Malignant: How Cancer Becomes Us by S. Lochlann Jain (review)

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Lochlann Jain’s *Malignant: How Cancer Becomes Us* opens in a “somewhat battered” doctor’s office with an “undramatic,” but nonetheless “lifechanging,” scene: the moment when Jain receives a diagnosis of cancer from a doctor who, she notes matter-of-factly, “really, really didn’t want to look at me” (1). In *Malignant*, bringing the tools of her discipline, anthropology, to bear on the ubiquitous events and everyday experiences of cancer, Jain shows the many ways that cancer is a “constitutive aspect of American social life, economics, and science” (4). By combining personal narrative with mixed social science methods, Jain demonstrates the complexity and multiplicity of her subject, expanding the potential audience for her work.

Jain approaches cancer as a “total social fact,” a term French sociologist Marcel Mauss coined in the 1920s to capture the complex function of the gift and practices of gift exchange in different times and places. In a long quote from Mauss about the “legal, economic, religious, aesthetic, morphological and so on” dimensions of gifts and gift exchange, Jain substitutes “cancers” for “gifts,” in order to suggest the temporal and spatial logics and ill-logics of cancer statistics and survival rates, theories of cancer causation and tumor growth, diagnoses and treatments, as well as diverse experiences of living with and dying from cancer. Jain’s work is classified by her publisher, the University of California Press, as “Anthropology/Medical Anthropology/Global Health” and by the Library of Congress as about “1. Cancer—Government policy—United States. 2. Cancer—Research—United States. 3. Cancer—Risk factors—Government policy—United States. 4. Carcinogens—Government policy—United States,” none of which captures the conceptual and methodological innovation of Jain’s approach. I would describe it as exemplary of what I call critical medical studies and others have called critical health studies, signifying a “transversal approach that ranges across disciplines, concepts, and milieus in an attempt to demonstrate a way to think and do medicine differently,
by paying more attention to the *longue durée* of disease and the interdisciplinarity of illness.” ¹

Jain offers a wide-ranging and spirited analysis that moves between the personal story of her own diagnosis with and treatment for invasive breast cancer in her mid-30s, and less personal, but no less affecting, stories about, for example, the science and politics of randomized controlled trials, cancer screening policies and the ideology of early detection, and legal strategies to provide a framework to link exposure to environmental toxins and cancer. She opens in the strange temporality of “living in prognosis,” which “yokes the survivor to the past and future, but confusingly,” as number (“1 in 207”) and narrative (“women’s stories [that] recalled moments, imagined crossroads—places at which a different action could have resulted in a different life”) (45). She is unsentimental, sometimes even flippant, about her own experience of breast cancer and breast cancer culture. She admits to wondering why she couldn’t have a cool, queer disease, like HIV/AIDS—her admission is not only what she calls her own “messed-up romanticism,” but also an indication of the imbricatedness of experiences and events of gender, sexuality, and illness.

Following Audre Lorde’s lead in *The Cancer Journals*, Jain challenges the taken-for-granted post-mastectomy protocols. I would describe her challenge as differently queer than Lorde’s, who criticized the imperative of normalization that lay behind the insistence that a woman must wear a prosthesis after mastectomy. Jain shows the complexity of the decision she has to make, in relation both to the sort of political statement a particular choice would make, and to her own past, present, and future “breasted experience,” in Iris Marion Young’s terminology.² As Jain explains, there was much to consider: her remaining breast as a “pleasure point,” but also the fact that, for her, “breasts had forced me to live in a sort of social drag. Rather than being a welcome harbinger of womanhood twenty-five years before, breasts stole my tomboy youth” (74–75). In the end, she opts to have her other breast removed and, not long after this surgery, she takes off her shirt in a yoga class with strangers, displaying her scarred chest in public. In a brilliant exposition of the many possible meanings—both public and private—of this act, Jain shows that her display was less a statement of certainty about her politics or her self, and more an awareness of illness as performative in conjunction with gender and sexuality.

Jain’s first book, *Injury*, explored the socio-cultural politics of product design and American injury law, and some of the chapters in *Malignant* continue the investigations and insight of this earlier work.³
For example, in her analysis of the logic of randomized clinical trials (RCTs), she discusses how RCTs turn patients into data and numbers and, more tellingly, create a framework in which they are important only as data and numbers. In this scenario, “treatment injuries” are rendered invisible in and through clinical trials. According to Jain, “[u]nlike survival rates, treatment injuries and complications have no complex statistical methods to measure them. This structure redoubles the assumption that suffering is by nature contextual, unquantifiable, and personal” (121). She then asks an important question: “What is the ethical difference between treatment injury and cancer injury?” (126). I was struck in this moment by Jain’s somewhat unusual use of the term “injury,” rather than, say, “side-effect,” and her frequent substitution of the word and concept “injury” for the word and concept “illness.” As defined by the OED, injury is a “wrongful action or treatment; violation or infringement of another’s rights; suffering or mischief willfully and unjustly inflicted.” Thus, by calling attention to both treatment and cancer injuries, Jain renders visible the potential for and consequences of the wrongfulness, violation, and unjustness of our illnesses and treatments for them. Such insight is that rare statistical thing—an idiosyncratic take on how cancer becomes us all.

NOTES

1. Diedrich, 168.
3. See Jain, Injury.
4. “Injury, n.”

BIBLIOGRAPHY


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