

S E L F   E X A M I N A T I O N



Words and Images by Kay Chernush

Design by Ethel Kessler

*In my dreams I wear satin and lace.*



For more than two decades as a professional photographer, my cameras allowed me to explore worlds that were not my own: biomedical research, construction cranes, industry, truck stops, space debris, shipbuilding in Maine and shipbreaking in Pakistan, Sri Lankan gem mining, long-distance trucking to the Middle East, toxic waste clean-up, land reclamation in Turkey, shipping, soldiers, frankincense trade routes in Yemen, harvests in Italy, Spain and Massachusetts, cheese-making in France and chip-making at Intel, among other subjects.

Then I was diagnosed with breast cancer. Faced with the bewildering and frightening world of my own mortality, I turned my cameras on myself. Initially I had no idea of how or what to make of this maelstrom beyond visually documenting each step in the process. But I have never been particularly interested in documentation as such. My aim has always been to transform my subjects in a way that reveals their underlying truth, beauty and essential mystery.

“Self-Examination” is a series of self-portraits that explores my interior world of fear, pain, disfigurement, vanity, loss and recovery. The process became a way of dealing with all the emotions that were set aside. But more than that, it became a way of acquainting myself with my reconfigured body, because of course there is no getting back to the old self, only becoming comfortable with the new one.

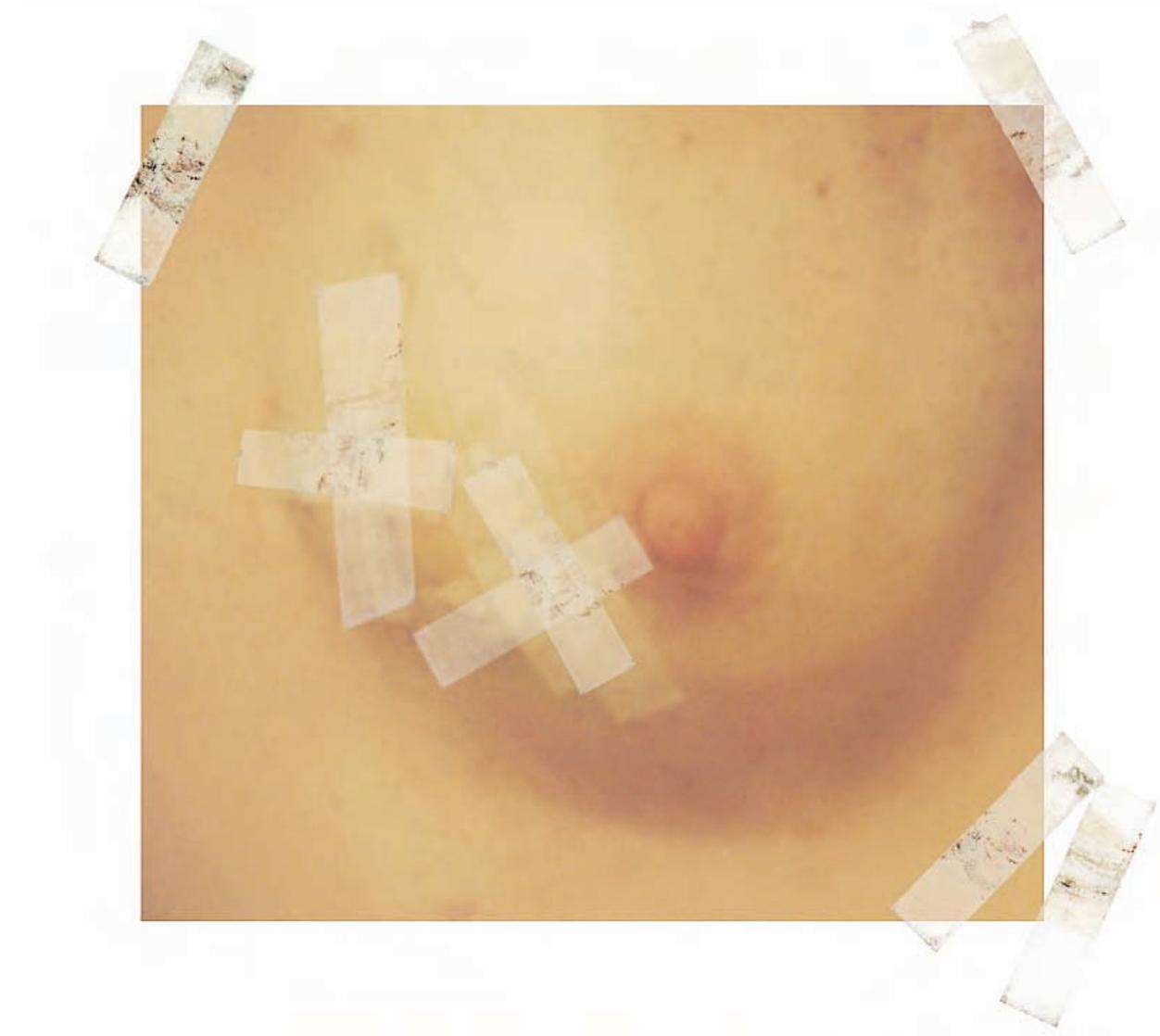
These works delve beneath the surface of the ordinary routines of the disease, treatment and healing to fuse form and feeling. They are my attempt to deal with the complex physical, mental and emotional issues involved in becoming “whole” again. In this, they have led to a whole new direction in my photography, to exciting new collaborations and, most importantly, reconnection with life.

So far the cancer has been beaten back.  
In my dreams I wear satin and lace.

My breasts were never my finest feature.

I was slow to develop and never really got beyond an A cup. At ten, when my best friend was sprouting lovely little buds and wearing a training bra, I remained flat as a board, as the boys used to say. Not to feel left out, I got a training bra too. I stuffed it with kleenex.

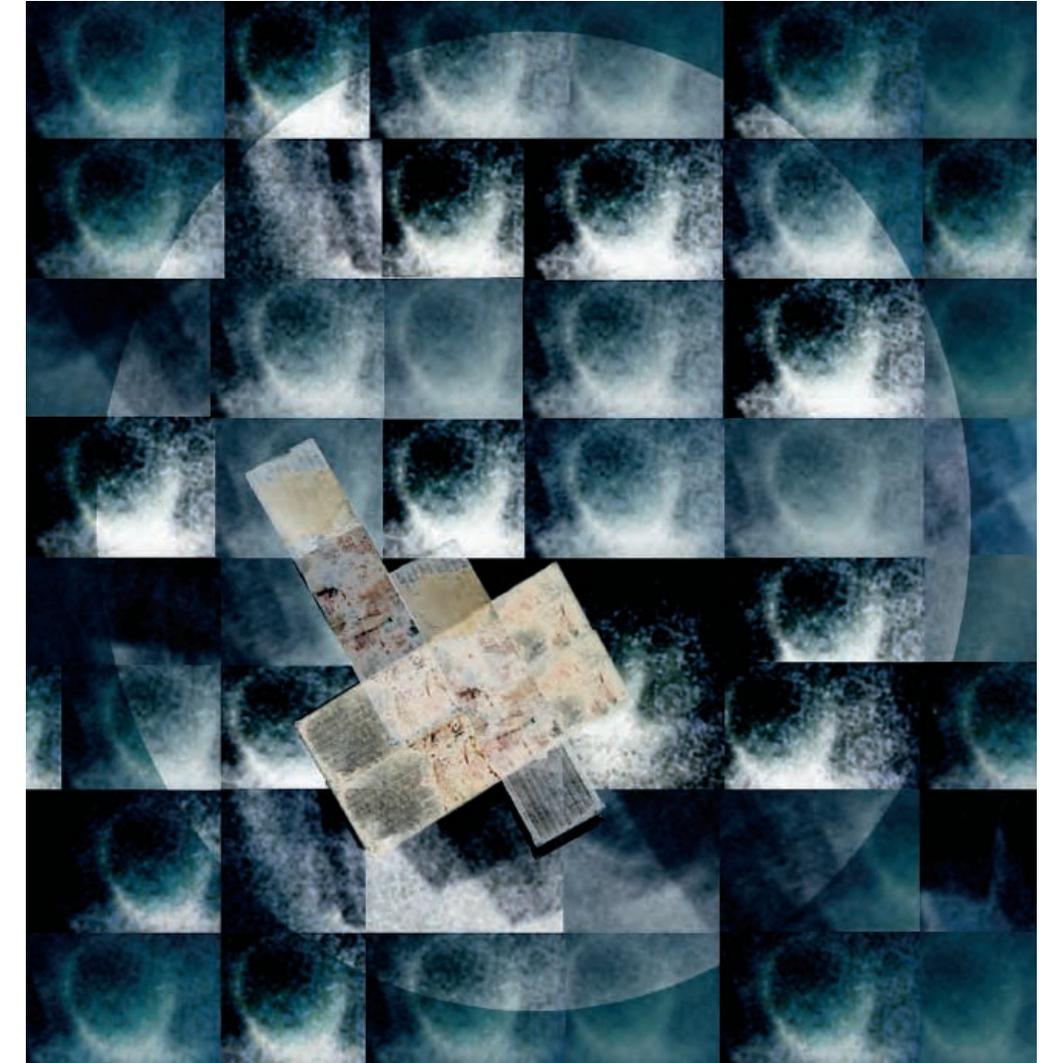
In high school, nylon stockings were the stuffing of choice. We thought that the boys wouldn't be able to tell the difference if they felt you up. Then, for a while, there were those "Merry Widow" push-up contraptions. With some extra stuffing I could harbor the illusion of cleavage.



BIOPSY #1

There is a hole in the table. A shiny steel table.  
I am instructed to lie on my stomach, breast down,  
breast against the hole. A needle is inserted.

A galaxy of stars spreads across the computer monitor.  
I look up and wonder how something so deadly  
can look...well, so beautiful.



post biopsy  
clip placement

27 AUG 2002

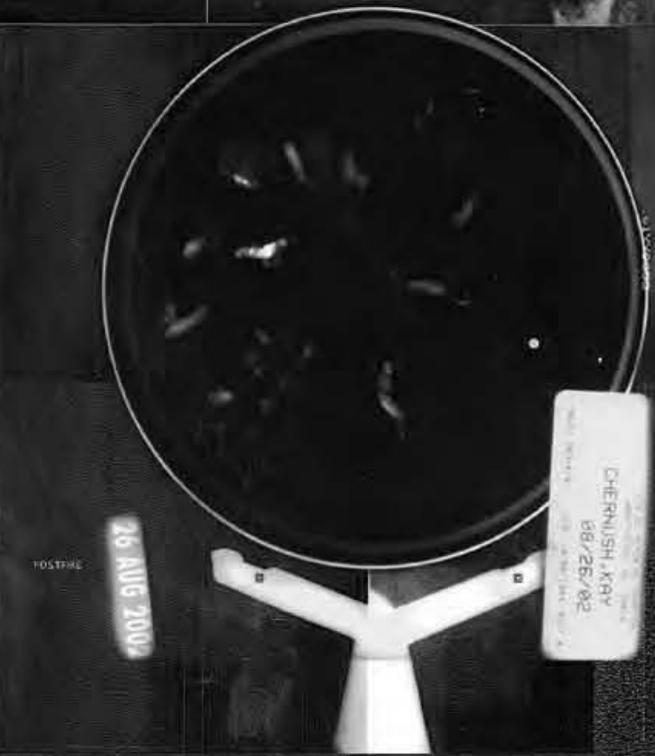
27 AUG 2002

TARGET #1 ONLY

APPROACH: LAT/MED  
DR. DROGULA DID PROCEDURE/DR. BRICK CONSULTED

03 stereo #1 08-26-02 06:56:27	04 stereo #2 08-26-02 06:56:28	05 stereo #1 08-26-02 07:14:15	06 stereo #2 08-26-02 07:14:16	07 SemiStereo #1 08-26-02 07:14:21
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LEFT BREAST STEREO GUIDED CORE BIOPSY  
LEFT BREAST CALCIFICATIONS  
APPROACH: LAT/MED  
DR FLAX TO DO PROCEDURE



SCOUT-LAT / MED APPROACH

26 JUL 2002  
MAGNIFICATION  
LEFT MLO  
VIEW

Target	1:	(H)	(V)	(D)	(SM)	(ADJ D)	(ADJ S)	(H)	(V)	(D)	(SM)	(ADJ D)	(ADJ S)
		0.52	4.54	141.6	6.6	139.6	8.6	0.56	7.01	145.2	8.6	143.2	10.6

OPERATIVE REPORT

NAME OF PATIENT:  
MEDICAL RECORD #:  
DATE OF PROCEDURE:

CHERNUSH, KAY  
2318390  
09/12/02

SURGEON:

, M.D.

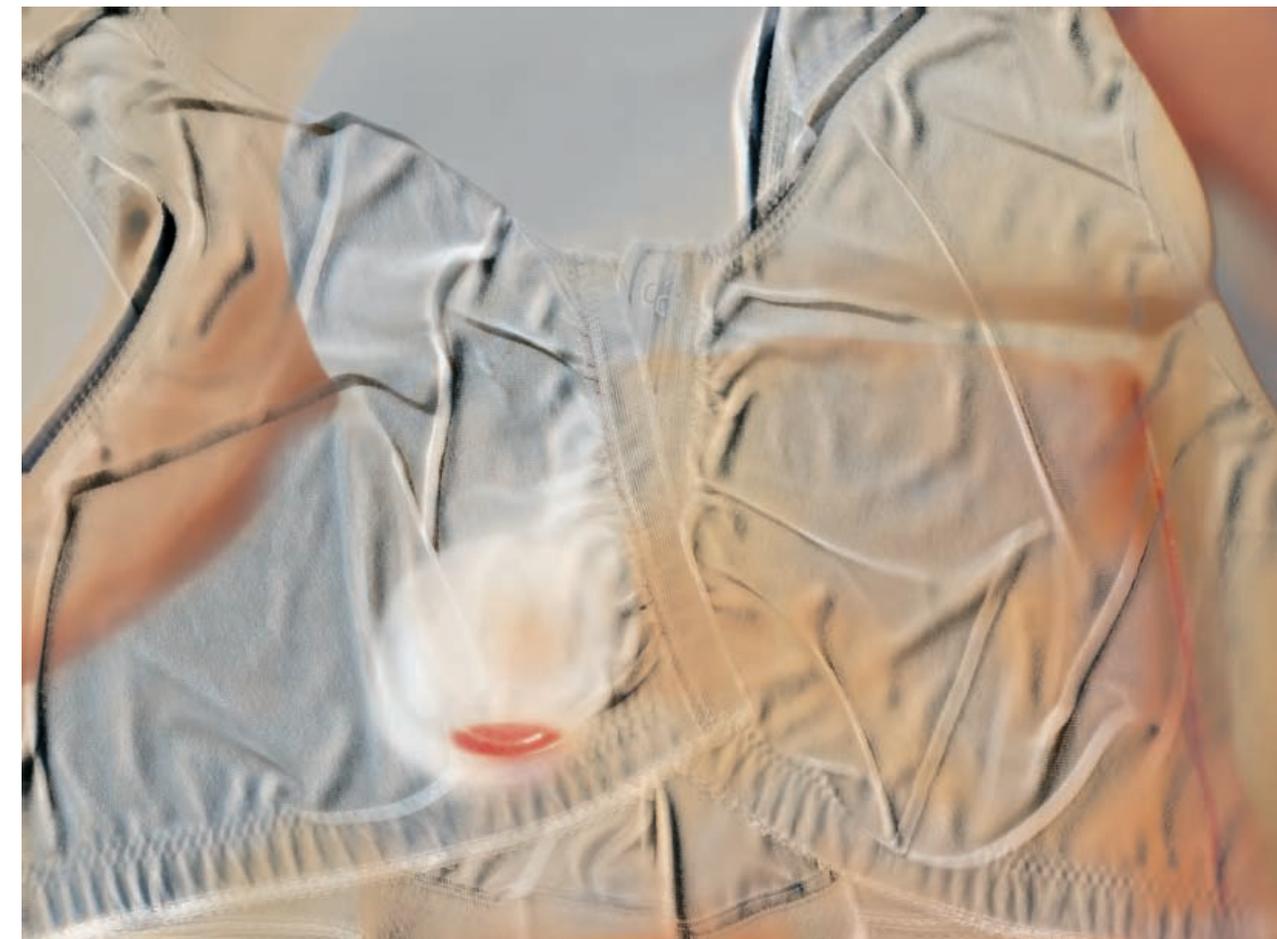
SERVICE:

SUR

OPERATIVE PROCEDURE; Immediate reconstruction,  
bilateral breasts with bilateral implants/expanders.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room by Dr. [redacted]. Bilateral mastectomies were performed. Bilateral submuscular pockets were created and saline filled implants/expanders were inserted in the port, placed in the lateral flank area. These implants were reference #3542511 in both and lot #234779 on the left and lot #243703 on the right. They are a minimum of 275 and maximum of 330 cc, and they are Mentor postoperative adjustable contour profile, sty: #2500. Both were inserted without difficulty. All bleeding was electrocauterized. The implants were inserted after irrigation with copious amounts of antibiotic solution. Bilateral submuscular braziers were created. The muscle was reapproximated laterally using 3-0 Vicryl. The port was placed in a separate pocket and sewn in place. The Jackson-Pratt drains were inserted through separate stab incisions, and the incision reapproximated with interrupted 3-0 and running 4-0 Vicryl. Suitable dressings were applied, and the patient awakened from anesthesia and sent to the recovery room.

100cc  
each  
side  
inserted  
via  
sternal  
transfer



BILATERAL

REFLECTION, POST-OP



*Can't look.*

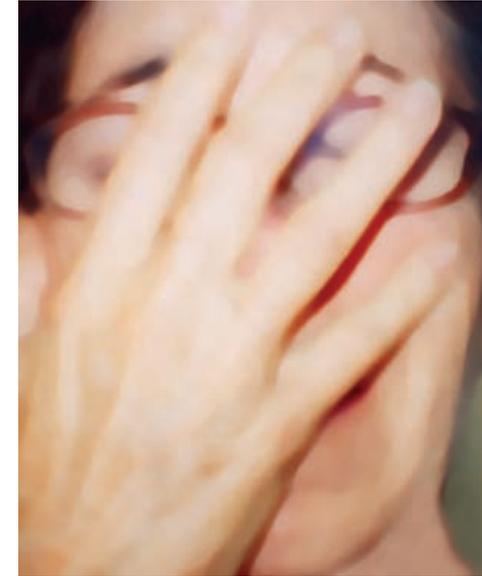
*Can't look.*

*Can't look.*

*Can't look.*

*Can't look.*

*Can't look.*



The plastic surgeon asks how big I want my breasts to be.

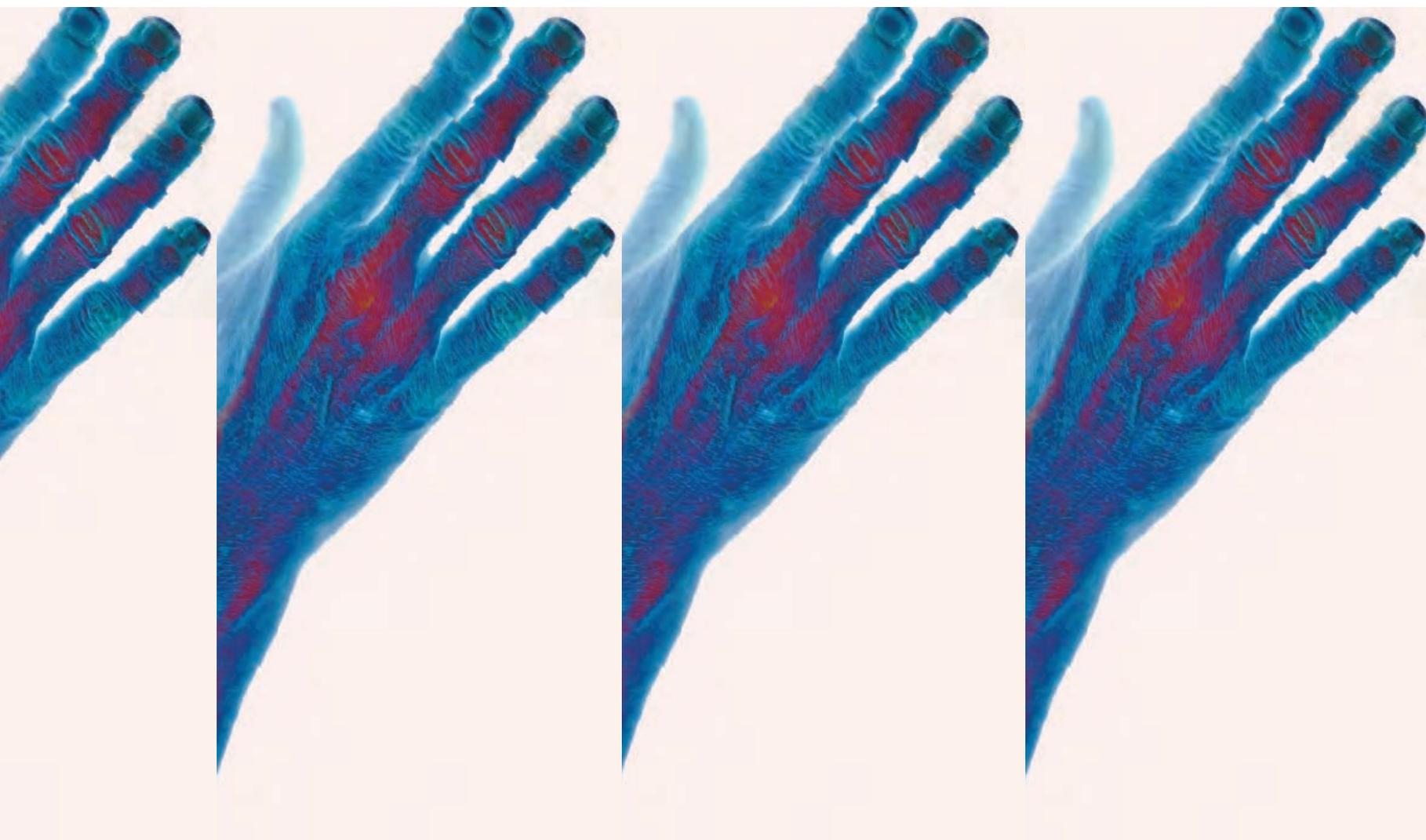
I answer with an old French saying: "Just big enough to fill the hands of an honest man."

Over a period of weeks, he will inject a saline solution into the temporary expanders in order to stretch the skin before he puts in the implants.

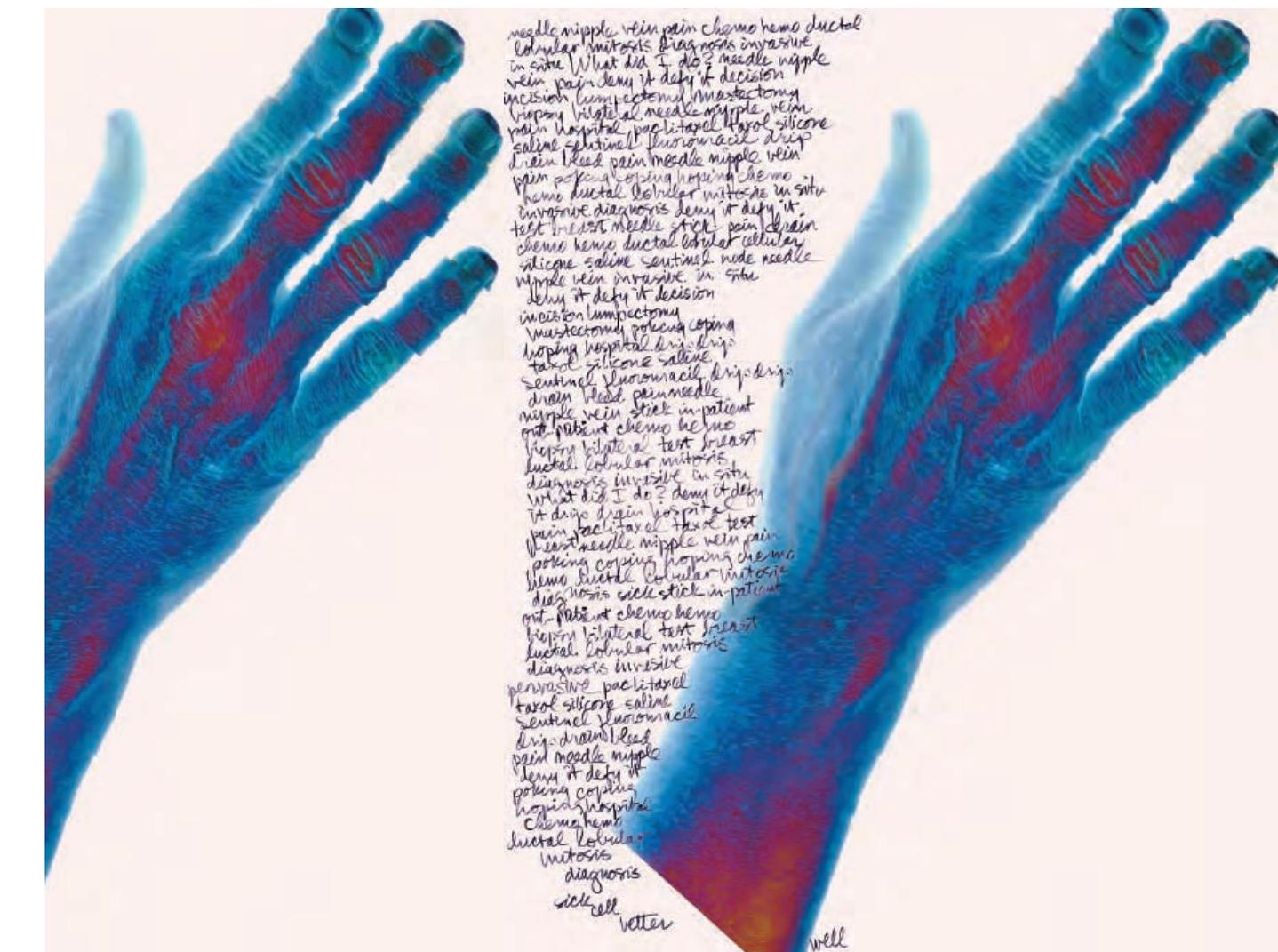
He is humorless, impatient, smug and disdainful.

I change doctors.





AC + T



My chemotherapy begins uneventfully and for nearly three weeks my hair doesn't fall out. This is something new to worry about.

"Maybe it's not working," I say to my husband. A molecular biologist, he laughs gently and explains that powerful chemicals are flooding my system and that there is no way I would be the only person on whom they have no effect.

Sure enough, on the 20th day my hair starts coming out. It doesn't fall out all at once, but rather comes out in clumps, in fistfuls. On my pillow, on my clothes, in the sink.

Now I am dismayed. I never fully realized what an adornment one's hair is.

FALLOUT



Why can men get away with a shaved head, looking distinguished, alluring, even handsome?

I don't think people use the same words when they see a bald woman.

So the loss of my hair feels like a new sort of deformity and unleashes a rush of conflicting emotions.

Relief, sadness, bravado, but also dismay, self-pity, resignation. Of course I am glad the drugs are working.

I instruct my hairdresser to shave my head. It gives me the illusion of being in charge just a little bit.

At the beauty shop I have been going to for over 20 years, the owner, who battled his own cancer a few years before, takes me into a back room and razors my head. He tells me I have a beautifully shaped head, that not everyone can carry it off.

I want to believe him, but I know this is not about beauty. Without eyelashes or brows, this baldness is about death, nothing else. Staring at my hair on the floor, I avoid looking in the mirror and cry like a baby.

Bald as a baby. Bald as a newborn. Bald as new life.

SIDE EFFECT



I go to the wig shop with trepidation and dread. A friend, who has been through this drill herself, insists. "You'll see," she says, "it'll be like playing dress-up."

The atmosphere, to my surprise, is almost cheery. Bald and about-to-be-bald women come to Amy of Denmark from all over the mid-Atlantic. Middle-aged, old, young. Teary, resigned, determined, magnificent. Amy dispenses advice, compliments and comfort in a matter-of-fact style. I start trying on. Blonde, punk, curly. Fake-hair. Russian-hair, the real thing.

Naturally, since my hair is short, I first go for long.  
Once started, it's hard to stop. A chance for reinvention.

Who am I?



Someone once asked me what was the one thing about me that could not be changed in order for me to remain me? I was young at the time and thought it a trick question.

Eyes. Nose. Smile. Freckles.  
Figure. Personality. Brain. Breasts.  
Hair, brown. Hair, long. Hair, short. Hair, curly.  
Hair, straight. Hair, thick. Hair, thin.

Certainly not my hair. I am not my hair.

Now that I am older, I understand — and my answer is Memory.  
Without memory, my particular memories, I would not be me.

MASQUERADE



*“...the eye that opens towards the grave sees the core of things...”*

— Agamemnon, Aeschylus

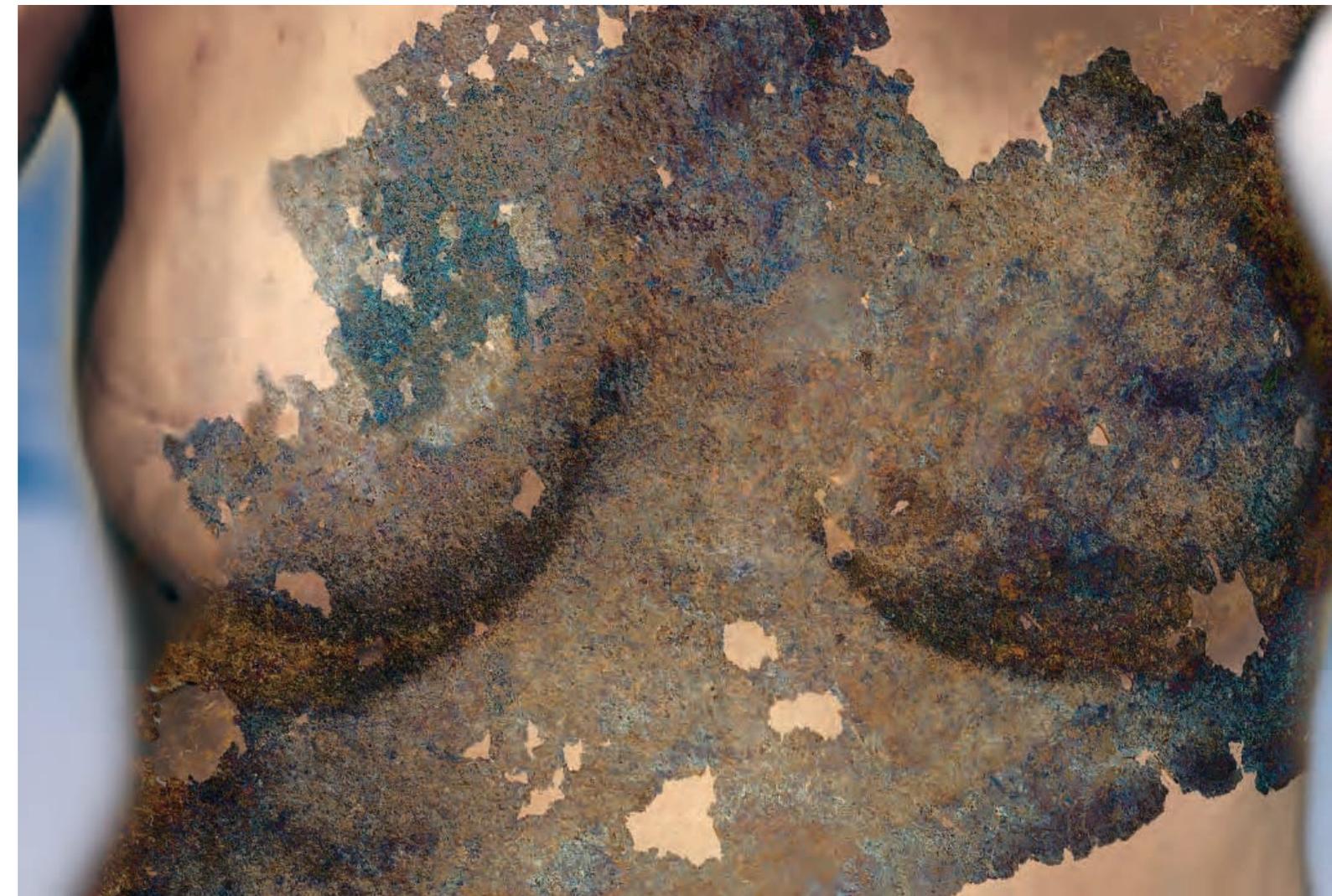
My chemotherapy ends abruptly, one session short of the full complement of eight. This is because my heels are inflamed. It feels as though I am walking on glass shards. It feels like my feet are on fire.

The oncologist says I have had enough. That’s it. Done. Just like that. She congratulates me, but I am unprepared. Relief is quickly swallowed up by feelings of emptiness and a kind of sadness.

In my mind’s eye these months have been a battle. My breastplate is corroded, my armor rusted through. But I put my head down and girded myself for combat. Now what?

I am unprepared for nothingness.

WARRIOR





Through some amazing procedure, which seems like magic and artistry but which I know is skillful science, my plastic surgeon gives me nipples.

What a difference that makes! The breast is not only bulge after all.

At first, I wanted to show off — to prove that I wasn't deformed, that the scars were not horrific. Now I feel modest, even shy.

I go undercover.

UNDERCOVER

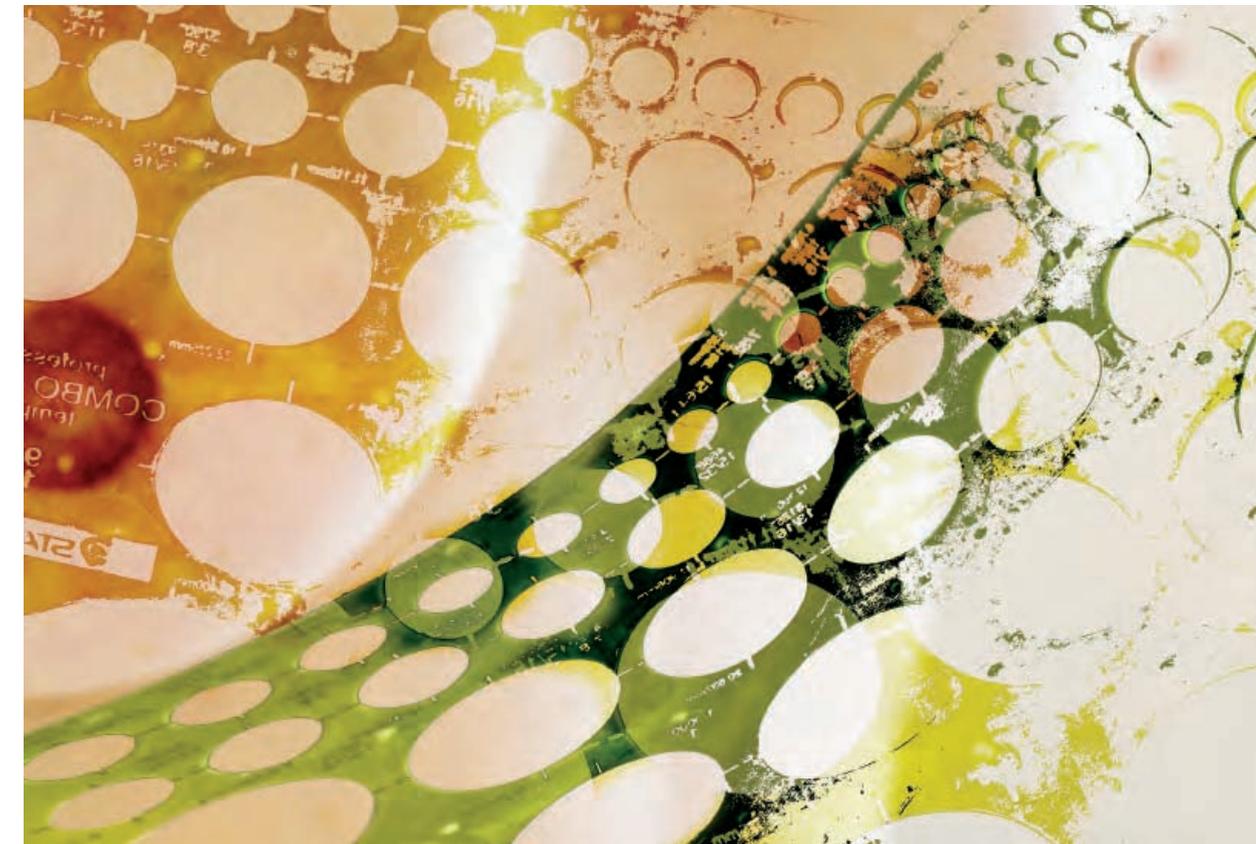
The areola around the nipple is created by tattooing.

I procrastinate for nearly four years. I am afraid of the pain, but I am more afraid, I think, that they might come out looking ridiculous, that they might look like pasties, that they might cause infection...or somehow a recurrence of the cancer.

Like breasts, areolas come in all sizes. The nurse/technician shows me a stencil with holes ranging up to 2 inches or more. She holds it against my chest and draws circles with a magic marker. She shows me colors and we pick three. She shades and blends and then it's done.

When the bandages come off, I am surprised and elated. I had forgotten what normal looks like.

Full circle. It feels complete.





DÉSHABILLÉE

*“The curve of her breast in a dress modestly buttoned to the throat caught the eye and stirred the imagination.”*

— Eugenie Grandet, Balzac

But what about the dress unbuttoned?

What about undressed?

Is any other body part as culturally charged as a woman’s breasts?

womanhood   femininity   sexuality   eroticism   fertility   motherhood

All that matters to me is that they will still stir *his* imagination,  
that *he* will still want to touch them.

Then I can imagine they are real, that they are mine.

*In my dreams I wear satin and lace.*

## DEDICATION

To the one in eight, a very large sisterhood

To my most skillful doctors Dr. Cynthia Drogula, Dr. Richard Flax, Dr. Carolyn Hendricks and Dr. Wesley Price

To my many devoted friends and wonderful family

To my late mother Jean Heringman, from whom I learned about real courage and grace, and to my father Craig Heringman, who was there to see me through, as always

And most of all to my beloved husband Lee Rosner, whose love, steadiness and lack of false cheer nourished me and kept me laughing over a glass that is still more than half full. Without his encouragement and wise insights, these images would not have been made, nor these words written.

## ENDNOTE

My experience with breast cancer started in 1994. I was diagnosed with an early stage, microscopic calcifications on my left breast; a biopsy, lumpectomy and radiation treatments followed. A diagnosis of breast cancer can change how you see the world, how you create your work, and what your priorities are. At least it did for me.

My design firm has always been known for its work with cultural organizations, corporations and museums. After my experience with breast cancer, I changed my business structure and the focus of my work. I was unbelievably fortunate to become one of the art directors for stamps for the Postal Service. And when Congress passed the bill to

establish a semi-postal stamp that would raise awareness and funds for breast cancer, I was in the right place to make a difference. Since then, I've art directed over 160 stamps and refocused my design work on public health issues.

Kay and I collaborated on several projects over a 20-year period of time, liked each other, and connected when the opportunity arose. But there is an indescribable bond created with this diagnosis. Kay shared the changes she was experiencing in her work, and the new images she was making of her experience. We began talking. This book is our collaboration, and the recreation of a bond that will last our lifetime.

ETHEL KESSLER

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