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Cancer and the Comics: Graphic Narratives and Biolegitimate Lives

Cancer graphic narratives, I argue, are part of a medical imaginary that includes representations of difference and biomedical technology that engage Fassin's (2009) concept of biolegitimacy. Framed in three parts, the argument first draws on discourses about cancer graphic narratives from graphic medicine scholars and authors to demonstrate a construction of universal suffering. Second, I examine tropes of hope and difference as a biotechnical embrace. Finally, I consider biosociality within the context of this imaginary and the construction of a meaningful life. Autobiographical graphic narrative as a creative genre that seeks to give voice to individual illness experiences in the context of biomedicine raises anthropological questions about the interplay between the ordinary and biolegitmate. Cancer graphic narratives deconstruct the big events to demonstrate the ordinary ways that a life constructed as different becomes valued through access to medical technologies.
[graphic narratives, cancer, health inequalities, biolegitimacy, medical imaginary]

From institutions of scientific research such as the National Cancer Institute and the American Cancer Society to TV shows, movies, novels, comics, and the stories that our neighbors and friends tell us, cancer is embedded in a wide array of discourses and lived experiences. Cancer messaging (risk factors, diagnosis, and treatments) to quit smoking, obtain regular breast and prostate examinations, and support programs for individuals and families going through a cancer diagnosis are ubiquitous. The popular IMDb movie, television, and celebrity database, which boasts over 100 million patrons, has created a list specifically for movies about cancer (IMDb 2013), while Wikipedia devoted a page to cancer movies. In 2010 and 2011, two cancer biographies, Mukerjee's (2011) *The Emperor of All Maladies: A Biography of Cancer* and Skloot's (2010) *The Immortal Life of Henrietta Lacks*, quickly made their way to the best-seller lists in the United States and abroad. Literature, theater, and art, fictional and non-fictional stories all contribute significantly to cancer's multiple discourses.

Narratives of cancer, illness, and suffering in general are widespread in anthropological and medical scholarship.[1] One medium that has received less attention in these literatures is comics and the field of graphic medicine. Graphic medicine is a

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term coined by physician, cartoonist, and medical humanities scholar Ian Williams and is defined as "the role that comics can play in the study and delivery of healthcare" (Williams 2007). Williams launched the graphic medicine website in 2007 to recognize the increasing number of illness graphic narratives (Williams 2007, 2012). Graphic narratives are "book length works composed in the medium of comics" (Chute 2010:3). Graphic narratives of medical experiences include stories of mental illness, sexually transmitted diseases, obsessive compulsive disorders, and epilepsy.

Among the many narratives dealing with illness and medicine, the majority are concerned with cancer and depression. As the second-leading cause of death in the world (WHO 2005), the prevalence of cancer as a death sentence and the definition of the disease by biomedicine create a site of struggle for life, where the power relations of biomedical technologies and access often define the individual during and after diagnosis. These relations are the source for many cancer narratives. While there are numerous fictional and nonfictional comics on cancer that focus on education, fundraising, and self-help, I will only focus on memoirs and biographical comics.

Given the ubiquity of cancer education and stories, what can we learn about the social relations of cancer and health care delivery through the field of graphic medicine and graphic narratives of cancer? What can the image and the words in graphic narratives add to our expectations of cancer, given the history of stigmatization (Chavez et al. 2001; Sontag 1978) and cancer's discourse of hope (DelVecchio Good 1990; Erwin 1987; Patterson 1987)? More specifically, what can graphic narratives of cancer add to our understanding of categories of difference (between self and other, healthy and ill) or social, economic, and political inequality (differences that come to matter in the unequal treatment of individuals and groups)?

I argue that graphic narratives about cancer are part of a medical imaginary (DelVecchio Good 2007) in the era of biomedicalization (Clarke et al. 2010). Clarke et al. (p. 5) state that biomedicalization began approximately in 1985, is part of an increasing reliance on technology to resolve health issues, and is coproduced with neoliberalism. Biomedicalization attends to technological enhancements that can, as an indicator of neoliberal practices, emphasize individual responsibility, promote self-governance, and/or empower individuals and groups to innovate, creating new social paths and forms. For example, the graphic narratives examined in this article are examples of individuals rendering the narrative as their own. Offering a critical questioning of medicine, they depict moments when human communication failed and biomedical technology was prioritized. Biomedicalization also emphasizes a political economy of health care, where treatments for cancer are among the most expensive (see AHRQ 2012 for costs in the United States) and highly dependent on biotechnology (chemotherapy, bone marrow transplants, and the continual search for new drugs). Cutting-edge biotechnologies drive both a hope for a cure and prolonged life, producing a biotechnical embrace (DelVecchio Good 2007). To continue living with cancer demands an acknowledgment that biomedicine will be part of that definition of life.

In considering the entanglement of graphic narratives in cancer's imaginary, I examine how the combined effects of the dependency on technology for the treatment of cancer create a framework of "biolegitimacy" (Fassin 2009). Moving within and beyond Foucault's concept of biopower as the "art of governing," Fassin (2009)

argues that foundations of biolegitimacy, "the sacredness of life as such," outweigh the politics of how we let people die. Fassin is not as concerned with the technologies that constrain life, but with the attachment to treating its present physical condition. In this way, the politics that brought a life into a condition of suffering, such as the political refugees he describes, can be ignored in favor of the "present suffering and its physical evidence" (2009:51). It is not relevant how people come to suffer, rather the importance lies in how we alleviate its immediate physical manifestations.

Biolegitimacy is a study of meanings and values and ultimately a study of inequality because of the preference toward favoring intervention for some, or, following Foucault, how we "make live and let die." For this article, the preference is dependent on a body that has a malignant cancer or is in remission, caught between waning life and immediate death. How do graphic narratives of cancer provide an insight into the creation of valued lives, the use of technologies to make live, and for whom might those narratives be meaningful? Povinelli's (2011) call to attend to the "ordinary, chronic, and cruddy" is useful for thinking about graphic narratives. The illness experience is bound in the ordinary relations between objects (biomedical technologies) and people in the chronicity of interacting with health professionals, oncologists, and institutions who preserve life, and the cruddy experience of cancer treatment. These relations become the illustrated aspect of the medical imaginary generating assemblages of meaning and value.

Graphic narratives illustrate the ordinary. They are an ideal medium that visually situates people and things in relation to one another as objects that matter in sustaining life. These relations are integral to the narrative; they are subjective and structural moments of potential. Potentials that, on the one hand, produce affiliations of cancer and biosocial identities and communities (Klawiter 2008; Rose 2006), and, on the other hand, bring into view attachments to life and a form of biolegitimacy. As the numbers of biographies of and related to cancer grow, they provide a material source for deciphering the nuances of illness experiences acknowledging differences created by illness and embodiments of biolegitimacy and inequality.

The analysis of cancer graphic narratives that follows is framed in three parts. First, drawing on comments from graphic medicine scholars, authors, and commentators, I argue that the framing of these stories as "universal" builds a structure for expressing how cancer can or should be experienced. As a global epidemic embedded with a "biotechnical embrace" (DelVecchio Good 2007) where high-tech treatments foster a discourse of hope (DelVecchio Good 1990), the relations of cancer presuppose treatment trajectories and experiences (Livingston 2012; McMullin and Weiner 2009). Second, despite the expectation of shared experiences, a diagnosis of cancer makes one different in ways that matter from the cellular level to relations with others (Sontag 1978). I examine how cancer graphic narratives engage tropes of difference and horror as part of the biotechnical embrace to create a narrative that begins to define the biolegitimate "life as such" (Fassin 2009). Finally, I consider the roles of biosociality and communitas within the context of this imaginary. With the creation of communities around cancer, graphic narratives are marshaled into sources of self-governance and sometimes critiques for social change. The sense of difference created for people diagnosed with cancer is profound, yet graphic narratives also visualize how health inequalities

can be obscured as a category of difference that matters in a disease that, to its core, is defined by difference (Heurtin-Roberts 2009; McMullin and Weiner 2009).

Cancer and Graphic Narratives in the Medical Imaginary

In many cancer discourses, people have been given an opportunity to rethink their lives and relationships, engage biomedicine, be called on to participate, fight carcinogens in our environment, give money for research, and to walk, run, and eat. It can all be so exhausting. The overproduction of cancer products (i.e., clothing, cars, foods labeled with pink ribbons) has been critiqued by numerous authors such as Ehrenreich (2001) and Jain (2007a), and the constraints of how a person is supposed to live through cancer (with "appropriate" attitudes and prosthetics for example) has similarly been examined (see Jain 2007b; Lorde 1997; Stacey 1997; Stoller 2004). These authors ask important questions stemming from cancer discourses that evoke a battle against the disease and a hope of overcoming, beating, or surviving the battle. It is a survival that is all too often biomedically defined (Stacey 1997) with a host of excess meaning (Sontag 1978).

Graphic narratives are an under-studied medium and allow for an examination of multiple meanings of cancer. The use of memoir and biographical graphic narratives is not only about the act of retelling an illness story—the graphic form designs a space for visual metaphors of the authors' thoughts and experiences that are not as easily said in textual form (McCloud 1993). There is creative license within these stories, especially when employing imagery (Williams 2012). This creative license facilitates the medical imaginary through the objects chosen to appear in the panels and directs our attention to imagining potential opportunities for change. Biographical graphic novels are also a more recent endeavor, with many graphic novelists pointing to Justin Green's (1972) *Binky Brown Meets the Holy Virgin Mary* or Art Spiegelman's *Maus* (1986) as inspiration for their work. As Wolk (2011:44) has argued, "Art Spiegelman's interpretation of his father's experiences as a Jew during the Holocaust used comics as a set of idioms to communicate what words alone couldn't, not as a set of conventions to subvert." This is true for graphic narratives of cancer. Details not captured in other forms of storytelling allow authors to connect the pain, suffering, alienation, and community created within the cancer experience (and other illness experiences).

Cancer graphic narratives are based in lived experiences and caught up in the flows of medical knowledge, technologies, and ideologies. The imagery is embedded in an assemblage of the individual, taken-for-granted, and structurally determined (Clarke et al. 2010; Foucault 2003). These comics literally show us the relations between things, people, tropes, and subjective experience. Moving Wolk's comment even further, it is in the illustration of those moments of the ordinary, of demonstrating "life as such," that biographical and memoir comics have the potential of allowing us to see relations and the absence of relations that are open for subversion, and allow for a critique of medical hegemony or inequalities.

Comics provide a context that has been distilled into important, yet simplified, versions of lived experience (McCloud 1993). As an anthropologist, examining only memoir and biographical comics feels more closely aligned to the conduct of a conversation with an interlocutor; it analyzes what someone is saying in relation to

their context and the objects around them. The cancer graphic narratives I examine are published between 1994 and 2013. One early publication of a cancer graphic narrative is Pekar and Brabner's *Our Cancer Year* (1994). Between 1994 and 2003, I was unable to locate any cancer graphic narratives. Beginning in 2004, there has been a rapid increase in this genre, with 12 graphic narratives published to date.[2] *Our Cancer Year* (1994), *Mom's Cancer* (Fies 2006), *Cancer Made Me a Shallower Person* (Engelberg 2006), and *Cancer Vixen* (Marchetto 2006) are among the most well-known narratives. A thematic content analysis was used to examine the graphic narratives. I analyzed the images for recurring representations of difference. For example, repeated use of objects such as the chemotherapy chair were read as moments that differentiate healthy from sick, people who need medical treatment or not, and power relations in the conflation of technology and life. Images of the body were similarly read for representations of difference, or effects of cancer and treatment. Commentators writing on the narratives, informal conversations with some authors/artists, and field notes from my ongoing ethnography of the graphic medicine community supplemented the analysis of graphic narratives.

Universality of the Story

Illness narratives in anthropology often reveal individual subjectivities and suffering as well as the attendant social suffering produced by inequality (Kleinman 1989; Mattingly and Garro 2000). As illness narratives, comics are expected to do the work of stories—to help us connect to others and to construct social worlds (Mattingly 1998). Considering graphic narratives with the same analytical lens as illness narratives raises questions about how the story is used to connect to others. What is the imagery that is used to construct a social world wherein we relate to each other and suffering is viewed as universal?

Physician Michael Green, who developed the first comics and medicine course in the United States, notes that "these [graphic narrative] stories are such great examples of our universal experience" (Green and Meyers 2010). For Green, the stories enhance the medical encounter. Green states: "It's helpful not only for physicians to understand patients better, but a chance for a doctor to say, 'Read this story. You're not alone'" (Penn State College of Medicine 2011). His coauthored article (Green and Meyers 2010) on graphic medicine, describes the valuqqe of graphic narratives, or what he terms "graphic pathographies," in medical education and patient care. Using two graphic novels on cancer, *Cancer Vixen* (Marchetto 2006) and *Mom's Cancer* (Fies 2006), Green and Meyers (2010), following the work of comics artist and scholar Scott McCloud (1993), demonstrate how comics provide insight into the anxieties and anguish that patients feel when trying to obtain medical care. Using *Mom's Cancer*, Green and Meyers show a panel of Fies's mother's face when she realizes that only 5% of people who have her type of cancer "make it." The bald image of Mom crying "conveys the universal experience of anguish" (Green and Meyers 2010).

What I want to highlight here is not how to read the iconography of the comic, but rather, because these graphic narratives are about cancer, how the biotechnical embrace comes to structure the interactions with medical personnel. High-tech medical procedures are the foundation of the treatment plans. They give rise to

anxieties about the disease: how to pay for the treatment, the potential efficacy of the treatment, and, ultimately, the probabilities of prolonging life. All of these moments are imaged in cancer graphic narratives and can be transformed into moments of medical intervention—enhancements in doctor/patient communication and in high-tech treatments. As potentials for medical intervention increase, the biotechnical embrace gives rise to hope and the statistics of survival. Jain (2010) refers to this as the "mortality effect," a "ghosting of lives" through cancer trials and mortality statistics, where "deaths maintain an everywhere and nowhere quality" (2010:90). The anguish on Mom's face is not only universal anguish, but made possible through the realization of the statistic—while she is alive, she can also be statistically dead. Statistics and anguish in these narratives become part of the assemblage of the biotechnical embrace as they are constructed as universal.

The expectation that people will connect through universal tropes, come to better understand each other, and not feel alone is referenced in the introductions of many cancer graphic narratives. *Cancer Made Me a Shallower Person* (Engelberg 2006), *Cancer Vixen* (Marchetto 2006), *Everything's Okay* (Shute 2009), and even *Alicia en un Mundo Real* (Franc and Martín 2010), a graphic narrative from Spain, all mention the desire to connect to others experiencing cancer, or to connect caretakers of people diagnosed with cancer. There is a desire to represent what the authors have experienced so that others will know that they are part of something that has touched many lives. Charles Kochman's introduction to Brian Fies's *Mom's Cancer* (2006:iii) expresses this sentiment well: "All stories, if they are honest are universal. Sadly, few things in life are more universal than illness. Each year, approximately 1.5 million people in the United States and Canada are diagnosed with cancer. This is one family's story. In many ways, it is also all of our stories."

In the experience of illness and the work of stories, commentators of graphic narratives express a basic assumption of universal suffering: We all get sick and we all struggle. The author's story is not necessarily unique, except in that it is his or her story. The suffering experienced is both physical and social. Universal suffering is simultaneously an experience of difference. Once in the village of the sick (Sontag 1978), these stories can help them know that they are not alone. That someone, the author, has reached out to make a human connection, an object (the book and the narrative) merge into the global flows of the imaginary that define cancer's culture.

Green and Meyers (2010) point out that graphic narratives also give physicians insight into what patients and the people who care for them are feeling. Embedded within the reemerging emphasis on narrative medicine (see Charon 2008), the quality of the biomedical encounter can be enhanced by reading and creating graphic narratives. The universality of physical suffering is matched by the universality of biomedical interactions. All of the cancer graphic narratives depend on interactions with physicians and biomedical technologies to structure the arc of their story. Diagnosis, treatment, post-treatment, remission, the cancer continuum is guided by biomedical knowledge—its triumphs, miscommunications, and heartbreaking endings. There are multiple levels of hope in the claim of the universality of physical suffering. The commentators and authors hope to show their patients that they are not alone and to make a connection to their own lived experience and those of others. There is also a hope in biomedicine that the technologies, while frightening,

can wage war with cancer, and a hope that the care received by patients and their families would be greatly improved by the world opened up in the story.

In the era of biomedicalization, cancer graphic narratives illustrate the biotechnical embrace by normalizing and universalizing illness experiences while simultaneously empowering individuals to tell their own story as a way to transform and enhance their lives. If physical suffering and medical encounters are universal (assumptions of universal bodies and treatments), then whose discourse is served? As the field of graphic medicine works to bring the value of these stories to the fore, an anthropological position asks for a consideration of medical hegemony: Are the "pathographies"—defining individual stories by their disease[3]—used only to support biomedicalization (Squier 2007)? How does universalizing a story create a differing in valued lives and practices?

Treatment and Technology

The general structure of cancer narratives is chronological, following the cancer continuum starting with diagnosis, through treatment, post-treatment, remission, and/or death. Sometimes the narrative will begin with the symptom, as in Harvey Pekar and Joyce Brabner's *Our Cancer Year* (1994). Harvey notices a lump near his groin. After avoiding having it checked for a year, the lump grows and Joyce insists that he seek care. In this narrative, we are placed into the context of Joyce and Harvey's life,[4] daily obligations, big events, and Harvey's fears that are based on a previous lump removal experience, which turned out to be a fiasco. More often than not, a cancer graphic narrative begins with diagnosis, a routine trip to the doctor, or if first a symptom is mentioned, the reader is transported to an encounter with biomedicine within the beginning two pages. Physician/patient/caretaker interactions and the technologies used to treat cancer structure the remainder of the stories. The movement in and out of interactions with biomedical technologies is a necessity of cancer diagnosis and treatment and the production of hope. These interactions with biomedical technologies draw attention to cancer's creation of difference. The move into the village of the sick, however, is not taken as a movement across a clear border in which technology comes to define a life. Rather, the authors of the cancer narratives demonstrate their encounter with cancer and its technologies as a recurring dialog, a shock at their emergence into the morality effect, and then a returning to the memories and practices of life unaffected by cancer.

Miriam Enelberg's *Cancer Made Me a Shallower Person* (2006) is a personal and very witty telling of her experiences when diagnosed with metastatic breast cancer. Unable to find an artist to collaborate on her story, someone who could adequately imagine her ideas, Engelberg decided to draw her own narrative. Engelberg often comments on her interactions with the host of medical personnel, the good and bad, who scan, read, cut, and irradiate her body. In a set of panels titled "A Potpourri of Scans," Engelberg's description of her MRI shows the struggle to maintain a sense of self, despite the redefining of her life through biomedical technologies. During her MRI, Engelberg suspects the efficacy of the device: "I never quite trust that MRIs are an actual medical procedure. I picture the Monty Python team out in the control room making sound effects." The skepticism of the technology is brought to bear when her cancer is diagnosed as metastatic, having gone to her brain. With

this news, the panels show a world that was once divided as those with cancer and those without into a world where a smaller group of people had metastatic cancer and an even smaller group with "brain mets" (cancer metastasized to the brain). In this moment, she returns to a questioning of the technology. Images of Monty Python's instruments make the appropriate clacking and plinking sounds of an MRI while a thought balloon reads, "At least I still have the hope that I didn't *really* have brain mets." Then in a speech balloon, she states: "That MRI was no real medical procedure! You can't fool me!"

Radiation and chemotherapy are icons of cancer treatment. All of the cancer graphic narratives I reviewed have either an image of the author or their loved one receiving radiation and/or chemotherapy treatment. The drawing of the chemotherapy chair or the radiation table creates a space to include other objects or relationships that acknowledge the particularities of the individual. Marchetto's opening page of *Cancer Vixen* (2006) shows her in the chair applying lip gloss. On the table in front of her is a tape recorder, a lunch bag, and a drawing pad with other notes, and the header "Chemo #1." The panel is titled "CHEMO #1. August 12, 2004. I applied Viva Glam Lipglass by M.A.C." In contrast, Pekar and Brabner's *Our Cancer Year* (1994) shows Harvey getting into the chemo chair, his face concerned. His fellow chemotherapy recipient reassures Harvey by acknowledging his own fear during his first chemo treatment. With the poison that makes one live as the standardized treatment, by including personal objects and expressed emotions these representations maintain a sense of individuality and social connections to a pre-diagnosis experience.

Fies's *Mom's Cancer* (2006) reveals a poignant encounter with technology's defining of the self. A panel (Figure 1) titled "Arrangement in Grey and Black" shows Fies's mother sleeping while receiving chemotherapy. The image shows not only the treatment "Chemotherapy: Taxol on Tap, Carboplatin on deck" dutifully pointed to by an arrow, but also a "strawberry shake: Jack in the box (large)," a "Manzanita walking stick found in Oregon, whittled while camping in Alaska," and an assortment of other medical and personal artifacts. In a public presentation, Fies (2013) says that this was one of the first images he drew of his mother's cancer experience. Recognizing the relation (the assemblage) of the medical context and his mother's life and experience, the story became recognizable—something that could be shared because "I knew we weren't alone." This sentiment is expressed on page 103 of *Mom's Cancer*, where Fies draws himself at his work table drawing a picture of his family.

The technology used to diagnose and treat cancer are pivotal in redefining "life as such." Marking a movement from healthy to sick, the inclusion of medical devices in the panels recognizes the technologies in the construction of difference in the storyteller's lived experience. The technology and the drawing are also material artifacts that point to a possible shared experience for people with cancer. And yet, the construction of difference through technology is not so simple, not as hegemonic. The insistence on individual knowledge and experience through the inclusion of personal objects, such as the Manzanita walking stick, or the relation between the drawing of technology with the words (Monty Python's Instruments) relaying skepticism that undercut the efficacy of the technology, remind us of the ordinary and the cruddy. The continued biomedicalization of the cancer experience

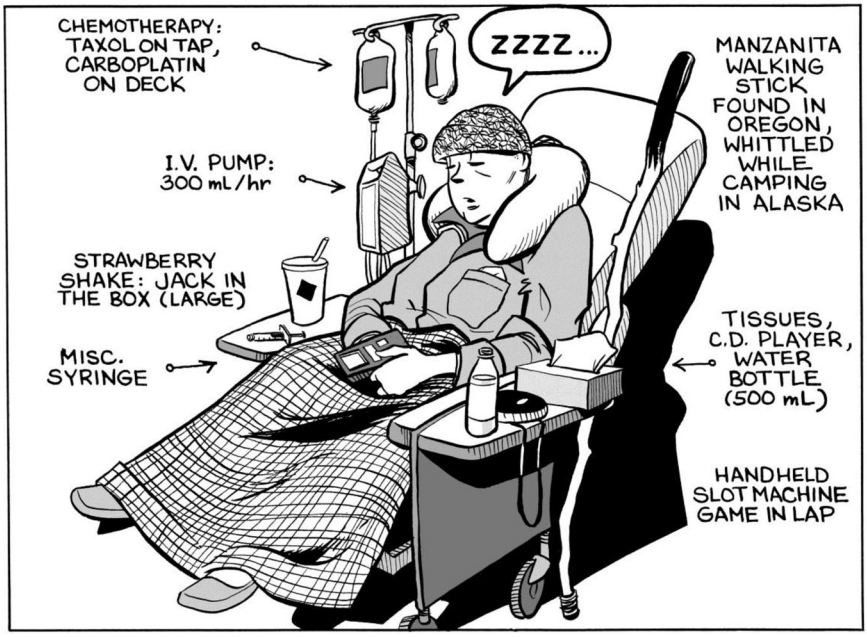

Figure 1. "Arrangement in Grey and Black." Courtesy of Brian Fies.

enables both a construction of biolegitimate lives and a moment of critique—a possibility where individual life is valued and technology becomes a companion of sorts (Haraway 1996), a prosthetic in the life-giving force. Continuing to follow Haraway, we must not only see the enhancement of life in the technologies, but how these lives are situated, how they can negate a wholehearted acceptance of an hegemonic biomedicine through the insistence of their experience. In attending to the ordinary objects in the panels, we ask how they represent differences in access to care, quality of care, and pre-diagnosis lifestyle.

The Horror of the Body

The horror of cancer arrives in levels: First, cancer cells are often described as growing differently from other cells: "uncontrollable," "mad," and "crazy." Then the realization that cancer is not foreign to your body—it is made of your own out-of-control cells that existed before you are ever diagnosed. And yet, discourses of cancer refers to the disease as outside of the body, not truly belonging to the sufferer, parts to be cut out. Thus, cancer is transformed into a thing to be fought and battled against (Erwin 1987). Its former status as a death sentence highlights the inevitability of death. We are made fully aware of the implicit understanding that we are all mortal. As Jain (2010) has noted, receiving the prognosis of cancer becomes the "truth" of a patient's life, while simultaneously pointing to the universality of death. In this confrontation with death, cancer patients are often alienated from

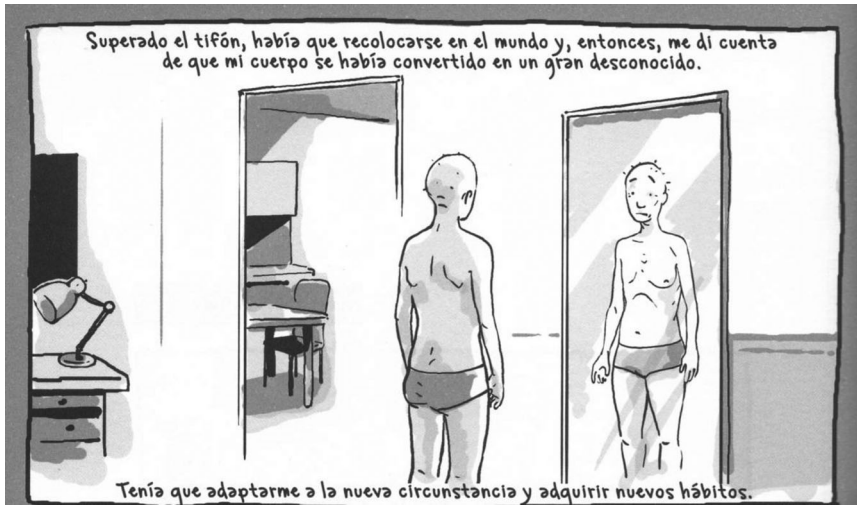

Figure 2. Isabel Franc and Susanna Martín. *Alicia en un mundo real*, p. 72. Courtesy of Isabel Franc.

others and at times even from themselves. Cancer breaks down the meaning of the body, the boundaries of self and other, and of life and death. Horror is evoked in response to the abject, the loss of boundaries (Kristeva 1982). Within cancer graphic narratives, the tension between the life-giving treatment and knowledge of cancer as uncontrollable develop into a host of images that represent the naturalness of death within bodies that are, despite a cancer diagnosis, still alive.

The use of the living dead, as an abject body, is familiar in cancer narratives. Isabel Franc draws an image (Figure 2) of her character, Alicia (who is based on Franc's experience with breast cancer), standing partially nude in front of a mirror. Compared to earlier and later drawings in her cancer narrative, Alicia's body is thin (lines drawn to show the chest bone and rib cage that do not appear in later images of her body), one breast is gone, only a few stubbles remain of what used to be a full head of hair; she looks tired and sad, noting that her body has become "a great unknown." Near death but still alive, she pushes forward, learning how to live with her changed body. It is not the suffering body that is being evoked, but rather the abject body, one that is not immediately recognizable as the self she cared for prior to cancer. There is an exhaustion and blurring of boundaries that the reader is invited to reflect on, with Alicia. The biomedical becomes ordinary in the mirror and endured with the new habits, new creams, and new routines.

The abject body is also shown in Engelberg's (2006) work, where she comments on acquaintances' reaction to her still being alive after her treatment. The acquaintance, on meeting her, says: "Oh my God, you're still alive!" Admittedly, Engelberg notes that those weren't his exact words, but the horror on his face evoked that sentiment. For Engelberg, the acquaintance's reaction spoke volumes: "When suddenly I became THE UNDEAD," stated in a thought balloon next to the drawing of her as a zombie.

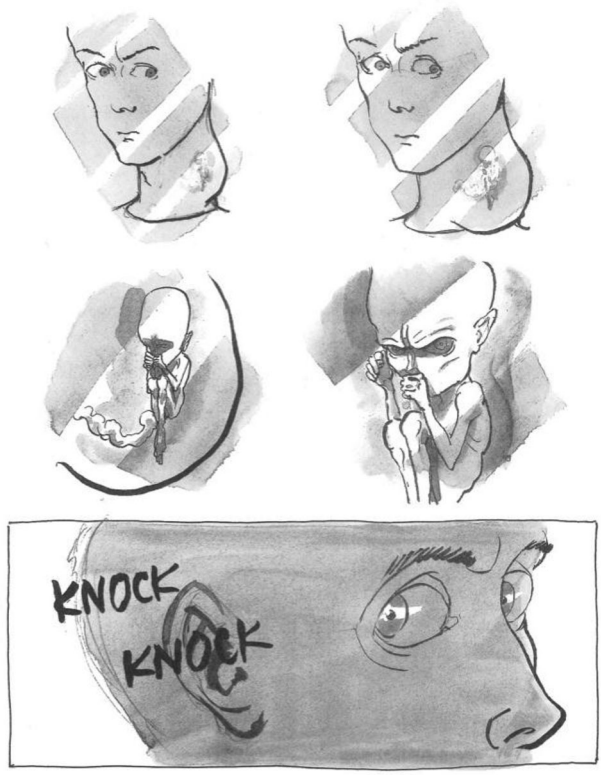

Figure 3. Reprinted from *Stitches: A Memoir by David Small*. Copyright © 2009 by David Small. With permission of the publisher, W. W. Norton & Company, Inc. All rights reserved.

Similarly, Fies (2006) draws his mother undergoing radiation treatment with the classic Frankenstein imagery. Mom is strapped to a table with electrodes hooked on to her and a mad doctor raises his hand into the air. The thought balloons state, "The problem: a beam of radiation strong enough to kill a tumor ... also destroys any **healthy** brain tissue in its path." "*Artist's conception. Your terror may vary."

Finally, David Small's (2009) book *Stiches* has grey-shaded panels showing his throat cancer, symptoms of which began at the age of 12, as a growing fetus in the side of his neck (Figure 3). This imagery comes from his memory of seeing jars of human fetuses kept in formaldehyde in the basement floors of the hospital where his father worked. This image evokes a literal dead Other occupying the space of a young boy's body. David Small's work, unlike many of the other cancer narratives, has very few words, relying primarily on the image to represent the life/death imbroglio.

In cancer narratives, bodily difference is simultaneously created internally and externally by the reactions of other people and physicians who treat the patient.

Reactions of others and technological treatments demonstrate that the cancer patient is no longer a citizen of a healthy community. Meanwhile, cancer evokes an imagery of impending death that has always existed internally and is now made real. The images illustrate the lived experience of the cancer patient, the details of treatment, changing bodies, and startling statements made by friends and strangers alike. Figured as part of life, the images direct us to the contradiction of death in life. Moreover, despite the horror response to the abjection, a self/other difference, the images also convey a biolegitimate life. Within the cancer experience, the diagnosed are alive, enduring, commenting on, and possibly critiquing the interactions that reinforce the self/other and healthy/sick differences. And yet, there is no commentary on how they come to be abject bodies. There is only the relation to biomedicine and its technologies that maintain/value life.

Political and Personal Communities

Despite the persistence of a narrative of difference at the cellular and social level, the imaginary of cancer, through the discourse of hope, is deeply enmeshed in the process of community building. This community building is part of what makes the cancer experience a universal story that moves between an understanding of shared biology as evidenced by diagnosis and the psychological trauma of the diagnosis and treatment. Anthropological writing about cancer communities has demonstrated that the discovery of "cancer genes" such as BRCA1 or BRCA2 has led to the creation of a biosociality around cancer; biological identities that are entwined in the politics of managing life (Gibbon 2007; Rose 2006). Cancer patients and their family members become a part of the many efforts surrounding cancer activism and finding a cure (see, e.g., Gibbon 2007) or activism engagement on policy and environmental issues (see, e.g., Jain 2007a; Klawiter 2008).

Within cancer narratives, explicit links to larger institutional cancer communities come in the form of referencing cancer information or support groups. Not all, but a few of the narratives as in Fies's and Engelberg's, provide links to resources for individuals who may need more support or cancer information. Sources include the American Cancer Society, the Komen Foundation, sites for clinical trials, and even a site for alternative therapies. Marchetto's *Cancer Vixen* is a testament to pink. Marchetto draws a panel devoted to Evelyn H. Lauder, the creator of the Pink Ribbon campaign and founder of the Breast Cancer Research Foundation (Marchetto 2006:133). Marchetto's awe of the infrastructure of cancer research, plus the hope for a cure is matched by her "vixen" agency. Her power to say no draws her into a biosocial identity, in which she introduces "the cancer card" (p. 107). With this card, Marchetto touts the benefits of getting out of things she doesn't want to do, "dinners, lunches, breakfasts … family function(s)." In the "Introducing the Cancer Card" panel, Marchetto states that as a member you are part of a "universal survivor network—now that you're a member, hotline other survivors who can assist you on physicians, medication and more!" The cancer card is pink, covered in pink ribbons, with the membership date beginning with diagnosis. These representations of belonging to a "cancer group" while pointing out their newly acquired status link the larger structures of the biotechnical embrace with a biological state of being. New subjectivities are formed that simultaneously empower and further

enmesh individuals in cancer's medical imaginary that define the biolegitimate life.

With approximately one of every three people receiving a cancer diagnosis in their lifetime and the plethora of popular culture drawing on cancer as an object or a driving force in the narrative plot, it is common to know of cancer at some social level. In the narratives analyzed above, cancer as a social relationship is brought to the fore through panels that draw out moments of (re)discovering friends, relatives, acquaintances, or movie stars who are part of the cancer group. While the politics of cancer have become a large part of the cancer discourse, the medical imaginary in which graphic narratives are entangled are for other scholars more similar to the concept of communitas (Turner 1969). Stoller (2013) has noted that "rites of passage, after all, work like a good narrative, for every such rite had a beginning, a liminal middle, and an end, which marked a reintegration into society." Although recognizing the complications of liminality for cancer patients who are always in remission, Stoller draws on the work of Edith Turner (2012) to consider communitas as "the sense felt by a group of people when their life together takes on full meaning."

The larger evocations of life taking on fuller meaning are brought out in the ordinary details. *Mom's Cancer* (Fies 2006:66–67), has a series of panels titled "Puzzlement," where we see the whole family sitting in the oncologist's waiting room when Fies notices a puzzle. He ponders the observation of a puzzle in the oncologist's office when no other physician's office he has been in has had a puzzle. Every day someone works on the puzzle, adding new pieces; each week during the follow-up appointment, the patients and families can see that others have contributed to the puzzle's completion. Fies interprets this as a way to show progress. A cancer patient returns to the office so frequently that through the puzzle they can see they are both part of a larger community and that they are making progress. In the last panel, Fies reveals that the image they were putting back together is his mother. Thus, as a caretaker, Fies demonstrates that everyone is involved in the difference that cancer creates and in the effort to put a life back together.

Returning to panels in *Cancer Made Me a Shallower Person* that represent the way in which the world has been divided, those with cancer and those with brain mets, those with cancer and those without. As someone diagnosed with cancer, Engelberg (2006) shows how the realization that one is now a member of the cancer group takes hold of daily interactions with a series of panels titled "Luck," showing her purchasing groceries and thinking "I have cancer, she (the checker) doesn't"; at the movie theater, "I have cancer, they (the theater audience) don't." Unlike Marchetto, Engelberg with brain mets does not have the luxury of being a member of a "universal survivor network." Despite the manner through which cancer's imaginary is diffused through society as structured by biomedical technologies and the treatment continuum, Engelberg reminds us that the experience is not the same.[5] Ubiquity does not manifest as similarity. The imagery of the world divided, paired with its manifestation in the minutia of life demonstrate the layers of differentiation between life and death—to be simultaneously experiencing the mortality effect and yet to be alive to tell your story brings about communitas in cancer graphic narratives. As Engelberg states in her introduction:

> But most of the time, drawing comics has been my lifeline through this cancer experience (that—and wanting to stay alive as long as possible for my husband and son, of course). We all have issues that follow us through life, no matter how much therapy we've had. The big one for me is about feeling different and alone—isolated in a state of Miriam-ness that no one else experiences. That's what drew me to read autobiographical comics, and that's why I hope my comics can be of comfort to other readers who might be struggling with issues similar to mine. (2006:xiii)

Animating Difference and Inequality

Cancer marks our notions of difference in physical, social, and structural worlds. The authors of the graphic narratives demonstrate this difference in the visual telling of their encounters with assemblage of people and objects that contribute to cancer's culture. One might argue that the themes addressed in the narratives, the internal suffering of dealing with a diagnosis and subsequent treatment, doctor/patient communication, and engagements with hope are frequently addressed in textual literature. Comics, however, are particularly skilled at visualizing simultaneity of thoughts, actions, and interactions with objects. They show the everyday minutia of life before cancer and the creative path to struggle against the category of difference into which one is drawn through the disease and biomedical technology. A chronicling of everyday experience in text may seem irrelevant, too mundane to convey. The juxtaposition of images and text show the nuances of the story, the ease by which biomedical knowledge and technologies come to define and enhance life, and how cancer patients and their caretakers come to endure the experience. Sharing their stories gives voice and relevance to the individual and their experiences.

Graphic narratives demonstrate the relation between technology and the experience of cancer as difference, a necessary connection in the flow of this medical imaginary. Its importance is not only in the binary of healthy and sick, but in the constellation of relationships between shared suffering, the ghosting of the self through the horror of being statistically dead with proliferating cells that bring death, the building of meaning and community around the pathology, and people affected by cancer. Within the era of biomedicalization, narratives, imagery, storytellers, and readers are bound together through the biotechnical embrace and a desiring of biomedical technology to provide treatment and hopefully a cure. But narratives also maintain the sacredness of being the individual storyteller's story, an expression of their right to life, and their right to give voice to and a visualization of that story.

In the process of creating universal stories of how individual lives can work, the narrative also develops definitions of lives deeply marked by the difference of cancer. It is a kind of difference, however, that we can live with and potentially live through because of biomedical technologies. What we are left with, then, is the framework for biolegitimacy; the linking of the "biological and the biographical, the matter of the living and the sense of life" (Fassin 2009:49). The narratives show us the relationship between the experience and the objects as what matters in the lives of the authors affected by cancer. Yet the hope of cancer's culture is not for everyone, and the stories are not universal. As Fassin suggests, biolegitimacy and

bio-inequality go hand in hand, the narratives of life as such, a life of difference, and prolonged liminality obscure the differences that come to matter in accessing health care resources, the technology, and the histories that produce inequality in the first place. Graphic narratives show us how to perceive difference in cancer, difference between healthy and sick. What is less often apparent are questions of social inequality.

Marchetto's (2006) narrative is among the few comics that mention issues of economic inequality. One panel with a background of $100 bills has a pink textbox in the middle stating "Fact: Women without insurance have a 49% greater risk of dying from breast cancer. And when it's needed the most, that's when it's the hardest to get" (2006:94). As a freelance cartoonist, Marchetto's cancer experience is fraught with questions about how to pay her skyrocketing bills. Yet, her biographical narrative, wherein she marries her wealthy boyfriend and obtains insurance, undercuts the "fact" that lack of insurance affects mortality. The contradictory nature of the mortality statistics and how her life becomes valued demonstrates the ease with which the politics and bio-inequalities of health care access can be erased when a life is biolegitimate.

My goal is not to critique the stories of the graphic novels for not explicitly addressing social inequality; indeed, there is much about social inequality that can be gleaned, as noted, in the variations of the chemotherapy chairs. The graphic narratives are the authors' own stories and reflect their own experience, and not an anthropological analysis. How the particular medical experiences of the stories become part of a universalizing discourse, however, is a moment, a query. As the field of graphic medicine grows, there is much anthropology has to offer in engaging the critical moments of individual narratives. Our analysis is not solely in considering how the narratives might be used in the service of medicine, but how a singular focus on biomedicine can take us to interpretations that reinforce a medical hegemony and the erasure of differences that matter in health inequalities.

There is much for anthropologists to consider when engaging graphic medicine. We might follow Hamdy's (2014) questioning of what a pairing of graphic narratives, and ethnographies such as *Mom's Cancer* (Fies 2006) and *Improvising Medicine* (Livingston 2012) can tell us about structural violence or biosociality. Additionally, the majority of the graphic narratives analyzed in this article are from the United States or Europe. An integration of diverse cultural contexts could enhance questions about biomedicalization and the presumed universalizing that occurs with biomedicine. Analyses should also attend to the ordinary, chronic, and cruddy distilled in graphic narratives to enhance anthropological methods and to consider how the graphics can collaborate with ethnographic interviews to tease out the objects and relations in contexts of inequality.

Graphic narratives of cancer deconstruct the *big* events to demonstrate the seemingly mundane ways that a life constructed as different becomes valued through access to medical technologies. Importantly, they also provide insights as to where to explore the bio-inequalities that occur outside the panels. Graphic narratives push us beyond the ethnographic interview and into the social relations of words and objects as an assemblage of the medical imaginary. The connections they create remind us of processes of enduring and that those are precisely the same relations that are intensified toward differences that matter in creating and addressing health

inequalities. The field of graphic medicine is a reminder to medical anthropology that comics are not only for children, educational tools for public health, stories that can enhance physicians' empathy, or stories that might support the medical complex. It is vital that medical anthropology collaborate on the potential of these works and other graphic narratives to recognize how they represent the subjective and structural nuances of difference and inequality, and, importantly, to ask whose voice is not visualized and why.

Notes

1. Examining illness narratives has a long history in anthropology with Arthur Kleinman's *Illness Narratives* (1989) spearheading much of the conversation between medicine, culture, and narrative. The Department of Social Medicine at Harvard University, originally founded by Arthur Kleinman and joined by Byron Good and Mary-Jo DelVecchio Good, has trained and collaborated with a number of anthropologists working in the area of medicine and narrative, including Cheryl Mattingly (1998) and Linda Garro (Garro and Mattingly 2000).

2. See mednarratives.com/bibliographies (2013) for a listing of cancer graphic narratives analyzed. This count of published cancer narratives does not include the rapidly increasing number of web comics such as *The Conoclast* by Matlida Tristram (2011).

3. Dana Walrath (personal communication) insightfully noted that the term "pathography" is embedded in the biomedical model and reduces an individual's identity to their sickness.

4. Squier (2007) similarly argues that *Our Cancer Year* gives a broader contextualization of cancer as embedded in politics of suffering.

5. See Jain (2013) for another anthropological use of Engelberg's comic.

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