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“The absence doubled?” Photo-Poetic Narratives of Prophylactic
Mastectomy
Stella Bolaki

This essay considers a body of textual/photographic work, the sequence of poems by British poet Clare Best *Self-portrait without Breasts* (2011) and her collaboration with photographer Laura Stevens, which explore preventive surgery and questions of genetics and hereditary breast cancer.¹ Best decided to undergo bilateral mastectomy in 2006 in order to reduce the risk of developing breast cancer in light of her family history. Her project has a private dimension but can be equally approached as an attempt to shape public perceptions by contributing “to ongoing discussions about choice in breast cancer prevention and treatment.”² It can be situated in the context of “new narratives of genetic risk”³ and specifically of prophylactic mastectomy that focus on experiences of what has come to be known as “previvors,” people “who are *survivors* of a *predisposition to cancer* but who haven’t had the disease.”⁴ Best has revealed that her decision to remove her breasts has met with different responses by her own family and friends, including horror and fear. Women who have taken that path are described as “pawns of statistical rhetoric, consumer culture, and biomedicine” or, at the opposite end of the scale, applauded for making an empowered decision to prevent an almost certain destiny (that is, breast cancer) while at the same time fulfilling their responsibilities to others as wives, daughters, and mothers.⁵ Best’s work is thus relevant to a series of often controversial debates that are taking place both within feminist circles and within health activism as well as in the broader culture: how to grapple with the rise of statistics and risk discourse in the Western world; whether disease prevention should focus on individual genetic risk as opposed to structural/social health factors; and how acceptable or necessary elective surgery is as a form of managing breast cancer risk.

Self-portrait without Breasts touches on these issues but also negotiates questions around concealment and visibility of the post-operative body that were at the center of earlier representations of breast cancer in general and the site of the scar in particular. A review of Best’s poems draws attention to this legacy while qualifying her version of feminist politics: “Best’s muted, unostentatious, common-sense feminism can be detected in her choices to shun the reconstruction aggressively peddled by her doctors and to expose the medical establishment’s collusion with the dominant ideal of femininity, while also unabashedly naming the sites of pleasure, erotic and maternal, on her body. In a culture obsessed with breasts, she manages to find and redefine beauty in her

experience of living in the post-mastectomy body.”⁶ Although the selection of adjectives describing Best’s feminism can be interrogated further, the review suggests that her choices have a place within feminist responses to breast cancer and health that are often polarized in terms of either politicized narratives or stories aligned with the neoliberal postfeminist subject (especially within popular media that appeal to the general public).⁷ In its continuing dialogue with certain aspects of feminist health activism and representations of the amputated breast, Best’s photo-poetic narrative of prophylactic mastectomy demonstrates the importance of expanding rather than limiting discourses about women’s health and feminist politics in the twenty-first century.⁸ In an era when notions of risk and medical consumerism guide treatment and the development of new breast cancer subjects, she offers a critical stance toward biomedicine without rejecting it altogether.

In *Breastless: Encounters with Preventive Surgery* (2011), a pamphlet that brings together a selection of Best’s poems from *Self-portrait without Breasts* with Stevens’s photographs and is accompanied by an article by leading cancer consultant Gareth Evans, Best expresses the hope that this work will “provoke further questions and foster many more conversations” not only in relation to gender politics but also about the ethics of genetics, surgery, and the education of health professionals.⁹ A display of Stevens’s photos alongside Best’s poems is currently touring to a variety of audiences interested in the crossover between the arts and medicine, most notably Medical School conferences and Medical Humanities events across the UK, in Canada, and in the US, and this partly explains Best’s comment that she has been “fascinated to observe the ‘stored’ energy” that was released as her work moved from the personal to the public.¹⁰ The subsequent analysis then also considers its contribution to medical education and to the critical medical/health humanities.¹¹

Vital Statistics

Even though the poems and photographs were published in 2011, as Best has stated in her blogs, diary entries, and various presentations that complement her narrative performance, her work about breast cancer really started when she was sixteen. This was when her mother was diagnosed and had two mastectomies. “There was only silence,” she notes, evoking a time when the disease was a taboo issue, and she grew up with an intense awareness of “the ‘danger’ of my own growing body” as well as with an increased anxiety caused by the need of frequent screens.¹² She started considering her options, including risk-reducing surgery, in 2003 and 2004 when she turned the same age (forty-eight/forty-nine) as her

mother when she was diagnosed with breast cancer. Later her aunt (her mother's sister) developed the disease and after that her first cousin. When her cousin died and Best reached the same age as her (fifty-eight), she thought it was a "timely moment to review this creative project in which all the women of my family have silent, invisible, but powerful roles." Another important aspect of her work then is to refigure hereditary disease as being not just about genes but about "the continuity of our stories. Our one story."¹³ *Excisions*, where the sequence of poems *Self-portrait without Breasts* appears in its entirety, opens with the section *Matryoshka*, a reference to a set of nested dolls. This is Best's image for generations and matrilinear inheritance as well as genes and a genetic disposition to cancer. "Stitch" from this section inserts the tropes of cutting and stitching, characteristic of sewing, surgery but also writing (poetry), into a matrilinear history:

My grandmother knew about seams, knew
things made from good material
may be cut and made again.

.....

My grandmother knew about seams—
her abdomen ruched from pubis to sternum,
the stitch-marks silver and blue.¹⁴

The seams here refer both to the line where pieces of fabric are sewn together and to bodily scars. Sewing (and writing) is like surgery, whose etymology *kheirourgia* (*kheir* meaning hand and *ergon* meaning work in Greek) has "more to do with art, handwork and finesse than with cutting," as Best reminds us.¹⁵ At this stage, her creative project is still private. Her writing, primarily journal keeping, becomes a way to negotiate a number of decisions in 2005 and 2006 that are revisited in the poems, most of which were written after the surgery: "What kind of preventive action to take: continue to wait, watch and be screened, or go for chemical or surgical intervention? What kind of surgery: reconstructive or not, nipples or not? What kind of shape to adopt in public: *flat flat* or *flat with prostheses*?"¹⁶

With the rise of the field of statistics during the twentieth century, the language of risks and odds has penetrated every aspect of our lives, especially questions of illness and health, leading to what Kathleen Woodward has called "statistical panic." As she explains, drawing on Freud, statistical panic falls somewhere between *fear* that is attached to a specific object and *anxiety* that is related to "a probability, to varying scenarios, to futures that are statistical in nature."¹⁷ "Living in prognosis,"

as Sarah Lochlann Jain calls living with cancer, as well as living in a culture of risk more broadly, “activates terror” but at the same time “dissolves that very terror in the act . . . of aggregation. . . . One is moved into an abstraction that seems explanatory through its gesture toward universality, yet one will only ever live or die.”¹⁸ Moreover, statistics offer what appear to be scientific certainties yet say nothing about who will be affected by them.¹⁹ Best addresses the “stunningly specific” and “bloodlessly vague fact” of statistical prognosis in her poem “Vital Statistics.”²⁰ The first part cites the consultant’s communication to the patient; given her family history, “the risk of cancer’s/eighty-five percent.” “How does that sound?” the consultant asks. Best’s response is in the second part of the poem, an attempt to grasp statistical abstractions in order to make some meaning out of numbers and percentages. But if the poem’s goal is to restore the narrative that has been “compacted into the most minimal and impersonal of fragments—a statistic” by giving voice to the emotional experience of being at risk, it is striking that Best chooses to deluge us with statistics²¹:

(ii) Eighty-five percent

Eighty-five percent of computers in China are infected with viruses
Eighty-five percent of lost umbrellas are left on long-distance buses
Eighty-five percent of embryos transferred during IVF fail to be born
Eighty-five percent of men over sixty spend Sunday mowing the lawn
Eighty-five percent of sunscreens don’t deliver their marketing claims²²

A quick search online confirms that some of these statistics are not made up—proof perhaps of how saturated our world is with the discourse of risk and of the cultural obsession with statistical measures and numerical data. The division of the poem into two parts invites a comparison between these various eighty-five percents; the statements of the second part bring together harmless statistics (the lost umbrellas, for example) and more “vital” ones (the embryos that fail to be born). Clearly we are dealing with incidents (or accidents) that are qualitatively different, and yet the same statistical percentage that is attached to them occludes this. Does this poetic riff on statistics provide a way for Best to expose their reductive nature and rob medical statistical panic of its unmistakable power? What matters more than whether the statistics are truthful is that the poem, another kind of fragment, gives Best the emotional space to reflect on the contradictions and confusion that surround risk and the time to think about the dilemmas and decisions that accompany living in prognosis. This is something that many “mainstream” prophylactic mastectomy accounts rarely allow.

The cultural injunction to avoid risk, as broadcast daily by the

media, is pervasive. Tasha N. Dubriwny argues that the emergence of postfeminist and neoliberal narratives about women's health in "the era of biomedicalization" (approximately after 1985) has resulted in a new identity, what she calls "the vulnerable empowered woman." What differentiates the empowerment of the postfeminist neoliberal woman from feminist women's health activists in the late 1960s through the early 1980s is the expectation to manage risk through lifestyle changes (for example preventive surgery in the case of a genetic predisposition to breast cancer) that are often dictated by biomedicine and are not available to less privileged women. Individual responsibility takes the place of collective struggle for social change, and medical services are uncritically embraced by those who are able to consume them. As Dubriwny shows, prophylactic mastectomy in public discourse (that frequently focuses on young, motherless women, including celebrities) is framed as a "compulsory choice based on postfeminist expectations about femininity, sexuality, and reproduction."²³ The decision to have a mastectomy is often situated within "a moralized discourse of risk" which, with the aid of new gene technology, posits a clear "right" and "wrong" choice: the certainty of cancer if the wrong choice is made; and the promise of a happy heterosexual family in the future if the right one is made.²⁴ The other aspect of dominant representations of prophylactic mastectomy that belies their postfeminist logic is their emphasis on the ability of technology and consumer culture to transform the female body and even offer women "a better self."²⁵ Given this framing, many accounts erase the complexity or range of decisions that women are called to make.

There is little focus on other factors besides genes that may be responsible for a predisposition to cancer such as environmental conditions or the carcinogenic activities of corporations, for example. The discovery of more genes implicated in disease in the future will undoubtedly place both patients and physicians into psychological and ethical dilemmas. Ann Jurecic cautions against "genetic determinism" that can oversimplify decisions by turning statistical prognoses into a providential "script."²⁶ Even though Best does not discuss the role of environmental factors in assessments of breast cancer, she adopts a measured response to "statistical panic." A first step is to acknowledge the "strangeness" of her decision: "whether to just carry on, knowing that my risk of developing breast cancer could be as high as 85%, or to go ahead and have elective mastectomies as a healthy person, largely preventing the likelihood of getting the cancer."²⁷ At no time does she present this as an easy or moralistic decision, and unlike reductive popular accounts she gives voice to ambivalence and uncertainty (in the same way that her poems express feelings of loss and mourning for her breasts) as well as to the difficulty of being in an anxiety cycle (having to do six-monthly tests, probably for the

rest of her life) if she does not choose surgery. Thus, what distinguishes her position from the restrictive subjectivity of the “vulnerable empowered woman” is her willingness to acknowledge the different gray areas of preventive treatment and to refuse unquestioning reliance on medical science either before or after her decision.

No Extras

Best’s dilemmas and decisions led to conversations with various experts such as geneticists, surgeons, breast care nurses, and psychologists. What was important as they helped her explore her options was the fact that they gave her the time to do that. Twenty-six years before in *The Cancer Journals*, a key point of reference for health feminism and studies on breast cancer narratives since its publication in 1980, Audre Lorde wrote that when a woman chooses prosthesis “not from desire, but in default,” she is not given the time she needs to “come to terms with the changed planes of her own body . . . she must mourn the loss of her breast in secret, as if it were the result of some crime of which she were guilty.”²⁸ What she therefore claims is “the psychic time or space” to come to terms with her new body, “work through” her trauma, and “integrate this crisis into useful strengths for change.”²⁹ Despite being given the time to explore her options, in one of her journal entries from July 2006 Best notices the increasing “focus on reconstruction” throughout one of her consultations with her surgeon: “It seems men really can’t easily cope with thoughts of a woman not wanting reconstruction or false breasts.”³⁰ The poem “The Surgeon’s Album” revisits this episode. The title of the poem refers to the surgeon’s photo album that contains images of women who have chosen different kinds of reconstruction: “full and partial [ones], implants, muscle flaps from back and stomach”:

. . . . *But how would I look
flat? No extras. Straightforward scars.
He frowns at a lop-sided photo.
The absence doubled? I’ve not done that before.*³¹

While “the absence doubled” means a very specific thing for the surgeon (a double mastectomy followed by no reconstruction), it could be suggested that the idea of doubling for Best points to something else altogether: if removing her breasts can be read in terms of absence, the absence of photographs of women with “flat” chests or “straightforward scars” from the surgeon’s album turns this absence into a double (much bigger) absence. As she explains in her introduction to *Breastless*, no one

was able to show her photographs of a woman who had not chosen reconstruction after a double mastectomy.³²

Even when she visits the breast care nurse “what began as my clearly voiced need to discuss ‘no reconstruction’ ends with being showed pictures of reconstruction (there are no pics here of simple mastectomy scars),” and the nurse seems to have a specific idea of what is beautiful or feminine.³³ “Breast Care Nurse” which draws on this visit reproduces the nurse’s words in a passage that sounds as if it is taken from an advertisement:

*Remember to take some softies when you leave—
.....
wear them with a comfy bra, baggy top,
nobody’ll guess. Then call and make a date
for silicone ones, any size you fancy, they’ll look good
.....
till you find what suits—so many kinds,
even stick-ons for nights.*³⁴

Consistent with the neoliberal emphasis on choice and the unrelenting focus on appearance in mainstream breast cancer culture, the breast is here presented as another consumer culture product that can be bought and sold. Even though Best does not voice her objection to prosthesis and reconstruction with Lorde’s forcefulness, she uses a similar trope in this poem, that of the amazon, to counter the pressure of one body shape as the norm³⁵:

I want to tell her
I am my own woman-warrior,
heart just under the surface. I let go of pretence
weeks before the surgeon drew
his blue arrows on my chest.³⁶

The “blue arrows” refer to the markings on the breasts made by the doctor to indicate their removal, but given the preceding warrior image they also conjure the amazons who, according to the legend, have their right breast cut off to make themselves more effective archers. Like this poem, others in the sequence (for example “Amazons”) gesture toward the possibility of community with single-breasted or breastless women, historical figures such as Fanny Burney, whose 1811 mastectomy was done without anesthetic (in the poem “Account” written from Burney’s perspective), and the patron of breast disease Saint Agatha, “whose breasts were excised with pincers” by her torturers.³⁷ Addressing Saint Agatha in

“Intercession,” subtitled “*Thoughts on a Painting of Saint Agatha by Francisco de Zurbaran*,” Best poses a series of rhetorical questions:

what do you make of these reconstructed
bodies?

.....
. . . . Do you admire

the silicone implants, the polished skin—
nipples grafted from earlobes and labia,
areolas tattooed? You stand there
serene, flat-chested, forever the girl,
bearing your breasts on a dish³⁸

As in Allen Ginsberg’s poem that places Walt Whitman in a supermarket in California, the juxtaposition of Saint Agatha’s martyrdom with the world of cosmetic surgery and idealized feminine bodies is poignant, if not ironic; the breasts on a dish portrayed in Francisco de Zurbaran’s painting look like silicone implants, yet could not be more different. The poem concludes by expressing a sense of community with the female saint, but not one that collapses their experiences or endorses the problematic association of patienthood with a religious discourse of transcending humanity: “each of us / has severed parts / we carry separately.”³⁹

Best’s poems in *Self-portrait without Breasts* have been complemented with photos of herself taken by Laura Stevens before and after her double mastectomy, leading to what could be described as a photo-poetic narrative.⁴⁰ *Breastless* is clearly one such hybrid work as it consists of selected poems from the aforementioned sequence and some of Stevens’s photographs. One of the reasons Best published the portraits following her surgery was to answer her original question (“how would I look with a totally simple flat chest”) for other women. She stresses that “every woman should be able to make her decisions with as much awareness and *imagination* as possible.”⁴¹ Many clinical consultations focus on information about the precise risk that family history represents as well as on testing for the known predisposing genes. Evans, then a Consultant in Genetic Medicine at St. Mary’s Hospital in Manchester, UK, noted in his article included in *Breastless* that “there are now thought to be over 50 genetic locations that are associated with an increased risk of breast cancer. At present only testing of the high risk genes [for example BRCA1 and BRCA2] is routinely carried out in genetics departments.”⁴² Scientific advances in genetic technology and risk estimation are ongoing as more genes are being discovered and diagnostic tests are devised to measure their risk value; while this is welcome, it does not alleviate the

uncertainty surrounding disease when certain genes cannot be tested yet, not to mention the controversial issue of the costs of some of these tests when they are available to certain privileged women.⁴³ Best is right that information is essential if a woman needs to decide about the best way of preventing breast cancer. But alongside awareness, “imagination” becomes an important tool not just for the women who need to make those hard decisions—which Best is right to note are different kinds of decisions: “intuitive,” “practical,” “reasoned,” and “emotional”⁴⁴—but also for the experts in the field who “should be able to contemplate, and advise on, a range of options.”⁴⁵ These distinctions and qualifications stress the qualitative versus the quantitative dimension of the decisions surrounding preventive treatment for cancer, which a more critical medical humanities should draw attention to.

The following interview with a woman diagnosed with breast cancer is representative of the reductive context in which the decision to have a mastectomy is often made:

Emma: The thing that would be the determining factor for me in the end was very simple. I simply asked for photographs. And once I saw the photographs of women [with reconstruction], I said, “sure, no problem.” You know, let’s go ahead and do it [the mastectomy].

Interviewer: Tell us a little bit about seeing the pictures of them.

Emma: Oh, I was so relieved because it was, it is very natural in appearance. . . . You realize right away that you can, you know, you can wear bathing suits again, and you can really go on. Particularly when you are in your early 40s and get a diagnosis, it is an important factor for me. So, the decision came instantly once I saw that.⁴⁶

Female bodies that have undergone breast cancer and mastectomy can look beautiful and attractive, and it is important for women to challenge stereotypes to the contrary. However, with the discourse of concealment buttressed by medical and cosmetic industries, the restitution narrative (a return to “normalcy” or in some cases to a better, more feminine, body) shapes a particular kind of “imagination” for women who are faced with the decision of resorting to surgery.⁴⁷

By encouraging a diversity of discourses beyond restitution, Best’s work participates in the “imagining” of different forms of embodiment and in the kind of bodily reclamation that reflects the legacies of feminist health activism of the 1970s and early 1980s—critiques of hegemonic medical practices and women’s infantilization, and an emphasis on speech over silence and visibility over invisibility.⁴⁸ She seeks to visualize the body with no extras, to present a flat simple scarred chest. This, crucially, is not a medical imaging of a mastectomy scar; such images were nowhere

to be found in the surgeon's photo album with its photos of "no head, arms at forty-five degrees to clavicle."⁴⁹ Writing about her mother, Best explains that "in all my years of adult friendship with my mother, and even when I was nursing her, she only let me see her bare chest two or three times. Even years after surgery, the scars looked brutal, they were purple and puckered in terrible ridges under the arms. She was ashamed to let me see. She wore falsies and a bra, always!"⁵⁰ For Best it is essential to rewrite that family story and the scar as an emblem of shame. In many popular narratives of prophylactic mastectomy this scene would have been used to promote cosmetic reconstruction (that is, to differentiate the destiny of contemporary women from their foremothers),⁵¹ but Best faces the scars with no extras *and* the possibility that they do not have to look brutal. While she recognizes her luck in acquiring scars that "are quite neat and flat," implying that this can help a woman come to terms with her new body or provide some consolation, her decision to remove and not reconstruct her breasts was of course made without this guarantee.⁵² Moreover, as it becomes clear, her work does not seek merely to address the physical scars (the scars as evidence of cutting the body) but also the trauma and memories attached to such an experience, or as she puts it, the scars as "memorial sites" that are often erased in popular accounts of prophylactic mastectomy and in triumph narratives more broadly.⁵³ In this way, Best claims forms of vulnerability and empowerment different than the ones contained in Dubriwny's concept of the "vulnerable empowered subject."

"Honesty" as an idea recurs in some of Best's descriptions of her choice not to have breast reconstruction or wear prosthetic breasts: "Why would I want false ones with all the inherent problems? I wouldn't be able to feel anything in them anyway! Better to have an honest flat chest."⁵⁴ A flat chest with simple scars does not cover its story but makes it visible to other people, both those who have had a similar experience and others who would look away. Besides avoiding health hazards associated with implants, honesty in the above statement is contrasted to the pretence of false breasts—like Lorde who tries on a prosthesis in the hospital,⁵⁵ Best recognizes that no prosthesis would feel the way her breast had felt. There is a risk that "honest" becomes here equated with "authentic"; we may read Best's invocation of honesty as a form of holding onto the "pretechnological" body or a more romantic sense of self that postmodern theories have exposed as a myth.⁵⁶ Irrespective of these possible interpretations, opting for an honest flat chest, while a significant intervention into the central place that breasts have in defining femininity and in postfeminist discourses of the reconstructed feminine body, is not framed as *the* right choice, or as compulsory.

In preparation for the change she was going to undertake,

alongside journal keeping Best took snapshots of her body which recall the documentary and phototherapeutic modes that marked Jo Spence's early efforts at visually representing her body beginning in 1982 when she was diagnosed with breast cancer. One of the images, a color photograph of two arrows pointing to the breasts that will soon be removed, resonates with Spence's own marking of the "bad breast" in *Marked Up for Amputation* (Jo Spence/Terry Dennett, 1982) but it does not share the agit-prop character of Spence's snapshot.⁵⁷ Another one, taken in the bath, is reminiscent of Deena Metzger's posture in *The Warrior* (taken by photographer Hella Hammid in 1977), her arms reaching out toward the sky, even though Best's photograph is of a whole body. In one of the snapshots (taken this time by Laura Stevens but not included in the black and white series that has been published),⁵⁸ Best is photographed with her breasts exposed holding a framed family photo of her mother and aunt, alluding to the family history that initiated the project. These private snapshots served as both a record of Best's body before the operation and as gifts to herself and her family, but taking them was not a straightforward decision either. As she asks in one of her diary entries, evoking what Lorde called "false and dangerous nostalgia"⁵⁹: "shall I have myself photographed before the surgery? As a way of remembering, as a gift to myself and to my family—me 'before,' physically whole? Or does that somehow underline the supposed imperfection of the me 'afterwards'?"⁶⁰ As Lorde and Best come to understand, there is no such thing as a "whole" or "perfect" body, but an awareness that change to one's lived experience of the body requires a degree of adaptability and the time to prepare for it psychologically.

Best's me "before" and me "afterwards" are rendered tangible through another artwork that aided further the change to a new body shape. Best made plaster casts of her torso which since her operation, as she revealed to me in our interview, have become very "precious." Both the "before" and the "after" casts are now hanging from her study wall. The bandages are still visible so the connection to the medical/surgical is not removed, but the white bandages also evoke a process of shrouding and mummification. At the same time, they conjure all those broken statues, such as the ancient Greek Venus de Milo, whose beauty is allowed to "endure over time" because of the presence of disability.⁶¹ Although they are fragile to touch, the casts are characterized by a degree of solidity when seen from a distance and in this sense they also resemble a suit of armor that resonates with Best's use of the warrior and amazon tropes in her poetry. One of the after-casts has been collaged and in this way Best makes her own contribution to what Kristin Langellier and others have called "the palimpsest of breast cancer."⁶² There are layered markings on this cast reminiscent of Spence's captions written on the breast itself, as in

Property of Jo Spence? (1982), and each snippet reveals a hidden narrative: headlines from tabloids on cosmetic surgery such as “I risked my life for new boobs, would you?”, insurance promises like “we can protect the things you value,” and even the more existential question “which one are you?” that seems to speak to Best’s sense of a “before” and an “after” self. The collage was an opportunity to express a number of contradictory emotions that were triggered by the different responses to her new shape once she was in public. Held together by multiple voices, the collaged cast becomes a site of struggle over the meanings ascribed to breasts while also having therapeutic value.

The casting process took place two weeks before surgery and was as important as the final product—the casts that were also photographed by Stevens in the second shooting after the operation (see Figure 1).

Figure 1. Clare Best with pre-operative plaster cast, photographed by Laura Stevens, July 2008. Photo courtesy of Clare Best.

The casting of the body, practiced at home with the help of a close friend, was a kind of presurgery or a rehearsal of changing one’s shape, as becomes clear from the poem “Two Weeks before Surgery”:

. . . —you lift the curves away,
cast off my breastplate,
air moving like shadow over sentenced flesh.

But if descriptions like “I lie death-still, encased,” and “sentenced flesh” are dark and ominous, returning us to the image of shrouding or burying, the poem also stresses the healing ritual involved as it opens in the following way:

We’ve oiled my shoulders, collarbone,
breasts—olive-scented, shiny
as greased rubberwood, I’m primed for casting.⁶³

The oiling of the skin; the soaking of the bandages; the wrapping after that—all are part of a caring ritual undertaken between Best and her friend that provides comfort and a sense of release. One of the unpublished snapshots in color shows a pair of hands (her friend’s) on her chest; the image captures tenderness and intimacy, also found in artistic representations of anatomy acts as for example the frontispiece painting from the Anatomical Paintings of John Banister (c. 1580) and Jean Baptiste Marc Bourguery’s *The Complete Anatomy of Man* (1840) where two pairs of surgeon’s hands move, hold, and cut into two clubbed feet. As Andrew Patrizio notes about the latter, “the surgical instruments are so incidental that the general impression is not of an operation but of a dance between human extremities.”⁶⁴ As stretched as this analogy may be, we are here situated in a liminal zone between casting and performing surgery, in other words between art and medicine. Like “Clear-out”—the only poem which was written before she was even contemplating surgery—there is a process of shedding, not one’s garments as in “Clear-out” (“long-desired C cups . . .,” the drawer at the end of the poem is empty with no underwear at all)⁶⁵ but one’s skin or “shell”; it is both “an end and a beginning.”⁶⁶ But unlike “Clear-out,” where the process is unconscious and fast (the staccato rhythm of the poem, full of nouns, attests to this), here there is attention: “at every fold and ruck, we stop, look closer / to remember.”⁶⁷

Meeting her doctor for the first time after her surgery, Best stresses the importance of these different stages of preparation that allowed her to gradually change the internal image of her body shape, alongside the more traditional information she received from geneticists, her counselor, friends, and relatives: “I told him other patients might like to think about making casts, and how it helps you distance yourself from your own body, make ready for the change. And you have something to keep.”⁶⁸ Indeed, we could ask, why not include Best’s image of herself with the casts (taken by Stevens after the surgery) in the “surgeon’s album” if it might help other women dealing with similar dilemmas? That encounter with her surgeon, after her surgery, is also significant for another reason. If we read the gazer to be her surgeon in “Gaze,” she

seems concerned about their meeting:

If we meet, will your gaze
be lingering, forensic? . . .
.....
Will your eye undress, redress me,
trying to reconcile that image
with the shape I've shifted to?⁶⁹

What we know from her blogs is that when she actually met with her surgeon for her six-week check, he was relieved, and, it is implied, surprised at first to see her “happy” (his words). The comment was made in relation to Best’s refusal of prosthetic breasts rather than reconstruction (the latter had been decided upon before surgery).⁷⁰ Reading from his notes and not looking at her, he asked “Were they [prostheses] a problem for you?” Best invited him to look at her and when he did, his reply was, “Well, you don’t really need them do you? I can see why you might not want them.”⁷¹ The outcome of the scene could not be more different than the one narrated by Lorde in *The Cancer Journals*. When Lorde goes to her doctor’s office for the first time after her operation without wearing a prosthesis, feeling comfortable in her new body, she is confronted by a nurse who tells her that not wearing one “is bad for the morale of the Office.”⁷² Perhaps this is another example of how even though the whole subject of elective surgery remains a taboo, as Best writes elsewhere, “the taboos seem to have morphed and become more sophisticated,” including within the medical profession.⁷³ But it can also be seen as a genuine moment of recognition on the part of the surgeon that it is not impossible for a woman who has had a double mastectomy and has not chosen reconstruction or prosthetic breasts to look and be happy.⁷⁴

Photo-Poetic Reconstruction

Self-portrait without Breasts traces a narrative trajectory leading up to and following Best’s surgery, although not all the poems were written in that order. Some of them like “Countdown” came “out of the hot core of the experience, the surgery itself” while others “that examine the evolution of change and the re-evaluation of self” such as “Flat Lands” were more difficult and required several drafts.⁷⁵ Best echoes Arthur Frank and others who have extolled the power of narrative in restoring a sense of continuity taken away by illness and disability when she explains that “as I built a body of poems, I rebuilt my own body, metaphorically. As I wrote in form, I refound form and shape after losing my previous shape. And I

took charge of the narrative of my body. I *reclaimed* that narrative.”⁷⁶ Similarly, many reviewers have attributed her search for poetic form (in her couplets, tercets, and quatrains) to an attempt to challenge “shapelessness.”⁷⁷ Even though the equation of individual self with narrative cohesion has met with criticism among some illness narrative scholars,⁷⁸ what is important about Best’s statements, especially in the context of prophylactic mastectomy, is that they offer an alternative way of recrafting the body to the prevailing technological/cosmetic one. As we have seen, Best conceives of writing or editing in terms of cutting and shaping, a kind of surgical work, and vice versa (this is reflected in the collection’s title *Excisions*). She has described her double mastectomy as the “most dramatic revision and editing” that happened to her body and, reflecting on the links between medicine and writing, she explains: “All writers take things in hand. We work, alter, reshape and adapt them. We cut away diseased, superfluous or useless parts, connect ideas to one another. And as we do our hand work we attempt to make whole, to heal, the body of text on which we are focused.”⁷⁹ As the poems of *Self-portrait without Breasts* are “stitched together from other people’s voices, statistics, or quotes,” the connection between writing and surgery that she widely explores in her poetry becomes apparent.⁸⁰

In addition to being part of a sequence with a narrative order (or plot), the poems can be approached individually; if read in this way, more attention can be given to their language, lyrical aspects, and evocative imagery/associations, thus situating them in relation to a broader poetic tradition that moves beyond the boundaries of the medical encounter.⁸¹ A recurring metaphor in *Self-portrait without Breasts* with a long literary history is that of the body as landscape (both physical and existential): the post-operative body is figured as a wasteland (“frozen waste”) where others have been before in “Following the Others”⁸² and a region “of polar snow— / uninhabited, no sensation” in “Flat Lands”⁸³; in “Self-examination,” there are references to geological formations (under the body/breast) that are normal and others which need to be investigated further⁸⁴; and the nipple is remembered as “A Meeting Place” for past loves in “The Nipple Place.”⁸⁵ However tainted the concept of landscape is by colonial and masculinist discourse, female poets have used it, and it also appears in work that draws on breast cancer experiences such as the poetry of Marilyn Hacker, Audre Lorde, Hilda Raz, and Lucille Clifton. Stephanie Hartman cites common images from *Her Soul beneath the Bone* (1988), a collection of poems where the post-mastectomy body is variously described as “dry and flat as baked clay,” a “map of battle,” a “dredged, dead sea,” a “ditch” and a “barren” landscape.⁸⁶ Although these images evoke passivity and lost fertility, in other words loss and violation, the scar has offered many poets and artists opportunities to rework and

update such metaphors.

For example, Best gives us less dramatic or more everyday images as in the following blog entry: “*The scars are starting to fade, the new covering skin is silver and finely stretched —more of a membrane. This silver shows first between where the stitches were, so the scars look like the dotted lines you see on food packets: Cut here.*”⁸⁷ But she also provides more poetic images through which loss becomes part of a cycle of continuance and renewal. The first stanza of “All This” sounds as if it reproduces her surgeon’s words:

All this will go on changing,
you’ll recover some feeling
and the scars
will flatten and fade.

The second stanza returns to the metaphor of the body as a wasteland, and poses a series of questions expressing impatience and desire for new life:

*When will the first crocus show;
which day will the bud split its calyx?*
.....
There are signs already—
roots stirring⁸⁸

Stevens’s photographs complement these images; Best notes that when she put the poems and the photos together she came to see their joint power. The photographs have no captions and do not tell a narrative story, as for example Spence’s series of photos, made with Dr. Tim Sheard, *Narratives of Dis-ease (Excised, Exiled, Expected, Expunged, Included, undated)*, even though there is a clear distinction between the photos taken before surgery and after. They are nevertheless “traversed by language” when interpreted by viewers and, in this case, when read alongside the poems.⁸⁹ Returning to Best’s idea of “an honest flat chest,” the adjective “honest” can also be considered in relation to Stevens’s photos. Matuschka, best known for her controversial photo *Beauty out of Damage* that was chosen as the front cover of the August 1993 *New York Times Magazine*, has described some of her own images of her mastectomy scar as “honest photographs.”⁹⁰ Given that they do not shy away from revealing what many would find distasteful, they can be considered “honest,” but their artful framing also means that they are carefully staged to communicate their meaning. Her beauty and youthful body meant that these photos could be absorbed more widely than Spence’s raw pictures where the body of the cancer patient (in her case, of an older woman) often

appears as monstrous and abject. Stevens's photos of Best can be approached as "honest" in a different sense; even though her body, too, is positioned in a specific way, the photographs avoid both extremes above through their simplicity, or else by showing the various perspectives and angles of flatness.

When we see the hard copy prints of the photographs in their actual size (rather than the smaller versions reproduced with the essay), the connection between body and landscape explored in the poems is made more apparent. Two poems that reflect on flatness are "Consolations" and "Self-portrait without Breasts." The first surveys the new body and its novel features:

Our hearts are closer
when we hug . . .
 . . . , less
bounce and wobble

running for a bus,
full horizontal contact

with the ground, I am
streamlined

in air and water, . . .⁹¹

"Streamlined" is a much more positive term than the series of images in the poem "Self-portrait without breasts":

 This body's fenscape,
manscaped, hills removed—the meaty joins
still livid, tight shut mouths
where distant territories were stitched

in touch.⁹²

Manscaping refers to "the removal or trimming of hair on a man's body for cosmetic purposes," but the implication is that with the hills/breasts removed the female body is no longer feminine.⁹³ Instead "streamlined" points to something reduced to essentials, without any extras, but also more efficient and in touch with the world and others ("our hearts are closer when we hug," a quite literal reference). Moreover, the two parts of the word "stream" and "line" continue to draw on topography, and invite us to look at the scar line in Stevens's photographs as simply lines running

across the body. Here it is interesting to compare the black and white images of Best's flat chest taken by Stevens with some of the unpublished "documentary" snapshots (in color) that Best took herself after the operation, some of which are too raw to see—the lines from the poem cited above "Blood seeps in deltas over ribs, / yellow and purple track to the waist" become literal through the blood and bruises on the flesh in the snapshot).⁹⁴ In contrast, the black and white images, admittedly taken after some of the initial wounds had healed, take us beyond the experience of surgery by visualizing the scar in the above ways.

Even though the body is exposed in Stevens's photographs of Best, the position through which it has been shot defamiliarizes the way we look at these portraits, including any association with medical images. One of them in particular because of its angle (and the absence of the head or hands that are visible in some of the other images) is difficult to decipher; it looks like a body part but not necessarily like the chest. Stevens explains that for the black and white photographs she took, they worked some shots with a mirror "to approach the sense of Clare looking at herself—the self-portrait."⁹⁵ Spence had used the mirror as a phototherapeutic tool; as Terry Dennett explains, in addition to its practical advantages (it was an inexpensive way of rehearsing scenarios for photographic projects), it was seen "as a tool for a 'reflective participation' with herself—a means whereby she could be both patient and imaginary therapist, both self and other."⁹⁶ Best does not use the mirror as a tool for staging particular activities, but in the following blog passage describing what she sees in the mirror she is both surveyor and surveyed.

Apart from when I am writing, I feel more like myself as I become aware of who I now am physically. Every day I look in the mirror at my (lack of) breasts and study the contours of my shoulders and upper torso, taking in the bruising and swelling and scars and dry flaking skin. It takes time, and time again, and again, until I look in the mirror and begin to see ME. My shoulders are more prominent now, and my bird-like ribcage drops to a waist I recognise and value more than ever. My legs are thin, the muscles quite wasted from weeks of relative inactivity but they are still mine. My arms are much as before, though I don't have much feeling in the upper underarm areas and I've an odd damaged nerve that twitches down my right arm, moving the skin on its own. It started when I came around from the anaesthetic.

As yet I can't tell if the ribs are as visible as I think they are—what are these unknown bony protuberances? My healing skin moves over them, all knobby. Were they really unseen before? I can feel my heart beating when I climb stairs or lie in bed, so close to the surface now—no protection over the heart. I feel like if you held me up to the light

*you might see through me, see my vulnerable heart pumping in my ribcage.*⁹⁷

Several points can be made about this passage that help contextualize Stevens's photographs. In the same way that writing allows her to find new forms, the process of looking in the mirror offers Best a chance to realign her body and self ("begin to see ME") without relying on cosmetic surgery/technology or prosthesis. Unlike the "vulnerable empowered woman" who needs reconstruction "to close the gap between her identity and her body," Best's actions are not directed only toward medical solutions; she has chosen to undergo risk-reducing mastectomy, but this has not inaugurated a process of exclusive reliance on the medical establishment.⁹⁸ The description of the body above contrasts starkly with "the absence doubled," the surgeon's words in "The Surgeon's Album"; it is not lack that emerges from this self-examination scene but a presence/proliferation, however strange at first, of other body parts: "*my shoulders are more prominent*"; "*my bird-like ribcage drops to a waist I recognise and value more than ever*"; "*what are these unknown bony protuberances? . . . Were they really unseen before?*" The passage exhibits the kind of "openness toward embodiment as process" that relies on the plasticity and malleability of the body, and, when viewed alongside this description, Stevens's photographs demonstrate how the liminal site of the scar and the flat body can be approached as productive and generative spaces.⁹⁹

The scar often questions the subject's agency but at the same time "asserts the viability of the body/mind as a creative, adaptive, and plastic entity."¹⁰⁰ Alluding to stories of scarring that connect a number of artistic interventions, Petra Kuppers describes the emergence of a different subject in terms of "a re-creation of the old into the new, into a repetition that holds on to its history even as it projects itself into an unpredictable future"—as she eloquently puts it, "the new skin wrinkles with the folds of experience."¹⁰¹ Best's photo-poetic narrative participates in this re-creative process by hiding neither the scars as physical sites nor the scars as "memorial sites."¹⁰² While her treatment and recovery after surgery does not exclude medical solutions, her embodied experience is not silenced by dominant biomedical and cosmetic discourses of breast cancer and genetic risk. By generating conversation and debate about the meanings of vulnerability, empowerment, concealment, visibility, beauty, and recovery, Best's and Stevens's collaboration contributes to the proliferation of feminist subjectivities and enriches the critical tools of the medical humanities.

NOTES

1. This essay extends my former work on feminist responses to breast cancer in textual and photographic narratives from the twentieth and twenty-first centuries. See Bolaki, “Recovering the Scarred Body” and chapter 1 of *Illness as Many Narratives*.
2. Best, *Breastless*, 5.
3. Jurecic, *Illness as Narrative*, 27.
4. Definition quoted in Dubriwny, *Vulnerable*, 42. Emphasis in original.
5. Jurecic, 28.
6. Karpinski, “Review.”
7. For the emergence of the politicized breast cancer patient, see Diedrich, *Treatments*, chapter 2.
8. While the term “narrative” is contested and there is debate as to whether it can be applied to photography or poetry, in considering this work a photo-poetic narrative I follow recent attempts to open up the category of illness narrative to a wide range of forms and media. See Bolaki, *Illness as Many Narratives*.
9. Best, *Breastless*, 5.
10. Best, “*Self-portrait without Breasts*.”
11. See Bleakley, “Towards a ‘Critical Medical Humanities,’” and Whitehead and Woods, *Edinburgh Companion to the Critical Medical Humanities*.
12. Best, “*Self-portrait without Breasts*.”
13. Ibid. For narratives of prophylactic mastectomy that offer similar intergenerational accounts see Reibstein’s *Staying Alive*, Bryan’s *Singing the Life*, and Queller’s *Pretty Is What Changes*.
14. Best, *Excisions*, 16.
15. Best, “On Cutting.”
16. Best, “*Self-portrait without Breasts*”
17. Woodward, *Statistical Panic*, 204–5.
18. Jain, “Living in Prognosis,” 78–79.
19. Ibid., 85.
20. Ibid., 78.
21. Woodward, 211.
22. Best, *Excisions*, 30.
23. Dubriwny, 34.
24. Ibid., 54.
25. Ibid., 59.
26. Jurecic, 28.
27. Best, “Looking Back.”
28. Lorde, *Cancer Journals*, 51, 45.
29. Ibid., 4.
30. Best, “Questions.”
31. Best, *Excisions*, 31. Emphasis in original.
32. Best, *Breastless*, 5. The geneticist Gareth Evans notes in his article that “a small proportion of women choose not to have reconstruction (around 10%)” (ibid., 8).

33. Best, "Holding My Breath."
34. Best, *Excisions*, 38. Emphasis in original.
35. Lorde, 34.
36. Best, *Excisions*, 38.
37. *Ibid.*, 48, 57, 53.
38. *Ibid.*, 53.
39. *Ibid.*
40. Laura Stevens's photographs can be seen on Best's website, <http://clarebest.co.uk/#/self-portrait-without-breasts/4549343126>.
41. Best, *Breastless*, 5. Emphasis added.
42. *Ibid.*, 7.
43. Testing is free in the United Kingdom and Canada through the National Health Service. In the United States the cost differs depending on what kind of genetic mutation one seeks to identify and is inconsistently covered by insurance providers. Myriad Genetic Laboratories' patent on the BRCA1 and BRCA2 mutations continues to generate ethical and political concerns, including continuing feminist action against its monopoly.
44. Best, "Looking Back."
45. Best, *Breastless*, 5.
46. Wong and King, "Cultural Construction," 587.
47. See Frank, *Wounded Storyteller*, for a definition of the restitution narrative.
48. For an examination of breast cancer representations across different media, including collaborative ones, see DeShazer, *Mammographies*.
49. Best, *Excisions*, 31.
50. Best, "Scars."
51. See Dubriwny, 33–57.
52. Best, "Scars."
53. Best, "Part 2." For a study that challenges the pervasive triumph narrative of illness, see Conway, *Beyond Words*.
54. Best, "Questions."
55. Lorde, 46.
56. See Herndl's response to Lorde's refusal of prosthesis, for example ("Reconstructing," 150).
57. For Spence's photographic work on breast cancer, see *Putting Myself in the Picture* and *Cultural Sniping*.
58. This photograph in color and the casts discussed below were showed to me during an interview with Best on January 17, 2014, in Lewes, UK.
59. Lorde, 43.
60. Best, "Questions."
61. Siebers, *Disability Aesthetics*, 5.
62. Langellier, "'You're Marked,'" 145.
63. Best, *Excisions*, 32.
64. Patrizio, "Subtle Knots," 176.
65. Best, *Excisions*, 47.
66. *Ibid.*, 32.
67. *Ibid.*

68. Best, "More Goodbyes."
69. Best, *Excisions*, 55.
70. E-mail message to author, December 1, 2014.
71. Best, "More Goodbyes." Emphasis in original.
72. Lorde, 46.
73. Best, "Scars."
74. Best, e-mail message to author, December 1, 2014.
75. Best, "Self-portrait without Breasts."
76. Ibid. Emphasis in original.
77. Karpinski.
78. See Woods, "Limits of Narrative."
79. Best, "On Cutting."
80. Karpinski.
81. This is not to downplay the ways poetry about one's experience of illness can reshape understandings of poetic traditions. In "Reflections on the 5th International Symposium on Poetry and Medicine," Best suggests that the term "medical poetry" that was defined and discussed during the symposium could be seen as a "helpful starting point" in thinking about a particular kind of development within what since the Romantics has been known as "confessional poetry," or "poetry of *extremis* written in the first person."
82. Best, *Excisions*, 39.
83. Ibid., 45.
84. Ibid., 29. Best studied Geography for one term before switching to English, and previous poetry collections such as *Treasure Ground* (2009) show a similar interest in landscape and topography.
85. Best, *Excisions*, 44.
86. Hartman, "Reading the Scar," 159.
87. Best, "Reading." Emphasis in original.
88. Best, *Excisions*, 58.
89. Burgin, *Thinking Photography*, 144.
90. Matuschka, "Why I Did It," 162.
91. Best, *Excisions*, 54.
92. Ibid., 42.
93. "manscaping, n."
94. Best, *Excisions*, 42.
95. Stevens in Best, *Breastless*, 24–25.
96. Dennett, "Jo Spence's," 33.
97. Best, "Compulsion." Emphasis in original.
98. Dubriwny, 61.
99. Koppers, *Scar of Visibility*, 9.
100. Ibid., 19.
101. Ibid.
102. Best, "Part 2."

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