

# Malignant

How cancer becomes us

*Reviewed by Karen Jent*

S. Lochlann Jain, *Malignant: How Cancer Becomes Us*. Berkeley and Los Angeles: University of California Press, 2013. Paperback, 304 pp., \$24.95. ISBN: 9780520276574.

S. Lochlann Jain's brilliant and powerful ethnography *Malignant: How Cancer Becomes Us* (2013) addresses not only how cancer has become a major disease, but also how it presents a metaphor and practice constituting American culture. The book closes with a scene describing what appears as the successful defeat of cancer. Jain describes how she clears out her cancer closet; reflects on the value of accumulated objects, such as bottles of pills, wig, and gel prosthesis; and notes that even now their worth remains profoundly indeterminate. Her narration of this moment reveals that the uncertainty shrouding cancer, such as the meaning of prognosis or the possibility of relapse, permits neither a linear story of temporal progression, nor its definite closure. In *Malignant*, Jain demonstrates the banality and brutality of living with cancer as a condition that marks 'the body in time' (Cohen 1998). Throughout the book, Jain masterfully develops a vocabulary to grasp the grammar and tense of cancer and compellingly contributes to a growing literature in feminist and queer theory that addresses the praxis of subjectification through and in time (Edelman 2004; Love 2007; Muñoz 2009; Ahmed 2010; Berlant 2011; Povinelli 2011). Focusing on techniques of time across settings as varied as clinical trials, injury law, and ova donation, Jain demonstrates how a missing association between carcinogenic environments and causation lends cancer an 'apolitical mystique' (p. 35). Jain's call for a consideration of onco-politics contributes to an anthropology of science, medicine, and exposure (Fortun 2001; Petryna 2003; Murphy 2006;

Caduff in press) that traces toxic, political, and embodied exposures to show how cancer is collectively produced and in need of communal recognition.

Experiencing the cultural production of cancer as scholar and patient, Jain quotes Susan Sontag to argue that the essential subjectification to ‘the kingdom of the ill’ materializes with diagnosis (p. 3). The positive pathology report marks the moment when the ‘I’ becomes the subject of cancer and, as most treatments are only partially effective, of prognosis. Discussing the idea of ‘survival against the odds’, Jain demonstrates the cruelty of the prognostic condition engendered by ‘probabilistic language’, at once invoking the finitude of one’s existence in exact numbers, while leaving their meaning in abeyance (p. 31). This process calls both the diseased body and person into being, now dwelling in a condition structured by differential grammatical and temporal regimes. Jain phrases this mundane and hierarchical situatedness of person and body as ‘living in prognosis’ and shows throughout the book how life, in the grammar and temporality of cancer, is at once a heart-wrenchingly plain ‘You will live or die’ and an abysmally confusing ‘Will you live or die?’ (p. 27). This uncertainty not only concerns the future, as the subject’s situated position retroactively changes, but reveals that the body has treacherously held a tumor in an asymptomatic past. Thus, Jain argues, statistical data, graphs, and flowcharts – technologies for the demarcation of linear progression – produce the tense of the future anterior, where the realization of life’s finitude ‘already has occurred’ (Barthes 2000, 96). Jain writes, ‘[t]he temporality echoes the double action of prognosis: causing and evacuating the terror of a potentially limited future’ (p. 40). And even if the ill person survives, cancer could relapse at any time.

Jain powerfully explores the logic of the counterfactual – the *what if?* – that structures many sites of cancer. In chapters 2 and 7, she addresses how young adults carry an especially heavy ‘cancer burden’, due to life course and health-equals-youth assumptions: they suffer disproportionately from delayed diagnosis, late-stage cancers, and higher mortality rates. Early detection campaigns, Jain argues, brush over these structural inequalities, implying in the morally charged logic of the counterfactual that things could have been different, had one only been vigilant and gone for screening. The counterfactual logic insists, ‘We can change the course of history – and if we can’t now because we waited too long, we could have before’ (p. 63). In chapter 4, Jain extends her consideration of counterfactuals to litigation and shows that successful litigation has to establish that cancer would not have occurred in a patient had she not been exposed to a certain carcinogenic substance. With causality almost impossible to establish, Jain shows how the law, assuming linearities of responsibility, clashes with the circularity of the future anterior.

Throughout the book, Jain identifies that the determination of cancer causes is structurally neglected in the grammar of cancer, and lays bare the morally charged efforts that emphasize cancer treatment over causation. In chapter 6, Jain investigates the use of carcinogenic sex steroids in in vitro fertilization and ova donation, and critiques the lack of research data about hormone security. In chapter 8, she looks at the American culture of fear of toxic

exposure, contrasting this collective fear with falling ill and survivorship as individualized phenomena. Jain convincingly shows how a missing concern for causation omits acknowledgement of the ‘communal event’ of cancer, individualizing cancer both in medicalization and beautification (p. 77). In chapters 3 and 9, Jain illustrates how – encouraged as personalized feel-good objects – makeup, wigs, and breast prostheses ‘chemoflage’ diseased bodies from the social gaze and act as bodily attributes to incorporate them into counterfactual time and shape (p. 183).

Calling for an ‘elegiac politics’, ‘a stance that admits to the inevitability of [cancer] deaths given the environmental and economic landscape’ (p. 223), Jain’s *Malignant* substantializes and invigorates a question that Audre Lorde (1997) asked many years ago: ‘[W]hat would happen if an army of one-breasted women descended upon Congress and demanded that the use of carcinogenic, fat-stored hormones in beef-feed be outlawed?’ Jain compellingly and impressively shows how a serious attempt at an answer would not only have to address the politics and environments of cancer causation, but would also need to engage the conditions of life in the matrix of prognosis, survival, and recurrence, and their techniques of time.

## About the author

Karen Jent is a doctoral candidate at the Reproductive Sociology Research Group (ReproSoc) at the University of Cambridge, United Kingdom. Her Ph.D. project is an ethnographic study of stem cell therapeutic development in Scotland, and explores how the laboratory-based reproduction of transplantable tissues responds to public health concerns of ill health and senescence. Her research concerns include questions of health and disease, science and technology, aging and rejuvenation, gender and feminist theory.

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