

What I Had Done For Love

For most of my life, I have been blessed with a forgiving metabolism. Until fairly recently, I could stuff my face with relative impunity and still maintain a waistline that gave me a fighting chance at sexually ensnaring people slightly better-looking than I am.

But it seems the party has come to an end.

I first noticed my love handles several months ago when I chanced to take a nude photograph of myself from the back, for my records. The evidence was stark: I am no longer twenty-five.

A little extra padding around the midsection is something most men in their mid-thirties could probably take in stride, but I felt my stock on the dating market had plummeted. I am a gay man living in West Hollywood, and we spend a lot of time shirtless and walking away from each other.

I first tried to attack the problem through dieting. I chose to do the keto plan, which I knew nothing about, except that you ate mostly fat and meat. It felt like a regime I could summon the discipline to stick to, and I took it very seriously, conscientiously stuffing myself with bacon, meatballs, and chicken wings. Several weeks into supposed ketosis, though, my love handles were as fulsome as ever.

Around this time, I was browsing Groupon for a friend's wedding gift when my eye happened to land on a solution I hadn't considered: discount liposuction. Love handles, so this ad for liposuction told me, are notoriously resistant to diet and exercise. It seemed to me, having read this ad for liposuction, that the most appropriate way to deal with my love handles would be to go to what appeared to be a doctor's office and have them physically removed.

Despite my having found him on Groupon, the liposuctionist was a Cedars-Sinai-affiliated surgeon, which eased my fear of quackery. "We'll do your lower back and flanks," Dr. Mohebbi pronounced, appraising my torso. ("Flanks," the technical word for love handles, has to be the rare anatomical term that seems to go out of its way to be hurtful.)

"I can grab more than an inch of fat," he said, his hand

full of my pudge. "You make a very good candidate." I was flattered—while also feeling rather like a barnyard animal that would fetch a good price if brought to market.

Leaving the doctor's office, I called my sister to keep her abreast of my plans for my love handles. Zoë is married to a vegetarian and borders on the anemic; needless to say, she always looks fabulous. Zoë was unkind, as she thinks an extra couple of pounds is the least of my problems. "You're pathetic," she said.

"Don't tell Mom and Dad," I said, then rang my brother. Jeremy is an older, more stable version of me—gay, but regularly employed. He said, "You're not doing your tummy?"

I called Dr. Mohebbi: "Hey, while you're in there, think you could suck out some from the front?" As it turns out, this was a service the good doctor was willing to let me pay him to provide.

Around this time it occurred to me to Google what the hell liposuction actually is. Here's the skinny: first, they inject your tummy, or "flanks" as the case may be, with a mix of saline, anesthetic, and epinephrine, a capillary restricter that makes the whole thing less bloody. They call this solution a "tumescence," because it causes your body to become hard and swollen. Then the doctor cuts some holes in you and starts ravaging your insides with a tiny vibrating cannula that sucks out your fat cells. After he's done vacuuming your body, he stitches you up, leaving a few open seams so your body can drain out any lingering effluvia. (I would later learn, post-surgery, that it is important to lay down a towel before you sit on the couch.)

The day of my procedure, Dr. Mohebbi had me stand in front of him while he drew circles on my body with black marker—just like on TV! They do this because when they inflate you with the lipo potion you can become asymmetrical, which makes it hard to know where exactly to mutilate you. Gazing at the markings he'd drawn, Dr. Mohebbi was visibly



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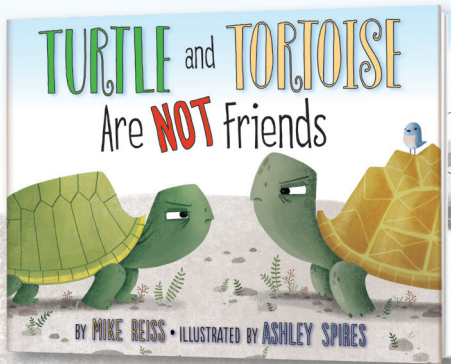
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excited. “This is going to look nice!” he said, reinforcing my impression that I was taking the only responsible course of action. And right on cue, the anesthesiologist handed me a consent form and let me know it was possible I might die from this entirely elective, completely cosmetic endeavor. I signed immediately.

Just before I went under the knife, a cheerful nurse approached my bed to inform me that after the surgery I would be sent “a compression garment, which you’ll wear 24/7 for twelve weeks.”

Wait a second. Possible death was one thing, but this was the first I had heard of any such garment. Did I really have to spend the next three months *in a corset*?

“For the best results, yes. If you want that nice contour,” she said, making the shape of a curvaceous woman with her hands. I did indeed want that contour, whatever it was, though I resented Dr. Mohebbi for holding out on me. When we discussed recovery, he’d promised me nothing more than excruciating pain. I considered airing my grievance right then, but thought better of it; you don’t want to piss off your doctor moments before he slices you open. And what was I going to do at this point? Walk out of there covered in magic marker, my hideous flanks still intact?

Within five minutes I had drifted off into a fentanyl-induced sleep. When I woke up, I was beautiful.

Well, not quite. The first time I removed my dressings and beheld my new body, I was sure I’d made a terrible mistake. My tummy had a taut, bloated look, as if you could slash me with a knife and I would deflate. Whatever had been done to my “flanks” had left two large mounds on either side of me—my hips seemed to have actually expanded. Evidently, major swelling is a natural result of inflicting bodily trauma by sawing through fatty tissue with a foreign object.

The days following the operation otherwise lived up to Dr. Mohebbi’s guarantee: I felt like my abdomen had been assaulted—which it had been. Sadly, the Percocet I’d been prescribed served only to dull the pain, which was so intense the pills didn’t even provide a mild buzz. This was unfortunate, as I am sober, and when you’re sober, the only highs you’re allowed are the ones that are prescribed, so you’re constantly looking forward to your next surgical procedure. This was a real letdown. (Fortunately, I have an upcoming root canal.)

For the first forty-eight hours, I was instructed to keep the area iced. Combining One Weird Trick I found online with my own ingenuity, I constructed my own wearable ice packs, which you should definitely try: just pour water and vodka into a few diapers and pop them in the freezer. By velcro-ing two of them together, I made myself a handy iced-diaper belt, which I then strapped



“Keep absolutely still. My husband’s vision is based on movement.”

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to my torso, and went about my day. I liked to make extras, adding a little orange juice so that if any guests came by, I could throw them a diaper and have them wring out a few cocktails.

My dreaded compression garment turned out to be sort of a cross between a leotard and a singlet: a sleeveless, thigh-length, Spanx-like thing that hugged me all over, except for a generous open space to allow for personal business. The overall effect was intensely erotic. I didn't want to take it off, even after the garment had gone from a crisp white to a sallow cream, streaked and spattered where I spilled food on it or scratched the scabs on my fat holes.

Even so, it was terrifically flattering. I had corsets all wrong, and for that I'd like to apologize.

In the months since, I am happy to report that the love handles have not grown back (though Jeremy assures me they will). But there are other clouds on the horizon: the slowly-encroaching grayness around the temples, the ever-so-slightly marbling skin on the side of my torso, the lines on my forehead. I hope liposuction isn't the first in a long

line of cosmetic interventions, all in the service of keeping myself palatable to unforgiving men—a group that, at least for now, includes myself.

In the program I'm in that keeps me sober, they talk of old ideas and new ideas, and I have a feeling that whatever drove me to have my body professionally invaded was an old idea—about myself, and maybe even about men in general. I think most would agree that the sanest course of action going forward is to keep reasonably active, eat reasonably well, let things be what they will be, and hope to fall in love with a person, as opposed to a person's body.

It would be nice to prove capable of such a profound psychic shift. Until then, I will instead do what so many gay men do: try and outrun time, overlook good men with lapsed gym memberships, and endeavor to pair up with another tolerably flawed guy who reluctantly keeps himself better-looking than he should be for the sake of our sex life.

Sometimes I wish I could live up to a loftier ideal than that. But nobody's perfect. **B**



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