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CANCER MEMOIRS

In the first two chapters of this book, cancer seemed to be a disease in search of a language, its everyday practices caught between speech and concealment. However, the aesthetic accounts I now turn to evidence no such reluctance to explicate the disease. In this and the next chapter, I examine memoirs and films about cancer produced in India. I do so because examining these accounts reveals a tension between the lived experience of cancer (that I have described so far) and its aesthetic representations. If in previous chapters I described a striving in everyday life to open spaces of indeterminacy, of inhabiting an irresolute “as-if,” most aesthetic accounts of cancer resolve the ethical crises the disease produces in social life. In other words, many of the memoirs and films I describe offer a way out of cancer’s impasse. Sometimes they magnify the concerns of the disease onto the concerns of the nation, circumventing the problem by changing its scale. At other times, they urge patients to transcend the disease by a sheer force of personal will. And in yet other instances, they encourage patients to aspire toward a joyous postcancer future by expiating past sins that might have contributed to their disease. In these and many other ways, these aesthetic accounts offer ethical restitutions to their protagonists, at the same time offering clear lessons that might be learned from an encounter with the disease. In juxtaposing my fieldwork in previous chapters with these aesthetic accounts, I set up a contrast between the essential irresolution of my ethnographic narratives and its imagined resolvability in the written and filmic imagination. This juxtaposition of resolution with irresolvability, of restitution with skepticism, serves to sharpen my ethnographic description. In this chapter specifically, I focus on cancer memoirs written by patients after the turn of the century; in the next chapter, I examine Hindi films in the Indian postcolonial period that have taken cancer as their theme.

The Joy of Cancer

As a popular and recognizable genre, cancer memoirs came into their own in Europe and the United States around the 1960s. The Indian cancer memoir has a shorter history, gaining prominence in the early 2000s. These works most often are authored by patients who survive the disease, and less frequently by their near kin and caregivers. Most appear in one of four major Indian languages—English, Hindi, Marathi, and Kannada. Along with a corpus of other popular fiction, cancer memoirs, which usually are modestly priced, costing from about 30 to 200 rupees, are part of a vast production of popular literature intended primarily for a literate, indigenous audience. In this, they are far removed from the transnational literary worlds of globally recognized authors such as Salman Rushdie, Amitav Ghosh, Jhumpa Lahiri, and Arundhati Roy. While those more highbrow books are published by a few elite international and national presses, the cancer memoirs I discuss here are often self-published or produced in small runs by small local presses.

Most of these memoirs have the following formulaic structure. If the memoir is authored by a patient, that person is among the first to have received the diagnosis. As it is communicated, the diagnosis carries recrimination and blame. For example, the disclosure of the diagnosis to women in these memoirs is almost always accompanied by an accusation of self-neglect. In one account, the first question that a male doctor asks while revealing the diagnosis is, “How long have you known about the lump?,” followed by an accusation: “Did you not check yourself regularly?” Such accusations are described by memoirists without criticizing or commenting on the doctor’s approach. For example, the writer who received these accusations dedicated the book to the doctor who made them, describing him without irony as a paragon of sensitivity. In another account, a young memoirist in her thirties strikes up a conversation with a female doctor while receiving her mammogram. She tells her doctor she was surprised to discover her lump because she was told that the diagnosis was unlikely before the age of forty. In response, the doctor accuses her of lying to evade blame for her own failure in detecting the lump earlier.[1] When the mammogram confirms a cancer diagnosis, the doctor refuses to talk to the patient, since she has already demonstrated herself as incapable of personal responsibility, and asks that her husband be brought in. In another account, a writer recalls that while communicating her diagnosis, her doctors told her that her cancer was a manifestation of her unresolved grief for her husband's recent death.[2] In yet another, the memoirist—a botany professor—is similarly assailed for ignoring her symptoms; her doctor tells her that cancer in India was a recent problem brought on by "modernity" and "urban multitasking women" who ignored their own symptoms were partially responsible for its epidemic outbreak. This linked accusation recurs in many such memoirs: that cancer was a new disease brought on by contemporary unhealthy lifestyles, and that women who had entered the workforce were not entirely undeserving victims. For much of the book, the professor-memoirist grapples with this accusation. Toward the end, she breaks down and admits that she had been "foolish, illiterate and ignorant" in trying to pursue her career and care for her family at the same time.[3] Like many others, she expresses gratitude for her physician's acute insight. However, this internalization of blame is not without cognitive dissonance. The patient oscillates between feeling guilty about her "selfishness" and taking pride in her work as a professional.

While women face the brunt of moral recriminations, men too sometimes look to their past to find clues of moral failings. Men diagnosed with lung cancer were particularly prone to such reevaluations of their pasts. For example, the disease pushes one author to reexamine his karmic credit and debts.[4] Anup Kumar seeks a guru who urges him to think about how he might prevent its transmission to his children. Understanding karma as a matter of self-responsibility for the past, he feels an urgent need to remove any hatred for his own cancer, since hatred leads to the accumulation of "evil karma." He takes for granted a cultural truism—"some say" cancer is self-imposed—assuming one incurs cancer by gathering resentments. The solution to this lies in self-acceptance, without which any kind of treatment is bound to fail. Men's self-reevaluations differ slightly from women's in that they are rarely forced by accusations and blame. Their past misdeed is not that they neglected familial care—a domain reserved for women to worry about. Rather, their self-reflections show they retain their penchant for intellectualism, despite the disease.

A period of shock follows this revelation, when the memoir's main protagonist—either kin or patient—is thrown into despair, disbelief, anger, or delirium and withdraws from social life. But this withdrawal can only be temporary; the demands of treatment and kinship responsibilities require a reentry into interpersonal relations. This raises other questions: Whom should they tell, and from whom should they hide the diagnosis? In memoirs authored by patients, they are often the first to know: doctors tell some, while others find out from kin. But if the memoir is authored by a family member, disclosure is trickier. Even when the patient or kin are doctors, the first impulse is always to keep the diagnosis secret and prevent the psychic harm brought on by its communication.[5] This is not the only argument offered in favor of secrecy. Often, neighbors appear not as helpful allies but as vindictive aggravators of a patient's distress. One memoirist recounts how a neighbor asked her to make charitable contributions to wash away sins from previous lifetimes, leading her to feel like the "biggest sinner on the planet."[6] Two other memoirists remember neighbors arriving at their homes to tell them harrowing stories of the painful deaths of other cancer patients. To make a diagnosis public invites such possibilities of accusation, convincing most to keep their cancer secret.

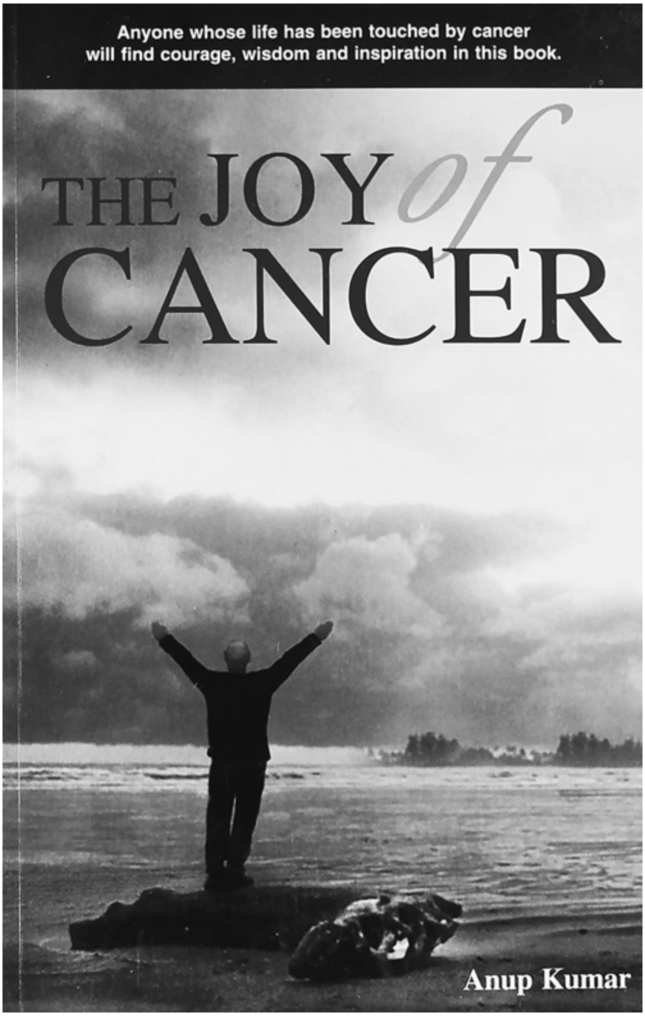
While adjusting to life after diagnosis, patients and kin are faced with the difficult choice between public and private treatment. If the protagonists are not wealthy, they worry about the decrepit state of public hospitals, where, for the first time, they will rub shoulders with the country's poorest. For some, these visits lead to reflections about socioeconomic inequality. One account describes the shock thus: "A sudden sense of depression set in me as we saw patients there: many looked emaciated; those who had enlarged lymph glands were seen with their glands projecting downwards . . . some had fixed blank stares." For most memoirists, these sights are enough to drive them away from public hospitals and toward expensive private facilities, even at potentially catastrophic financial cost. For others, this encounter with poverty provides an opportunity for a new empathetic orientation toward the poor. One memoirist writes: "Never had I seen so many maimed and bruised specimens of humanity. . . . There were people who had been cut open, stitched, and were waiting. . . . Surprisingly, not once did I hear anybody cursing life or fate. . . . All I saw was the incongruity of dignified acceptance."[7] She is then amazed to find love among these scenes of suffering: "Did I actually see more rural, down-to-earth people, as opposed to the busy professionals of the metros, living out true love?" After much rumination about the nature of love, she recommends: "Whoever you are, whatever age you are, you do deserve to make a trip to this hospital at once. You need to feel first-hand, the heartbreak of patients being abandoned by their own or the sheer joy of a son looking after his widowed mother. . . . You *must* experience raw human drama present itself in the corridors here."[8] She returns home not disillusioned or terrified but delighted by such instructive scenes of resilience and love.

For those not inspired by such scenes of suffering, privatized care shows the failure of public care. For example, Kamlesh Tripathi—a self-described "corporate citizen"—tells the story of his son Shravan, who died after fourteen years of living with brain cancer. In the memoir, Shravan asks his father about where the money for his expensive medicine comes from. Tripathi replies that the corporation he works for pays for it. Shravan then asks whether Tripathi has thanked them for their help. The memoir fulfills Shravan's request and is as much a panegyric to the corporation that employed Tripathi as it is a story of Shravan's cancer. Always grateful for privatized care, only once does Tripathi wonder about those who do not enjoy corporate philanthropy, asking, what is the "medical business model for the poor?"[9]

Some memoirs detail the debilitating effects of their author's cancer treatments, but usually descriptions of such vulnerability are quickly transcended. In a telling phrase, one writer describes her pain as "only the pain of rebirth."[10] Treatment offers an opportunity to find joy, love, and victory. This is the most important lesson of the Indian cancer memoir: that pain is the precondition for transcendence. The centrality of this theme in the memoirs is evidenced by their titles: *The Joy of Cancer*, *Not Out: Winning the Game of Cancer*, *Cancer Made Me*, *To Cancer, with Love*, *My Date with Cancer*, and so on. Mimicking the structure of revelation common in self-help books, these memoirs arrive at a climactic conclusion that one might not only survive cancer but also find a more authentic self in recovery. This victory offers a further insight: that good health is a matter of belief and will. For example, in one memoir an author seeks to dispel common myths about cancer in India; the myth that "being positive will cure cancer" occupies a prominent place in the list. However, instead of counteracting this myth, she confirms it. She writes that a positive outlook not only makes the disease more bearable but also "determines the efficacy of medicine," since "ultimately, it is all in your mind."[11] Thus, the centrality of the theme of positivity is most apparent when even an effort to dispel it compels a contrary admission: "So, in the larger sense of the term, one may say that being positive will help cure your cancer." Empowered by their new sense of mental fortitude at having faced and escaped death, most writers look forward to a life filled with optimism and positivity.

The same gesture that promises a joyful future also refigures the past.

FIGURE 4.1
Cover image from *The Joy of Cancer*, a memoir by Anup Kumar.



The patient's depressive personality at an earlier time in life is understood as having contributed to the disease. While not a memoir, one of the most successful self-help books on cancer focuses on the harmful effects of a patient's inclination toward depression.[12] It is one of the few popular books on cancer that has consistently remained in print in India and found a global audience. Its author, Dr. Nitin Unkule, has spoken to audiences at the World Health Organization and cancer hospitals all over the world. In his book, Unkule takes credit for the discovery of a "cancer personality" as the disease's etiology. Never mind that the idea of a cancer personality has been a cultural trope in the United States at least since the 1960s, when the first medical

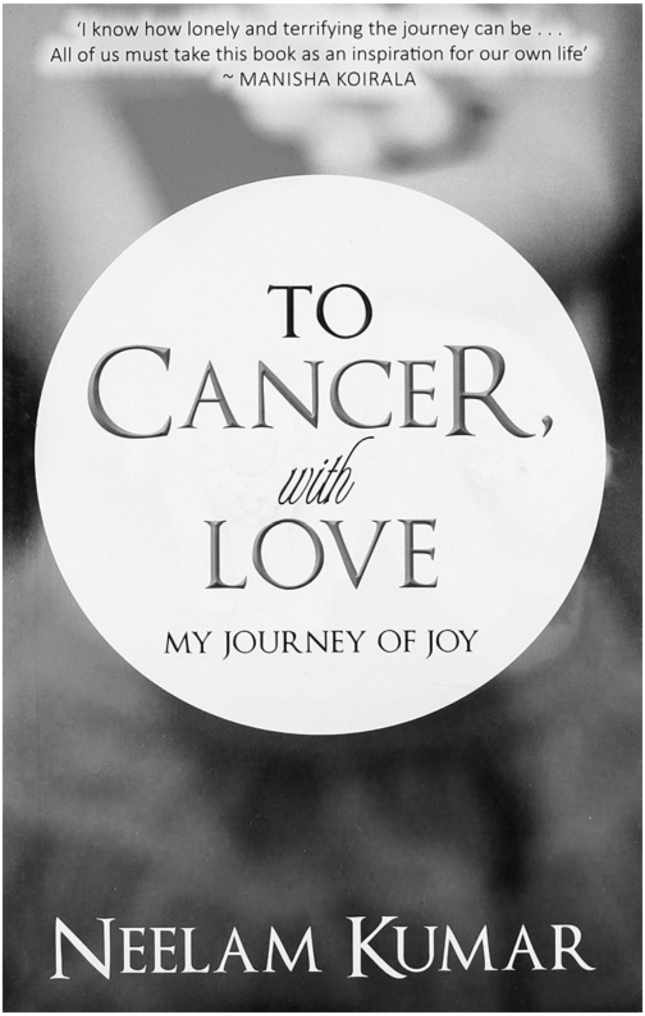


FIGURE 4.2
Cover image from *To Cancer, with Love*, a memoir by Neelam Kumar.

studies sought to test the hypothesis that maladaptive personalities contributed to cancer.[13] But this does not stop Unkule. He divides cancer patients into two groups—survivors, who have peace of mind, and "diers," who are full of denial and depression. There is no such thing as incurable cancer, Unkule suggests, only incurable patients. To lend his ideas a veneer of scientific credibility, he describes "cancer phantom" cells that he knows about, but that "the West" has yet to discover. Predictably, if patients are to blame for their cancer, Unkule suggests, they must take responsibility for their own cure. Such a cure is only possible if patients acknowledge their own blame and set out to live a new life full of optimism and cheer. Although not a memoir, Unkule's book makes clear the troubling telos of the cancer memoir, if its mantras of self-help are taken to their logical end.

What might we make of the generic conventions of the Indian cancer memoir? What kinds of affective identifications are promised to readers in these journeys from blame and shock to recovery and recuperation? Certainly, these memoirs summon an intimate public—a space of identification between strangers that Lauren Berlant describes as coemergent with popular print culture.[14] Her phrase "intimate public" describes many mass-produced cultural forms that promise consumers they are not alone, that their pain is shared by others. The Indian cancer memoir similarly offers a seductive possibility of identification. In its mode of address to other suffering cancer patients, the form presupposes an intimacy based on the fact of a shared illness. But at the same time, these memoirs bear the paradox at the heart of all intimate publics. They provide possibilities of emotional contact even as such contact presupposes only the thinnest grounds of commonality. Authors and readers of the Indian cancer memoir are united by the fact of their diagnosis, and little else. The movement from "I" to "we," fundamental to the form of address of the cancer memoir, articulates a common vulnerability to illness, but it rests on an elision of the practical nature of these vulnerabilities. In other words, the promise of intimacy in these memoirs is predicated on obscuring how social differences such as class and gender structure differential access to survival and recovery. There is little proximal support in such promises of cancer publics.

At the same time, such a transcendence of social complexity is more than a precondition for fictive intimacies around cancer; it is also its reward. Join us, the memoirist promises, and learn the truth that cancer is not the curse it appears to be, but a path to a better, optimistic future. Such a promise is suffused with an unmistakable cruelty.[15] To arrive at this revelation and its promise of a "good life," protagonists must look away from the obstacles that hinder their flourishing. Patriarchal accusations of self-neglect must be accepted and internalized, class hierarchies are pushed to the narrative margin, and the fantasy of recovery hides the danger that cancer might recur. Dangerously, then, this unfettered optimism not only promises a disease-free future but also does little to prepare for the possibility that such a future might be interrupted. Accusations of neglect might return, financial distress might again force the difficult choice between public and private care, decisions about disclosure might again have to be made. But for the promise of transcendence to be plausible, cancer—the very object that throws life into jeopardy—becomes a peculiar object of desire and attachment. Again, memoir titles most transparently reveal this paradox: cancer is a "lover," a "date," the protagonist's "maker," and the source of future "joy." Thus, the conventional premise of the Indian cancer memoir is that cancer not only allows the opportunity to recover life but also serves as a precondition for *having* a life. There is no space here for grief, for the paradox that endurance and survival come at difficult social costs, or for the possibility that life might be lived in the irresolute space of its debris.

Against Restitution

So far, I have described the Indian cancer memoir in its most conventional form. As such, the genre offers little reflection on the darker corners of the disease. There is no space here for a statement such as literary theorist Kathlyn Conway's that, after two decades with the illness, "the experience of cancer is without redeeming value; that I have not been transformed by the experience; that it is, beyond all else, a misery to be endured."[16] Conway is allied with a select group of memoirists—including Arthur Frank and Reynolds Price—who reflect on the limits of the genre and critique its "restitution narrative" from health, to sickness, and back to health.[17] The expression "restitution narratives" aptly describes the Indian cancer memoirs I have discussed, and my analysis of them has been informed by Conway and others who express discomfort with how Euro-American cancer memoirs often ally disease with redemption. At the same time, Conway holds on to the hope that the cancer memoir might be rescued from itself. For writers and critics in Conway's mold, the way out of this generic impasse is to confront the messy fact of death and grapple with what Price calls in his own memoir the "far side of catastrophe."[18] Through writing, Conway hopes to recover the ability to give illness meaning as that most "utterly human process" and death as that most "basic human condition."[19] Through this direct confrontation with the possibility of death and life's unraveling, the genre's most reflexive writers hope to rescue it from disrepute.

In what follows I describe similar efforts in India that seek to escape the limitations of this genre. In this, I join critics like Conway who hope to recover cancer narratives from their seemingly self-evident association with the tropes of self-help. Reflecting on her critical literary practice while grappling with her husband's cancer, Ann Jurecic argues that a suspicion toward such narratives risks a disengagement with what aesthetic genres might offer to those who live with critical illness.[20] My way of remaining open to the promise of aesthetic accounts of the disease is to foreground those that hesitate in their search for narrative resolution and restitution. Certainly, some of the cancer memoirs I have described so far reproduce the same unsatisfying narratives of personal growth and willed transcendence that have drawn justifiable scholarly ire elsewhere in the world. At the same time, the ones I will now go on to describe depart from this trope, portraying practices of endurance that rarely resolve in easy recovery and restitution. These accounts offer multiple, fragmented, and even contradictory accounts of everyday life with the disease. In remaining partial and incomplete, they offer a more faithful picture of the irresolvable contradictions that living and dying with the illness produces.

Even though my impulse here might resemble that of scholars like Conway who encourage attentiveness to the "universal" and "basic" fact of life's unraveling, I depart from their method in one important regard. Conway's aim, reflected in many excellent accounts of cancer in recent years, is to get past the injunction to hope against all odds and instead to confront the messy, human, and universal fact of death that haunts all human experience.[21] Such efforts hope to remind biomedical patients and practitioners increasingly obsessed with extending life that "death, of course, is not a failure. Death is normal . . . the natural order of things."[22] On the other hand, my effort here is to understand how certain memoirs explore the contingency of death not as a "human" or "universal" question but as an entryway into asking what it means to live and die rooted in a *particular* time and place. In other words, in confronting the solitude that might accompany a cancer diagnosis, these works articulate an estrangement from living within *a* world, rather than *the* world in some universal, abstract sense. Here, the lines between this and the far side of catastrophe are not defined by whether or not the memoirist can confront the fact of human mortality. Rather, the lines dividing the ordinary from the catastrophic can loosen and tighten in relation to specific arrangements of everyday life. The three memoirs I now turn to do not take a sense of the catastrophic as a universal human lesson. Rather, their sense of the catastrophic grows out of experiences of everyday lives rooted in the vicissitudes of specific histories.

Nazeem Beegum's memoir, *My Mother Did Not Go Bald*, includes an introduction by the Malayalam writer Maythil Radhakrishnan.[23] What commends the book to Radhakrishnan is Beegum's rejection of a restitutive authorial voice. The book's chapters are titled "Bystanders 1" through "Bystanders 22," with each bystander representing a different aspect of Beegum's self, fragmented into these different pieces after her mother's cancer diagnosis. In that single stylistic gesture, Beegum allows the sediments of social de-

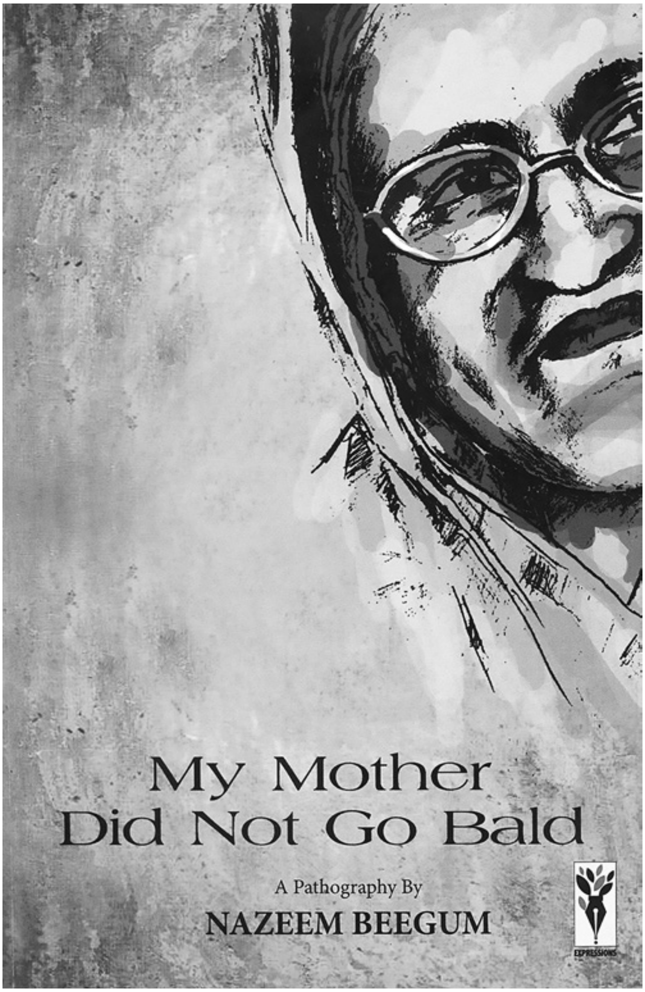


FIGURE 4.3 Cover image from *My Mother Did Not Go Bald*, a memoir by Nazeem Beegum.

bris in the wake of a cancer diagnosis to lodge into the book's form. As a "bystander," she struggles with a sense of powerlessness as her mother's cancer grows and metastasizes. She does not learn to "love" her mother's cancer, nor does she emerge as a victorious survivor after a battle with the disease. Instead, she is a witness, often silent, and almost always helpless. Each bystander—aspects of Beegum's fragmented self—bears witness, then, to how the disease puts pressure on already tense social ties.

The first relation that is tested is that between Beegum's mother—Ithata—and her brother. The book begins with Ithata asking to be sent home for a week from a palliative care ward. Her doctors understand this request as indicative of her desire to spend her last days at home, but Beegum senses a different motive: Ithata wants to go home to prepare her will and, through it, tempt her estranged son to return and see her. Even though Ithata's affection for her disloyal son upsets Beegum, she swallows her disappointment, acknowledging her mother's desire to repair her familial ties before her death. Ithata, too, recognizes how her continued loyalty to her son might make Beegum—an unselfish caregiver—feel devalued. To spare Beegum's feelings, she never explicitly expresses affection toward her son, instead offering practical pretexts for his return. But Ithata's plan to tempt her son back to her faces an obstacle. Various religious communities in India may legislate matters of marriage, divorce, and inheritance; Beegum and Ithata are Muslim, and their property transactions thus follow the guidelines of Muslim personal law. While Muslim personal laws in India are not strictly codified, they are usually interpreted in favor of male heirs, who get the larger shares of inheritances. Consequently, Ithata's son is not lured by her promise of an even larger share; he is satisfied with the property that will accrue to him with no performance of filial regard. Hurt by her son's disregard, Ithata returns to the palliative care ward, which happens to be run by Dr. Rajagopal, the preeminent name in palliative care in South India. In keeping with the palliative care injunction to bring quiescence to the dying patient, Dr. Rajagopal intervenes to resolve the family dispute. But Ithata's son refuses to come, even at Dr. Rajagopal's request.

While the familial bond that is most strained in Ithata's world is with her son, Beegum also describes how the diagnosis seeps into relations with other kin. Before Ithata's diagnosis, her sister had eloped with a man from another religion; now, she returns to ask for Ithata's forgiveness. Ithata forgives her, much to Beegum's dismay. Beegum blames her aunt for having put their family in jeopardy and wants her to continue to suffer the consequences of her actions. Again, Beegum is hurt by Ithata's gestures toward restituting her social ties. In describing this damage, Beegum allows us to glimpse unintended acts of violence that restitution can bring upon others in the same relational world. At the same time, Ithata's efforts at reconciliation come up against their own limits. In the last days of her life, Ithata prays in a room where another sister took her own life. She breaks down in this space, unable to understand how her sister could have ended her life, leaving broken social relations in her wake.

In another departure from the cheery optimism of restitution narratives, Beegum details Ithata's insistence on confronting her own mortality despite the best efforts of her kin to shield her from it. Beegum's sister is particularly adamant about not revealing Ithata's diagnosis to her. To this end, the family takes Ithata for treatment at a private hospital, even though this is beyond their financial means. Private hospitals are often enclosed in a single building, without clear signage dividing specialties from each other. The family hopes that this absence of explicit signposting in private hospitals—inescapable in public hospitals—would prevent Ithata from finding out she has cancer. However, their visit to the hospital coincides with World Cancer Day, and the hospital is dotted with banners picturing bald cancer patients. Beegum's sister is doubly upset when the oncologist at the hospital lets slip the word "biopsy" in Ithata's presence. They realize afterward that Ithata knew more than she let on; while leaving the hospital, she asks them if they noticed the banners and signs. Still, they keep up the pretense of secrecy and never talk about the diagnosis, even as it haunts many of their conversations. But closer to her death, Ithata again forces an acknowledgment of her cancer and its terminal prognosis. She asks to see her *kafan*—the ritual cloth and perfumes in which she will be buried. This request troubles Beegum, and she puts it off. Ithata dies the next day, leaving Beegum with the guilt of having denied her mother her last wish.

In its acknowledgment of fragmentation, grief, and mortality, *My Mother Did Not Go Bald* fulfills the ambitions of many scholarly and literary critics for cancer memoirs. It does so not only by confronting death but also by grappling with what dying means in a particular time and place. That is, the book reverberates with the specific arrangements of kinship, gender, and voice that are not "universal" or "basic," as Conway would have it, but deeply rooted in social worlds. These twin felicities of the book—its acknowledgment of mortality and the descriptions of its contextual specificity—come together in the final metaphor of the kafan. Anthropologists have long argued that funeral arrangements, both pre- and postmortem, are a way for social actors to resolve the personal and social ruptures resulting from death and grief.[24] While gesturing to its possibility, Beegum rejects this resolution. The funeral itself becomes another symbol for unresolved grief, and a site of frustration and helplessness for Beegum.

Mayan, a Hindi memoir, echoes the entanglement of kinship and illness in *My Mother Did Not Go Bald*, but it reaches a remarkably different conclusion.[25] Written by novelist Anand Prakash Maheshwari, it tells the story of his mother's cancer. Maheshwari seeks to put some distance between his life and writing and takes on the pseudonym Vineet through the course of the memoir. The book is named for the honorific—Mayan—by which Vineet addresses his mother. Mayan is diagnosed with cancer and is treated at the All India Center of Medical Sciences (AIIMS). In Vineet's account, she is the paragon of a selfless mother, who in times of familial poverty gave up her own food so that her children might eat; when food was especially scarce, she would eat it stale. Vineet traces the etiology of Mayan's cancer to this eating of stale food and to the overabundance of her piety and filial love. Humbled by her sacrifice, he sets about sacrificing himself to care for her. He regrets his careless life before Mayan's disease and is now resolved to become the dutiful son she deserves. His first sacrifice is to hide the diagnosis from her. This involves careful subterfuges that unravel as she enters AIIMS for treatment and reads the hospital signs. Through the course of his mother's illness, Vineet's desire to sacrifice himself grows, as does his impatience with others who disrupt his duty. He reserves his strongest condemnation for neighbors who, he reports, only exacerbate Mayan's distress by recounting the painful deaths of other cancer patients. As her disease progresses toward her death, he isolates her from all social contact other than his own.

Mayan is conflicted about Vineet's relentless need to sacrifice. It appears that a real source of concern for her is Vineet's growing anger against his father and his need to atone for his father's sins. Mayan and her husband are estranged, and the novel hints at the possibility of past domestic violence as the cause of this estrangement. To mitigate Vineet's anger against his father, Mayan reminds him of a story of her early marital life. When Mayan and her husband first lived together after marriage, social codes dictated that they would never directly address each other. Instead, they would always address each other via a third person, even while in each other's presence: "Please tell him that . . ." But once, when both were alone in their house for a few days, Mayan fell sick. This raised the problem of how Mayan could communicate with her husband and not break social taboos. To circumvent this problem, her husband would sleep just outside her door with a rope tied to his toe. The other end of the rope was near Mayan, who could tug it without calling his name. This entanglement of care with the violence that would soon overwhelm the marriage gives Vineet some respite from his resentment. It also gives pause to the narrative Vineet constructs about his mother's lifelong victimhood, which drives his desire to sacrifice himself at the altar of her deification.

But the pause is brief. The second half of the book takes place in a claustrophobic arrangement of Mayan and Vineet sequestered in the room where she will die. In the long hours he spends with her every day, he turns to the world of myth to bring Mayan solace. The book becomes an explicit mirror of an episode and its aftermath in the Mahabharata, specifically the passages now referred to as the Bhagavad Gita. In the myth, these passages appear in a battle between two groups of warring brothers. The Gita comprises a dialogue between the prince, Arjuna, and his divine charioteer, Krishna, during the battle. Seeing the devastation on the battlefield, Arjuna despairs at the consequences of war. In response, Krishna comes to his aid, convincing him to fulfill his duty as a warrior.[26] The memoir then takes the form of an ethical dialogue between Vineet and his mother, who talk for hours about theological doctrine and grapple with the ethics of suffering and death. As the book progresses, it shifts its reference point to a later episode in the Mahabharata that is the Gita's aftermath. The myth is of Bhishma, a warrior so powerful that Arjuna and Krishna can only stop him in battle with deception. After he is brought down, Bhishma lies between life and death on a bed of arrows that Arjuna lays down as a show of respect. Early in his life, Bhishma had been granted a boon that allowed him to determine the precise moment of his death. Invoking his boon, Bhishma lives in pain in the verge between life and death, steadfast in his desire to witness the conclusion of the war. For Vineet, Bhishma is the perfect analogue for Mayan's suffering. While Bhishma can choose the moment of his death, he cannot choose its cause or trajectory; those are determined by forces outside his control. As for Arjuna, all he can do is witness in despair the consequences of his ethical fulfillment. This episode in the Mahabharata is a fundamental moment of insight for Vineet. Inspired by it, he understands his own book as a minor meditation on the "art of dying." For weeks, Vineet and Mayan talk day and night about theology, myths, and what it might mean for her to die well. Near the end of her life, they decide to withdraw her morphine so that she may live out her karmic burden. This is Vineet's practical application of Bhishma's instructive ethical act to witness his own death despite the intense suffering of his body.

Mayan is a book that resists a straightforward gloss. Its many twists and turns allow for a plurality of insights that are rare in other accounts. In the time of self-help books on the art of living with and surviving cancer with cheery optimism, it is one of the few accounts of cancer that explores the "art of dying." It takes recourse simultaneously to myth, biomedicine, and the biographical pasts of its protagonists. Bhishma was given the boon of choosing the moment of his death so that he might die well: a self-willed death is fundamental to many theological conceptualizations in Hindu thought. However, this boon turns out to be inadequate to the task within the contexts of a war and the ethical demands of living in times of moral confusion.

The invocation of the Bhishma myth in *Mayan* is thus particularly apt. It reveals the narrative's acknowledgment of the limitations of arriving at a good death through a preordained set of prescriptions; there is no simple set of rituals, practices, and incantations that can conjure this into being for Mayan. Rather, the weight of the present and past—something Vineet glosses as a "karmic burden"—weighs on his account, blocking the possibility of resolution. The "art of dying" in the book, then, appears in the form of a dialogue that is conducted over days and nights, coaxing together various registers of the biomedical, mythic, and personal.

At the same time, the dialogue between Vineet and Mayan is really his monologue. The book's turn to the mythic eclipses the voice of the patient in pain. This elision of Mayan's voice is especially acute toward the end. As the disease's effects multiply, so does Vineet's desire to speak for her. We must strain to hear Mayan's presence in the book as it is increasingly overlaid by Vineet's ethical musings about her illness. Vineet's desire to reciprocate his mother's sacrifices with his own is overwhelming, enveloping both the narrative and the trajectory of Mayan's death. I find, then, that almost contrary to its author's intent, the book reveals the deep violence that the ethical single-mindedness of sacrifice metes out to vulnerable recipients, unable or unwilling to withstand its force. As much as Vineet might believe that his own sacrifice helps produce his mother's "good death," I read his actions as further silencing his already vulnerable mother, who is disallowed any agency in determining the trajectory of her dying. Nowhere is this more striking than in Vineet's insistence on taking away her analgesia so she may live out her "karmic burden." This ethical complexity of the relation between sacrifice, critical illness, and the violence of witnessing is one of the book's unintended but powerful insights.

So far in my readings of Indian cancer memoirs, I have been arguing that a precondition for a book exceeding generic conventions is its openness to narrative irresolution. While most accounts seek a transcendence of illness through the sheer force of optimism, some—*My Mother Did Not Go Bald* and *Mayan* among them—make more space for the possibility of death and the presence of grief. In such memoirs, cancer does not lead to an enumeration of new prescriptions for better living. Rather, they seek a structure of representation proper to the fragmentation of their world. At the same time, they do so in different ways and to different ends. If *My Mother Did Not Go Bald* leaves the fragmentation of grief unresolved, allowing it to become part of the book's structure, in *Mayan* the "art of dying" resolves such fragmentation through new injunctions to self-sacrifice and a mythos of ethical and redemptive suffering. I now turn to a third memoir—*Silent Echoes*—that opens another possibility of narrativizing the relation between fragmentation, redemption, and recovery. It describes how the experience of cancer reveals the contextually rooted fragilities of life that precede and follow a cancer diagnosis. When the disease enters its narrative, it marks not the beginning or end of a person's vulnerability but a new point of relational stress in a long biography of suffering.

Like *Mayan*, *Silent Echoes* blurs the lines between fiction and biography. Although it is presented as a memoir, the preface reveals that it was ghostwritten and that the subject of the memoir remains anonymous. The reason for this masking is that *Silent Echoes* tells a story of domestic violence that is still hidden from many of the author's acquaintances and kin. Its main protagonist, Prerna, grows up in India but is sent to England to be married. She does not know this when she arrives in the country, only finding out when her parents leave her there with her brother and return home. Despite this abandonment, she writes approvingly of "Indian society" and its adherence to the moral institution of the family. Within weeks, her marriage is arranged with a groom in a city close to where her brother lives in England. Prerna's marital abuse begins immediately after her marriage, motivated by her in-laws' dissatisfaction with the dowry they received from her family. She is sexually assaulted by her father-in-law, but she does not speak out so that she can live out her childhood dream of being married. She is constantly beaten by each of her in-laws—her husband, as well as his parents and his brother. She is disallowed personal possessions and forbidden from having contact with her natal kin. Even when she talks to her natal kin, she hides her abuse from them, hoping to spare them her suffering and the self-blame it might induce in them. Even after all this abuse, the cruelty of her optimism continues unabated. She becomes pregnant and gives birth, expecting the entry of a child into the family to quell the violence. In this, too, she is disappointed, and the violence continues after her son's birth. At this difficult biographical moment, Prerna is diagnosed with cancer.

Instead of drawing sympathy from those around her, Prerna's disease only exacerbates her vulnerability. Her in-laws want her out of their house, hoping she will die quietly with her natal kin. This hope is motivated by their desire for her husband's remarriage, which would be tainted if prospective families found out about her stigmatized disease. She lives with her brother but never gives up hope that her affinal family will take her back after she recovers. She tells her brother of her abuse, but they decide that divorce would bring shame on their family and that she should seek reconciliation. Prerna continues to blame herself and even considers suicide. She talks about pain as if it lives only in others and not in herself: for example, she worries endlessly about how it would anguish her kin if they found out about her suffering. And to communicate her pain to her husband, she slaps their son, to which her husband responds by beating her. She asks then that if he feels the pain in a baby so acutely, why can he not imagine the pain of her parents? Through the course of her treatments, Prerna's natal kin offer the support her affinal kin refuse. She is struck by the irony that they will protect her from the violence of cancer, but not of kinship. Slowly, her every certainty about her place in this world comes undone: "I knew that I was homeless. No one's home or rented place would ever become my home."[27] She realizes not only that her affinal kin will never take her back but also that her natal kin see her as a burden.

Yet, these realizations do not eclipse Prerna's hopes for marital reconciliation. She wishes, despite herself, that her husband will take her back once her hair grows back. The last fragments of her hope collapse only when she receives divorce papers from him. She writes then of the "fragmentation, isolation and meaningless" of suffering, realizing that her cancer offered her no pathway to a good life.[28] Finally, she is able to acknowledge her abandonment: "Even the killer disease did not free me from the shackles of culture. If it had been Sajan [her husband] having cancer, everyone would openly have asked me to look after him and do things in the best possible way to help him through the disease. However, no one really cared, no one looked at it that way for me."[29]

About this time, her sister is murdered by her own in-laws following a dowry dispute. Prerna knew her sister had an unhappy marriage. She had been born with a mole that had been surgically removed, but the scar hurt her marriage prospects, and she had been married to the first family that agreed to take her in. The murder of Prerna's sister proves to be the proverbial last straw. She absolves herself and her sister from blame for their own suffering and isolation. She writes that the history of women has been a history of silence, and that she would now revolt against this silence. But such a revolt turns out to involve something different from public testimony or an excision of her past. Her natal family helps her begin a career as a counselor, and she remains grateful to them. She remains close to her brother and sister, who are troubled that she chooses not to remarry. They see her unmarried state as a stigma that hurts their children's marriage prospects. Prerna does not bend under their pressure, but at the same time, she remains tied to them in bonds of both debt and affection.

Silent Echoes represents a remarkable exception to the Indian cancer memoir. Most tellingly, as with Ithata and Mayan, cancer enters Prerna's life through the troubled pathways of the violence in her past. As such, it offers no easy path to a new future freed from the shackles of past limits. The book refuses such an escape or transcendence. Even as she remakes herself during her recovery, Prerna remains entangled within her kinship obligations to her natal family. Instead of casting them off for not coming to her aid when she needed them, she continues to tend to these past ties. Her strategy, then, for living well in relation to destructive kinship norms is not to transcend them but to inhabit them differently. She leaves her violent affinal family but continues to respect their wish that she conceal her abuse. She chooses not to remarry but also lives with the accusation that this choice harms her family. In *Silent Echoes*, then, the past lives on in the present. Cancer bends but does not break kinship norms. The question of what it might mean to live well in the shadow of cancer thus appears only through an acknowledgment of the limits of recovery. Restitution cannot be understood here as a transcendence of past suffering through the new insights brought on by disease. Rather, understanding the force of cancer's violence requires Prerna to grapple with her marital past. The diagnosis does not catalyze new insight, marking a clean boundary between the past and present. Rather, it inflects certainties already under duress. And in this complex articulation of the past, present, and future, *Silent Echoes* allows a glimpse into a circumspect and plausible answer to the question of what it means to "survive" the violence of both gender and cancer, where the duress of one cannot be understood without reference to the other.

Against Optimism

On the surface, the cancer memoirs described in this chapter share the concerns of my face-to-face ethnographic work in prior chapters—how cancer enters and mutates social worlds. However, their explanations of this concern diverge from mine. During my fieldwork, I often found that for my ethnographic interlocutors, clear moral resolutions were never easily at hand. Nor was it possible to simply transcend the pain and duress of the disease by a sheer force of individual will. My ethnographic narratives reflect that indeterminacy, as well as the unfinished quality of my interlocutors' efforts to endure a cancer diagnosis. In most cancer memoirs, I found an opposite narrative orientation. Most looked past the fragility of social worlds within which the disease often appeared. They fled from the durable difficulties of everyday experience, instead offering stories of the joys of recovery and redemption. In this, a majority of Indian cancer memoirs resemble many of their global counterparts that similarly promise identification and consolation to their readers, without necessarily acknowledging the preconditions of these promises. This global cohort of cancer memoirs elides the structural and collective barriers that hinder survival; for instance, they say very little about the difficulties for those without means to access timely treatments, or about the fact that only a subset of cancers are amenable to therapies that lead to long-term remission.

At the same time as I explained my dissatisfaction with these dominant tendencies of cancer memoirs, in this chapter I have also described three that went against their generic grain. These placed the crisis of the disease within longer histories of vulnerability, connecting the precarity of lives before and after diagnosis. I found that these three memoirs provided an "emic" account of what it meant to live and die with cancer, in a way that was consistent with my ethnographic descriptions. *My Mother Did Not Go Bald* trafficked in the same complexity of concealment and the possibilities of subjunctive life I found in my work with Cansupport. The choreography of telling and not telling allowed for multiple, even contradictory, modes of living with and alongside cancer—concretized in the memoir's form as a list of thirty-two bystanders. Formal composition joined narrative storytelling to capture what is a key insight of my book, too: that cancer fragments life into many "as-ifs," which become crucial modes through which the disease folds into everyday life. Similarly, *Mayan* was a commentary on possibilities of violence and recognition that are opened in the wake of a cancer diagnosis. Like many physicians and kin who have appeared in my ethnographic accounts, Vineet sought to understand his mother's pain and suffering, even in the face of the vast gulf that separated their experiences of the disease. But, as well-intentioned as his desires to empathize were, they forced a second violence on Mayan, the violence of his misrecognition as he overwhelmed her experience with his own imagination of what an ethical and good death should look like. In this, his efforts resembled those of some of the cancer pain researchers I described in the previous chapter, who similarly sought to empathize and offer pathways to transcendence through a recourse to mythic figures. But while those physicians never rejected analgesia, Vineet's desire to transcend his mother's pain was so complete that he urged her to do so, achieving a more authentic, painful death. In this way, the sevā Vineet offered to Mayan mingled violence and care, even though he did not recognize it as doing so. Finally, the gendered dimensions of misrecognition were similarly replete in *Silent Echoes*. For Prerna, cancer appeared as a postscript to a long history of domestic and affinal violence. Explicitly, she refused to draw clear lines between the violence of her social world and that of her disease, choosing instead to trace the lines of care and violence that ran through both.

In the next chapter, I turn to film and continue to ask the following questions of aesthetic accounts of cancer: How do they narrativize the doubts and skepticisms about the self and social relations in the shadow of cancer? And how do they imagine recovery in the face of such doubts? In these memoirs, we have seen two contrasting answers to these questions. For some accounts, cancer became a mode of chastisement, a lesson to correct past shortcomings and failures in the search for a better life after the disease. Such a mode of representing cancer presumed its pedagogical capacity to reform social worlds. But in another set of accounts, cancer offered no easy path to redemption. Rather, these accounts presented a patient's vulnerability to cancer not as a somaticized outcome of past sins or lifestyle choices but as biological duress coupled with a durative fragility in relations that preceded and outlived the disease. For such accounts, restitution and resolution were not easy, even if they were a desired horizon. These accounts come closest to my ethnographic description of the social—as a network of fragile relations whose capacities for strength and support are tested by a cancer diagnosis. They supplement my ethnographic efforts to show how any effort to ameliorate cancer requires working within and through the fragile social ties within which the disease often takes shape.