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Embodying Place

*There's no telling
What's on the mind
Of the bony
Character in plaid
Workcoat & glasses
Carrying lunch
Stalking and Bouncing
Slowly to his job*

—Kerouac 1995, “11th Chorus,” 12

The Tectonic 2.5

The year is 2005. The Silicon Valley is beginning to come back from the dot-com bust of 2001. Each January, Joint Venture Silicon Valley Network, a public private partnership, issues an annual index assessing the business and social challenges of the previous year. Because I gather people’s stories as a cultural anthropologist, I relish the chance to study the numeric data gathered by Collaborative Economics from diverse governmental and private databases. Sitting in my office, glued to the screen scanning the downloaded file of the index, I scroll to the table of contents. I read, “Valley Productivity Rises to 2.5 Times National Average.” I sit there, stunned, feeling as if I were enduring some sort of conceptual earthquake. How is this remarkable figure accomplished? I think of Clare’s hands. I turn to page twenty and continue to read, “In 2004, the region’s value added of \$224,200 per employee is more than two-and-a-half times U.S. value added per employee of \$85,800” (Henton et al. 2005). Value-added, a sacred phrase in the **new economy**, is a

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measure of compensation and profit, estimated by regional gross domestic product, per employee, a short-hand for worker contribution to productivity. I check to make sure that all employees, including **temporary workers**, are included, and so it appears. Such value-added can be created and diminished rapidly by technologically enhanced productivity and shifts in market value. Having observed and talked to hundreds of workers, however, I know it is also the result of intense effort, long hours coupled with bursts of creativity. In the years following that watershed event, although the number fluctuates along with the troubles of the national economy, Silicon Valley's per capita productivity has continued to rise, surpassing even the boom years at the turn of the century (Henton et al. 2008, 14). After encountering that statistic, I felt, in addition to empathic exhaustion, compelled to mine my ethnographic data systematically to examine the relationship of work and health in Silicon Valley.

Everyday life is illuminated by blending together social creativity, bodily discipline, **medical pluralism**, and work morality. Recurrent themes emerge as we examine the stories of **embodied** lives in Silicon Valley.

- First, *place matters*. The particular setting of Silicon Valley shapes the larger chronicle. While some aspects of the region's culture are shared with that of other Americans, and immigrant homelands, other facets are distinct. Silicon Valley shares its history with the rest of California and the San Francisco Bay Area. It does, however, distinguish itself as a center of technological development. The associated values of pragmatic efficiency shape its work, family, and **health cultures**. Policies, set at the national and state level, establish different conditions to which people must adapt. The historical development of particular regions, such as the San Francisco Bay Area, shapes the tools people can access to make those accommodations. Moreover, as a model and a metaphor for a technological future, Silicon Valley sends a potent iconic message for the rest of the United States, and the world.
- Second, the *ethos of experimentation*, both scientific and **countercultural**, catalyzes the creation of novel cultural practices. The self becomes a project, subject to endless tinkering. Can those bodily experiments, dietary or pharmaceutical, lead to greater productivity?

- Third, Silicon Valley's *cultural complexity*—as people migrate, interact, and borrow—creates a distinctive form of medical pluralism. Work, family, and health beliefs and practices flow from many cultural origins. The multiple beliefs and practices around bodily care, derived from many parts of the world, are interlaced with alternative healing modalities that are themselves global in origin. Chinese herbs are sold in Latino *botánicas*. Clients can take holistic yoga classes at a local gym while simultaneously visiting Indian-trained **Ayurvedic** practitioners straight from South Asia for advice on diet.
- Fourth, people are *restaging the life course*. **Life staging**—dependent child, productive adult, and inactive elder—is being rethought as the sequence of work becomes more unpredictable and the lines of age-related disease are being redrawn. Children are drawn into productive work, and retirement from employment may not be practical for people over sixty. Children are diagnosed with what was once considered “adult-onset” **diabetes**, and fifty-year-old amateur athletes resist the specter of inevitable chronic disease.
- Finally, *structural changes in the political economy* drive people into greater individuation, as they must rely on themselves to manage their own educational, career, financial, and health care decisions, with less support from outside institutions. The dual processes of work **intensification** and the reorientation of health care from institution to individual are taking place all over the world. Employment is more contingent and more unpredictable. Those left standing must work more intensely. The drive for productivity dominates the lives of Silicon Valley workers, and allows them to *feel* capitalism intimately in their everyday lives.

These five topics—Silicon Valley's geographic distinctiveness; rampant experimentation; cultural complexity; life restaging; and economic individuation—structure our discussions.

We often look at work, especially the “new” work of the twenty-first century, as if it were part of an ethereal global landscape where digital flows of information and capital seem to transform life. Work, particularly knowledge work, is not confined to particular hours or places; work is not a sealed domain, but one that intertwines with the rest of life. The work that

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produces this economy is done by real flesh and blood men and women; life on this side of the screen is not abstract but *embodied*. Particularly in a place that has become iconic for the high-technology global economy—a bellwether for the rest of the United States—knowing that actual people embody that labor transforms the way we think of knowledge workers. The region's high-tech economy is volatile, producing booms and busts that are experienced as intense physical episodic and daily stress. The high-tech industry has also left a dystopian environmental legacy. **Clean rooms**, the birthplace of integrated circuits, are kept pristine for the circuits, not for the people. Project-based work has expanded to include a variety of life practices. Relationships, identities, and health states become *projects* in everyday practice, to be **augmented** by technology. The work practices and **pragmatism** that underlie the drive for productivity enhance human integration with devices and technologies, including medical technologies. At the same time, a deeply romantic attitude toward nature pervades **complementary and alternative medicine (CAM)** so that people who use this approach simultaneously embrace and revile technology. Individuals both use and doubt technologies, but in different contexts in their lives.

There has been a tangible change in the intensity of activities faced by workers that we once would have identified as middle-class (Gershuny 2005, 309). Mastering technologies, responding to work pressures, meeting the increasingly individuated obligations of parenthood, and simply understanding what to buy in the grocery store to make sure the daily meals are healthful, reshape everyday life (Darrah 2007; Darrah, Freeman, and English-Lueck 2007). Family, as well, is not experienced in the abstract, but in the bodies of its members. Indeed, evidence indicates that busyness in the family, especially in families with small children, curtails time for physical exercise, and intensification at work and home leads to less healthful food choices (Allen and Armstrong 2006). Staying healthy becomes another set of activities to squeeze into a hectic life.

The people—workers and family members—in Silicon Valley experiment on themselves using both rational scientific **biomedical** and nonbiomedical alternative practices. Silicon Valley is part of Northern Californian and the larger Bay Area experimental counterculture. Catholic, feminist,

Zen, and Hindu shrines rest next to engineering diagrams in corporate cubicles. Alternative medical notions and genetic information are used side-by-side with little concern that these practices harness different types of medical logic. In the early years of the twenty-first century, between 35 and 40 percent of Silicon Valley's population is foreign born. This statistic masks the deeper complexity of cultural borrowing, mixing, and editing as people dynamically define and categorize each other, in the domains of both work and health practices. Each of these activities is experienced differently across the life course.

By understanding that family, health, and work are all *embodied* experiences, we can come to see that these are not several separate stories, but a single narrative with intertwining plotlines. We will explore this grand story, from the perspective of people who nurture, hurt, and toil in a region that is both distinctive—even other silicon places do not have Silicon Valley's particular profile—and strangely familiar. The face of the United States is changing. Economic and social interconnections with the rest of the world are becoming part of Middle America. The integration of technology into everyday life is happening in Kansas City as well as San Francisco. The changes in the institutions and practices of work and health are easily seen in Silicon Valley—early adopters of the new economy—but such alterations are not unique to it.

Geographies of Work and Health

Silicon Valley reflects larger geographies of work and health. The United States is the federal political unit in which policy, the structures of insurance law, and the unique institutions of employer-based health care have evolved. Immigration policy is enacted at the national level, moderating the flow of sojourners and new citizens, who bring new work and health cultures with them. Institutions such as Medicare and Medicaid are federal programs providing health care. Individual states also fund care and add yet another layer of bureaucracy and policy. Health care is distributed unequally, as is the disposal and clean up of industrial toxins; this geography of inequality is inscribed on worker bodies. Some live in healthful places and can afford