

## Commentary: **Surviving Terrorist Cells**

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### Abstract

The use of violent imagery, war metaphors, and the “survivor” persona in relation to cancer research and treatment are examined, as are consumer-driven approaches to “working toward a cure.” The authors ask, what are the cultural and environmental trade-offs of these types of rhetoric? The positions of good guys

(survivors, researchers, consumers) versus the enemy (cancer) are critically evaluated. Of especial note is a recent print advertisement that, despite its arresting visual presence, delivers an exceedingly vague message. The authors conclude that the practice of medicine plays a pivotal role in these cultural determinations and that caricatured

attributions of cellular violence ultimately divert critical attention from sustained scrutiny of the institutional, social, economic, and political processes that in fact may contribute to the forces that bear on causing cancer.

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**A**s Susan Sontag has explained, war metaphors have long shaped cultural responses to cancer. From Nixon’s War on Cancer to obituary reports of lost or surrendered battles with the disease, cancer is widely represented as an individual and collective enemy. A recent, arresting advertisement for the Susan G. Komen Foundation lends fresh vitriol to the tradition, encouraging us to “punch,” “strangle,” “kick,” “spit on,” “choke,” and “pummel” the adversary. Here, the disease’s personification—the attribution of malevolent agency to lumps of proliferating cells—helps ratchet up calls for violence. When prominent cancer researchers suggest that we need to get smarter about “torturing cancer cells and getting them to confess to us which pathways they are dependent on,” one might start to wonder how to ensure that the disease gets a good lawyer.<sup>1</sup>

But for all the combative rhetoric of this particular image, the message is ambivalent. What is the point of the ad—what is it trying to show or tell us? It certainly does not highlight that staggering numbers of women are ill and dying. Rather, it looks as though this lean and muscular young woman might go on to model for Calvin Klein. Nor does it point out that carcinogens continue to be pumped into the environment (including

more than a few generated from the production and distribution of glossy print magazines). The ad’s language is forceful, its message exceedingly vague.

It does suggest, though, that cancer is dangerous, meriting all manner of choking, pummeling, and strangling. If, in this story, the cells are part of an evil best spit on (if not summarily extracted, forced to confess, and executed), who might be considered the good guys, and what are their roles?

It would seem that the answer here is to be found in the taut female torso and the heroic cancer survivor it emblemizes. The survivor’s valor, beauty, and goodness act as the necessary foil to the identified enemy: lethal, personified cells. Indeed, we reflexively recognize the torso as a survivor because the figure has become such a widely recognizable social persona in recent years, providing a habitable identity for people living within statistical calculations of death’s likelihood.<sup>2,3</sup> Within this ominous, uncertain realm, taking on the position of “survivor” carves out a vital sense of hope amid inherently uncertain probabilities; it allows the prospect of clear triumph over hazy, potential ruin.

Here, for instance, is Chip, cited in a 2003 article about new combination therapies for breast cancer:

I had a quote 40% chance of survival for 5 years and 25% for 10 years. . . . Now did I live by those statistics? No . . . [w]ith a positive attitude and hope, you can conquer anything.<sup>4</sup>

Chip offers a view, rife in popular writings about cancer, that endows the willful survivor with numinous force, one

in which a “positive attitude” is the key to overcoming even the most adverse odds. The survivor chooses life and, in so doing, conquers death.

Given the quasi-mystical power attached to the figure of the “survivor,” it is hardly surprising to find how just regularly it is used to mobilize social action. In a consumer society, the cultural esteem invested in cheerful, willful survival is swiftly converted into concrete financial gain, as when the Republic of Tea invites us to “Sip for the Cure,” Yoplait Yogurt urges us to “Save Lids to Save Lives,” or BMW raises money for the Susan G. Komen Foundation through its “Ultimate Drive” campaign. Yet in writing this commentary, our concern with the survivor does not center on the unvarnished ways that images of personal grit are used to push products. Instead, we want to draw attention to how the figure at once presumes and erases certain forms of violence.

It seems worth remembering, for instance, that the suffuse pink glow surrounding the breast cancer survivor allows the repackaging of industrial by-products (such as exhaust from BMW engines or effluents from the mass production of plastic Yoplait containers)—not ordinarily construed as violent, yet incontrovertibly harmful—as somehow particularly effective in the “fight against cancer.” Such purchases allow us the conceit of cultural expiation, reparation for the grim human toll of our frenetic progress. Stirring as we may find the image (for who doesn’t love a feisty gal?), focus on the individual survivor allows us to recast uneven, systemic distributions

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of literal or figurative violence into cartoonish battles between good patients and bad cells, shunting aside tougher, more recalcitrant political questions.

This is not to suggest that these proliferating cells ought to be beloved rather than vilified. Our point is instead that each representation of the heroic cancer survivor (and the correspondingly repellent enemy) helps to shape what we, as a culture, are willing to consider a legitimate sacrifice and what we instead

consider insufferable, illegitimate abuse. The practice of medicine plays a pivotal role in these cultural determinations, at once reflecting and directing broader distinctions between tolerable and intolerable pain. We imagine that oncological caregivers and medical professionals might join the individuals suffering cancer in eschewing packaged stories about heroic violence. For caricatured attributions of cellular intent ultimately distract from sustained scrutiny of the institutional, social,

economic, and political processes that distribute the very cancers we purport to drive, drink, or walk toward curing.

**References**

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Teaching and Learning Moments

**Sangeet kaar/Musician: Artist’s Statement**

The first time I saw her she was walking slowly down the hospital corridors. She wore large, dark glasses and stretched her arms out to one side, feeling along the aqua green walls. Leading her was a middle-aged Indian man, the girl’s father, whose bare feet and tattered clothes painted a clear picture in my mind of the harsh life they led. The slow, careful movements of the young girl were all too familiar to me as a volunteer at the eye hospital, and I immediately knew that she was totally blind.

That summer, I was volunteering at Shroff’s Charity Eye Hospital in the heart of New Delhi. The hospital organizes outreach programs in the disadvantaged areas surrounding Delhi and strives to provide free eye care to those in need. In fact, more than 50% of the surgeries performed at the hospital are either free or highly subsidized. As a hospital volunteer and first-time visitor to the country, I was shocked to learn that India is home to more than one fourth of the world’s blind population. Sadly, this includes a large number of blind children, who have lost their sight to readily treatable conditions. The lack of societal support and poor quality of life for India’s blind children leads to a life expectancy that is 15 years shorter than that of children with sight.

The young girl I had seen in the hallway had a similar story to that of many of India’s blind children. Her name was Deepna, and she was 15 years old. She had been picked up at

one of Shroff’s community outreach screenings in Saharanpur, a poor district of Uttar Pradesh. Along with 20 other children in her village, she attended a school for the blind. Deepna was one of seven children, and her father worked as an assistant baker making 1,500 rupees per month, the equivalent of \$37.

I saw Deepna in the cornea clinic that afternoon, and I learned that at the age of three, she was affected with a virus, which her father referred to as the “black water.” According to the cornea specialist, Dr. Mather, it was probably a case of measles. He explained that oftentimes when children in areas with insufficient medical knowledge become ill, their mothers stop breastfeeding them. Subsequently, the children can become malnourished and vitamin A-deficient, and they can develop further complications. He speculated that Deepna probably developed keratomalacia and corneal ulcers at the time of her initial viral infection, which were left untreated, eventually forming scars. The dense leukomas blocked her visual axis, leaving her blind in both eyes. According to her father, she was on the cornea transplant waitlist at another hospital for 11½ years. At the time of her initial clinic visit, Deepna had light perception in her right eye, but she was completely blind in her left eye. Dr. Mather immediately scheduled her for a corneal graft of the right eye, since he believed that eye had a better chance of regaining some visual function in the future.

I had the opportunity to see Deepna and her father a few weeks later at a postoperative checkup. I was thrilled to learn her vision had progressed so that she was able to count fingers with her right eye. Perhaps this feat seems small, but Deepna had a smile on her face that I’ll never forget. I was curious to see how her life had changed since the corneal transplant, so I sat down beside her on the hospital bed, and I asked the ward nurse to translate for me. I wanted to know her hopes and dreams, now that she had the prospect of regaining some sight. With a shy, yet joyful smile, Deepna told me that someday she wanted to be a musician. Her perseverance in the face of a debilitating handicap was an inspiration to me. She lived a difficult life while struggling with blindness, yet she was able to overcome this great obstacle and have a vision for the future. Her story inspired me to paint her portrait. I painted the word “musician” in Hindi above her, as a testament to her future aspirations. I’ll never know if Deepna achieves her dream of becoming a musician, but her simple smile of joy will stay with me forever.

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*Editor’s Note: This Teaching and Learning Moments essay was contributed as a companion to this month’s AM Cover Art selection, which appears on the cover.*