BOOK REVIEW/COMPTE RENDU

Maren Klawiter, *The Biopolitics of Breast Cancer: Changing Cultures of Disease and Activism*. Minneapolis: University of Minnesota Press, 2008, 384 pp. $US 25.00 paper (978-0-8166-5108-5), $US 75.00 hardcover (978-0-8166-5107-8)

In *The Biopolitics of Breast Cancer* Maren Klawiter presents not only a substantive study of breast-cancer activism, but a book participating in the reorientation of the sociology of health and illness, including what might be called a second or even third generation retrofitting of Foucault to contemporary concerns. I began the book with enthusiasm for how the author defines her project, but by the middle I had slowed down and was easily distracted; the conclusion restored my admiration. I have an explanation for why my reading slowed where it did, and that raises an interesting issue about how Klawiter understands and represents realities we call social.

Klawiter's core question is what brought breast cancer out of the closet in the 1990s. "Why, after decades (indeed, centuries) of silence, isolation, and invisibility, had the experience of being diagnosed with breast cancer become a collectively shared, publicly declared, political identity? What made that transformation possible?" (pp. xxii–xxiiii). This question generates others: Why was the movement able to enroll so many health people? And more important, how did the movement actually work "on the ground" (p. xxiii). That ground is specifically the San Francisco Bay Area where Klawiter participated in breast-cancer activism for four years — a remarkably long and intense period of fieldwork, the motives for which seem more than academic. Klawiter does not tell us about those motives, nor need she. What matters is how thoroughly she came to know the phenomenon about which she writes.

This collected material is organized by two typologies, one extending the other. The first typology revises Foucault's conception of biopolitics to what Klawiter calls "regimes of practices" or "disease regimes" (p. xxvi). The first is the "regime of medicalization" described by Talcott Parsons' sick role, reinforcing medical paternalism and monopoly of knowledge (such as there was to monopolize). By the 1970s a new "regime of biomedicalization" was evident, including "the emergence of informed consent, the proliferation of surgical procedures, the growing use of adjuvant therapies, the rise of new discourse of risk," and a new sense of what patients and physicians were responsible for, including their responsibilities to each other. This regime generates Klawiter's second typology, which she calls "cultures of action" or COAs, an acronym that does a lot of work in her book. Activist movements represent different COAs.

Three COAs are the dominant types: early detection and screening activism, patient empowerment and feminist treatment activism, and cancer prevention and environmental activism. Klawiter intends these typologies lightly, however; she rightly objects to totalizing conceptualization. She relies on Foucaultian conceptual apparatus — especially Paul Rabinow's idea of "biosociality" (the capacity of bioknowledge to generate new identities and groups) — and she believes that Foucault made a crucial move by proclaiming that a theory of power must cut off the head of the king. But Klawiter's case is that Foucault "failed to explore the terrain of social movements without the sovereign" (p. 31). She might have said that Foucault generously left the field open to researchers like herself, but I also note she was doing her fieldwork a decade after Foucault's death and published her book another decade after that.

Most of the book explores these three COAs, their practices, and their forms of organization or sometimes disorganization. Here I get to why my reading dragged where it did. The discussion of early detection and screening activism makes a good story, organized around the Susan G. Komen Breast Cancer Foundation and their internationally successful "Race for the Cure" events. The Komen Foundation attracts support because early detection and screening activism is a *consensus* COA, Nancy Komen having laboured to bring about that consensus. This consensus brings together corporate and scientific actors; it blurs lines "between corporate marketing, public health campaigning, and breast cancer activism" (p. 146). Significantly for Bay Area activism and for later chapters of Klawiter's book, the Komen Foundation also becomes the "foil" against which more politically aggressive COAs define themselves, although on-the-ground alliances and oppositions are always shifty, and Klawiter never lets her readers forget that. Groups do not stay in their typified slot, except the Komen Foundation, which reliably does stick to type.

The book's discussions of the other two COAs are simply not as good reading, because the reality is too complicated for a clear narrative thread. "My point," Klawiter summarizes, "is that we need to pay careful attention to context and specificity" (p. 282), and she does, almost relentlessly, or so it can seem as so many small, underfunded groups are formed, find a service niche, and then morph into other groups. Leaders discover their sense of mission, attract supporters, then often become ill again, and are replaced or not. Reality is too complex for narrative: “There is no single history of the breast/cancer movement [some groups dedicated to breast cancer only; others serving breast cancer among other forms of cancer] but, rather, different *histories* of COAs and fields of contention that interact and overlap in different locations” (p. 282). Thus, Klawiter is clear that the configuration she describes in the Bay Area is not representative of Washington’s Beltway or New York-Long Island or Boston-Cambridge. The Komen Foundation’s contested achievement has been to homogenize activism, in part by proclaiming a single history. Klawiter’s achievement is to show how much else is going on in breast cancer activism besides the Komen Foundation. The farther research gets from the Komen Foundation, the less generalizing statements are possible.

Klawiter decentres what used to be *medical* sociology; the profession of medicine is no longer the sovereign from which all else emanates. She effectively demonstrates how matters of health and illness are interpenetrated by multiple actors in shifting alliances. She honours the activists who gave so much, often while critically ill, to make particular groups happen. Klawiter’s book may also demonstrate how difficult it is to write a compelling narrative based on the recognition of multiplicity. Perhaps the issue is not so much method as style. And beyond style, reader expectation: we expect sociology to generalize its cases, assimilating particularity to overarching concepts and broad narratives. Klawiter offers typologies, but her argument is that any unifying narrative would distort the reality of cancer activism.

The book’s cover informs me that after completing her doctorate at Berkeley, Klawiter is now pursuing a law degree at Yale. I hope she will not abandon sociology. Her capacity to recognize what is useful and what is limited in theory, her attention to ethnographic detail, and her sense of the complexity of events make her future contributions highly anticipated.

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