

# Pluralising Cancer

Elspeth Davies

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## Abstract

This Review essay seeks to interrogate the vast category of ‘cancer’. Taken together, the three books explored here pluralise cancer, locating it not just in organs and bodies but also in time and space—in the social, material, and historical specificities in which people become patients. These ethnographies break apart the notion of ‘the C word’, showing the diverse experiences and illnesses that are gathered under this banner. Cancers emerge as both unavoidably fatal and potentially controllable in different settings. At points, however, these anthropological texts may also reinforce the unity of a singular cancer. This essay suggests that clarity may be gained by more explicitly treating this notion as an object of their ethnography, historicising and theorising it. Wholeheartedly interrogating what is variously meant by the word cancer may have benefits, not only for improving the precision of anthropological work, but also for addressing the widespread fear that the term and its fairly uniform associations with suffering and death inspire.

## Keywords

Cancer, Oncology, Prevention, Death, Care.

## Introduction



*Figure 1:* The student theatre set described below. Photo by the author, 2023.

As we take our seats in the small student theatre, six silver balloons shimmer at the back of the stage. Each balloon is shaped like a letter, together spelling the word ‘cancer’. Over the course of the hour-long play, the performer narrates her experiences of the diagnosis she received as a teenager. Having been carrying out fieldwork in the field of cancer research for two years now, I am waiting for the student to tell us what ‘type’ of cancer she had. Biomedical scientists describe more than two hundred types of cancer, each classified according to where they begin in the body (Cancer Research UK 2014). Diagnostic practices, symptoms and treatments for each can vary significantly. I am surprised when the play ends without these details being disclosed. The word ‘cancer’ becomes a monolithic noun. It says so much and so little—announcing an allegiance to a seemingly shared ‘cancer experience’, while offering little insight into exactly what this person endured. Anthropologist Lochlann Jain writes that ‘the word’s tangibility dissolves in sheer bafflement, for doctors and patients alike, over what, exactly, it describes . . . Cancer, in all its nounishness, refers to everything . . . and nothing.’ (2013, 2–4).

For the past two decades, anthropologists have grappled with the issue of exactly what the term refers to. They have sought to locate diagnoses in time and space—in the social, material, and historical specificities in which people become cancer patients. Edited volumes have offered a rich comparative perspective on the

diverse experiences of what might otherwise be considered a singular disease (see e.g., Mathews, Burke, and Kampriani 2015; McMullin and Weiner 2009). Monographs, focusing on one cancer type or using the category to study a range of illnesses that become grouped under this banner, have explored how historical and social changes have produced a specific idea or experience of cancer in a particular place (e.g., Banerjee 2020; Livingston 2012; Martínez 2018). All of these works have contributed to a discussion about what the word ‘cancer’ might refer to.

Three recently published books add to this conversation. *Cancer and the Politics of Care*, a collective volume edited by Linda Rae Bennett, Lenore Manderson, and Belinda Spagnoletti (2023), traces multiple cancer types across hospital wards, homes and communities all over the world. Marissa Mika’s (2021) historical monograph *Africanizing Oncology* is set in a cancer institute in Uganda. The third text, *Cancer Entangled*, edited by Rikke Sand Andersen and Marie Louise Tørring (2023), also focuses on diverse cancers in the context of one country—Denmark—but is a multiauthor edited volume. These three books each take ‘the C word’ (Stacey 1997, 65) as their core object, offering different answers to the slippery question of what cancer *is*. Each text offers an exploration of how cancer is *done*, in Annemarie Mol’s terms (2002), seeking to locate this seemingly elusive disease in organs, hospitals, but also in bodies, communities, and social worlds more broadly. In the process, anthropological examination also *does* cancer, as these works illustrate, enacting different notions through their ethnographies.

All three texts address two key paradoxes that emerge with the notion of cancer. The first is the issue of the simultaneous singularity and multiplicity of the word: that it represents both a seemingly unified category and a multitude of different diseases. In what follows, I will argue for the importance of treating this paradox as an ethnographic object, rather than becoming tangled in the contradiction analytically.

The second paradox is the tension between controllability and uncontrollability that manifests in different enactments of cancer—between cancer as potentially preventable and curable with prompt intervention, and cancer as a universal death sentence. This conflict sneaks through all three texts, ethnographically producing conflicting notions of what cancer *is* and allowing anthropologists to present the multiplicity of a category that might otherwise be taken for granted. This issue also matters beyond anthropology. Because so many incongruent experiences are grouped under this single noun, in many contexts, the term is uniquely widely feared by people who become both publics, patients and healthcare professionals. The notion is also often especially morally significant—a situation that has been described as ‘onco-exceptionalism’ (Fleck 2022, 195). Breaking this seemingly

homogenous category apart might be productive in challenging this fear, instead illustrating how cancers and the experiences of people who live with and anticipate them are diverse and multiple. Through anthropological work, cancer(s) can emerge as diverse and socially, medically and historically specific experiences, even in contexts in which the term continues to represent a seemingly singular disease.

## Plurality, singularity

Biomedical practitioners have considered cancer to be multiple since at least the nineteenth century (Arnold-Forster 2021, 11). Historian Ilana Löwy (2009, 42) proposes that a cytological classification of tumours was first suggested in the 1870s by German pathologist Julius Cohnheim. Classification systems developed since the late nineteenth century focused on the type of tissue in which the malignancy arose and the organ in which it was situated. As a result, *cancer* became *cancers*, at least in the pathology laboratory. New technologies introduced in the 20th century offered further means for differentiation: recent developments have led to cancers being distinguished according to genetics and tumoral response to therapy (Hanahan 2022). Despite these efforts to differentiate between different ‘types’, cancer is often singularised in practice, as we saw in the opening vignette, becoming one noun dense with an ‘excess of meaning’ (McMullin and Weiner 2009). In the words of Lochlann Jain, the project of ‘making cancer . . . under one word’ is a ‘collective achievement’ (2013, 14). Biomedical practitioners have contributed to this enactment of singularity—defining the category on the basis of shared biological ‘hallmarks’, such as the phenomenon of metastasis (Hanahan and Weinberg 2000, 2011), while simultaneously breaking it apart. This paradox is part of what makes cancer so slippery as a term—producing a sense that it is both everywhere and nowhere (Jain 2013, 23).

This contradiction is also at the heart of many ethnographic studies of cancer, however implicitly. *Cancer and the Politics of Care* offers an interesting example. It does not focus on a particular country or type of cancer: its twelve diverse chapters explore how cancers are ‘lived’ differently by different people. The book aims to add ethnographic richness to existing epidemiological statistics that suggest a diversity of outcomes for cancer patients. Each chapter offers an interesting account of the politics and diverse lived experiences of cancer care in a particular setting. For example, Jorge Alberto Bernstein Iriart and Sahra Gibbon (chapter 2) explore the introduction of personalised medicine in Brazil, which lead to patients being stratified according to their uneven ability to access this technology. This chapter usefully highlights that biological and social forms of stratification are unavoidably intertwined: it is not just that people have different ideas about a biological reality, but that what cancer *is* fundamentally differs. The

book implicitly presents the multiplicity and incoherence of the notion of cancer but still use the term to unite the chapters. Regrettably, this tension is not made explicit. Clarity may have been gained by offering a reflexive history of cancer as a singular category around which a book such as this one can form despite manifold differentiations.

*Africanizing Oncology* tackles the paradoxical nature of cancer differently. Mika offers a nuanced account of how physician-researchers have exercised creativity in the face of a ‘crisis’ in Uganda caused by a civil war and deep-rooted global inequalities arising in part due to the implementation of structural adjustment policies. She builds on Nolwazi Mkhwanazi’s (2016) argument that a ‘single story’ dominates much contemporary medical anthropology literature on Africa—one that is focused on the inadequacy of healthcare systems and the thwarted agency of local people. Instead, Mika offers thick description of how biomedical practitioners practise improvisation and persistence in order to provide care at the Ugandan Cancer Institute (UCI) despite significant resource scarcity. She focuses particularly on how transnational research collaborations have enabled and shaped local cancer care for East Africans. The ethnographer puts physician-researchers at the heart of the text, naming and describing them in detail, instead of centralising patients’ stories of suffering. In doing so, she offers a detailed account of what cancer *is* on these oncological wards in Uganda. Diagnosed on the basis of symptoms and managed using harsh chemotherapy and radiotherapy treatments, here, most cancers are not survivable. The book uses oral history to seek to make visible the complex constellation of circumstances that make this particular notion and experience of cancer possible.

Mika (2021) makes this tension between plurality and singularity that surrounds cancer more explicit in the monographic text. She describes how the UCI was initially organised spatially on the basis of cancer types. Accordingly, it had two wards—one focused on lymphoma, and another on solid tumours. It sought to provide the infrastructure for chemotherapy clinical trials for cancer types that were common in East Africa, including Burkitt’s lymphoma and Kaposi’s sarcoma. Mika offers an interesting history of these cancer types, while also arguing that a combination of resource scarcity and creativity led to the UCI offering fairly comprehensive cancer care for Uganda’s entire population. We see that aspirations to split cancers into biological subtypes were challenged by a need to provide care for a multitude of diseases. Cancer becomes a conglomerate at points in this ethnographic setting as a result. The singularity of cancer emerges ethnographically in this text, with Mika showing us how the category of cancer has been historically and socially ‘Africanized’ in this setting.

*Cancer Entangled* (2023) compellingly describes how time came to matter in ‘cancer control’ in the country of Denmark. Over eight chapters, the book describes how people have come to experience and anticipate cancer before receiving a diagnosis (see Tørring 2023). Anticipation occurs through the dual promises of early detection—practices of screening and genetic testing that target people who do not have symptoms—and early diagnosis—the detection of symptomatic patients as soon as possible. In exploring these issues, the diverse chapters singularise cancer—which emerges as a disease that is potentially controllable through timely vigilance in this particular setting. A tension between multiplicity and particularity seeps into the book: although some chapters address specific cancer types (e.g., Frumer 2023), many authors simply refer to ‘cancer’. The edited collection both interrogates and enacts cancer as a unified entity. One imagines that this usage of the term reflects their interlocutors’, but perhaps greater analytical precision may have been gained by making this more explicit and offering the social and historical context of this overarching category.

## **Controllability, uncontrollability**

A further contradiction is woven into all three texts. In much of the world, cancer has long been thought to be an uncontrollable, incurable and invariably fatal disease (e.g., Arnold-Forster 2021, 9–10; Skuse 2014, 632). Recent shifts towards early detection and prevention in some parts of the world have presented cancer as potentially preventable and curable with prompt intervention. In these settings, the possibility of controlling cancer exists in tension with a persistent sense of its inherent uncontrollability. Authors of these books and chapters have successfully treated this tension as an ethnographic. For example, in *Cancer and the Politics of Care*, Cecilia Coale Van Hollen (chapter 5) details cancer screening camps in South India, which present breast and cervical cancer as the result of individual lifestyle choices, including concerning sexuality, sanitation and diet. Through these campaigns, cancer emerges as a disease that might be preventable through compliance with dominant gender and class norms. In contrast, Noémi Tousignant (chapter 7) focuses on how health workers treat young and middle-aged people who have liver cancer in Senegal. The patients described are both disturbingly young and diagnosed too late for curative treatment, leaving cancer ward nurses to attend to people who are already dying prematurely. Liver cancers are thought to be preventable in some places through hepatitis vaccination. But such vaccination programmes have not been implemented in this setting because of their high cost, meaning that liver cancer is largely not preventable in Senegal. Instead, liver cancer emerges here as an acutely fatal condition, produced to some extent by the unjust availability and affordability of healthcare and preventative health programmes. This unavoidable fatality sits in tension with Van Hollen’s

description of the potential preventability of breast and cervical cancer. In this edited collection, we see that what cancer *is*—whether it is preventable and curable—is produced by socioeconomic and moral circumstances in different countries, meaning its controllability and uncontrollability coexist across its chapters.

We also see this tension elsewhere. In *Africanizing Oncology*, Mika describes a situation in which some cancers are potentially preventable in Uganda—for example, international partnerships made mobile mammography vans available to offer breast screening in the early 2010s. But these vans now lack functioning batteries and the machines themselves do not work (Mika 2021, 152), disabling the possibility of detecting breast cancers before they make themselves felt in sensations and symptoms. Without these technologies, most cancers remain symptomatic and frequently fatal diseases here. This exists in conflict with the vision of cancer as asymptomatic and controllable in Denmark in *Cancer Entangled*. The promise of prevention leads anthropologists to expand their field sites beyond the clinic. For example, in *Cancer Entangled*, Sara Marie Hebsgaard Offersen’s focus is on how the ‘regimes of anticipation’ of cancer control enter the ordinariness of everyday life (chapter 2). In *Cancer and the Politics of Care*, contributors also describe how cancer appears both inside the clinic through diagnosis and treatment and outside of the clinic through prevention and early detection programmes. In contrast, Mika’s overwhelming focus on the hospital ward is notable. She describes how people in Uganda only become subjects of cancer discourses and recipients of diagnoses when they experience symptoms and visit hospitals. While ‘the ordinary’ is an important ethnographic object in Denmark, where people work to anticipate cancer long before they enter doctors’ offices and hospitals, cancer primarily manifests inside the clinic in Uganda. Jain’s assertion that cancer is everywhere and nowhere may not apply here; what cancer *is* and where it can be found ethnographically is highly variable. The tension between the controllability and uncontrollability of cancer produces different cancers but inevitably also different ethnographic approaches to the study of these cancers.

The conflict between controllability and uncontrollability can also be seen in ethnographies of a single country and healthcare system. The authors of *Cancer Entangled* elegantly describe how prevention and early detection initiatives are widely available in Denmark, but that the hope of controlling cancer is still unevenly distributed. Camilla Merrild’s contribution (chapter 4) details the lifeworlds of people in Denmark living what she describes as ‘less privileged lives’, who face poverty, unemployment, difficult childhoods and other desperate situations. Merrild argues that these experiences produce particular situated biologies that do not fit with the notion of a universal body that experiences and responds to symptoms as

stable entities in a standard way relied on by cancer control initiatives. A similar argument is made in *Cancer and the Politics of Care* in which Merrild and colleagues describe the ‘noisy bodies’ of people who live on the margins of Danish society (chapter 10). Their work is built on by Kelly Robinson and Ignacia Arteaga Pérez (chapter 11) in their ethnography of communities in the UK deemed to be ‘hard to reach’ by applied health researchers. They suggest that facing precarity in the present—such as being unsure where the next bed, meal or shower would be coming from—is a barrier to seeking preventative care, making cancer control initiatives inaccessible or undesirable to many. Cancer emerges as potentially controllable, but only for some—for others, it remains defined by palpable symptoms and an association with death. As Iriart and Gibbon argue in *Cancer and the Politics of Care* (chapter 2), the biological and social stratifications of cancers are deeply entangled. All three of these books productively contribute ethnographic insights to the tension between preventability and death that pervades ‘the C word’.

## Conclusions

This Review essay has explored two tensions at the heart of what cancer *is* and how cancer is *done*. The first is its paradoxically plural and singular nature. The gathering of heterogeneous experiences under a single banner is part of what creates the unique levels of fear that surround the disease. Anthropologists can work to address this fear by ethnographically illustrating the diverse experiences that become gathered under this one banner. Through this work, it becomes clear that *cancer* might be better described as *cancers*, complicating what essayist Anne Boyer calls ‘cancer’s near-criminal myth of singularity’ (2019, 122). At times, however, ethnographers reinforce this singularity by becoming tangled in the tension between multiplicity and particularity rather than taking it to be an ethnographic object. It may be productive for anthropologists to be more explicit that cancer as a category has a particular history and sociality. The second tension is between the potential controllability and uncontrollability of cancerous diseases. The anthropologists described in this essay have offered insightful ethnographic explorations of this tension: cancer is enacted simultaneously as potentially preventable and invariably deadly in their texts.

While anthropologists can play a role in pluralising cancer by addressing its complexities, they also might need to strategically mobilise singularity of this notion when applying for research funding. Those of us who study diseases that become incorporated under the heading of cancer are likely to benefit from the unique social and moral status of this disease category, even as we seek to interrogate it. Back in the student theatre, the performer is similarly aware that the term provokes a particular response. She offers us insights into her specific experiences of the



disease, describing issues such as the side effects of chemotherapy and the horrors of hospital food. But she also mobilises the category as a whole, cheekily explaining how she used the weight held by the word to get out of meeting essay deadlines. Stood in front of the shimmering balloons, the student delivers her final line to the audience: ‘Hopefully you’ll clap for me. I did have cancer.’ And the room erupts into applause.

## Authorship statement

This essay is the sole work of the author.

## Ethics statement

Not applicable.

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## About the author

Elspeth Davies is a PhD student in the Department of Social Anthropology at the University of Cambridge. Her doctoral research follows the implementation trial of a new method of cancer screening, looking at how knowledge about cancer risk is enacted, mobilised and lived in clinics, at kitchen tables, and beyond.

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