

Recalibrating Malignancy through Materialities: (Re)defining Care through Space, Objects and Machines in Lisa Ray's *Close to the Bone*

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ABSTRACT

This article examines Lisa Ray's memoir Close to the Bone (2019) to investigate how everyday objects and spaces within hospitals mediate patients' experiences of illness and enable the formation of empathetic relationships. The study draws on new materialism, actor-network theory, and theories of care such as Annemarie Mol's logic of care. This framework enables an analysis of materiality not as a passive backdrop but as an active, relational force that co-constitutes bodily experience, perception, and care practices within clinical settings. The article addresses a critical gap in existing cancer narratives and medical humanities scholarship, which have predominantly privileged subjective, affective, or discursive accounts of illness while overlooking the role of material environments, objects, and technologies in shaping lived experience. It foregrounds the hospital's material landscape as central to the hermeneutics of chronic illness. Focusing on spaces such as waiting rooms and on mundane as well as technological objects, the study identifies a central tension in moments poised between life and death: while detachment from materiality is often presumed appropriate, patients remain connected to the material world around them. By tracing these entanglements, the article shows how ordinary objects and spaces soften clinical rigidities, mediate care, and sustain affective and social bonds. Rather than adopting a binary approach that pits care and technology in opposition, the article integrates and reinterprets them together. It argues that waiting areas, everyday items, and devices not only mediate care but also assist in forming social bonds and generate new meanings of health, illness and care.

Keywords: Cancer memoir; materials; objects; waiting rooms; machines; care

INTRODUCTION

Lisa Ray's memoir, *Close to the Bone* (2019), offers a detailed account of her life, acting career, and experience with cancer. Diagnosed in 2009 with multiple myeloma, Ray underwent an autologous stem cell transplant in April 2010 and subsequently achieved remission. In medical sociology, the disruption caused by disease to an individual's life and social world is a well-established concern. Arthur Frank (2013) describes the disorientation of illness as a loss of the map and compass that once guided one's trajectory. Bury (1982) similarly underscores how chronic illness unsettles the continuity of life and identity. In response to such rupture, G. Williams (1984) proposes that the reconstruction of one's life narrative becomes an essential mode of coping. Kleinman (1998) extends this view by arguing that illness narratives do more than reflect experience; they actively shape the meaning of symptoms and suffering, underlining the constitutive role of storytelling in the experience of illness. In her memoir, Ray reflects on the

vulnerability of diagnosis, the monotony of chemotherapy, and the transformative effect of cancer on her identity. Crucially, however, this transformative journey of illness is not just a psychological or narrative process, but one that is continuously shaped and sustained by the practicalities of care.

Care resists easy definition, often framed as a constellation of emotions and actions directed toward another's well-being. It is also materially enacted through objects, spaces, and technologies that organise the conditions of caregiving. A persistent limitation in clinical and sociological discourse lies in its anthropocentric bias, which privileges intention and affect while relegating material environments to a passive background. This tendency limits how care is conceptualised, particularly in contexts where clinical infrastructures, technologies, and spatial configurations are integral to everyday experiences of illness. To overcome this limitation, sociological and cultural studies have increasingly turned toward the materialities of care to understand how everyday artefacts and built environments actively mediate health and care practices (Brownlie & Spandler, 2018). Central to this theoretical shift is Actor-Network Theory (ANT), which challenges traditional anthropocentric views by treating human and non-human entities symmetrically (Bosco, 2006). ANT posits that non-human entities are not inert settings, but active 'actants'. Within this framework, objects and spaces function as mediators that do not simply transport human intention, but actively transform, translate, and modify the course of social action (Latour, 2005). Applying this framework clarifies the intersection between materiality and therapy by emphasising the constitutive role of the material environment in clinical practice. Clinical architecture, medical technologies, and everyday objects do not simply recede into the background; they actively participate in shaping therapeutic processes and experiences. In this sense, they can be understood as forming what has been described as "therapeutic landscapes"-complex socio-material assemblages through which treatment, healing, and the maintenance of well-being are organised and sustained (Gesler, 1992; A. Williams, 1998). Attending to the materialities of care not only extends the scope of illness narratives but also reorients care as an emergent, distributed practice shaped through interactions between human and non-human actors. This perspective enables a more precise understanding of how care is experienced and organised within clinical settings.

Despite extensive work in medical humanities on illness narratives, particularly in relation to identity, suffering, and narrative disruption, relatively little attention has been paid to how material environments and mundane objects are represented within these texts. Studies of cancer memoirs have largely prioritised subjective experience, leaving the ways in which hospital spaces, everyday artefacts, and clinical technologies may participate in shaping caregiving practices and relationships relatively unexplored. This paper addresses this critical gap by examining the active role of materialities in the illness journey depicted in *Close to the Bone*. Drawing firmly on ANT and material culture frameworks, this study re-centres the analysis on the physical environments and artefacts that structured Ray's treatment. It asks the following research questions: In written accounts of cancer experiences, how do material forms and spatial arrangements move beyond passive settings to actively act as mediators of care? In what ways do everyday objects and clinical technologies mediate relationships between patients, caregivers, and institutional structures? And how might attending to these materialities extend existing understandings of care, agency, and relationality within illness narratives?

LITERATURE REVIEW

Health geographers and sociologists have demonstrated that built environments are not passive backdrops but active forces shaping healthcare experience, extending ‘therapeutic landscapes’ to show how clinical spaces embed power, ideology, and affect (Gesler, 1992). The hospital waiting room, in particular, has emerged as a critical site of inquiry: a bounded, liminal space where the transition into patienthood occurs, and autonomy is often diminished (Kearns et al., 2020). Waiting rooms function as spaces of containment, suspending patients between “sickness and the possibility of health” (Strathmann & Hay, 2009, p. 214). Empirical research underscores how these spatial arrangements function through material and sensory interventions. In this context, Evans et al. (2009) show that artwork and environmental design act as both distraction and subtle regulation, mitigating the anxieties of the medical gaze while structuring behaviour. Similarly, Leather et al. (2003) demonstrate that comfortable waiting areas reduce stress and enhance mental stimulation, while Lehrner et al. (2005) reveal that affective atmosphere and ambient fragrance can positively influence patient experience in clinical spaces. Collectively, these studies indicate that even within enclosed clinical settings, patients may inhabit a sense of elsewhere, shaped through carefully mediated material, spatial, and sensory conditions.

This emphasis on the active role of environments aligns with broader theoretical developments in material culture and new materialism, which challenge the assumption that objects and spaces are inert. Miller (2005) argues that objects structure human behaviour precisely through their taken-for-granted invisibility, while I. Woodward (2007) conceptualises material culture as an ongoing interplay in which humans and objects are mutually constitutive. Extending this, de la Bellacasa (2017) highlights the vitality and relational force of “things,” and Coole and Frost (2010) describe matter as generative, self-organising, and productive of social effects (p. 9). These perspectives converge in actor-network theory, where Latour (2005) and Law (1991) demonstrate that social order emerges through networks of human and nonhuman actors. Materials, in this view, generate “power effects” by stabilising relations (Law, 1991, p. 166), rendering hospital environments, beds, machines, and spatial arrangements, active mediators of care rather than neutral settings.

Empirical work in the sociology of health and illness substantiates this material turn by attending to the mundane infrastructures of care. Buse et al., (2018) define ‘materialities of care’ as a heuristic that renders visible the mundane, often unnoticed material infrastructures through which care is enacted (p. 243), while Pink et al. (2014) demonstrate how everyday objects, such as sanitiser, gloves, and surfaces, organise practices of hygiene, touch, and proximity. Ellis (2018) further demonstrates how materials like food are incorporated into the body, blurring distinctions between external environment and embodied experience. These insights are extended by Mol et al., (2010), who argue that care exceeds verbal articulation and is enacted through heterogeneous assemblages of gestures, technologies, and atmospheres (p. 10). This formulation builds on Mol’s (2008) “logic of care,” which prioritises responsiveness and interdependence (p. 8). Complementing this, de la Bellacasa (2017) conceptualises care as a more-than-human ethical practice marked by relationality and ambivalence. Within health sociology, Maller (2015) emphasises the materiality of everyday life, arguing that health is shaped through routine engagements with objects and technologies, while Brownlie and Spandler (2018) demonstrate that materials are constitutive of relationships, enabling individuals to hold their own and maintain dignity within care contexts (p. 266).

Recent scholarship has significantly advanced our understanding of the material dimensions of care. However, illness narratives, especially cancer memoirs, continue to privilege subjective and affective experience. While Tanner (2002) and Bates (2018) offer partial bridges, the integration of materialist frameworks with textual analysis remains underdeveloped, leaving material mediations of patient experience insufficiently theorised. This article responds to this unaddressed dimension by bringing materialist theory into sustained dialogue with Ray's illness memoir.

THEORETICAL FRAMEWORK

The quotidian nature of objects does not render them inconsequential. As I. Woodward (2007) observes, "even the most commonplace object has the capacity to symbolise the deepest human anxieties and aspirations" (p. vi). Building on material culture studies, which emphasise that objects possess "social lives" (Appadurai, 1986), this study approaches materiality as constitutive of lived experience. The theoretical framework for this study is anchored in Actor-Network Theory (ANT) and new materialism, which together provide a coherent lens for analysing the material dimensions of illness in Lisa Ray's *Close to the Bone*.

New materialism challenges anthropocentric assumptions by viewing matter as dynamic, relational, and agentic (Fox, 2016). ANT, as developed by Latour (2005), extends this ontology methodologically by treating human and non-human entities symmetrically, conceptualising objects as "actants" and "mediators" that actively "transform, translate, and modify" social action (Latour, 2005). S. Woodward (2015a) argues that "things are co-constitutive of social and material connections through their material capacities" (p. 3). Objects, in this sense, do not merely signify; they participate. As Csikszentmihalyi and Halton (1981) note, they function as "signs on a blueprint" of human relations (p. 38). Objects such as beds, blankets, and devices are active participants in shaping bodily comportment, comfort, and dependence.

ANT provides a precise tool for interpreting waiting room dynamics, not as inert architectural settings but as active assemblages in Ray's memoir, where illness unfolds through dense material environments. Hospital spaces, waiting rooms, furniture, medical technologies, and bodily proximities are approached as actor-networks in which agency is distributed rather than located. Clinical spaces, as bounded and liminal environments, reorganise bodies and situate individuals within the condition of patienthood (Tanner, 2002). Tracing these actor-networks reveals how clinical environments actively produce the experience of illness rather than simply containing it.

To extend this analysis to care practices, the framework incorporates Mol's (2008) logic of care, which reconceptualises care as a distributed, situated, and ongoing process of "tinkering" between bodies, technologies, and routines (Mol et al., 2010). From this perspective, nurse-patient interactions in Ray's narrative are not reducible to intention or affective exchange but emerge through materially embedded practices: adjusting a chair, giving a book, regulating an IV line, or arranging a blanket. These gestures are not ancillary; they are constitutive of care itself, carrying ethical weight through their embeddedness in material relations. Ultimately, this integrated framework understands illness, care, and vulnerability through a relational ontology in which human and non-human actors co-constitute experience. By foregrounding these entanglements, the study demonstrates how *Close to the Bone* renders care as a materially distributed practice, sustained through the subtle agency of spaces and things, and the networks they assemble.

METHODOLOGY

Ray's *Close to the Bone* serves as the primary case study for this paper because its detailed, longitudinal account of prolonged hospitalisation richly documents interactions with clinical spaces, everyday objects, and medical technologies, enabling a rigorous analysis of how material elements actively shape experiences of illness and care. While recent scholarship has examined the text through the lens of sacred and spiritual healing (Subhrasmita & Gaur, 2024), the memoir is equally significant for its largely unexplored attention to mundane materials.

This paper undertakes a close reading of the memoir to analyse episodes that foreground interactions between the narrator and her material environment, with particular attention to moments where care is mediated by non-human elements. These episodes are examined through an integrated framework drawing on new materialism and Actor Network Theory, both of which treat human and non-human entities symmetrically. The essay examines how hospital spaces and everyday objects shape Ray's narrative, then turns to ordinary possessions such as books and blankets that sustain control and enable acts of care, and finally analyses machines and diagnostic technologies as sources of comfort, distraction, and reprieve. Structured across environmental, personal, and technological domains, this tripartite division captures the heterogeneous 'materialities of care' across distinct scales of interaction. At the macro environmental level, hospital spaces and architectural structures power, vulnerability, and care; at the micro personal and interpersonal level, objects sustain agency, dignity, and facilitate care relations; and at the technological level, clinical apparatuses participate in the affective logic of care, complicating the divide between 'cold' machinery and 'warm' human care.

FINDINGS AND DISCUSSION

THE SIGNIFICANCE OF WAITING ROOMS IN THE AESTHETICS OF CANCER CARE

In stories about illness, waiting emerges as a recurring motif. For those undergoing treatment for cancer, waiting rooms become strangely central. Neither home nor treatment site, they are pauses before something happens: a narrow stretch where little moves on the surface, but much shifts within. Time feels unkind there, stretching under the weight of uncertainty. Waiting spaces also mark a threshold of identity, where individuals begin to assume the role of the patient; as Evans et al. (2009) suggest, they function as liminal zones of transition.

Ray's experience at North York General Hospital illustrates this transition. As she waits to meet Dr S, who is expected to deliver the results of her bone marrow test, she reflects on the psychological strain of waiting in a clinical setting. She writes:

I had noticed the sign in the waiting room of North York General Hospital that said 'Haematology'... Hushed and drowsy by the filtered afternoon light, I just concentrated on waiting. The room was full and bustling while a TV played quietly in one corner. My body ached from sitting. I imagined a guy pitching for the Medical Waiting Room contract: 'Ready to dress up your hospital's reception area? Our seat upholstery is made of leakproof material, designed to keep patients who pee themselves while waiting for the results of a bone marrow biopsy feeling welcome and comfortable.' There were others like me, stretching and jiggling and tapping in shifty boredom.

(p. 284)

Ray renders the waiting room through muted sound, filtered light, and the low hum of the television, punctuated by her wry aside about ‘leakproof’ furniture, a dark humour that sharpens the sense of vulnerability. The ‘full and bustling’ space is held in uneasy balance by the quietly playing TV, which offers a fragile distraction. As Bates (2018) notes, such devices introduce a semblance of domestic normality, allowing patients to momentarily ‘forget’ their condition. Read through a new materialist lens, these elements are not inert but effectively operative. Within this fraught affective atmosphere, objects such as televisions and magazines operate as nodes in a socio-material network, mediating attention and anxiety. Through Actor-Network Theory, the humming TV and rigid chairs emerge as mediators that construct, constrain, and briefly relieve the distress of the waiting body.

Despite variations in furniture and decor, the hospital waiting room uniformly constrains visitors' bodies. It imposes an all-encompassing restriction, limiting mobility and control (Tanner, 2002). As a regulated space, patients are monitored by front desk staff and subjected to disapproving looks, with signs prohibiting behaviours such as mobile phone use. Although intended to facilitate the orderly transfer of patients, movement within its walls is rarely comfortable. Lisa describes the waiting area at Princess Margaret Hospital as stifling and overcrowded: "The hallway ends abruptly in a crowded waiting room. There's barely anywhere to sit, and the air is stale from many anxious lungs" (p. 294). While waiting suggests activity, it is often experienced as helplessness. Waiting rooms occupy a liminal in-between; for Lisa, they mark a threshold between freedom and containment, health and illness, spaciousness and crowdedness, and movement and motionless waiting.

As Lisa checks in at the front desk of the waiting room, she jokingly mentions getting a cancer card. The woman at the reception desk initially appears unimpressed. She lowers her chin and gives Lisa a disapproving look through her glasses. But upon realising that Lisa is a new member of the cancer group waiting for her chemo infusion, the woman's demeanour softens. She proceeds to describe the amenities available to patients in the waiting room.

So, here's what you get. You get warm blankets. You get a comfy chair. You even get juice and crackers. You see David with the martini cart over there?' A thin older man, wearing a volunteer's t-shirt is pushing a rattling trolley through the waiting room. He stops to hand over juice boxes to outstretched hands.
'It's always Happy Hour here,' she says.
'My cart rumbles on,' he sighs. He picks up a crossword puzzle from a Tupperware container and hands it to a man in a tracksuit.

(p. 295)

Initially, ordinary objects such as carts, containers, chairs, and refreshments acquire deeper significance within the waiting room. They become subtle mediators of connection and shared endurance, reshaping the experience for Lisa and other patients. A crossword puzzle passed to a man in a tracksuit offers a brief cognitive refuge, while the metallic clatter of the juice cart cuts through the imposed stillness. The martini cart, in motion, interrupts the room's suspended temporality, breaking its silence with rhythm and sound. In this way, objects cease to be inert and instead register, circulate, and momentarily hold the emotional currents of those who wait.

Lisa's heightened sense of physical self-awareness while waiting in the medical facility reveals the imposed confinement of immobilised bodies awaiting care. She describes:

I had on a blazer. I almost never wore what I viewed as 'corporate' attire, yet here I was, in that hospital waiting room, dressed as if for a job interview, or as a character on one of those television shows I hate about lawyers.
(p. 284)

Clothing here quietly shapes how space is perceived and how the self is staged within it. Dress is an aspect of material culture that shapes how care is felt and lived in everyday contexts. More than appearance, it becomes a material practice of self-care through which identity is negotiated inside clinical space. We construct ourselves through fabric, through texture, colour, cut, and style, which, as S. Woodward (2007) observes, "materialises questions of identity in a particularly intimate way" (p. 3). Clothing thus offers a private form of care distinct from institutional care, enabling self-attention rather than dependence alone. Illness unfolds between these two forms of care, receiving and self-making, where dressing oneself becomes a quiet refusal of self-erasure.

Lisa's blazer sharply contrasts with the man's tracksuit in the waiting room, setting her apart from others waiting for chemo infusion and echoing her initial resistance: she was "still not ready to identify with them" (p. 296). The discomfort is further emphasised by the unsettling image of Lisa imagining her and other patients as "inmates...cuffed to each other" (pp. 296-297), hinting at a loss of agency. However, as Lisa observes those around her, the enforced closeness of the waiting room slowly unsettles that separation. What first appears as confinement begins to generate a fragile form of proximity. Lisa reflects, "In this room, as in our bodies, the rest of the world is excluded from our battles...I had started to feel we were inmates, myself and my fellow patients, thighs touching, cuffed to each other in the waiting room" (pp. 296-297). The initial sense of being 'inmates,' marked by unease, gives way to a feeling of shared struggle. The waiting room becomes a compressed world that mirrors the internal struggle of illness, where spatial limitation echoes the narrowing of life beyond treatment. In witnessing others' vulnerability, Lisa begins to read her own differently. Waiting rooms, usually imagined as impersonal and restrictive, become, instead, a site where identity is quietly reassembled through proximity, recognition, and shared endurance.

As Lisa's view of the room shifts to emphasise its warmth and non-institutional characteristics, the waiting room progressively transmutes into a therapeutic milieu. Lisa remarks, "I began noticing details in the room, as if stilled and laid on top of each other: a copy of the *Chatelaine* magazine carelessly thrown open to the recipe page (watermelon and feta salad)" (p. 284). Lisa's observations highlight how material objects, such as magazines, play an active role in shaping the development of space. It illuminates a form of human-object relationality. Patients often project their emotions onto seemingly neutral objects, like magazines, which reinforce such emotions (Bates, 2018). The magazine may serve as a metaphor for the patients in waiting rooms, who are viewed as 'waiting room objects', to be summoned, examined, and treated by others despite their perceived control over their care. The magazine's food image can be a constant reminder of what it means to be healthy and at home. Bates (2018) asserts, "Therapeutic environments are often crafted in relation to this feeling of homeliness which, in turn, symbolises leaving illness behind and an envisioned healthy self" (p. 9). As a symbol of the 'other side', the magazine represents a world outside the waiting room that remains unburdened by the constraints of illness and confinement. Tanner (2002) argues that while these magazines promise a connection to the outside world, they ultimately highlight the patient's isolation from it. From this perspective, the magazines become an extension of the patients, suspended in time and waiting to be examined, just like the patients. For Lisa, the magazine becomes a mirror of self, its physical presence offering a means to make sense of illness and imagine a life beyond cancer, where images of food evoke nourishment, comfort, and the idea of home. The magazine as a connection with the outside world and "expression of life," thus makes the waiting room "symbolically feel permeable," thereby

“taking the waiting person somewhere else while waiting and preparing for the next stage on the journey to care” (Kearns et al., 2020, p. 63).

The idea of therapeutic landscapes, as introduced by Gesler (1992), initially focused on the healing attributes of natural environments such as springs, but has since been extended by health geographers to include structured healthcare settings such as clinics and hospitals. More recent work has also foregrounded the role of spirituality in shaping therapeutic experience. Subhrasmita and Gaur (2024), for instance, emphasise the centrality of spiritual space in Ray’s memoir, noting that her search for meaning and healing extends beyond the clinical setting into a series of pilgrimages across India. In visiting meditation centres, ashrams, shrines, and Hindu temples, Ray encounters spaces that offer not only religious significance but also a sense of affective anchoring during the uncertainty of illness. While the importance of such explicitly sacred environments is well established, an exclusive emphasis on spirituality offers only a partial account. To extend this perspective, it is important to recognise that mundane, non-religious material environments are equally integral to the therapeutic process. Theoretical approaches in human geography emphasise that landscapes are not just physical constructions but emerge through the interaction between human perception, social practice, and material conditions (Gesler, 1992). In this sense, “places hold deep significance not only in shaping and sustaining individual and group identities but also in influencing human behaviour and mental states” (Idrus et al., 2024, p. 63), a relationship developed by Lefebvre (1991), who conceptualises space as a social product that both shapes and is shaped by lived experience. He asserts:

Vis-à-vis lived experience, space is neither a mere ‘frame’, after the fashion of the frame of a painting, nor a form or container of a virtually neutral kind, designed simply to receive what is poured into it. Space is a social morphology: it is to lived experience what form itself is to the living organism, and just as intimately bound up with function and structure.

(pp. 93-94)

Within this framework, seemingly mundane clinical environments such as waiting rooms, treatment areas, and their associated objects can be understood as therapeutic landscapes in their own right. For Lisa, the waiting room transforms into a kind of secular therapeutic landscape; her perception of its space and objects influences her ideas and her relationship with it. As she pays closer attention to the everyday details: the sound of the television, the look of the magazines, the signs on the wall, the covers on the seats, she starts to see the room not just as a stop along the way, but as something worth reading and feeling through. In this context, Bates (2018) observes that “the person makes the place, as much as the place affects the person” (p. 5), while A. Williams (1998) underscores the role of both built and natural environments in shaping well-being. By reflecting on the often-overlooked material aspects of the waiting room, Ray’s account suggests that therapeutic experience is not confined to explicitly spiritual or symbolic domains but is equally constituted through the textures, objects, and spatial arrangements of everyday clinical life.

Ray’s memoir reimagines the clinical waiting room not as a neutral prelude to treatment, but as a vital, distributed space of care where patients negotiate illness through interactions with mundane objects like chairs and juice boxes. These human–nonhuman interactions transform a seemingly ordinary environment into a structured site where identity is quietly performed, and care is enacted through shared routines rather than just medical intervention. By attending to these overlooked spatial arrangements, the narrative reveals a collective, material dimension of the patient experience that remains largely invisible within conventional biomedical paradigms.

BLANKETS AND BOOKS: MEDIATING CARE VIA COMMON EVERYDAY THINGS

Material things can facilitate forms of social contact for the unwell. Everyday objects such as books and photographs are repositories of meaning and memory while also remaining generative, eliciting actions and responses that are integral to practices of care. Materials thus participate in “how relationships of mundane care are constituted and maintained” (Brownlie & Spandler, 2018, p. 256). Within this framework, the new materialist turn seeks to expand the scope of inquiry in the social sciences and humanities to more fully account for the role of non-human agents, materials, and technologies. The seemingly mundane elements that constitute the often-overlooked dimensions of caregiving become legible through close attention to the material details in Lisa’s illness story.

Upon Lisa’s arrival at Princess Margaret Hospital for her initial chemotherapy infusion, a nurse escorts her through the day-care centre and situates her in “a large beige chair next to the Triage station” (p. 297). In reporting her difficulties with vein location and a sense of coldness, Lisa shares that the attending nurse halts her work, stands up, and momentarily exits the area. She writes:

The nurse stops what she's doing, gets up and leaves. I'm a bit startled, but she returns with a hot flannel blanket, which she drapes over my chest and shoulders gently. Something about this gesture touches me deeply. She silently hands me a paper cup of water. I anoint her ninja of my veins.

(p. 298)

Lisa christens the nurse's 'ninja of [her] veins,' a testament to the extraordinary relationship formed between them through the simple exchange of items. The blanket and the cup of water serve a role beyond facilitating care; they create a foundational connection between Lisa and the nurse. These objects are not passive instruments of care but active participants in shaping the relational dynamics fundamental to caregiving. As Law and Mol (1995) suggest, “materiality and sociality are produced together” (p. 274), indicating that the material world and social bonds influence each other reciprocally. Objects are “an integral and inseparable aspect of all relationships” (Miller, 2008, p. 286), and they can “enable people to take action” (Chapman, 2006, p. 208). In this context, the blanket and cup function as part of a human and non-human assemblage where objects, people, and emotions are interdependent. Within actor-network theory, social relations become stabilised when they interact with and are supported by these physical materials (Latour, 2005). The blanket and the cup of water offer Lisa a sense of comfort, security, and ease, which in turn helps alleviate her anxiety. The nurse’s simple act of kindness encourages and cultivates a vital aspect of healing- care. The bond between Lisa and the nurse is strengthened through the exchange of the cup and the blanket, resulting in Lisa’s deep sense of trust in the nurse’s competence and kindness.

In Ray’s memoir, books operate as objects through which care is enacted, exceeding their conventional status as repositories of information. For Lisa, the act of holding a book, turning its pages, and engaging with the text offers embodied solace amid physical and emotional precarity. This resonates with Yuvraj Singh’s account in *The Test of My Life* (2013), where he describes reading *It's Not About the Bike* during chemotherapy as a sustaining presence. He calls the book “a friend, a guide, an ally” (Singh, 2013, p. 11), terms that highlight its affective and supportive role. Similarly, when Lisa observes other patients absorbed in “a book or DVD player on their laps” (p. 299), she recognises how such objects create a sense of familiarity and control within a highly medicalised environment. She recalls that patients, “stretched peacefully...reading books,” found “another direction for [their] attention” (p. 326). In enabling a shift in attention and the

imagining of alternative worlds, books metamorphose into a mode of care. The ability to choose what to read further grants patients a measure of autonomy, restoring a sense of agency within the constraints of illness.

Within the impersonal setting of a chemotherapy daycare, Lisa's attachment to books aligns with Keefer et al.'s (2012) concept of "relationship compensation" (p. 912). Books can act as surrogates for social connection, while also potentially sparking conversations among patients. They emerge as symbolic anchors of home and identity, sustaining a continuing sense of belonging within clinical space. Further emphasising the therapeutic value of books, Lisa surrounds herself with specific titles such as "Practical Yoga Philosophy," "The Essence of the Bhagavad Gita," "A History of Food in India," and poetry collections by Indian poets, asserting, "Healing was my priority" (p. 332). These selections present books not as idle distractions but as steady companions and objects of care, material presences that participate meaningfully in her process of recovery, offering reassurance and tempering anxiety.

Researchers in material culture contend that meanings are not inherent in objects but instead emerge through social interactions between individuals and objects in everyday life (S. Woodward, 2015b). A key assumption of material cultural studies is that objects actively shape social dynamics (Appadurai, 1986). One such object in Lisa's narrative is the Scrabble board. Lisa narrates, "I kept going to daycare, bringing my Scrabble board into the chemo club house. I even looked forward to it, the pastel walls, the warm blankets, the camaraderie" (pp. 316-317). The transition from home to a cancer ward can risk the loss of identity, while personal possessions can sustain a sense of self during institutional stays (Rowles, 1993). Within this space, the Scrabble board is more than a game; it becomes a material inscription of Lisa's identity. Brought from home, it offers continuity and comfort in a clinical environment, where the worn tiles, marked by prior use, become a site of self-care and gentle connection with others in chemo day care. Within institutional boundaries, it supports the formation of "a stable and coherent self-image" (Cram & Paton, 1993, p. 23). The Scrabble board itself, a comforting touchstone, transforms into an "objective entity with its own personality," exerting a reciprocal influence on Lisa (Csikszentmihalyi & Halton, 1981, p. 138) and functioning as a tool for both self-care and relationship building within the cancer ward.

Ray's memoir demonstrates how everyday objects, such as books and a Scrabble board, participate in caregiving by producing a sense of domestic familiarity within clinical settings and by enabling forms of self-expression and agency. A Scrabble board or a blanket operates as a prism through which the often-unarticulated textures of care become legible. Her account thus underscores the epistemological imperative to attend to these seemingly minor but indispensable details that sustain affective connection and make possible attentive, responsive modes of care.

THE MATERIAL PRACTICE OF MACHINE- ASSISTED CARE

Incorporating materiality into social scientific inquiry, Bruno Latour conceptualises objects as active "actants," distinct from human actors, arguing that "anything that does modify a state of affairs by making a difference is an actor, or if it has no figuration yet, an actant" (Latour, 2005, p. 71). Latour calls for a reconceptualisation of technology as integral to social life (Latour, 1993, 1996). Extending this focus, Cecily Jane Maller (2015) advances a social practice approach to health, emphasising the "materiality of everyday life", including things, technologies, and other non-human elements essential in our technologically dependent society (p. 52).

In cancer care, diagnostic and therapeutic devices such as MRIs, CT scans, and X-rays demonstrate the indispensability of machines in contemporary medicine, where clinical judgment is inseparable from technological mediation. Ray illustrates this entanglement through her experience of pulmonary testing. She writes, "The device is called a spirometer, and the idea is to take a few normal breaths before forcefully blowing out all the air in the lungs into a mouthpiece attached to a machine with a lot of dials" (p. 323). In Lisa's narrative, machines and technological devices shape not only diagnoses but also the language, practices, and social relations of illness. Their presence prompts a reconsideration of how technology mediates and redefines the boundaries between human experience and medical care. As Mol et al., (2010) argue, care and technology are not inherently opposed; rather, caring practices are deeply entangled with technological artefacts that function as essential, active components of care delivery. During her stem cell implant at Princess Margaret Hospital, Lisa stays in an "ordinary room with about five or six comfortable, beige, wide-bodied chairs with some wicked-looking machines standing sentry behind them" (p. 326). However, Lisa's perspective shifts as she spends more time in the room. She writes:

I leaned back and watched as the blood was pulled from my body. I watched dials turn steadily on the impressive-looking COBE Spectra cell separator machine I was hooked up to. I was in a close relationship with this machine. I looked upon it as metallic transcendence.

(p. 326)

The spectra cell separator machine becomes dynamic, fascinating, and flexible rather than a cold, soulless thing. Through Actor–Network Theory, it functions as an "actant" within a heterogeneous network, stabilising relations and shaping the therapeutic process (Latour, 2005). It is no longer a "passive or stable object onto which feelings or meanings are projected but part of a dynamic human–technology relationship" (Bates, 2018, p. 5). The initially "wicked-looking machine" becomes an ally as Lisa enters a "close relationship" with it. As her blood circulates through the device and back, the implicit conflict between the mechanical and the human, technology, and nature, is blurred. Her blood bridges the gap between her and the device. Technology is no longer cold and instrumental; it has evolved into something warm, comforting and nurturing, like care.

These dynamic challenges the binary that aligns care with warmth and technology with cold rationality, showing how medical devices act as "inventive mediators" that shape the affective logic of care (Mol, 2008). The process acquires a quasi-sacred dimension: "Something close to sacred was taking place as my blood travelled out of my body, spun with a force strong enough to separate the stem cells, and then flowed back into me" (p. 326). The machine does not diminish Lisa's humanity or spirituality but enables their articulation through technological mediation. As Moser and Law (2003) argue in their material semiotic approach, such technological arrangements act as powerful prostheses that allow patients to articulate and reconstruct their subjectivity. In this sense, the machine intervenes in and reshapes the patient's sense of self; "technologies do not subject themselves to what we wish them to do, but interfere with who we are" (Mol, 2008, p. 50). The machine thus functions as an active agent within the ecology of care, unsettling its reduction to a passive device.

Hospitalisation often isolates patients, disrupting routines and weakening social ties. Ray's memoir shows how televisions, radios, and iPods introduce familiarity into the clinical space while also enabling moments of connection. During an electrocardiogram, for instance, Lisa bonds with the technician over their shared dislike of the Christmas songs playing on the radio. She writes:

During my electrocardiogram, the technician – a chatty young woman from Newfoundland – and I critiqued the Christmas songs blaring from the radio. I chose ‘Happy Christmas, War is Over’ as my favourite while lying on my back, wires dangling from my chest.

(p. 323)

In a cancer ward, the radio, often seen as part of domestic material culture, promotes togetherness and provides comfort, acting as a benevolent presence for patients. Lisa narrates, “At each station, a person sat in the chair, hooked up to an IV pole, watching TV or chatting quietly with a friend or loved one. Only when I noticed that several of the patients were bald did it click: ‘I’m in a cancer ward’” (p. 224). Despite being material objects, radios and televisions imbued the ward with a domestic ambience. These entertainment devices engender an environment so congenial and redolent of home that Lisa momentarily forgets her presence within the cancer ward. Bates (2018) rightly asserts, “Human–technology interactions also make place in a range of unpredictable ways, not all of which are negative or given meaning in terms of power or dehumanisation” (p. 4). The TV and the radio provide a window to the outer world beyond the hospital's walls. In trying times, they offer a much-needed diversion.

After Lisa’s stem cell transplant, she encounters a significant period of weakness that leaves her unable to engage in physical tasks, walk or even hold conversations. She writes:

The only diversion that worked was a relationship with a Buddhist nurse whose name I couldn’t even keep track of in my morphine haze. All I knew was that she was originally from Vietnam. We talked, and she loaned me her iPod so I could listen to recordings of an American Buddhist named Jack Kornfield.

(p. 329)

As an ‘actant’ (Latour, 1993), the iPod becomes a platform for Lisa and the Vietnamese nurse to connect, a mediator of their interactions that shapes their social relationship. According to Actor-Network Theory, technological artefacts like the iPod function as active nodes within heterogeneous networks, translating interests and modifying the course of social action. By lending her iPod, the nurse offers a non-verbal form of care, transforming a technological object into a medium of support and care. Similarly, in Anita Moorjani’s cancer memoir, *Dying to be Me*, Anita implores her husband to bring her iPod to the hospital. She writes:

I wanted to listen to my iPod, and I requested that Danny bring it to the hospital for me... I continually wanted to listen to upbeat tunes, although I didn’t have the strength in my muscles to even get out of bed.

(Moorjani, 2012, p. 83)

Amid the isolation of the hospital, the iPod acts as a connection to the familiar and an embodiment of normalcy, offering a momentary respite through enveloping soundscapes and contributing to building an order of the normal. For both Lisa and Anita, the music player becomes a cherished object, performing what Ian Woodward identifies as a “fundamental psychological function by providing a material site for the attachment of meaning” (I. Woodward, 2007, p. 22). It embodies hope, resilience, and a connection to who they are beyond illness, making it a valuable material of care in their journeys toward recovery. By transforming the iPod into a tool of comfort and care, the nurse infuses the material with emotional resonance, thereby giving it a new sense of meaning, one that prioritises the emotional well-being of her patient. This highlights how agency, from the perspective of ANT, is a “distributed effect”, the result of relations enacted through networks of heterogeneous things and materials rather than being centred solely in humans (Bosco, 2006, p. 137). Lisa’s story reveals how technological devices, ranging from spirometers to everyday gadgets, shape the care landscape and influence social relationships. Though easily

dismissed as peripheral, their role in sustaining emotional well-being and enabling human-technology intimacy is central to the experience of illness, care and recovery.

CONCLUSION

Ray's memoir highlights the substantial influence carried by seemingly mundane objects and spaces on the identity and overall well-being of patients, urging a broader conception of care beyond strictly clinical paradigms. By framing these interactions through the lens of material culture, we see that the unassuming artefacts of the hospital: chairs, magazines, blankets, and gadgets, are not passive background elements. Instead, they function as vibrant matter, acting as silent custodians of narratives that shape an alternative script for patient identities. This necessitates a move toward a phenomenological understanding of patient care; an introspective examination surpassing the confines of clinical paradigms to recognise the inherent therapeutic efficacy embedded within the tangible expanse of healthcare environments.

From the waiting room's hushed whispers to the comforting weight of a blanket, these everyday elements orchestrate the care experience in subtle but powerful ways. Books offer escape, medical machines hum reassurance, and even a playlist becomes a portal to solace. There is a refined synchronisation between everyday items and spaces, establishing their presence in influencing not just the material aspects of healthcare but also the metaphysical contours of shared human vulnerability. By contesting the neglect of shared spaces and objects, Lisa Ray's memoir serves as a materialist critique of traditional caregiving. It advocates for a more observant, inclusive approach where everyday items act as channels for care. Furthermore, as the boundaries between human and technology blur through AI-powered gadgets and neural interfaces, the ontological status of the patient changes. This merging of bodies and machines, a post-humanist shift, prompts crucial questions: How will these 'techno-objects' reshape our stories of illness? As we step into a world of augmented bodies, a rigorous investigation into the socio-material interaction between technology, objects, and spaces is imperative. By examining these fusions, we can envision a healthcare future that moves beyond clinical procedure to a more integrated practice, one that balances human empathy with a deep, theoretically grounded understanding of the embodied experience of illness and care.

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