times cites a woman whose boyfriend gave her breast implants for completing her doctorate. A current trend in the U.S. is for graduating daughters to get breast implant surgery while boys get the traditional tour of Europe.*

–Naomi Wolf

**Responsibility:** (def.) *Liabile to be called to account (to a person or a thing), being the primary cause, placed in control and having to give satisfaction, to consider oneself answerable for.*

In a new twist, young actresses in Hollywood are currently getting silicone implants, not to increase the size of their breasts, but rather to make them hard so that they will not jiggle during filming—the latest requirement. Meanwhile, the silicone injections of the 1970s have

hardened like sacks of rocks in women's breasts and many women are currently suffering serious health problems as a result of leaking silicone implants.

*When I look good, I feel good and when I feel good, I look great!*

—WonderBra T.V. commercial

For some women, breast reduction surgery offers a way to get back to a nonsexualized state, to fulfil a desire to control a body that is never one's own—a thought process similar to that often seen in cases of bulimia, anorexia nervosa or obesity.

*The finest bosom in nature is not so fine as what imagination forms.*

—Gregory, "A Father's Legacy to his Daughters" (1809)

*[it's] a film where you got to see the tits of the woman that you didn't want to see and you didn't get to see the tits of the one that you wanted to see.*

—Paul Newman discussing the film *The Player*. (He got to see the breasts of the skinny flat-chested woman).

The title *Breast Wishes* is taken from a pornographic film.

### **My Career in Surgery**

After enduring years of harassment for having large breasts and after years of contemplating a breast reduction, at the age of 30 I again went to a doctor to seek surgery. I had previously been refused Medicare coverage as my breasts were not considered large enough to warrant an operation, a conclusion based on an unseen medical board's appraisal of a Polaroid photograph. The second time around the criteria were less arbitrary: eligibility would be determined by the weight that could be removed from each breast, 250 grams being the minimum amount necessary to ensure coverage. The surgeon told me that I was "borderline" concerning these conditions (i.e. maybe my breasts could renege 240 grams—maybe 260 grams). To help visualize this amount, I went to the grocery store and compared different sizes of dairy containers. I was about to have the equivalent of two half-pints of sour cream removed. The surgeon advised me to gain some weight in preparation for the breast reduction operation. I did.

The results of the surgery were catastrophic. Large areas of residual areola tissue had inadvertently been left below my newly created nipples. In addition, I was left with Frankenstein-esque hypertrophic scars, open holes in these scars, puckered skin, many left over stitches that resulted in abscesses, and *unshapely breasts that were almost the same size as the originals*. As the surgeon removed the bandages, he said: "Oh Miss Hatt, you should be pleased with the results as I was able to leave them a lot bigger than I thought I would be able to." I was there for a breast *reduction*! The surgeon then blamed the terrible scarring on my body's inability to heal properly and flippantly referred to the large areas of residual nipple tissue as "just some pigmentation," as though I could not tell the difference between nipple tissue and bruises. People to whom I showed my new breasts were appalled by the scarring and shape, and many were unable to disguise their horror.

Months later, when the bruises did not go away, the doctor had to agree with me that there were, in fact, problems with his work. Again he was nonchalant and told me that he could fix these problems with just "one simple procedure." However, after this one simple procedure was completed, it became evident that he could not fix his blunders so easily. But he assured me—"Not to worry Miss Hatt"—that I could keep coming back to him once a year (forever?) and *we* would work on this *together*—I would just have to pay for the operating room, his surgery would be *free*. At this point I became very distraught as I realized the extent of his incompetence, and I began to speak with other doctors and plastic surgeons.

In June 1995, after almost two years of discomfort, I was granted Medicare coverage for another surgeon to perform a scar revision/areola removal due to a "functional disorder." However, my breasts were now definitely not big enough to warrant a breast reduction. So ultimately, I never got much of a reduction (the pathology report reads 254 grams, the minimum requirement for Medicare coverage—my cup size remains basically the same). I was also required to pay \$1275.00 for a mastopexy (breast lift/reshaping) to help correct the contour mistakes of the first surgeon. I appealed to the first surgeon to cover the costs of this surgery, but he refused, arguing that since I was not willing to go back to him (for a third time), he should not be liable for the costs.

The doctor that performed the subsequent repair surgery was

a distinguished plastic surgeon, and we had talked things out quite thoroughly beforehand; nevertheless, further complications ensued. Unbeknownst to me, I was operated on in a teaching hospital. The left breast that the surgeon repaired is fine, but the right breast was repaired by her assistant, and there have been enough complications (although nothing as deplorable as with the first surgeon) that this breast must be operated on again. Today I am left with breasts that are still larger than I would like, the right breast is always painful and still heavily scarred, and after all this cutting, the nipples have retained no sensation whatsoever.

### Epilogue

Back in July 1993, when I finally made the decision to have surgery, it felt really affirming—like a rite of passage. I thought: breast reduction = an overnight hospital stay = operation = small breasts = move on with life. I had no idea that I was embarking on a career in surgery. In the last four years I have had to live with the judgment of others because I *elected* to have the original surgery. When I try to explain the physical and mental toll that these operations have taken on my health, I am frequently met with criticism (“Well, *you* did it!”) suggesting it’s my fault that I experienced incompetent surgery. Taking into consideration the obvious differences in the procedures, I find it peculiar that while breast enlargement surgery has been refined to a point where virtually no scars are left on the female body, breast reduction surgery is still as primitive as if it were indeed performed by Doctor Frankenstein.











