Chapter 3

Exercise 1

Use Passages 1 and 2 below to practise taking gists while reading. Once you have taken gists, arrange them to create a two- to three-sentence summary of the passage.

PASSAGE 1

Hacktivism is the fusion of hacking and activism; politics and technology. More specifically, hacktivism is described as hacking for a political cause. In this context, the term hacker is used in reference to its original meaning. As defined in the *New Hacker's Dictionary*, a hacker is "a person who enjoys exploring the details of programmable systems and how to stretch their capabilities" and one who is capable of "creatively overcoming or circumventing limitations."[1] Activism is defined as "a policy of taking direct and militant action to achieve a political or social goal."[2] Therefore, a clinical definition of hacktivism is:

> Hacktivism: a policy of hacking, phreaking or creating technology to achieve a political or social goal.[3]

However, both hacking and activism, and thus hacktivism, are loaded words ripe for a variety of interpretation. Therefore it is preferable not to clinically define hacktivism but rather to describe the spirit of hacktivism. Hacktivism is root. It is the use of one's collective or individual ingenuity to circumvent limitations, to hack clever solutions to complex problems using computer and Internet technology. Hacktivism is a continually evolving and open process; its tactics and methodology are not static. In this sense no one owns hacktivism—it has no prophet, no gospel and no canonized literature. Hacktivism is a rhizomic, open-source phenomenon.

Notes

1 http://www.hack.gr/jargon/html/H/hacker.html
2 http://dictionary.reference.com/search?q=activism

3   This definition appeared on the CULT OF THE DEAD COW's now defunct website http://www.hacktivism.org which is archived here: http://web.archive.org/web/19981203083935/http://www.hacktivism.org/metac0m

2003 "What is Hacktivism? 2.0." *TheHacktivist.com* http://www.thehacktivist.com/hacktivism1.php

PASSAGE 2

The major ethical and epistemological issue for me, in trying to understand what kinds of undertakings comprise the biological sciences, is that knowledge is always an engaged material practice and never a disembodied set of ideas. Knowledge is embedded in projects; knowledge is always for (in many senses of for) some things and not others, and knowers are always themselves formed by their projects, just as they shape what they can know. Such shapings never occur in some unearthly realm; they always are about the material and meaningful interactions of located humans and nonhumans—machines, organisms, people, land, institutions, money, molecules, and many other kinds of things. It is because scientific knowledge is not "transcendent" that it can make solid claims about material beings that are not reducible to matters of opinion, even as they are never separate from interpretation. And always, those solid claims and material beings are irreducibly engaged in cultural practice and practical culture; that is, in the traffic in meanings and bodies, or acts of love, with which all things begin. Semiosis is about the physiology of meaning-making; science studies is about the behavioral ecology and optimal foraging strategies of scientists and their subjects; and biology seems to me to be about the historically dynamic, material-semiotic webs where important kinds of knowledge are at stake.

Donna Haraway 1997 "enlightenment@science_wars.com: A personal reflection on love and war." *Social Text* 50: 123-129, 124.

Exercise 2

Create a tree diagram mapping out the levels of generality for Passage 3.

PASSAGE 3

Institutional buildings rise in people's neighbourhoods, marking the connection between public and private domains. The architecture of community hospitals expresses institutional health strategies addressed to individual patients. Like a family caring for its members, the hospital cares for members of the community. But the scale of care is not domestic and private, like family care, but civic and public. This conflict in scale can disorient and alienate the patient, confusing or coercing him, adding to his distress. The hospital building itself focuses these conflicts in scale at the interface between public presence and private life, and some hospital design now tries to rationalize the interface, making it readable and clear rather than confusing and imposing. At the Bethnal Green Health Centre in London, architectural design tries to harmonize institutional prominence with personal outlook.