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# 'Cancer Coiffures': Embodied Storylines of Cancer Patienthood and Survivorship in the Consumerist Cultural Imaginary

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**Abstract**

Cancer patienthood and survivorship are often narrated as stories about hair and wigs. The following article examines cultural representations of cancer in mainstream memoirs, films, and on TV across Western European and American contexts. These representations are both the ideological substrate and a subtly subversive staging of a newly globalized cancer culture that expresses itself as an embodied discourse of individual experience. Wigs have become staples of an alternative story of especially women's cancer experience, one that contrasts with the advertising slogans of what has been termed 'Cancer Inc.' But wigs are also a prop for consumerist self-(re)invention and can be appropriated stereotypically, with regard to stock gendered expectations – despite and alongside their subversive potential.

**Keywords**

body image, cancer, consumer capitalism, cultural imaginary, gender, hair, wigs

**Cancer Stories and Cancered Bodies**

Dealing with cancer – being diagnosed with, and 'battling', the disease – is becoming more and more common for us all. The World

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**Extra material:** <http://theoryculturesociety.org>

Health Organization (2017) expects a 70% increase in cancer cases worldwide over the next two decades. It is unsurprising, then, that narratives of cancer patienthood and survivorship are likewise multiplying, are now more mainstream, and are circulating globally. Times have changed since the ‘popular imaginary of cancer *subcultures*’ in the 1990s, which were theorized by cultural analysts such as Jackie Stacey (1997: 10 – our emphasis). In the 21st century, cancer is an experience that is part of everyday life, a familiar celebrity confession, and a stock plot line in blogs and vlogs, published memoirs, TV series, and on the big screen. As Susan Bordo’s canonical set of essays *Unbearable Weight* (2003 [1993]) has shown, widely shared ideologies of the body inhabit cultural *images* which homogenize bodily experiences, and which normalize the ways in which we speak about, understand, and indeed embody them. Tropes about tumours and platitudes about being a cancer patient are part of a globalized discourse. They are appropriated with creative, individual agency as expressive of our own ‘lived’, and thus embodied, experiences of the disease.

With such prominence of cancer narratives has come a radically increased normativity. Arthur Frank (2013) rightly claims that the narrative of quest and heroic survivorship has triumphed over tales of personal chaos and disruption. David Cantor (2009) has convincingly applied the term ‘conversion narrative’ to the cancered life story, describing the manner in which the American Cancer Society chose to portray the experience of patients in their public education efforts in the late 20th century, as it and other agencies sought to recruit people onto programmes of early detection and treatment. ‘Conversion’, in this sense, means the transformation of a threatened, enfeebled patient into a warrior. Such cancer survivors, it is popularly assumed, make a *choice* to live, in part because life post-cancer is thought to be even more intense, and potentially more positive, than it was prior to diagnosis. That is to say, a serious health condition can also be the starting point for what Lawrence Calhoun and Richard Tedeschi (2007) call ‘post-traumatic growth’, a belief in which causes patients to expect that they should go on as survivors to experience enhanced personal relationships, a greater appreciation of life and a shift in life’s priorities, deeper spirituality, and even increased personal and physical strength – as implied in the title of Lance Armstrong’s charitable cancer foundation, *Livestrong*. The

‘battle’ against cancer has become a chance for renewed self-discovery and development that is couched in terms of becoming not simply a different, but in some regards a *better*, person.

We can distinguish cultural differences in cancer narratives internationally, of course, and indeed across cancer diagnoses. Such comparative work is in its infancy, but is growing. Pointing to both discursive examples and empirical data, Kari Nyheim Solbrække and Geir Lorem (2016) demonstrate that Norwegian cancer patients experience less (but nevertheless some) pressure to display positivity and heroism than elsewhere in – especially English-speaking – ‘Western industrialized’ countries. However, patients in Norway diagnosed with certain cancers, and particularly gynaecological ones, feel stigmatized and secondary to, above all, breast cancer survivors – as they do in other countries, such as Australia, too. In the present article, we are concerned with cancer in general rather than with specific forms of the disease, and with both women and men as patients. While it is welcome that scholars are paying greater attention to cultural differences in cancer experiences and narratives around the world, the similarities seem more immediately striking. ‘Globalization’ refers to the apparent overriding coherence of cancer cultures, and it denotes a cultural process in which certain master-narratives have become dominant: this implies more than merely ‘international circulation’. These master-narratives condition our affective body image, especially given the broader context of *consumerist* cultures in global(ized) capitalism – with consumerism manifesting itself most obviously in fashions and self-styling of body image, but increasingly, too, in discourses surrounding health care provision and patienthood. Within public health, cancer in particular has become a major theme of globally scripted, staged, and homogeneous debates among governments and across international organizations, promoted not least by the World Health Organization; and cancer research has given rise to internationally oriented charities and networks, such as Worldwide Cancer Research and World Cancer Research Fund International.

Barbara Ehrenreich (2009), Gayle Sulik (2012), and, in the present journal, Deborah Lynn Steinberg (2015) are among a growing body of dissenting voices who have protested against the tyranny of positivity surrounding cancer survivorship in an Anglo-American context. Steinberg criticizes the medical cancer industry, the rhetoric of

corporate-style charities, and celebrity testimony. Taken together, these discursive agencies are summarized as a consumer capitalist entity referred to here as 'Cancer Inc.' They constitute the 'representational field' of present-day cancer culture, that is, the 'normative institutionalities and everyday non-remarkable sensibilities surrounding cancer' (2015: 117). Steinberg's critique stemmed from her own, lived experience of cancer; our position emerges in part from one author's own story of cancer survivorship and professional experience as a medical sociologist, and in part from the other's 'outsider' perspective, as a cultural critic (especially of media).

Steinberg is absolutely correct in outlining an overarching, two-fold assumption of prevailing cancer culture. First, an imperative of subjective estrangement predominates: cancer is often conceived as a rogue outsider, a criminal who has broken into the patient's body. Second, the cancer patient popularly appears as an edifying subject, and therefore 'a figuration of moral entitlement and moral capital' (Steinberg, 2015: 118). This secondary point is the concern of the present critical enquiry. The latter medico-moral logic becomes a cultural entitlement, argues Steinberg, and the cancer patient is thereby elevated to 'the subject of phantasmic identification, admiration and aspiration' (Steinberg, 2015: 132). Cancer advertising suggests patients should return not to their normal life, but instead to the life they were meant to have: the life they deserve. And since cancer fighters are perceived as ordinary people, writes Steinberg, 'cancer's virulence is taken down a peg: a petty thief, a bad worker, a bad boyfriend' (Steinberg, 2015: 123). A bully, in fact: we might think of the Anglo-American Stand Up to Cancer campaign, a successful charitable, televised telethon of the Entertainment Industry Foundation, fronted in the UK by celebrity presenters such as Davina McCall.

The representational field of cancer culture Steinberg identifies is increasingly also constituted by adapted, alternative, even counter-narratives and embodied experiences that have, in turn, become mainstream and normative representations – if not, thankfully, hegemonic ones. Steinberg's conception of cancer culture's representational field is therefore politically important and yet, critically, not complex enough. Because in truth the representational field not only comprises many competing and intersecting narratives but its 'other' embodied stories are also, and more importantly, contradictory. In a

world in which we all conceptualize ourselves by reference to diverse, intersecting, and competing categories of identity (Collins and Bilge, 2016), successfully overcoming normative narratives of cancer necessarily entails new, but still somehow normative story-lines, which at best can be subversive and at worst – and simultaneously – can become stereotypical. This must be borne in mind: while Catherine Oakley (2017) convincingly calls for a medico-cultural materialist approach to health, attending to categories such as class, gender, and race in the context of today's 'patient-consumer', these categories will inevitably intersect – and collide. We cannot operate with an idealized, all-inclusive counter-narrative to the current norm.

Diverse, often contradictory categories of identity are experienced and expressed not merely conceptually, but – like all discourse – in a corporeal way as well. They are embodied. And as Cassandra Crawford points out, the relationship of 'body image vis-à-vis embodiment is manifest in interaction, by way of its sociality' (Crawford, 2015: 228). With respect to cancer, bodily integrity between embodiment and a self-defining body image can be (re)claimed throughout the life course, despite – and sometimes because of – medical interventions (see Slatman, 2014). Mike Featherstone (2010) reminds us that the social construction of body image, and thus of our sense of self within our own bodies, is as much influenced by affect and affective modes of representation, including media images, as by actual social interactions and expectations. In postmodern consumer culture that idealizes constant and, not least, bodily self-(re)invention, we aspire to 'the power to affect others, through the beautification process and the enhancement of "the look" coupled with an appropriate body style of presentation' (Featherstone, 2010: 196). The cancer imaginary has become culturally part of this wider embodiment of consumer capitalism.

Cancer culture can be explored, and its representational field nuanced, according to either medium or master-narrative. Marjolein de Boer and Jenny Slatman have examined the blogosphere as 'an embodied space where – in characteristic and manifold ways – dominant, stereotypical and normative definitions of situations, bodies and selves are generally affirmed and sometimes contested' (2014: 24). Lydia Jo Harkin et al. (2017) explore cancered identity (re-)creation online as a form of potentially successful self-management. In the following, we have chosen to trace one

master-narrative – rather than medium – of cancer patienthood and survivorship across literature, television, and film, which emerges from a Western, consumerist cultural imaginary that has spread in a globalizing and embodied way. We understand the term *cultural imaginary* as the stage on which popular conceptions of cancer are played out, and on which some are overtly contested – being elevated from more individual, embodied experiences to the generalized level of cancer *ideologies*. Cancer ideologies thereby become subjects of criticism. Cultural representations in this context stand in for the imagological substrate in which ideologies of everyday life are embedded and embodied; and, through representations, social subversion can be showcased, too. While we could alternatively turn to performative, empirical instances of body modification and individuation, the media narratives we explore are especially salient, and even, for the most part, of global significance.

The embodied master-narrative *par excellence* is cancer told as a story of hair loss. In an advert for the Memorial Sloan-Kettering Hospital in the United States, for instance, we read a patient's memo to her own cancer: 'Cancer, My hair has grown back. YOU haven't' (Steinberg, 2015: 123). Especially women's narratives in recent Anglo-American and European memoirs, TV series, and films portray the loss of hair and wig-wearing during treatment as central to their subjective experience of, and response to, cancer. Hair loss because of chemotherapy has prompted book titles such as *Bald is Better with Earrings: A Survivor's Guide to Getting through Breast Cancer* by Andrea Hutton (2015), *It's Not about the Hair: And Other Certainties of Life and Cancer* by Debra Jarvis (2008), and *Bald in the Land of Big Hair: A True Story* by Joni Rodgers (2001), among others. Hair loss has been a defining feature of 'life story' documentaries, too: as a woman cancer survivor said to *Inside Out South West* (2017) when speaking about her hair that did not grow back to its former length post-chemotherapy: 'I should be crying over the cancer, not over the hair.' UK women journalists have long made similar admissions when broadcasting about their own cancer treatments. Jenni Murray chaired a *Woman's Hour* discussion on BBC Radio 4 about the topic following her own experience of cancer and hair loss in 2007; more recently, TV personality Victoria Derbyshire uploaded video diaries of her cancer treatment to the internet, which went viral. After completion of her treatment, she concluded: 'I have to say that

losing my hair was the worst bit about cancer treatment for me. More so than having a mastectomy. Don't judge me for that, it's just the way I felt' (Derbyshire, 2017). Hair loss has become a synecdochic experience when talking about cancer patienthood as a whole: either as a private individual, or as a public personality.

Hair has become so symbolic in part because it is seen by many women as a way in which to 'pass' as an ordinary (i.e. unmarked as cancered) woman while being a cancer patient. But this act of passing through wig-wearing in cultural, media representations all too often takes a gendered and an *idealized* form. Although men are concerned with body politics too, Bordo's (2003 [1993]) working assumption in 1993 is still relevant: women, as a rule, strive towards the more idealized types (or ideologies) of bodily appearance that are established, and reinforced by, media images. Featherstone concurs: if, to speak in the spirit of Susan Sontag (1978), being a woman is 'a form of theatre', then women constantly evaluate and adjust their bodily performances – generally still more so than men (Featherstone, 2010: 198). For this and related reasons, wigs have been rejected by some feminist and queer theorists just as Audre Lorde objected to prosthesis as a breast cancer patient (1980). Eve Kosofsky Sedgwick, for example, writes of women sitting:

angrily through a meeting of the hospital-organized breast cancer support group, being told by a social worker that with the proper toning exercise, makeup, wigs, and a well-fitting prosthesis, we could feel just as feminine as we ever had and no one (i.e., no man) need ever know that anything had happened. As if our unceasing function is to present, heterosexually, the spectacle of the place where men may disavow their own mortality and need as well as ours. (1992: 203)

Representing women's cancer experiences is bound up with normative, problematic portrayals of (ideal) womanhood. The case of 'cancer hair' turns out differently for men's subjectivity when ill, as we shall see. Cancered selfhood, including hair, is also gendered along stereotypical lines for men, but much more subtly.

Despite the risks of gender stereotyping, hair loss and wigs in representations across various media – taken up as embodied experiences – have become staples of an alternative story for particularly women cancer patients in relation to the advertising slogans of Cancer Inc., and the concomitant morally normative expectations

of womanhood. A popular media storyline can be subversive, and yet in another sense simultaneously stereotypical. We have selected recent, mainstream and, in commercial terms, successful stories for our analysis, many of which have been published, broadcast, screened, and sold internationally, and in translation. In more than a few cases, the representations result from globalized production: they were produced and/or distributed by multinational corporations, or through international commercial collaboration. (The independent film *Cancer Hair* is an exception, but it is still widely distributed throughout the UK: although the short film is not available on general release, it has been shortlisted for, and won, national awards.) Taken together, these examples allow for comparison not only across genres and media, but also construct 'cancer imaginaries' of everyday life in the US and Western Europe, in the following four languages: Danish, Dutch, German and, primarily, English. Clearly a broader reach of cases – most notably including representations from, or exported to, the global South – would be necessary for a thorough comparative investigation into globalized cancer discourse. For instance, artist Kutluğ Ataman's touring installation *Women Who Wear Wigs* in 1999 featured a prominent Turkish journalist as breast cancer patient undergoing chemotherapy, whose story shows the tension between a globalized 'survivor' archetype and cultural specificity (see Lebow, 2008). It is such a globalized figure that is the focus here, however.

The alternative narrative about cancer and hair, which rails against a hegemonic cancer culture, accepts the subjective estrangement of the illness already observed by Steinberg. But this adapted, even counter-narrative undermines the 'edifying I' that is part of the typically moralizing discourse surrounding cancer, and has been noted by Steinberg too. Subverting a moralizing subtext, the women's cancer stories to which we now turn our attention embrace a more sexually self-aware, liberated – or at least, for an ill woman, highly unconventional – identity, albeit as an idealized performance with respect to gender, and with the unfortunate potential of estranging some cancered subjects in the process. The men's narratives, meanwhile, tend to shake off moralizing norms to be self-reliant in unconventional (and less sexually idealized) ways, even if men's self-reliance per se is a media ideal, indeed stereotype. In both instances, the gendered cancer narratives under discussion could be described as theatrical, 'larger than life' stories – lending themselves

well to the medium of a book, television drama, or the big screen. This approach resonates with the way de Boer and Slatman categorize personal cancer narratives as a Goffmannian (re-)claiming of ‘spoiled identities’ (Goffman, 1963: 31; see also de Boer and Slatman, 2014: 24). Further, Miles Little et al. (2002) write that people commonly manage the subjective discontinuity thrust upon them through a cancer diagnosis by choosing to attribute meaning to their lives, which is thought to ‘enlarge’ their subjective existence: ‘If we view [post-cancer identity] reconstruction as preservation of linear continuity and incorporation [of experiences of illness] as identity enhancement, imbuing [life] with meaning can be seen as a mode of identity enlargement, the addition of new components to identity that become available because of extreme experience’ (2002: 174). The perspectives and plot lines in our analysis subvert the ‘edifying I’ of so much cancer discourse (from support groups to the consoling language used in personal conversations) and exploit a more imaginative and creative potential implied in the concept of an ‘enlarged’ identity in its place: a dramatically affirmative potential that can be appropriated episodically as everyday experience.

### **Cancer Hair and Women’s Patienthood: From Traumatic Telos to an Alternative, Enlarged, Episodic Identity (or, From Diagnosis to Dating . . .)**

Taking a closer look at cultural representations across the Western world of how women liberate themselves from cancer’s oppression, a recurring plot appears to be about dating, or falling for a new love. The moralizing hegemonic cancer culture that is subverted in such cases includes the desexualization of the sick, which, as Susan Son-tag has observed, is especially the case for the stereotypical cancered subject (1991 [1978]: 13). Within the subversive narratives examined here, however, the wig assumes a playful, ambivalent, sexually liberating function. Susanne Bier’s bilingual film, *Den skaldede frisør* (translated into English as *Love Is All You Need*, 2012), for example, is about an ordinary Danish hairdresser, Ida, who has just completed chemotherapy. She is bald and wears a wig. Ida comes home to find her husband, Leif, having sex with an office junior from accounting. On an immediate level, Ida does not reflect on why she wears a wig, or whether she should do so at all. The wig’s function at this point is

portrayed as one of light comedy and it serves as a prop in the beginning of a new love story. As Ida parks her car at the airport on her way to her daughter's wedding in Italy, understandably upset and distracted about her husband's affair that she witnessed, she reverses into what turns out to be the executive car of the bridegroom's father, Philip. Ida is distressed, her wig slips and Philip notices. This is the first moment of compassion that Philip, an irate businessman, displays in their exchange. He later focuses on Ida's wig in the car on the way to the wedding venue, saying her hair is beautiful, though Ida matter-of-factly draws his attention to it being fake. When he later stumbles upon her bathing naked, there is no shock: the voyeuristic scene is less representative of Ida's vulnerability and more a lightly erotic evocation of her natural beauty. (Such naturalness is, however, idealized: despite the film's opening discussion of breast reconstruction, which Ida refuses, her body is a stereotypical example of perfect feminine beauty – not least with now well-formed breasts – save for her bald head.)

Ida's matter-of-factness about, and slight playfulness with, wearing a wig opens up a potential for affect – aesthetic attraction mixed with personal chemistry – and flirtation that is subtly exploited in the British short independent film *Cancer Hair* (2014). Andrew, who lost his mum to cancer, and Claire, a cancer patient, go on a date. Andrew talks about his mum having slipped her wig mischievously to see if people would notice when she went out, a trick that Claire then plays on Andrew at the end of the film when he leaves her at her door, bidding her goodnight. In the final scene, following the flirtatious in-joke, Claire removes her wig altogether: moving from flirtation to a moment of intimacy, and thereby revealing a body impacted by cancer that is at odds with a culturally desirable representation of feminine physical allure. In this way, the wig can be both a prompt for light-hearted moments as well as an artefact of serious illness, the revelation of which can signal interpersonal trust. The wig allows for an acting out of idealized identity – and 'acting up' – but also facilitates affective, authentic instances of emotional closeness: via momentary modification of the body.

Both these aspects of wig-wearing are the subject of Sophie van der Stap's autobiographical story *Meisje met negen pruiken* (2006, translated as *The Girl with Nine Wigs*, 2015), about a girl who is diagnosed with rhabdomyosarcoma at the age of 21. The memoir

narrates Sophie's experience of diagnosis and successful chemotherapy treatment, charting her negotiation with not only cancer patienthood and prospects of survivorship, but also, and primarily, her cancered *selfhood* – which she achieves through experimentation with wigs. As she writes: 'A wig turns out to be so much more than a bunch of hair. Each one does something to me. It goes further, much further than the way I look: they affect my sense of self' (2015: 49). Sophie names each wig, dates different men, and, above all, wants to be fabulous in her wig fashions – just like Samantha in the sixth season of the American television series *Sex and the City* (2003–4), in which Samantha undergoes chemotherapy and loses her hair. Sophie is inspired by a box set of the series, given to her by friends. The *Sex and the City*-style plot line also recurs, comically, in the fourth season of *Desperate Housewives* (2007–8). Lynette has cancer and, in a break from chemotherapy, she wants to re-ignite her sex life with her husband. Since he is put off by her bald head, and her current wig itches, Lynette goes shopping for new wigs – and is told in a tongue-in-cheek, theatrical way that 'men like variety': from 'Helga, the sexy milk maid' to 'Jeff, the friendly guy from work' (prompted by a man's wig, episode 74). This jokey line is a singular, comic queering of an otherwise heteronormative, and 'cancer-normative', consumerist search for a wig. In any case, wigs allow Sophie of *The Girl with Nine Wigs* to explore new identities and escape from her illness through the self-affirmation of sexuality and theatricality, and by capitalizing on her shopping and consumerist self-(re)invention with publicity. By the end of her story, her nine wigs have become a media sensation: she writes a *Sex and the City*-style column about buying different wigs, trying out different personalities, and going out on the town with guys for the Dutch press. The most extreme of these guises-cum-personalities is facilitated by a wig Sophie calls Platina, who is:

made to impress, and that's exactly what I feel like doing when I'm wearing her. I don't just enjoy the freedom that comes with anonymity, but also the freedom that comes with saying: *Yes indeed, I'm wearing a wig*. She's so confident and so careless about what other people think that I can only follow her: there's no room for doubts and self-consciousness. There's only room for amplifying, adding, exaggerating. (van der Stap, 2015: 133)

Wigs may look wiggish, they may fall off, or get entangled, yet it is confidence about that very ambivalence between concealment and staging – a public hint at a private secret – which arouses interest in the men Sophie meets, evoking their insecurity or curiosity about whether the hair is real, and why she might be wearing a wig at all. In playfully (and somewhat paradoxically) drawing attention to such ambiguity, there is a *moment* of self-affirmation for Sophie. (Just as the *Desperate Housewives* joke, above, is momentary.) Sophie's way of wearing wigs permits light-hearted, even humorous moments within the wider, traumatic experience of cancer.

Implicit in Sophie's story, and to a lesser extent in *Love Is All You Need*, is an argument about newness: if cancer changes you, wigs can help you develop in new ways, don new identities – which is preferable to an attempted return to normality, to rehabilitation. Indeed, in *Love Is All You Need* hair is a metaphor for the ('post-traumatic') growth of new love, of a new life: Ida's hair grows back by the end of the film, into a short, cropped hairstyle. However romantic this closing scene may seem, though, it relies on the idea of a radically new post-chemo self that is in reality always connected to the old one – a continuity that can disrupt an idealized, staged narrative about starting life afresh after cancer. A new or enlarged identity is embodied within the same body schema of the former self; reminders of pre-cancer personhood and the obvious changes from it are, at their most basic and least rational, *bodily*. Think of the *Desperate Housewives* scene mentioned above being prompted in part by a wig that itches. In *Cancer Hair* (2014), the setting of a first date and an implicit fresh start for Claire is undermined by the embarrassment caused by a well-meaning waitress who appears to know her, commenting on the good news that her eyebrows have grown back – and that 'they're huge'. Similarly, when Sophie experiences continuity from life before cancer in *The Girl with Nine Wigs*, she is far less positive about her headwear. On developing a sexual relationship with an old friend, she is distressed by the wig slipping off in bed at night, vowing to buy wig tape in the morning. And when Sophie returns to university and tries to mimic her former self with a wig, the attempt fails – suggesting a fragility in her cancered subjectivity despite, or underlying, her enlarged identity. As Sophie says: 'In my new life, wearing a wig and being anonymous is liberating. Wearing a wig in class is the contrary, a painful reminder of who I

can no longer be' (van der Stap, 2015: 77). A continuous embodied self is the most difficult to reconstruct. Wigs and their tangible connection to the scalp interfere with affective body image as much as they help constitute it: they are problematic for the narrative *telos* of the cancered life story and its bodily enactment, but *episodically* they are enjoyable within – and despite – the cancer experience. Because of such represented enjoyment, self-staging through wigs might be the positive complement to Sara Wasson's (2018) call for episodic narratives in order to properly express the negatives of chronic bodily pain, outside of a teleological plot line.

Episodes of self-estrangement are exceptions within the above media narratives, though, and are suppressed to the benefit of Sophie van der Stap's main story: with or without cancer, girls just want to have fun. As Sophie reflects on her appearance on Dutch television:

All I have to do is to show people that you can live with cancer, that you can still laugh and enjoy yourself. That I still shop, dress up and go on dates. That those things are still just as much fun as they were before I got cancer, maybe even more so. That life with cancer doesn't have to be just an emaciated body, pain, and endless vomiting. And that wigs can be fun, and not just for me, but for anyone with cancer. (2015: 205)

While we might criticize such positivity and 'post-traumatic growth' as yet another instance of the hegemonic cancer culture Steinberg has discussed, Sophie means that post-diagnosis life might be somehow better than beforehand inasmuch as the cancer patient can have *more fun* than prior to diagnosis. There is no moral high ground here, no 'edifying I'. Instead, Sophie embraces an enlarged identity in pursuit of entertainment. *The Girl with Nine Wigs*, like *Love Is All You Need* and *Cancer Hair*, portrays wigs as flirtation devices. Wigs can be objects of relief, engendering light-heartedness and even momentary happiness in interpersonal interactions, but they do so less in a revelatory or profound sense, and more in a haphazard way: emphasizing chance and comic encounters. Wigs allow switches in the sense of self to be both transgressive and transient: happiness is not embedded within a moralizing context, or framed as a future serious relationship with a 'happy ever after' ending, but rather as moments spent clubbing, dating, and talking that are in each instance unexpected, yet for the time being fulfilling. If cancer is a

‘bad boyfriend’, as Steinberg (2015: 123) puts it, then the cancer patient here becomes a carefree woman, albeit episodically – not the jilted woman who summons her friends to get one up on him, or one who quickly finds a ‘better’ partner. (Even Ida and Philip in *Love Is All You Need* do not become an official couple.) Wigs as objects of consumer society can benefit (gendered) subjectification in the subversion of a moralizing narrative frame, as much as they give fashionable form to the straitjacket of personal positivity and growth in the face of cancer.

But as much as such cancer narratives are episodically subversive, they are also stereotypical in terms of age-old concepts of womanhood that continue to stick. Sophie van der Stap’s identity-play appropriates and reaffirms stereotypes of women based on their hair colour most crassly. As a redhead, Sophie is supposedly more argumentative. Regarding blondes, she writes:

I call each of my wigs by a different name because each brings out a different character, a different personality. A different woman. Looking different makes me act different and attract different responses. I am no longer Sophie but Stella, Daisy, Sue, or Blondie. Blonde is the main theme of my collection. I guess that means blondes do have more fun. The test was easily done. Few men look up to Sue; many look up to Daisy and Blondie. They get more attention and more free drinks. (van der Stap, 2015: 47–8)

By itself, the idea of a flirtatious woman who is out there and on the lookout for men is a normative ideal of single, usually youthful, heterosexual womanhood, and a supposed (if stereotyped) marker of agency. In a gender seminar, we would and should unpack and complicate this idea. At the same time, in the context of cancer the very notion that a patient can be a girl about town, frequenting bars and commanding attention, has captured the popular imagination as an unconventional stand against a moralizing discourse about how to be ill, and particularly an ill woman – a stand against morality that is, more generally if less normatively, theorized in *Against Health: How Health Became the New Morality* (Metzl and Kirkland, 2010; on cancer, see Jain, 2010) and *The Wellness Syndrome* (Cederström and Spicer, 2015).

Women’s self-aware play with wigs in stories such as *The Girl with Nine Wigs* (supposedly based on real life), *Love Is All You Need*

or *Cancer Hair* could be seen as especially empowering narratives when compared to the way in which hair loss on other parts of the body during chemotherapy is, and can be, narrated. The first mention of hair loss in most cancer narratives refers to the pudendum. Joni Rodgers writes in *Bald in the Land of Big Hair* that her ‘ol’ kinkster’ husband enjoyed her loss of pubic hair, and that initially she ‘was still feeling well enough to make the most of his newfound fetish’ (2001: 52). In *The Girl with Nine Wigs*, ‘prepubescent pussy’ is sarcastically welcomed as fashionable (van der Stap, 2015: 23). But such comments are potentially less subversive than narratives about wigs because pubic hair is so connected not only to the idealized (and somewhat sexualized) discourse of womanhood, but also to an explicitly sexualized feminine discourse. The options are for the woman to state her sexual appeal self-confidently (and somewhat ironically) or be ashamed. Andrew opens the first date in *Cancer Hair* by asking: ‘Are you completely hairless?’ – and the question obviously makes Claire uncomfortable, embarrassed, and annoyed. Consequently, the date gets off to a bad start. A cancer story’s reference to pubic hair is thus more obviously constrained by (cultural stereotypes about) the body. By contrast, employing a wig flirtatiously is a choice that is not binary, and is open to more rhetorical bodily play. Wigs are adaptable, and can be worn ambivalently, which is why they have become part and parcel of cancer narratives that subvert a hegemonic cancer culture. In theory, this is far from a prescriptive, perhaps sexist view that women should conform to ideals of beauty – even when ill. Wigs allow for a greater range of both affects and rhetorical framing.

Unfortunately, if necessarily, as such cancer narratives about women, wigs, diagnosis, and dates gain traction as potential ‘episodic’ empowerment for women within the embodied cancer experience, they can themselves estrange some cancer patients. Towards the beginning of the televised adaptation of *The C-Word* (2015), after protagonist Lisa Lynch’s diagnosis, the father says that he has read on the internet about women having an array of wigs for different sexual identities but finds them implausible on physical, bodily grounds. He quips: ‘as if you’d turn into Ann Summers in the bedroom!’ Lisa decides to blog about the ‘bullshit’ that is cancer, and the ‘bullshit about the bullshit’ that is prevailing cancer culture, of which wig-wearing for dating or sex is apparently a rite of passage. Lynch’s

real-life blog, Alright Tit, led to her book and public profile as ‘cancer bitch – not cancer’s bitch’ (Lynch, 2008–).

The fashion for women playing with identity through wigs, and being sexually or romantically liberated in the process, began with Samantha in *Sex and the City*. Even if what was a subversive cancer culture in the US show’s sixth season and in *The Girl with Nine Wigs* has since become somehow normative for cultural representations of cancer by the time of *The C-Word*, one minor trope has continued even into the most critical popular portrayals. In *The C-Word*, as in *Sex and the City* (Season 6: Episode 90), the wigmaker is characterized as an uninspiring and comically camp older man. The wig salesman in the German film adaptation of the *The Girl with Nine Wigs – Heute bin ich blond* (2013) – is modelled on such an old-style camp character, who simply makes exaggerated facial expressions while Sophie and her friend Anabel try on wigs. In the original book, Sophie complains that the wigs available in the hospital shop make her look like a ‘drag queen’ (van der Stap, 2015: 34); instead, she and Anabel go to a theatre-supply store that is, she states, ‘not that different from shopping at H&M’ (2015: 80). Consumerist self-styling is the individual’s stage for subversion. In *The C-Word*, following the comic moment of the hospital wig shop, Lisa’s husband takes her to a high-end, fashionable wig store in central London. In all of these cancer narratives, then, the patients move out of institutions of cancer culture and onto the high street. The customer knows best, and she certainly knows her style. In this vein, casting a wig shop as a camp space has become a stock comic scene for moments of episodic ‘acting up’, and enjoyment despite cancer. Thus even *The C-Word* as a televised drama is, in at least one small, visual respect, conventional like a mainstream alternative; and it is similarly a consumerist cancer narrative, derivative of the *Sex and the City* type.

Read alongside Susan Sontag’s critique of cancer within capitalist culture in her landmark essay *Illness as Metaphor* (1991 [1978]), these mainstream alternative narratives are culturally subversive although still consumerist precisely *because* they are cancered. For Sontag, ‘cancer is described in images that sum up the negative behavior of twentieth-century *homo economicus*: abnormal growth; repression of energy, that is, refusal to consume or spend’. That is to say, Sontag laments that the cancer patient is assumed to be the aberration of advanced capitalism, a stereotype the above cultural

representations surely negate (1991 [1978]: 63). While many scholars within Cultural and Body Studies, like Sontag herself, might wish to critique consumerist discourses and cultural representations of cancer – see Lara Bradshaw (2013) on Showtime’s cable TV series *The Big C*, which ran from 2010 to 2013, or on health care inequality, cancer, and consumerism see Hoffmann Merrild et al. (2016) – an apparently self-confident consumerist cancer narrative can, as such, already be seen as subtly subversive. It is the capitalist enactment of an embodied, enlarged – if episodic – identity by women with cancer.

### **Movies and Series about Men’s Subjectivity and Cancer Survivorship: The Self-Reliant Ill Man**

The above storyline for (heterosexual) women cancer patients, their wigs and their potential, momentary self-(re)inventions has been transposed into representations of the young man with cancer, too. Because hair loss is not only a problem for women with cancer, though in cultural representations it would seem predominantly so. In the recent Radio 4 documentary *My Secret Wig*, a teenage boy confesses: ‘I was more hurt over my hair going than actually having cancer’ (first broadcast 15 September 2017). In the film *50/50* (2011), the protagonist and cancer patient Adam Lehrer is at a loss with his identity as an ill young man, and so is persuaded by his friend Kyle to embrace the nightlife, and chat up girls. But in the end, Adam is exhausted from his chemotherapy: like Lisa’s father in *The C-Word*, the man’s perspective first appears to be one of pragmatic realism about the body. Adam also loses his hair, of course, and so the film includes the standard ritualistic scene of cancer narratives in which someone emotionally close to the patient shaves off their remaining hair. Adam then wears hats when he goes out drinking. *50/50* might be criticized, like the examples in the previous section, for some of its stereotypical representations of gender: men are apparently realists about the cancered body and, in comparison to the represented self-portrayals of Adam’s women peers in the previous section, the young man’s hats have a *normalizing* function – whereas women’s wigs play into *normative ideals* of womanhood. Not least because of buzz cuts being an acceptable men’s fashion, in life as in media representations it is much easier for men to ‘pass’ while undergoing chemotherapy. To some extent, an enlarged

identity is forced upon (heterosexual) women's stories like Sophie's by societal, globalized gender expectations that masquerade as bodily fact: notably, women cannot be bald and unmarked. In the case of women's narratives, illness and gendered norms of sexual identity intersect – and, indeed, exaggerated conformity to the latter may be said to somehow compensate for the former. Similarly, discussion of pubic or any other body hair is not a part of men's stories such as Adam's. But like the cultural, creative representations of women cancer patients already discussed, Adam's cancer experience in this film might also be considered genuinely subversive when contrasted with the dominant idea that he should be at home and cared for as an ill person, as his mother assumes. Though is the broader, cultural image of a man as 'self-reliant' not also stereotypical?

A more dystopian cancer experience is imagined by the US television series *Breaking Bad* (2008–13), which represents cancer both radically differently from the norm and, again, conventionally. The plot charts Walter White's extreme, life-altering response to being diagnosed with incurable lung cancer. Similar to the women characters in cultural representation, hair loss defines for Walt what it would mean to become a cancer patient:

For what time I have left, I want to live in my own house, I want to sleep in my own bed. I don't want to choke down 30 or 40 pills every single day, lose my hair, and lie around too tired to get up . . . and so nauseated that I can't even move my head . . . artificially alive . . . just marking time. I choose not to do it. (2008: episode 1.5)

Walt equates losing his hair with loss of a meaningful life, so his 'choice' is to resist being a conventional patient. *Breaking Bad* is the most famous example of a man as a 'bad patient', to deploy Steinberg's term (2015) – against the idea of the cancered subject as a modern, good citizen. Instead, *Breaking Bad* embraces the chaotic and disruptive side of cancer patienthood and survivorship, such that Walt successfully turns to the illicit production and dealing of drugs, and in the end dies of a gunshot wound rather than cancer. As Mark Lewis (2013) notes, Walt is a surprising twist on a classic phenomenon among cancer patients: an 'enlarged identity'. The character dissolves the moralizing cultural script of a hegemonic cancer

survival discourse, and because of such subversion Lewis is ultimately critical of *Breaking Bad*:

In undermining the nobility of the traditional fight against cancer, Walt becomes like a cancer himself, not only with the expansion of his small drug-manufacturing operation into a cartel-scale enterprise mirroring a tumor's physical growth, but also with the unchecked, exponential amplification of his own ego wreaking ever-wider circles of havoc akin to distant metastasis. (2013: 668)

The thrust of Lewis's argument appears medically moralizing: 'it is wonderful when the traumatic experience of cancer is harnessed for positive personal growth, but tragic when it results in arrogance and self-destructive behavior' (2013: 668).

While such counter-narratives, and not least *Breaking Bad*, question the prevailing dogma of being positive and somehow a better person in the face of cancer, their storylines – though simplified here, to be sure – are, from a gendered perspective, stereotypical. Walt still strives to be the breadwinner for his family in the face of financial insecurity and no health insurance. He justifies irresponsibility initially through economic argument, and secondarily by his culturally appropriate values of being ambitious, and a 'self-made man'. Adversity here becomes a stereotypical source of a well-worn US-American cultural notion of especially masculine, capitalist aspiration. Thus, the popularity of 'alternative' cultural representations of men's as well as women's cancer experiences is due to both their subversion of a hegemonic cancer discourse and, simultaneously, their fit with the (hetero)normative assumptions of everyday life: about what it means to be a (straight) woman, or man. Indeed, in scholarship Jain (2013) has already questioned the heteronormativity that is taken for granted within cancer patienthood and survivorship – despite the relatively mainstream non-heteronormative storyline of Dana Fairbanks's breast cancer diagnosis, treatment, and death in the third season of *The L Word* (2006). Our examples provide further evidence for this heterosexual bias.

It is therefore partly the case that Cultural Studies scholars, particularly feminists and queer theorists, have much to criticize – and much that might well make Sedgwick turn in her grave. And yet these mainstream cultural representations of especially women's (and to a lesser extent men's) experiences of cancer are not entirely

conventional, either. They offer counter-stories to the dominant cancer discourse of simplified, embodied ‘everyday heroism’ and self-growth. For this – from the standpoint of Cultural and Body Studies – we welcome them, without making a utopian demand for an entirely unprejudiced narrative. The contradictory conclusion is that a cancer narrative can in one sense be subversive, arising from a spoiled identity, and in another be normative, and even a privileged perspective. This is unsurprising and unavoidable, given the intersectionality of our competing and overlapping discursive categories of identity more generally, appropriated as aspects of bodily selfhood (healthiness, gender, sexuality, disposable income, and so on).

### **Implications for ‘Cancer Inc.’ and Cancer Criticism**

In contemporary society, be it in the UK, Germany, the Netherlands, Scandinavia, or the US, cancer narratives have become integrated into a globalized discourse on how to cope with, and survive, the disease – embodied in ways in which Western media production and distribution organizations are particularly influential. Hair and wigs, for men but most of all for women, are objects which can subvert otherwise predominant ideas surrounding a life with cancer, shaped by mainstream literature, film, and television. Such media, together with corporate images, form the ideological substrate for cancer culture. Wigs in media representations have become staples of an alternative – though still consumerist – story to the advertising slogans of Cancer Inc. and the concomitant morally normative expectations of womanhood particularly: Steinberg’s concept of the ‘edifying I’ (2015). ‘Story’ in this context means a narrative and affective body image that gives form to cancered selfhood. The examples sketched above show the ‘enlarged’, embodied, episodically dramatic identities that can emerge from cancer, which wigs help perform. These are resistant to a linear cancered life story that has predominated: the narrative of a supposedly better person thanks to cancer, both physically and metaphysically, who emerges from the *telos* of trauma. But as we have seen, wigs as subversive props for an enlarged, sexually liberal identity can simultaneously enforce gender stereotypes, conforming to normative, everyday expectations and institutionalities of (in this case, heterosexual and feminine) patienthood.

Theoretically, we can draw parallels between such inherently contradictory and increasingly internationally similar cancer narratives, and the subjective experience of other discursive, embodied phenomena around the world, not least globalization itself. With respect to the latter, Manfred Steger and Paul James (2013) usefully distinguish between ‘ideologies’, social ‘imaginaries’, and ‘ontologies’. The last of these three categories equals the embodied experiences of individuals, whereas an ‘imaginary’ amounts to the common-sense social assumptions of the age. The political Occupy movement, for example, contested an ‘ideology’ of capitalism; but it nevertheless ‘works within many of the same subjective frameworks and precepts as the market-globalist world that it criticizes’ – a social ‘imaginary’ that is infused with capitalist logic (Steger and James, 2013: 18). Similarly, creative, cultural representations of cancer narratives attack particular cancer *ideologies* (such as the ‘edifying I’ identified by Steinberg [2015] and reiterated by Cancer Inc.), yet otherwise conform to expected cultural scripts concerning gender and – fashion or even sexual – consumerism, at times to an exaggerated or enlarged extent. Rather than criticize these mainstream media representations for their obvious conformist *imaginaries*, though, we contend that they can be redeemed critically so long as we identify the specific cancer *ideology* they subvert. Sometimes Body Studies must concern itself with the subjective and political value of surface, ‘skin deep’ arguments that are overlooked when contesting a cultural imaginary wholesale.

If a subversive storyline gains traction, it can be appropriated in a neutralized or more normative form by Cancer Inc. Indeed, as the alternative mainstream media representations of women’s wig-wearing as cancer patients have taken hold in popular culture (not least thanks to the success of *Sex and the City*), they have been co-opted in turn by the advertising industry and cancer campaign organizations. This has had both positive and negative effects. The latest TV advertisement for Lloyds Bank, in association with Macmillan Cancer Support, adopts the trope of wigs as props for a moment of fun and performance in the context of cancer, along with the stock character of a flamboyant or camp adviser (Lloyds Bank, 2017). The wig that is briefly and playfully suggested in the scene is a simple and brightly coloured party one that does not connote a gender ideal; and the advertisement embraces an episodic approach to the cancered life

story. It is in this sense similar to a recent charitable fundraising initiative of Cancer Inc.: the British charity CLIC Sargent ran a campaign called ‘Wig Wednesday’, whereby people were encouraged to wear joke or party-shop wigs in order to raise awareness about cancer (CLIC Sargent, 2016). Wigs in this initiative, as in the TV advertisement for Lloyds Bank, play on the popular portrayals in film and on TV – and, positively, their associated, idealized gender normativity is neutralized. However, the case of the TV advert is the more constructive of the two examples in the way in which subversive, if popular, storylines can morph into the mainstream and be utilized by a complex of agencies, support groups, and charities. For in the Wig Wednesday campaign, wearers of novelty wigs were dubbed ‘hair-os’, since cancer patients themselves were called heroes (as explained in a lesson plan provided for primary school children: CLIC Sargent, 2016). Regrettably, the hegemonic heroic image of the cancer patient and survivor – the ‘edifying I’ – is thereby bolstered: the very opposite of the narrative intervention by the cultural representations considered above.

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### **Television Series/Films/Radio**

- 50/50* (2011) Directed by Jonathan Levine. Worldwide: Summit Entertainment.
- Breaking Bad* (2008–13) USA: AMC.
- Cancer Hair* (2014) Directed by Gail Hackston. UK.
- Den skaldede frisør / Love Is All You Need* (2012) Directed by Susanne Bier. Worldwide: Sony Pictures Classics.
- Desperate Housewives: Season Four* (2007–8) USA: ABC.
- Heute bin ich blond* (2013) Directed by Marc Rothmund. Germany and Belgium.
- Inside Out South West* (20 March 2017). UK: BBC One.
- My Secret Wig* (15 September 2018) UK: BBC Radio 4.
- Sex and the City: Season Six* (2003–4) USA: HBO.
- The C-Word* (2015) Directed by Tim Kirkby. UK: BBC.
- The L Word: Season Three* (2006) USA: Showtime.
- Woman's Hour* (22 July 2007) UK: BBC Radio 4.

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