The Inner History of Devices

When A Device Is Much More Than Just A Device

For more than two decades, in such landmark studies as The Second Self and Life on the Screen, Sherry Turkle has challenged our collective imagination with her insights about how technology enters our private worlds. In The Inner History of Devices, she describes her process, an approach that reveals how what we make is woven into our ways of seeing ourselves. She brings together three traditions of listening—that of the memoirist, the clinician, and the ethnographer. Each informs the others to compose an inner history of devices. We read about objects ranging from cell phones and video poker to prosthetic eyes, from Web sites and television to dialysis machines. In an introductory essay, Turkle makes the case for an intimate ethnography that challenges conventional wisdom. One personal computer owner tells Turkle: This computer means everything to me. Its where I put my hope. Turkle explains that she began that conversation thinking she would learn how people put computers to work. By its end, her question has changed: What was there about personal computers that offered such deep connection? What did a computer have that offered hope? The Inner History of Devices teaches us to listen for the answer. In the memoirs, ethnographies, and clinical cases collected in this volume, we read about an American student who comes to terms with her conflicting identities as she contemplates a cell phone she used in Japan (Tokyo sat trapped inside it); a troubled patient who uses email both to criticize her therapist and to be reassured by her; a compulsive gambler who does not want to win steadily at video poker because a pattern of losing and winning keeps her more connected to the body of the machine. In these writings, we hear untold stories. We learn that received wisdom never goes far enough.

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My Personal Review:
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This is a book that invites you to reexamine not only what you think of every day devices and things like cell phones, personal computers, computer games and implanted defibrillators; it asks you reexamine how you think about them and why.

The approach is interesting in that uses ethnography, memoir and clinical cases in the form of essays written by individuals who've interacted with
and, in some cases treated people who established relationships with devices most of us would never consider and not be able to see, even if we were to interact with those described in the essays.

One I found particularly thought provoking is entitled: The Internal Cardiac Defibrillator

An internal cardiac defibrillator is a device implanted in your chest and connected by wires to your heart. It constantly monitors your heartbeat and if your heart goes into cardiac fibrillation, which is life threatening, the device shocks you, much the same as depicted in scenes on medical shows like ER. But, instead of a doctor or EMT placing paddles on your chest, yelling "Clear" and pushing the button to shock you it happens automatically, inside your chest. The ICD shocks you and, when it does, the experience is as painful and traumatic as when it's done with paddles.

It's impossible to understand what it means to have an ICD implanted in your chest without talking to people who do have one. Here's an example:

"I died and then..." "This is the peculiar grammar of stories told by people with ICDs. The internal firing of the ICD is painful and brings one back from death, a repeated boundary crossing that writes a new narrative of life and death."

On one level, having an ICD is comforting because it's there, just in case you need it to save your life. But, there's also a dark side.

"My independence was gone. And yet, they say that this thing gives you more independence. Because you can be assured that you won't go into cardiac arrest and die when you take a trip and all that. My thing is, we take a trip, and I'm wondering, okay, I wonder which one of these exits is a hospital. Or, you know, something like that."

Darker still is the story of Stan who is forty-two and received an ICD when he passed out while running.

When he thinks back to that event, he realizes if he had died it would have been an easy death. "Like blacking out on the road, dying like that would be nothing. There would no pain whatsoever...."

Now that particular option is gone. Should he go into cardiac arrest the ICD will shock him back to life. On one occasion he received multiple shocks while swimming. He felt a funny feeling in his chest that made him stop. "And all of a sudden, wham, I got shocked--damn, I gotta get out of the pool." He was shocked about three times.

After the incident Stan asked his doctor how many times the ICD would shock him before it "would stop trying."
About nine times his doctor told him.

That kind of information is comforting, troubling and frightening, all at the same time.

Examples of other things explored in this book are a prosthetic eye, computer games, a dialysis machine and video poker.

I found this book to be like a bag of potato chips. Once you've read one essay you'll find it difficult to stop until you've read all of them.

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