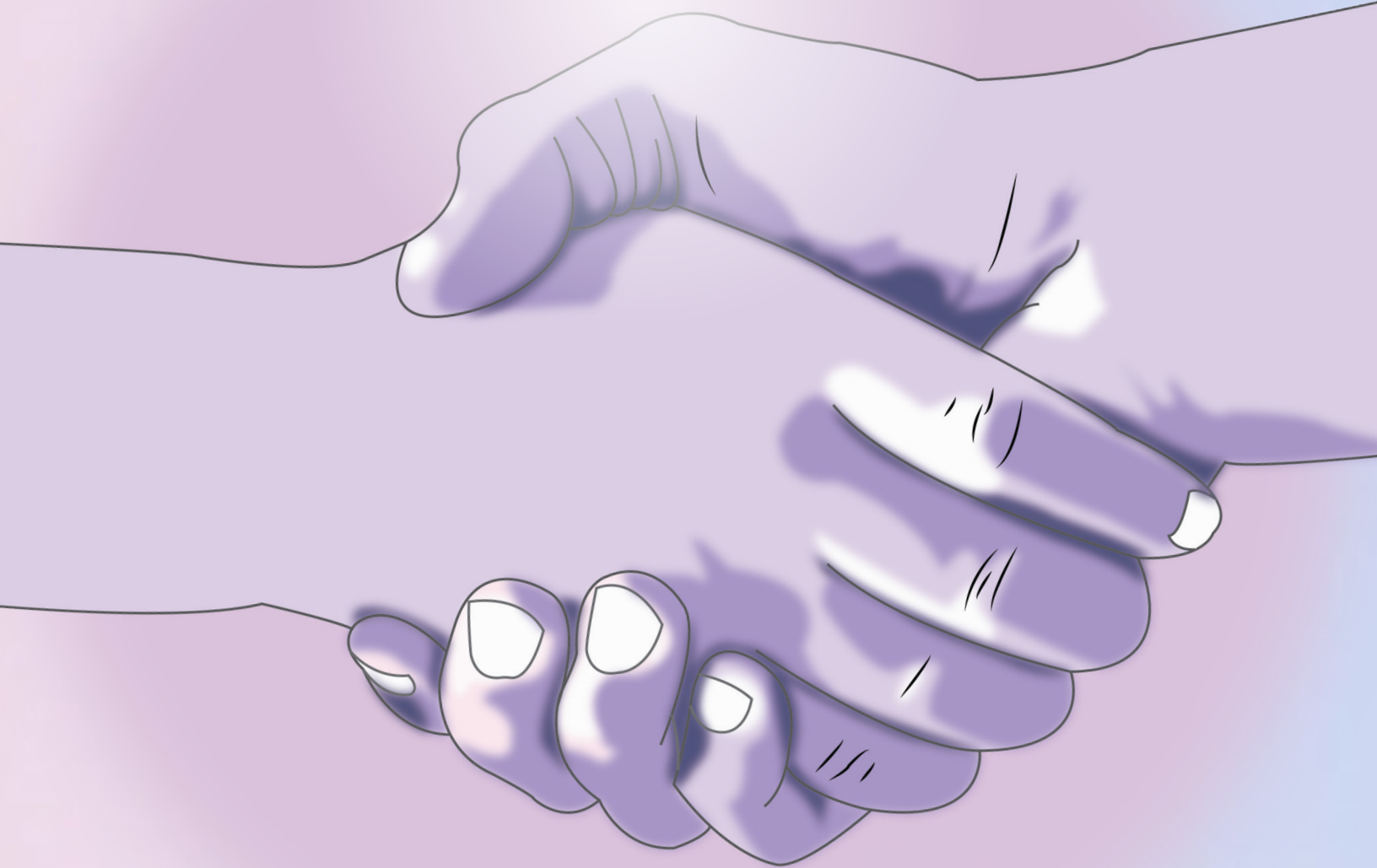


**VOLUME 16**

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# **CONTEXTS**

*“Negotiations”*



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**2023-2024**

# Contexts

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## Stanford University's Undergraduate Research Journal in Anthropology

Volume 16 | 2023-2024  
Department of Anthropology

“Negotiations”

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# Letter From the Editors

*Dear reader,*

This year's editorial team is proud to present the 16th installment of CONTEXTS, Stanford's undergraduate research journal in anthropology. Each year, CONTEXTS displays exceptional student research in anthropology and the social sciences that challenges dominant narratives, asks critical questions, and complicates normative ideas that we often accept without thought.

The authors of this year's publication focus on negotiations: negotiations of boundaries, of care, and of the classifications that define people. Grappling with themes of consumption, cultural difference, and care, each article in this edition explores the compromises and negotiations that need to be made in an ever-evolving and complicated world.

Aurora Feng illustrates the lived realities of Chinese-American cancer patients as they adapt to and live within healthcare systems that fail to consider their specific cultural backgrounds and differences, while Binta Diallo redefines the dichotomous systems used to classify people as addicts. Yuer Liu explores the perception of female pet ownership in urban China as it intersects with political, economic, and cultural shifts throughout the nation, and Sarah Reyes draws connections between the commodification of water and the extraction of lithium in Chile. From hospitals in China to the Salar de Atacama in Chile, these stories and studies illuminate the multiscale ways that people respond to their environment, and aim to secure the most from them. Within the constant state of flux and ever-increasing fast-paced globalization, we experience today, life possibilities and pathways seem to be shrinking and expanding constantly; these stories serve as a testament to the very real ways that people cope with those changes.

We would like to thank all of the authors who contributed hours of research and revision so that this publication could be possible; our graduate editor Reem Badr, for her invaluable counsel and assistance; Dylan Cha for his design and administrative contribution, and our student services officer, Roya Aghavali. And finally, to you, our reader, for supporting this publication and the broader anthropological community at Stanford.

We hope you enjoy this year's issue.

*Warmly,  
The Editorial Team  
Cal Skwara '24 | Giovanna Jiang '26*

# Culturally Concordant Palliative Care: Exploring End-of-Life Experiences in Chinese American Communities with Advanced Cancer

Aurora Feng

## Abstract:

This essay explores the cultural nuances and barriers that Chinese American communities face regarding palliative care at the end of life. My research delves into how Chinese American patients with advanced cancer perceive, access, and utilize palliative care, contrasting their experiences with the broader American cancer narratives that emphasize patient autonomy and survival. Through semi-structured interviews with patients and caregivers, I investigate the cultural values influencing treatment decisions and the challenges posed by cultural and linguistic discrepancies in healthcare settings. By focusing on culturally concordant care, I aim to enhance the quality of end-of-life care and improve communication between healthcare providers and Chinese American families, fostering a more inclusive care environment that respects and integrates their cultural values.

## Research Goal and Objective:

Palliative care is an important component of medical decision-making and quality of life for patients living with devastating diagnoses of cancer, yet it is not commonly practiced among Chinese American patients. How do we explain this discrepancy, and how do we ensure that Chinese American patients with advanced cancer feel understood and supported as their end-of-life approaches? Research is needed to ensure culturally concordant communication and care with Chinese American patients and families, an underserved group in palliative care practices. My research question is: How do the unique cultural values and experiences of the Chinese American community shape the needs and challenges of patients with advanced cancer in accessing palliative care, and in what ways can palliative care practices be adapted to facilitate cultural concordance and quality improvement? I hypothesize that Chinese Americans with advanced cancer face unique barriers to accessing palliative care due to cultural and linguistic hurdles, limited knowledge and stigmatization of advanced care plans, and a lack of culturally sensitive care options; tailoring palliative care to these patients' cultural values and experiences will significantly improve the quality of end-of-life care and foster an inclusive care environment that addresses the community's specific needs.

The purpose of this project is to explore the perspectives and attitudes toward palliative care among Chinese American patients diagnosed with advanced cancer, understand the challenges and structural vulnerabilities faced by this population, and ascertain how to adapt care for the unique cultural values and experiences of this group. Additionally, I use palliative care as a gateway to enable a narrative through which Chinese American patients and their families can explore end-of-life experiences in a patient-centered, unstigmatized way, and challenge the American survivorship discourse that often overstates patient agency in cancer survival. Lastly, by anchoring my research in culturally concordant palliative care, I hope to shed light on cancer as a multifaceted lived experience and probe an entry point for a comprehensive exploration at the intersection of culture, medicine, social relations, and the breadth of human experience.

## Literature Review:

Anthropological literature has defined cancer as more than just a biological disease itself and a term of "excess of meaning" (McMullin and Weiner, 2008). As a social experience, cancer is a force that has the power to exclude, marginalize, and stigmatize, especially among underserved communities (Livingston, 2012; Bright, 2015; Banerjee, 2019; Macdonald, 2015). Research that focuses on the social aspects of cancer points out that the study of cancer allows for a broader investigation of science, medicine, media, and the state, with a focus on questions of power and knowledge, modernity and rationality, culture and capitalism, race and gender, and justice and inequality (Canguilhem, 1989).

The anthropological view of cancer as a social force underscores the necessity to scrutinize its implications for race and inequality, particularly how these issues intersect with the Asian/Chinese American experience in navigating cancer care. Research has demonstrated that the Chinese American community faces multiple barriers to quality cancer care and cancer survivorship. There are linguistic barriers to care, and in particular, Asian American immigrants who speak limited or no English encounter more barriers to quality care than other Asian American immigrants (Ngo-Metzger, et al., 2003). This is a prominent issue because 50% of the Chinese population in the US speaks English less than "very well" (Reeves T, 2004). Cultural barriers are another big factor. In collectivist Chinese culture, cancer patients tend to hide their disease to protect themselves against stigmatization and social exclusion (Lam and Fielding, 2002). The traditional cultural views of Chinese patients including fear of punishment, failure, and fatalism, and beliefs around superstition and luck might negatively impact spiritual well-being in a Chinese cancer patient. In addition, the decision-making model of many Chinese cancer patients is family-centered instead of a "Westernized model of patient autonomy," resulting in disjointed communication between clinicians and the patient family, adding another layer of difficulty to their cancer care (Leng, et al., 2017).

Chinese patients are passive in cancer care, which makes it difficult for them to adapt to palliative care when they approach their end-of-life. Research has been conducted with a focus on structural inequalities produced by the process of dying and healthcare disparity, showcasing the structural vulnerabilities experienced by patients from under-resourced backgrounds (Giesbrecht, 2018). Like Blacks and Hispanics, Asians are less likely to communicate about goals and complete advanced care plans (Huang, et al., 2016). Medically underserved Chinese Americans also have low acculturation levels and therefore have very limited knowledge of and engagement in advanced care planning (Dhingra, et al., 2020). Improving these issues is thereby crucial for Chinese American patient families, as there is a dearth of research at the intersection of advanced cancer, palliative care, and Chinese/Asian American experiences.

### **Methodology:**

The research is conducted using a semi-structured interview approach, and I plan to interview 30 patients and caregivers, all of whom are Chinese Americans living in the Bay Area. I use a stratified, purposive sampling strategy to identify and interview patients and caregivers (N=15 patients: N=15 caregivers; N=15 born-in-America Chinese patients/caregivers who prefer English: N=15, born-outside-America Chinese patients/caregivers who prefer Mandarin). To better understand culturally concordant palliative care, I investigate the impact of acculturation on the Chinese American population. Acculturation level is measured via the Suinn-Lew Asian Self-Identity Acculturation Scale. I conduct the interviews in both English and Mandarin depending on the interviewee's preferred language. For patients and caregivers whose primary language is not English, I also have an official Stanford-accredited language interpreter to double-check the quality of interview transcription and translation. The interviews elicit perspectives on the following primary areas of inquiry: patient/caregiver's experience with initial cancer diagnosis, goals of treatment, values related to health, the role of family in their care, ways to navigate challenges, and perspectives on palliative care

### **Discussion and Analysis:**

I have conducted 14 interviews so far with patients and caregivers, and I will focus on analyzing 3 of the interviews, PT 01, PT 04, and PT 12 for this paper. PT 01 is a female patient with stage IV colon cancer who immigrated from China. PT 04 is the daughter of a male patient with angiosarcoma, initially misdiagnosed in China and later received treatment in the US. PT 12 is the wife of a male patient who passed away from lymphoma in 2018; they immigrated from Taiwan. I have identified some key themes crucial to the informed decision of their care.

### **1. Unique Cultural and Familial Dynamics in Treatment Decisions:**

One common theme in the medical anthropology discourse surrounding disease is that "one's self-identity changes with the social context, particularly within the hierarchy of social relations at any given time" (Scheper-Hughes & Lock, 2016). Chinese society holds onto a Confucian value system that emphasizes filial piety, and this is reflected in the unique cultural and familial dynamics when each patient and their family navigate crucial decisions related to their care. PT 01 chose not to tell her elderly parents in China about her cancer diagnosis despite it being stage IV because she thought that "they're not here with me and cannot help me in many ways," and that "the impact of the news would be too significant." The reluctance was rooted in a cultural tendency to protect family members from bad news, especially when they are physically distant and unable to offer practical support. This emphasizes filial piety and the protection of parents' emotional well-being, even at the cost of withholding distressing information. Further, she mentioned that "I always think I would tell them when my symptoms improve or when I see them in person," highlighting the nuanced considerations in Chinese culture that sensitive information is better received and processed within the context of a direct, supportive family environment, where non-verbal cues and immediate emotional support can mitigate the impact.

In a parallel manner, under the Confucian value system, parents often feel a strong sense of duty to protect their children from worries and burdens, including their own health issues, and this is manifested in my conversation with PT 12. Though she went through her husband's lymphoma entirely on her own and felt depressed and "can't put myself together anymore" after the husband passed, she never sought comfort from her children, but simply said, "It's not easy. My daughter has her own life. She lives in New York and is beyond my reach. And my son, all he does is work". Her reluctance to share her emotional turmoil and confusion about her husband's cancer and passing with their children mirrors this cultural norm, aiming to shield them from distress and maintain the traditional parental role of strength and resilience. Her approach to navigating emotional needs without involving her children could be informed by cultural norms valuing stoicism and self-reliance, especially among older Chinese Americans.

Another important dimension of the Confucian value system is the strict hierarchy and order of the patriarchal system, where respect for older people, especially older male figures in the family, is of paramount value and can significantly affect healthcare choices. For PT 04, even though she's the one who's more knowledgeable about her father's cancer and care, because she lives in the US and also is the daughter, she does not "have the right to decide", and "if my brother and I disagree, [the doctors] won't listen to me". In the end, she had to hire someone to bring the father to Beijing for him to be properly diagnosed because of her brother's disagreement. Her struggle to have her perspective considered, despite her proactive efforts to seek treatment for her father, underscores the gender dynamics and familial roles deeply embedded in Chinese culture, where the

## 2. Emotional Impact of Diagnosis and Coping Mechanisms:

Optimism is a common theme found across my interviews, and with optimism comes a strong sense of autonomy and a desire to distinguish themselves from the stereotypical portrayal of weak patients. For PT 01, she “view(s) going to work as a distraction because I don’t have to think about [my cancer],” and has only told her direct manager about her cancer because she had to get chemotherapy. While going to work is her effective coping mechanism, I also see a lot of complexities involved when she mentioned she felt uncomfortable going to cancer groups because she did not wish to be part of a group with people who didn’t have hope. PT 04 also described her father as an optimistic and independent person who “doesn’t like it when people say he’s not capable.” Even though right now “he’s not that steady when he stands up and needs assistance to stand up and sit down,” he still refuses to use a walker as “he doesn’t want other people to see him as weak.”

The juxtaposition of optimism and fear of being treated as weak can be linked to the Confucian value of resilience in the face of adversity. In Chinese culture, there is often an emphasis on enduring hardship with a positive outlook and the belief that maintaining a strong will can lead to overcoming difficulties. This cultural perspective encourages individuals to approach challenges, including health issues, with hope and determination, viewing optimism as a strategy for coping and recovery. On the other hand, it also reflects the public perception and social standing of illness or perceived weakness which can lead to stigma, manifested by PT 04’s father’s resistance to a walker, or visible signs of vulnerability or dependency. For Chinese individuals, the intertwining of optimism, autonomy, and social perception as coping mechanisms is not merely a personal choice but is deeply rooted in cultural values and societal expectations.

Another interesting aspect of culture’s impact on emotions and coping mechanisms is when PT 04 mentioned her father was unhappy when she brought him to a park with cypress trees due to their association with cemeteries in China, and after he told her he didn’t like it, she rarely took him there. This illustrates the deep impact of cultural beliefs and symbolism on individuals’ perceptions and emotional states. The family’s adaptation to the father’s preferences, such as avoiding the park with cypress trees, demonstrates the role of caregivers in modifying environments and interactions to support the patient’s emotional well-being. It underscores the importance of cultural sensitivity in supportive care and the delicate balance families must navigate between encouraging positive coping mechanisms and respecting the patient’s individual preferences and cultural sensitivities.

## 3. Misconceptions about Palliative Care:

In addition to diving into the cultural and psychological journeys of the patients and their families, an important part of my study is to understand the perception of palliative care among the Chinese American communities, and in accordance with my hypothesis, all three of my interviews demonstrate misunderstandings about palliative care. PT 01, when being asked about whether she thinks she will need palliative care, says “Since I haven’t experienced physical pain so far, I don’t think [I will need palliative care]”. Like PT 01, many people mistakenly believe palliative care is only for the final days or weeks of life or relevant only to pain management, which can lead to its underutilization. This narrow understanding overlooks the holistic approach of palliative care. PT 04 also demonstrates limited knowledge of palliative care. She has “heard of hospice before because other people have discussed nursing homes” with her, but has “hardly ever heard about” the term palliative care. Both interviews with PT 01 and PT 04 underscore the need for increased education and awareness about palliative care among patients..

PT 12 is the only interviewee from the three who has had personal experiences with palliative care. For PT 12, her elderly parents went through palliative care and her impression was that “the palliative care team would only pay attention to the patient when the patient expressed their need,” which also demonstrates a limited understanding of palliative care. Further, when it comes to her husband, because “even at the last stage of his life I still thought that he had hope,” she didn’t think the husband would need palliative care, nor did the doctors ever mention it. The fact that palliative care was never mentioned by healthcare providers points to a gap in communication between medical teams and patients’ families regarding the full spectrum of care options available. The belief that the patient was not yet at the stage for palliative care highlights a tension between hope for recovery and the reality of the illness’s progression. This tension can lead to delayed discussions and referrals to palliative care, as acknowledging the need for such care may be perceived as giving up hope for recovery. In certain aspects of Chinese culture, there might be a strong focus on aggressive treatment and cure, with less emphasis on palliative care until all other options are exhausted.

## Conclusion:

My interviews with Chinese American patients and their families reveal significant cultural, linguistic, and knowledge-based barriers to accessing palliative care, supporting the hypothesis that tailoring care to their unique values and experiences can greatly enhance end-of-life care quality. Confucian values deeply influence familial dynamics, impacting communication and decision-making around illness, often leading to underutilization of palliative care due to a desire to protect family members from distress and adhere to traditional expectations. Misconceptions equating palliative care solely with end-of-life scenarios or pain management, coupled with cultural stigmatization of vulnerability, further hinder its acceptance. Thus, an urgent need exists for culturally competent care practices that respect Chinese American patients' autonomy and optimism, address misunderstandings, and provide education on palliative care's benefits. By integrating cultural sensitivity with healthcare provision, the quality of end-of-life care for this community can be significantly improved, fostering an inclusive and supportive care environment.

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# Pray it Away: How Religious Belief Influences the Lived Experiences of Sickle Cell Anaemia for Nigerians in the UK

Bolatito Fabunmi

## Abstract:

Religious belief holds great importance for Nigerians with sickle cell anaemia, even when they emigrate to the United Kingdom. The impact of this importance on the embodiment of sickle cell anaemia has been researched to a limited extent, especially in this particular demographic context. The aim of this research paper is, through interpersonal ethnographic interviews, to uncover the effect of religious beliefs on Nigerian sicklers' lived experiences. Direct quotations from sicklers supplemented with secondary research from analogous contexts and broader sociological literature provide an in-depth analysis of the connection between religious belief and the medical disease.

This research sheds light on the intricate religious dynamics shaping the experiences of Nigerian sicklers in their journey from a resource-constrained healthcare setting in Nigeria to the challenges of integrating with the UK's healthcare system.

The paper argues for a holistic understanding of the intertwined nature of Nigerian religious beliefs and medical care. It emphasises the need for healthcare professionals in the UK, where a diverse patient population exists, to comprehend the psychosocial dimensions of faith for effective care of Nigerian sicklers. The research contributes to the call for more ethnographic studies, aiming to bridge the gap between diverse cultural backgrounds and medical practices. Ultimately, this paper aims to inspire the fostering of a healthcare system that caters to the nuanced needs of underrepresented demographics.

## Research Paper:

Throughout my cousin's first six years of life, my aunt knew he was extremely unwell. He was constantly weak and in excruciating pain, struggling to perform everyday tasks. But, residing in rural Northern Nigeria, there was little to be done apart from buying overpriced painkillers from the local pharmacy and praying for him to be relieved of his pain. For my aunt, the power of prayer is endless. It can cure diseases, banish pain, and grant miracles. On the rare occasion that my cousin saw a doctor, very little was done. Most effective sickle cell

treatments were far too expensive or completely inaccessible. When his parents saved up enough money to emigrate to the United Kingdom, my mother convinced them to take my cousin to a physician. Her skepticism and fear hung heavy in the General Practitioner's office, and her reluctance to provide information was clear. Why? My aunt has been accustomed to relying on her religion and family members to cope with her son's sickness. She had no other choice. After a few weeks, my cousin was diagnosed with sickle cell anaemia.

The relationship between religious belief and sickle cell anaemia is fundamental to the lived experiences of Nigerian sicklers (those who suffer from and live with sickle cell anaemia). The way in which that relationship manifests itself changes when Nigerians emigrate to the UK. While acclimating to a new environment and culture, the way Nigerian sicklers interact with their disease changes to adapt to their new environment: new social norms, a new healthcare system and a different way of life. To understand Nigerian sicklers living in the UK, and how their disease and faith interact, I conducted two ethnographic interviews. The first interviewee, Tunji Alaji, is 60 years old and was born and raised in Lagos, Nigeria, before moving to the UK at the age of 17 for university. Tunji has suffered from severe sickle cell symptoms his entire life, spending a significant portion of his life in hospitals and clinics. The second interviewee is Tope Falumo, a 47-year-old accountant and mother of two teenage boys. Tope moved to the UK at the age of 11 to attend boarding school. Tope has a milder form of sickle cell but still suffers from weakness and pain often. These ethnographic interviews serve as evidence for the problems present in sickle cell anaemia treatment in the West, specifically in the UK.

Sickle cell disease (SCD) is an inherited blood disorder arising from mutations in the gene coding for the  $\beta$  globin chain of haemoglobin. Normally, red blood cells are disc-shaped and flexible enough to move easily through the blood vessels. In sickle cell disease, red blood cells become crescent- or “sickle”-shaped due to a genetic mutation. These sickled red blood cells do not bend or move easily and can block blood flow to the rest of the body. Sickle cell anaemia, the homozygous form of SCD, is the most common form, with a lifelong affliction of hemolytic anaemia requiring blood transfusions, pain crises, and organ damage (M. Ankit et al.) Other complications include organ dysfunction which begins early in life and worsens over time.

In Nigeria, the prevalence of sickle cell trait is about 25% while the homozygous state is found in about 3% of the population, making it the most sickle cell-endemic country in sub-Saharan Africa (Adigwe et al.) Furthermore, Nigeria accounts for 100,000-150,000 newborns living with SCD annually (33% of the global burden of SCD). The widespread presence of SCD in Nigeria means that many Nigerians, including myself, know multiple people with the disease, and many carry the trait themselves.

According to the Pew Research Center, as of 2015, Nigeria is 50% Muslim and 48.1% Christian, while approximately 2% belong to other or no religious groups. Many individuals syncretize indigenous animism or traditional practices with Islam or Christianity (United States Department of State, Office of International Religious Freedom). When Nigerians move to the UK, their religious beliefs emigrate with them. In Nigeria, religious beliefs, identities, and practices are public social markers which inform everyday behaviours and interactions. Religious organisations also play a vital role in Nigerian society, often providing social services and financial support. Many religious organisations in Nigeria fill a critical gap in service provision left by the general failings of state governance and poor funding of public institutions at federal, subnational, and local levels (Hoffmann and Patel).

Research in Nigeria, which interviewed sicklers their methods of coping with their disease, showed that religious beliefs played a positive role in coping with the psychosocial burden of sickle cell anaemia (Ohaeri, Shokunbi, Akinlade, & Dare; Uwakwe, Kofie, & Shokunbi). Studies have reported that people with sickle cell anaemia living in Nigeria used prayer more often as a coping mechanism, compared with people with sickle cell anaemia in Western countries. They owed their faith to God and felt as though they needed their faith because of superstition and stigma associated with the disease in Nigeria (Anie, Dasgupta, Ezenduka, Anarado, & Emodi). When I spoke to Tunji Allo about the reasons for his strong faith, he explained how he has experienced faith’s impact on his sickle cell anaemia

### **Bolatito Fabunmi (B): How do you and other Nigerians interact with your sickle cell?**

**Tunji (Tu): I’ve been Nigerian for as long as I’ve had sickle cell anaemia. The relationship Nigerians have with all illnesses is very different from in the UK, and I’ve always felt that difference, my whole life. Whenever my family and I would meet a new person, my mum would eventually tell them about my disease. Nine times out of ten, the older generation of Nigerians would say something along the lines of “We’ll pray for his relief of this illness” or “God has a plan for him”. Don’t get me wrong, I’m sure their intentions are pure, but my sickle cell will never “go away.”**

Healthcare infrastructure in Nigeria is severely underdeveloped, causing Nigerians to use home remedies and religion to fill the gap and provide their ill relief. The Nigerian healthcare industry is facing many challenges, such as increasing outbound medical tourism, deteriorating medical infrastructure, low government healthcare budget allocation, and poor salaries, which cause emigration of skilled healthcare workers. The Nigerian federal government allocated 5% of its budget to health in 2021. In comparison, the UK allocated 11.3% of its Gross Domestic Product (GDP) to healthcare in 2022 (Prendergast). Furthermore, many Nigerians live in rural areas or are too far away from sufficient medical care.

### **(B): Why do you think faith is one of the first things Nigerians draw upon regarding illness and disease?**

**(Tu): I don’t want to generalise...but Nigerians have gone through a lot of hardship. Our country is in a terrible state. Corruption, inflation, antiquated and privatised healthcare, lack of infrastructure... Yet, Nigerians have to keep on going and try to come out successful as we often do. When you have nothing, or very little, faith keeps you going. It costs nothing, can be held from any home, and doesn’t hurt anyone. Honestly, I don’t know why each Nigerian values faith. Faith holds a different role for each person. But for me, and many other Nigerians with sickle cell that I know, faith keeps us going in moments of pain, when the worldly things of medicine and science aren’t helping, or aren’t available. I don’t know if I would be able to cope with my sickle cell without God**

This concept of a social phenomenon filling a gap left by inadequate healthcare provision is analysed by Duana Fullwiley, anthropologist of science and professor at Stanford University, in her ethnography *The Enculturated Gene: Sickle Cell Health Politics and Biological Difference in West Africa*. Although the book is focused on the experience of Senegalese sicklers, similar mentalities and behaviours can be also seen in the Nigerian sickle cell community. Fullwiley's ethnographic research demonstrates how influential religion is on the experiences of Senegalese sicklers, who are largely Muslim. She states: "Their investment in the numinous powers of their Islamic faith, or at least their faith in the therapeutic value of their social support is forged with caring for others, were key factors in shaping their embodiment of this disease." For Nigerian sicklers, the same fact is true, as demonstrated in my conversation with Tunji. His faith is crucial in managing his disease. Fullwiley also refers to the concept of "making-do" and how Senegalese sicklers use familial relationships to "replace the medical care [they] received" (Fullwiley 63). For Nigerians, as explained by Tunji, "making-do" encompasses relying on God and religious belief.

***People's existential acts of "making-do," coupled with their impoverished healthcare system ...work together. These aspects of life itself integrate genes, poverty, hope, religious faith and constraints in care and cannot be parsed as separate (Fullwiley 12)***

What Fullwiley describes as not being able to be parsed as separate is the science and culture of sickle cell anaemia in Senegal. In the sphere of SCD in Nigeria, the two are intertwined, and separating them to solely focus on one can be dangerous. French philosopher, anthropologist, and sociologist Bruno Latour explores this relationship in his 1991 book *We Have Never Been Modern*. Latour argues that our world exists in "hybrids"—different disciplines that are connected and cannot be separated. If we as a society try to separate these hybrids, we risk the danger of creating "monsters." What are the hybrids and monsters for Nigerian sicklers? There is an inherent hybrid nature between Nigerian religious beliefs and their lived experience of sickle cell anaemia. If this relationship is not acknowledged, the "monster" created is a lack of understanding of what Nigerian sicklers experience. This monster is particularly damaging in the medical sphere.

After emigration, Nigerian sicklers begin to spend a large portion of their time interacting with the National Health Service (NHS), the public universal healthcare system in the UK. Created in 1948, the NHS aims to provide "good, strong, reliable healthcare to all" (Bhatti). However, Nigerians are accustomed to "making-do" and relying on faith and family in the place of inadequate provision. This leads to reluctance to wholly trust the British healthcare system, a feeling my aunt held when she first arrived in the UK. Furthermore, for physicians working in increasingly diverse countries, like the UK, understanding the religious practices of ethnic minorities are of utmost importance to truly understand a patient's individualised experience with their disease and their behaviour. In the UK, 68.7% of professionally qualified clinical staff are white, and 15.9% are Asian (NHS Workforce Statistics). In this situation, religious understanding is essential to good medical care, especially for Nigerian sicklers. It allows medical professionals to understand the reasons for hesitance or lack of engagement with healthcare provision. Sickle cell care requires comprehension of patients' feelings and pain, which can only be achieved through understanding religion. The "monster" created when this lack of religious cognizance meets the hesitance from Nigerian sicklers is ineffective and unproductive patient care. My conversation with Tope highlighted the prevalence of this monster:

**(B): Has there ever been a time when you've felt as though your religion and doctors' views in the UK have clashed?**

**Tope Fashanu (To): My mother always says that Oyinbo people\* will never truly understand us, and I agree to some extent. Even though a white man and I will refer to ourselves as "Christians," I feel like my religion is different from his. In my family, religion is everything. It took doctors, other friends and family months to convince my mother that I should have a blood transfusion. She had so many reasons... "It's not natural." "God gave you the blood you have, you are fearfully and wonderfully made." I don't blame her, she knew people who had paid hundreds of thousands of Naira (Nigerian currency) to get treatments or surgeries and ended up dying. She was terrified.**

The reluctance Tope's mother demonstrates concerning her blood transfusion is widespread among religious West Africans. Dennis-Antwi et. al conducted research in Ghana on the "Relation between religious perspectives and views on sickle cell disease research and associated public health interventions in Ghana." Ghana has a similar religious demographic to Nigeria and a similar sickle cell anaemia prevalence. The paper found that relying on God can lead to a lack of "informed healthcare decision making". (Dennis-Antwi et. al 8, 2018) This is, according to their research, because their faith in the power of God leads them to turn towards religion before healthcare provision. Dennis-Antwi et. al concluded that "strong faith could also lead to inaction, as individuals might decide to "just pray" for a hoped for outcome, rely on a miracle and accept their God controlled destiny." (Dennis-Antwi et. al 8, 2018) Tope spoke of the idea of faith and destiny in our conversations:

**Tope Fashanu: I've grappled with this question (how faith, destiny and sickle cell anaemia meet) a lot. I don't like thinking that it was in God's plan for me to suffer and that I was destined to have this illness. I think that would send me into a very dark place. Instead, I prefer to think of ways I can use my sickle cell as a gift – God gave me this illness because he knew it would be a platform for me to do bigger and better things. It's a way for me to stay positive, and keep myself afloat. However, I try not to let my faith disrupt my medical care. As someone who grew up in the UK from a younger age, I've learned to navigate the relationship between faith and medical science. I know that the NHS doctors don't understand my Nigerianess, but they keep me alive so...**

For Tope, her faith complements her medical care in a different way. Just as Nigerians in Nigeria use faith to fill the gap left by the lack of healthcare provision, Tope's faith has a psychosocial effect, providing her with optimism and hope.

Dr Jay Kaufman, a professor of epidemiology at McGill University, said in his New York Times 2021 guest essay: "To restore faith in science, there must be faith in social institutions more broadly." Although Dr Kaufman was referring to the COVID-19 pandemic, his words apply to Nigerian sicklers and their faith. Nigerian sicklers are accustomed to not having faith in their healthcare system, which is part of the reason why their religious beliefs are so fundamental to the management of their disease.

**\* *Oyinbo* is a Yoruba slang word for Caucasians. *Oyinbo* can also be used to refer to someone of European descent, or any race perceived to be light-skinned**

Tope's mother, my aunt, and many other Nigerians know this feeling all too well. For Tope, having spent the majority of her life in the UK, she's learnt to rely on the NHS to care for her medical needs.

The quality of care for Nigerian sicklers could be greatly improved if NHS medical professionals understood the way religion intertwined with the science of their sickle cell anaemia. The way Nigerians interact with their disease is pivotal to how they experience it. My ethnographic research consults real Nigerian sicklers in the UK to inform medical professionals treating those with sickle cell. By providing first-hand accounts and analysis, ethnography can help contribute to well-informed medical care. I hope this research will serve as inspiration for further ethnographic research to be undertaken for immigrants, who are acclimating to the Western world, to create a medical community that understands the nuances of caring for a diverse demographic of people.

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# Lithium Extraction and the Commodification of Water: Social and Environmental Harms in the Salar de Atacama

Sarah Reyes

### Abstract:

Over the past decade, lithium has become increasingly important to technological mitigation approaches to a renewable energy transition as an essential component of the batteries that store renewable energies and run electric cars. Chile has consistently been one of the largest if not the largest producers of lithium in the world, extracting the metal in the salt flats of the Atacama Desert. This paper seeks to unravel the historical construction of water as a commodity in Chile to understand how the Chilean water system has enabled expansive lithium extraction in the Salar de Atacama. Drawing on anthropological and historical studies of indigenous Atacameño water management practices and struggles for territorial sovereignty, I ask how Atacameños have negotiated with this privatized system from an alternative ontology of water. I ultimately argue that Augusto Pinochet's 1981 Water Code marked a key moment in the development of an extractivist regime that commodified water against indigenous hydro-cosmologies, and that such commodification has produced entangled social and environmental harms related to water scarcity in the Salar de Atacama.

### Introduction:

In the past ten years, lithium has undergone a meteoric rise in importance as technological mitigation approaches to a renewable energy transition have slowly become dominant in the context of the worsening climate crisis. As an essential component of the batteries that store renewable energies and run electric cars, lithium is integral to a neoliberal green transition that seeks to maintain existing imperial modes of life – such as individual auto transportation – by replacing the negative externalities of hydrocarbon extraction and use with those of renewable energies. Chile has consistently been one of the largest if not the largest producers of lithium in the world, extracting the metal in the salt flats of the Atacama Desert (Chew, 2023). Lithium production in Chile has increased steadily since its discovery in the Salar de Atacama's brines in 1962, responding to the global market's expanding appetite (Visual Capitalist - Elements, 2022). Lithium mining builds upon over a century of Chilean extractivism; Chile

built itself as a nation-state on a foundation of raw material extraction and export, from saltpeter to copper. This extractivism saw a new consolidation under the neoliberal restructuring of the Pinochet dictatorship, which undid previous attempts to move towards a import substitution industrialization model away from the extractivist primary export accumulation model by consolidating and expanding mining (Acosta & Brand, 2017). Central to this expansion was the 1981 Water Code's privatization of water (Ministerio de Justicia, 1981). Thus, in this paper, I ask how the Chilean water system has shaped lithium extraction in the Salar de Atacama and the harms it has produced, and furthermore how indigenous Atacameño communities have negotiated with this system. I argue that the Water Code marked a key moment in the development of an extractivist regime that commodified water against indigenous hydro-cosmologies, resulting in entangled social and environmental harms related to water scarcity in the Salar de Atacama (Lorca et. al, 2023).

### Historical Context of Lithium Mining in Chile:

A U.S. mining company first discovered lithium in the Salar in 1962; shortly afterwards the state owned Corporación de Fomento de la Producción (CORFO, or the Production Development Corporation) constituted rights to 59,820 mining properties by 1977 (Jerez et. al, 2021).

After taking power in a military coup in 1973, Augusto Pinochet’s dictatorship declared lithium to be of nuclear interest in 1976 and subsequently issued a decree law in 1979 that established lithium as a strategic resource of national interest, thus making it non-concessional property reserved exclusively for the state (Comisión Nacional del Litio, 2015). The Mining Code of 1983 amended this strict state control slightly by declaring that lithium exploration and exploitation could additionally be done by private companies through administrative concessions or special operation contracts, establishing the public-private partnership regime governing lithium extraction that persists today (Jerez et. al, 2021). By 1984, CORFO had created the Sociedad Chilena del Litio (SCL, or the Chilean Society of Lithium) through the establishment of contracts with the U.S. company Foote Mineral Company to extract 200,000 tons of lithium (Comisión Nacional del Litio, 2015). Since then, SCL has become the privately owned U.S. company Albemarle, which now controls lithium extraction in the Salar alongside the private Chilean company Sociedad Química y Minera (SQM, or the Chemical and Mineral Society) through contracts with CORFO (Jerez et. al, 2021).

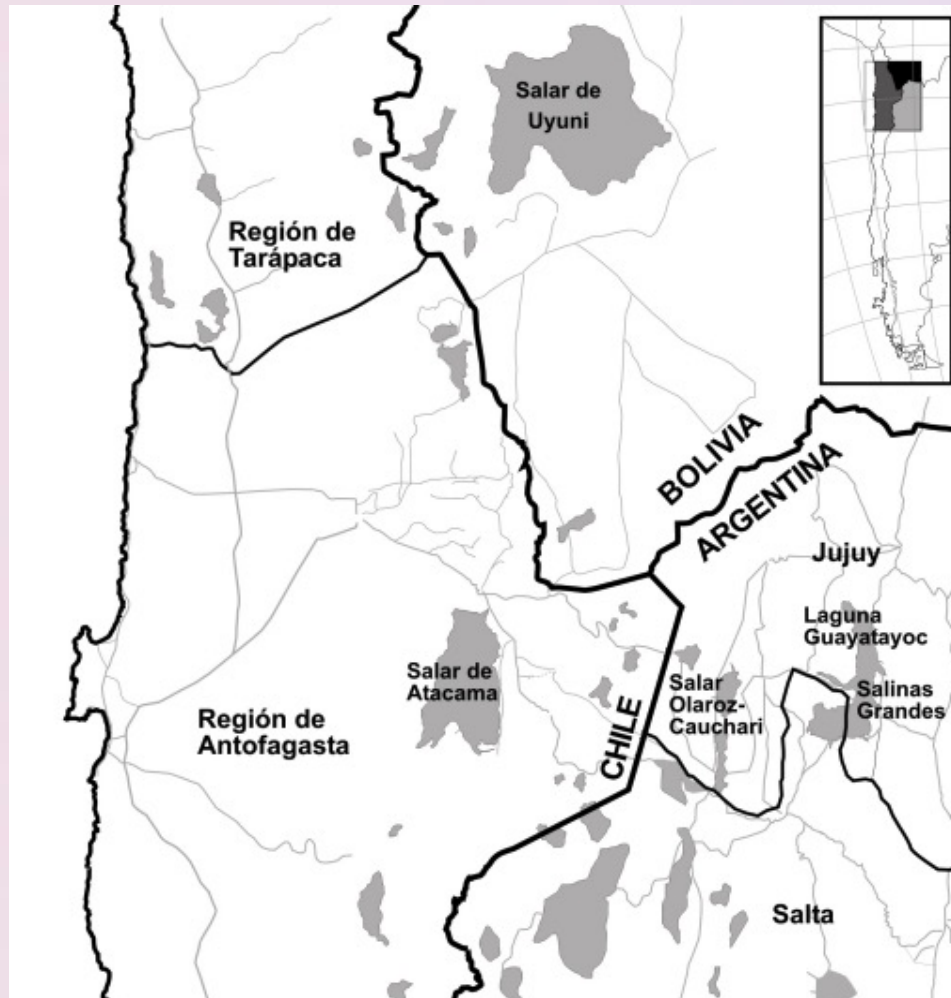


Figure 1: Map of the “Lithium Triangle” across Chile, Bolivia, and Argentina, where the Salar de Atacama is located. (Gundermann & Gobel, 2018).

### Privatization of Water and the 1983 Mining Code:

Parallel to these dictatorship era developments in mining policy and lithium extraction was the passage of the 1981 Water Code, which legally separated land from water to establish a privatized regime of water control and management (Bonelli & Dorador, 2021). Under the Code, individuals could secure rights to water sources and hold them privately, controlling a once-public system of water distribution:

**“Waters are national assets for public use, and individuals are granted the right to exploit them in accordance with the provisions of this code.”  
(Ministerio de Justicia, 1981, 1)**

The Code marked a new intensification of the commodification of water that began with the early Chilean republic’s de-recognition of customary indigenous water rights as it expanded copper mining in the Atacama region as part of an extractivist model of nation-building and development (Cuadra, 2000). Water was now not only a so-called natural resource controlled by the colonial state, but a commodity to be bought and sold on the market. This governed all forms of terrestrial water, including both surface level and subterranean water and both running and stagnant waters, the latter of which were explicitly defined as including “lakes, lagoons, swamps, ponds, waterholes, marshes, ponds, or reservoirs” (Ministerio de Justicia, 1981, 1). However, the 1983 Mining Code declared brines – the highly salinated waters that make up the lagoons of the Salar de Atacama – mining properties, therefore excluding them from institutional recognition as water sources and aquatic ecosystems (Jerez et. al, 2021). Under the purview of the Mining Code, the state gained full control over all mines, explicitly including “salt flats” within their definition of state-controlled mineral deposits (Ministerio de Minería, 1983). With these two codes arose a complex public-private matrix of water and brine control governing the water intensive process of lithium extraction in the Salar de Atacama, a matrix which wholly excluded indigenous rights to water until after the end of the Pinochet dictatorship.



Figure 2: Indigenous Atacameños in the Tocado Atacameño Community (Balcázar, 2020).

### **Atacameño Conceptions of Water and Assertion of Water Rights:**

This paradigm stood in direct contradiction to indigenous Atacameño conceptions of and relationships to the brines and waters of the Salar de Atacama, which enshrine a hydro-cosmological sensibility towards aquatic diversity and an adaptive model of sustainable water use (Jerez et al., 2021). Atacameños have been defined as “hydraulic” communities because of their adaptation to water scarcity in the arid desert, developing complex irrigation terracing techniques and pastoral grazing systems that took advantage of natural outcroppings of groundwater known as vegas and bofedales (Cuadra, 2000). Historically and contemporarily, many Atacameños understand water in their environment from groundwater to salinated brines as a sacred, integral element of social life articulated through its role in agro-pastoral and cultural practices (Lorca et. al, 2023). Some researchers have even connected these relationships to water to the complex microbial ecosystems found in the Andean salt flats, where diverse organisms form symbiotic relationships in a delicate balance easily upset by extractive interventions, identifying Atacameño communities as part of these deeply layered ecological webs (Bonelli & Dorador, 2021).

Both the Mining Code’s classification of brines as mining territories and the Water Code’s commodification of water as a privately owned, tradable good separated from land deny this hydro-cosmological definition of water in the Salar de Atacama. This is reflected in the patchwork process of transferring land and water rights to Atacameño communities since the end of the dictatorship, which has recovered some lands and waters but left others trapped in the extractivist colonial matrix. The 1993 post-dictatorship Ley Indígena (Indigenous Law) formally recognized indigenous groups in Chile, including Atacameños, and established avenues for territorial recovery and sovereign development projects through the creation of the Corporación Nacional de Desarrollo Indígena (CONADI or National Corporation of Indigenous Development) (Ministerio de Planificación y Cooperación, 1993). Under the Indigenous Law, Atacameños began to form legally recognized indigenous communities in 1994 and 1995, which corresponded to villages and rural areas inhabited by Atacameños in and around the Salar de Atacama (Lorca et. al, 2023). These communities then began a process of titling ancestral lands through CONADI in order to transfer their historic lands back into indigenous stewardship (Gundermann & Gobel, 2018). This return of ancestral land also included rights to ancestral waterways, but this category was reserved for surface waters, with groundwaters remaining under the purview of the 1981 Water Code (Gundermann & Gobel, 2018). Accordingly, individuals and private companies explored and expropriated groundwater throughout territories claimed by Atacameño communities, leading to legal contests that have not often been resolved in Atacameños’ favor (Dorn & Gundermann, 2022). Furthermore, as of 2018, only 38.3% of the land demanded for rematriation by Atacameños under the Indigenous Law has actually been transferred back into indigenous hands, excluding SQM and Abermarle’s lithium concessions and mining properties in the southern portion of the Salar and as yet unexploited mining properties (Dorn & Gundermann, 2022). These lands also exclude the eastern edge of the Salar, where seasonal grazing areas for many Atacameño communities are located (Gundermann & Gobel, 2018). A significant portion of indigenous lands and corresponding waters therefore remain under the control of mining corporations, as well as groundwater that sits beneath titled Atacameño land, creating a patchwork extractivist territoriality of water as a commodity to be used by and for extractive industries that overlaps with and intervenes in Atacameño hydro-territorialities.

### **Impacts of the Water-Commodity Regime and Lithium Mining:**

This contested landscape of water and brines is where the legal and corporate grammars of the commodified regime of water and brine management meet and negotiate with Atacameño water systems, producing interrelated social, cultural, and environmental harms. Environmental impacts are the foundational layer of these cascading damages, shifting the material conditions within which Atacameños enact and reproduce cultural practices and social life. The Comisión Nacional del Litio (CNL or National Lithium Commission) identified this connectivity explicitly in their 2014 report responding to growing international interest in lithium resources:

**“The main environmental risk of brine extraction is the potential to affect the availability of water resources in its surroundings, which could not only affect the ecosystem but also have negative implications for human groups settled within the Salar basin.” (Comisión Nacional del Litio, 2015).**

Though empirical research on the environmental impacts of brine evaporation lithium extractivism is limited, research has concluded that lithium mining has resulted in declining water storage capacity in the Salar de Atacama (Liu & Agusdinata, 2020). Lithium mining’s water consumption is two orders of magnitude higher than other uses, leading to an intensification of the existing scarcity of water resources in the region (Liu & Agusdinata, 2020). In 2016, SQM was accused of overexploiting water resources by CORFO itself, in addition to many protests and actions from local communities (Comisión Nacional del Litio, 2015).

This intense extraction of groundwater and evaporation of brines has contributed to a loss of vegetation and fauna in the region as well as putting microbial ecologies in the salt flats at risk, following the destruction of other salt flats in the region from intensive copper mining (Bonelli & Dorador, 2021). It has also had anthropogenic impacts that have been classified as human rights violations, including loss of water sources for local households, damages to sacred sites, and harm to traditional agricultural and pastoral practices (Aylwin et. al, 2023; Jerez et. al, 2021). SQM has attempted to address such harms through corporate social responsibility frameworks, offering compensatory payments. While some community members have welcomed such compensation, it has contributed to inter and intra communal fractures amongst Atacameño groups (Lorca et. al, 2023). This alongside the harms in and of themselves has arguably contributed to neocolonial “de-ethnification” whereby indigenous life itself is commodified and indigenous communities are positioned as beneficiaries of mining company resources (Jerez et al., 2021, 8).

### **Conclusion:**

Returning to the process of commodifying water as a privately owned good and brines as mines exploitable through alliances between the colonial state and corporate actors reveals their integral role in the development of this extractivist landscape of water scarcity. On an ontological level, the commodification of water permits and legitimizes its overexploitation for extractivist industrial purposes while denying Atacameño hydro-cosmologies that have sustained human life in an arid desert for centuries. Yet the 1981 Water Code and 1983 Mining Code consolidated this commodification in a legal framework imbued with the dictatorship’s neoliberalism, building on the discursive and political work of the Chilean colonial nation-state in decades past. These Codes enabled the privatization of groundwater in Atacameño territories and the exclusion of salt flats from land rematriation processes even as the post-dictatorship Indigenous Law created a pathway for Atacameños to reclaim their ancestral lands. The legal separation of land and water in 1981 and the further separation of brines in 1983 denied Atacameño territoriality that conceives land and water as one symbiotic system and prevented its translation into land titling recognized by the Chilean state. This rupture has produced water scarcity in the region, harming the complex ecosystems surrounding and within the Salar and interrupting Atacameño

environmental adaptations and social life. While lithium extraction is marketed as a green form of extractivism that will enable an energy transition that can permit capitalism's survival of the climate crisis, its environmental interventions are destroying social and environmental ecologies across temporal and spatial scales, from ancient microbial ecosystems that have existed exclusively in Andean salt flats for millennia to indigenous communities that predate the Chilean state.

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# Hedonists or Heroines? Female Pet Ownership in Urban China

Yuer Liu

### Abstract:

Drawing on fieldwork in veterinary hospitals in Shanghai, this study explores the dynamics of female pet ownership in urban China, particularly among middle-class, childless women who view pets as family members. It delves into the societal scrutiny these women face within current biopolitical and economic contexts. I contend that these female pet owners occupy a subtle position that defies binary categorization – they cannot be easily labeled as bourgeois due to their economic status or feminist because they remain childfree. Pets act as strategies for managing elder care and serve as a means to sustain life amidst the challenges and anxieties these women face. Engaging with feminist theories on affect and kinship, this paper elucidates the roles pets play in contemporary family settings and the reproduction of life, thereby revealing the nuances of modern womanhood in urban China.

During my stay at Lingrui Hospital, I met Li, who at first glance seemed a bit unapproachable – she is always on the go, hurrying from one appointment to the next, answering business phone calls during hospital visits. Originally from Shandong, Li has established a successful career in the tech industry in Shanghai. Hospital staff often describe her as the "Iron Lady" (nv qiang ren 女强人), a modern woman who appears to place her career above family, financially independent, and without a child at the age of 36. As a proud cat mom, Li is unwavering in securing the finest treatments and medications for Tuanzi. "She is my family, my daughter. Would you stand by and do nothing if your child were ill? I'm committed to providing the best care possible."

It is not uncommon to see women like Li in the hospital – young, urban, middle-class, white-collar women, many childless, readily investing in costly surgeries for their pets without a second thought. Many of them view their pets as if they were their own children. They commonly introduced themselves as 'mom' or sometimes 'sister' of their pets, moving away from the traditional term 'owner.' The hospital, too, adapted to this change, embracing the new nomenclature. It became routine for pets to not just have a given name but also carry the family surname of their human 'parents'.

Women lead the wave of pet ownership in China. The "2019 China Pet Consumption Trends Report" shows that 80% of pet owners in the nation were born after 1980, predominantly within the mid-1980s to 1990s. Over half of these pet owners are women, particularly female white-collar workers in "first-tier cities" (yixianchengshi 一线城市) who show a greater propensity to spend on their pets. Urban centers like Beijing, Shanghai, and Guangzhou exhibit a denser population of pet owners, with nearly 13% of them living in these key metropolitan areas, driving much of the pet-related expenditure. In other words, the women I met in the hospital, situated in the heart of Shanghai, epitomize the core demographic of pet owners and consumers in China.

These women, who are more willing to spend money on their pets and are inclined to view pets as children, have come under intense social scrutiny. By exploring the lives of these women and the criticisms they face, I aim to illuminate the challenges they navigate within the current biopolitical and economic

frameworks. This investigation also seeks to uncover the significant roles that pets play in their lives and elucidate the nuances of contemporary womanhood in urban China.

### **Fertility v.s. Consumerism - Female Pet Owners under Scrutiny:**

In 2016, China turned the page on its iconic One-Child Policy after nearly 40 years. This policy, once a hallmark of the nation's attempt to control its booming population, left behind a legacy of demographic challenges: a declining workforce and a rising tide of retirees that threaten the country's economic vibrancy. The government began penning a new narrative where women are encouraged—through incentives and subsidies—to have more kids. Despite the efforts, the birth rate continued to decline, plunging to a historical low in 2022 with negative growth.

Women, particularly those in their twenties and thirties, find themselves at the heart of this new biopolitical regime. They are envisioned not just as mothers but as pivotal figures in shaping the nation's future, tasked with the crucial role of revitalizing labor amidst an aging demographic landscape. Thus, young women who do not have children are often faced with criticism. The decision to have children or not, far from being a purely personal choice, now sits under the magnifying glass of a broader nationalist agenda.

Simultaneously, in response to the economic downturn following COVID-19, the government sought to rejuvenate the economy by promoting consumer spending. In 2023, it launched a series of measures to encourage people to spend more and increase GDP. This initiative faced challenges due to the deeply ingrained cultural emphasis on financial caution and savings. Yet, it is the young urban middle-class women, who are leading the charge in embracing this consumption policy. As previously illustrated, female pet owners played a significant role in this consumer dynamic. Often referred to as key contributors to the “She Economy” in China, these women have delayed starting families in favor of enhancing their economic influence, despite often being portrayed negatively in societal discourse.

Ironically, urban young women are at the crossroads of national economic narratives: on the one hand, their lifestyle choices are denounced; on the other, their increasing expenditure is a vital force driving economic growth. Yet, in public opinion, especially among the voices of elderly families, their financial contributions are overshadowed by disapproval. These women are accused of indulging in overspending and lacking foresight for the days to come.

Beyond nationalistic comments and within the scope of China's burgeoning feminist movements, activists and commentators regard these female pet owners as trailblazers of feminism. They are applauded for choosing personal autonomy over familial expectations, asserting their rights over reproduction, and claiming sovereignty of their bodies. As activists put it, fertility “has always been a battlefield” for feminist bodily autonomy. On Zhihu, a question-and-answer social media, a popular question, “Why are some young women willing to spend a lot of effort on raising cats, but not willing to raise children?” attracted a top comment: “The person who asked this question is most likely a hands-off manager at home, a man who has never been involved in child-rearing or in managing family affairs.” “The person who asked this question is probably not a woman, definitely has never raised children, definitely isn't married, and maybe hasn't even had a girlfriend?” Individuals who fail to understand the preference for pets over children are often presumed to be male, attributed to their perceived minimal involvement in caregiving roles. Contrarily, women have assumed the predominant share of familial responsibilities. Under the feminist narrative, by choosing to nurture pets, women repudiate the con-

ventional roles imposed by patriarchal expectations. Their actions are perceived not only as a protest against traditional caretaker roles within the family but also as dissent against a societal framework that has traditionally valued and prioritized procreation, particularly of male offspring.

Scholars appear to support this perspective. In a recent study titled “Becoming ‘Pet Slaves’ in Urban China,” Tan and Gao (2021) conclude that Chinese female pet owners are at the forefront of what they term “emergent femininity,” a concept that reflects the rise of a new womanhood characterized by the individual's recognition as a distinct ontological entity. This theme is further explored within the broader anthropological discourse, particularly resonating with Donna Haraway's provocative slogan, “Make Kin Not Babies!” A call that advocates dominant modes of procreation and their oppressive pronatalism give way to low birth rates (2016). “To make ‘kin’ mean something other/more than entities tied by ancestry or genealogy.” (2016, 103). The inclusion of animals and other critters leads to the concept of ‘oddkin’ - relationships based on whom we choose to be in company with, rather than ‘godkin,’ which are defined by blood ties (2). It appeals to decentralize humans and construct more livable futures on a damaged earth.

Beyond environmental concerns, Haraway's proposal intersects with the history of queer and feminist resistance to the entrenched norms of heteronormative reproduction and its manifold forms of violence. This stance, informed by works in feminist anthropology, can be interpreted as a rebellion against the relegation of women to undervalued reproductive roles and, more broadly, as a challenge to state-endorsed pro-natalist policies. The preferences of these women for pets over kids can easily fit into the narrative of rejection of “naturalization as power” (Yanagisako and Delaney 1995) and “naturalization as knowledge” (Strathern 1992).

Middle-class female pet owners are seen as both hedonists and heroines—bourgeoisie individuals who indulge in their own pleasures, and feminists who assert their rights of choice in a political activist manner, aligning with the feminist scholarship that advocates for a more sustainable, multispecies future. However, my closer examination of their lives reveals a different narrative. Drawing on Lauren Berlant's concepts of “slow death” and “lateral agency” (2011), I contend that these female pet owners occupy a nuanced position that cannot be easily categorized as merely bourgeois due to their economic status, or feminist solely because they don't have children. Instead, they are exercising a form of lateral agency, where pets become an important maintenance of life. Moreover, stories of these women will further challenge Berlant's notion of “slow death”, uncovering the social complexity and multifaceted nature of life's erosion in the reproduction of life under capitalism.

### **Beyond Hedonism: Pets as a Strategy for Supporting Elders:**

My interaction with Li, the “Iron Lady,” took place during Tuanzi's cataract operation. While she nervously walked back and forth in the waiting area, I was sent by the hospital to chat with pet owners like her, aiming to reduce their anxiety. She told me this was her first and likely only time she would request leave from work that year. She had chosen not to disclose to her boss that the leave was for her cat's surgery, suspecting he wouldn't be sympathetic or approving. Instead, she lied about it as a minor surgery for her mother. As Li slowly opened up about her life, I began to uncover the layers of expectations and pressures faced by women like her.

Born under the One-Child Policy, she shares the dilemma of being an only child. Belonging to the “middle generation,” she is confronted with dual responsibilities: to continue her family lineage and to offer primary support to her aging relatives, including both parents and sometimes grandparents. Yet, even one of these responsibilities feels suffocating enough.

**“Right now, my husband and I find ourselves overwhelmed, caring for six elderly relatives. It was eight before, but we lost my grandparents during the pandemic. The strain is really heavy on us. Both of us earn enough, so it’s not about us can’t afford children, but we’re just stretched too thin to consider it now. What really worries us is our parents getting older and the looming uncertainty of their medical bills. We feel this pressing need to save every penny for their comfort and care. The pandemic hit us hard financially, cutting into our salaries, and that just added to our anxiety. I remember feeling like I was teetering on the edge every single day.”**

The burden of elder care has been amplified by the state’s legal and affective appeals. As the population ages, supporting the elderly has become a growing challenge for the state. In 1996, China introduced the Elder Rights and Protection Law, requiring adult children to fulfill a moral duty towards their parents’ care, encompassing financial support for medical needs and adequate housing. Recently, the state has reinforced the traditional virtue of ‘filial piety,’ which affirms the norms within the family and provides ethical foundations for the social order. Children’s ‘filial demonstration’ toward parents is socially judged as honorable (Ikels 2004). Li, driven by a mix of love and obligation, feels compelled to shoulder the responsibility of caring for her elders.

Another pet mom, Mei, echoes the challenges of starting her own family. The demographic shifts resulting from the One-Child policy have stimulated an increase in the participation of women in the labor market. However, they continue to grapple with the dual expectations of work and family care. Mei shared her frustrations with me about her past relationships, lamenting how she found her ex-boyfriends unreliable and often ended up shouldering the majority of household chores. Yet, despite dedicating considerable time and resources to her parents’ care, her choice frequently encounters disapproval.

**“My dad has trouble with his legs, especially after a car accident a few years ago, so I bought them a small apartment near where I live. It’s a bit far from the city center in Qingpu, but it allows me to take care of them anytime. I know they’re always happy to see me, but they still complained about me not having children. I told them that my focus now is to take good care of my existing family .... I asked them, do they know anyone else more devoted than me? Shouldn’t you be satisfied about that?”**

Rather than starting her own family and taking on more caretaking work, Mei opts for pets, which require less upkeep and always greet her warmly. Yet, she regularly encounters criticism from older relatives questioning, “Are your dogs going to take care of you when you’re old?” She’s aware they won’t, but her immediate priority is her aging parents. “My own old age seems distant,” she admits. “I’ll address my own future as it comes.” Mei’s strategy is both practical and improvisational, echoing Bourdieu’s theory of practice, which posits that “without being rational,... agents are reasonable” (Bourdieu and Wacquant 1992, 129). This approach recognizes that individuals employ strategies that resonate with their resources and expectations, situated at the nexus of their personal trajectories and the evolving

field. Expanding on Bourdieu’s concept, Chia and Holt describe strategy-making as a process of “way-finding” — “reaching out into the unknown and developing an incomplete but practically sufficient comprehension of the situation in order to cope effectively with it” (2009, 159). Mei’s decisions, while possibly perceived as irrational by her elders, are reasonable for herself, facilitating her navigation through uncertainty and ensuring the well-being of her family.

Despite their economic advantages, women like Li are far from indulging in a self-centered lifestyle focused solely on their own pleasures. Quite the contrary, they meticulously organize their lives and finances to uphold and manage the responsibility of caring for their families. For them, pets are not merely companions but also a strategic way to allocate resources more efficiently, allowing them to support their aging parents while finding solace and comfort after exhausting days at work.

### **Beyond Feminism - Navigating Between Slow Death and Life:**

Almost every pet owner I’ve spoken to highlights the best part of their day: coming home from a grueling day at work to embrace their pets, burying their faces in the soft fur, and finding comfort in their presence. These are the mundane, everyday moments that Lauren Berlant identifies as instances of exercising lateral agency - “a mode of coasting consciousness within the ordinary that helps people survive the stress on their sensorium that comes from the difficulty of reproducing contemporary life” (2011, 18).

In “Cruel Optimism,” Berlant argues that in the capitalistic world, most of what we do is not purposive but about engaging with agency in subtle ways, like taking brief breaks from our own willpower, which is frequently depleted by the pressure of aligning ourselves with the rhythms of the workday, including the preparation for and recovery from it (116). Berlant challenges the traditional notion of the active, intentional subject found in liberal thought. She suggests that a perceived lack of self-cultivating attention might quickly be misinterpreted as irresponsibility or shallowness, or contrary, as a form of resistance or refusal. Acts, habits, or “episodes” of ordinary life can often be interpreted as overly meaningful (99).

Kissing the pet after a long, exhausting day, in a manner both enjoyable and undramatic, can be readily interpreted as a feminist act, particularly within the broader context of these women choosing pets over children as I’ve illustrated in the previous section. This gesture can be loaded with activist and academic significations. But my interlocutors reveal that the decision not to have children is not always an active choice or an explicit act of resistance; oftentimes, it is more passive, loaded with anxiety about securing a “good life” for their unborn children. As Li told me

**“The competition for a good life is so intense now; making sure your child gets the best education is just the start. The financial burden of ensuring that they have a quality life is immense. It’s one thing to give birth, but quite another to nurture a child who thrives.”**

While empathizing with the challenges and burdens these women encounter, one might wonder why those in such economically privileged positions still feel overwhelmed by the prospect of having a child?

While this question could unfold into a much deeper and separate paper, drawing on literature and my interviews, this fear of having children can be partly linked to a “fear of falling” (Meng 2020) in the “intensive mothering” that these middle-class women face (Hays 1996). As Binchun Meng has observed in anxious middle-class mothers in Shanghai, it is precisely the affective attachment to a “good life” that makes them increasingly “neurotic”, and even leads to a bad life which wears out the subject (Meng 2020, 4; Berlant 2001, 27). For the middle class, neoliberal ambitions act as a form of cruel optimism, where “the object that draws your attachment actively impedes the aim that brought you to it initially” (Berlant 2011, 1).

Nor could pets be viewed as mere substitutions of children. As another childless pet owner, Xin explained,

**“I don’t see pets as replacements for kids. They’re just... different. Being a parent isn’t just about having enough money. It’s about being ready in your heart and mind, about how you’re going to change as a person, how you’ll raise this child. We’ve just never felt ready—no time, no preparation, not enough money. So, we never went down that path. And over time, we kinda just felt okay with it. But if circumstances were different or better, I wouldn’t be against the idea of having a kid.”**

Therefore, pet ownership should not be simplistically interpreted as a feminist act of rebellion against one’s reproductive expectation. Similar to what Berlant describes as having a feast after a long working day, petting is an act against wearing out and serves as a counter-dissipation. Like many other small pleasures, it offers an experience of self-abeyance. Amid the work of the reproduction of contemporary life, it is an activity that “release(s) the subject into self-suspension” (27). Pets act as a means of maintenance, enabling these women to sustain the daily activities of life’s continuation.

However, different from the pessimistic view Berlant presents in “Slow Death,” where lateral agency—exemplified by excessive eating habits leading to obesity—contributes to life’s erosion, the lateral agency demonstrated by these women pet owners is far more nuanced. From the perspectives of these women’s parents and older relatives, pet ownership fits into Berlant’s analysis of slow death, where their life can be seen as slowly deteriorating. Their attachment towards pets, like when Mei’s relative questioned her if her dog will take care of her when she gets old, symbolizes a lack of future caretakers and a shaky guarantee of stable future support.

On a state level, while declining fertility rates threaten economic growth, the burgeoning pet industry and consumer spending in this sector actually bolster the GDP, presenting both death and rejuvenation. Having children inevitably involves saving, which is at odds with the state’s initiatives that encourage increased consumer spending; Furthermore, this situation reveals the inherent contradictions within a biopolitical population regime. Initially intended to boost China’s economic growth and GDP (Greenhalgh 2008), the policy gradually led to a shrinking labor force, imposing heavy responsibilities on the current generation of only children, often finding themselves little space and time to build their own family. Additionally, the emphasis on producing high-quality individuals and good education has heightened people’s concerns about their children’s futures (Greenhalgh and Winckler 2005). This anxiety discourages many from having children due to fears of an “unsuccessful” child. Thus, the biopolitical regime, originally designed to strengthen the nation, now contributes to the state’s and its citizens’ attrition.

For the women themselves, pet ownership becomes a means of sustaining life amidst challenges, not eroding it. Choosing pets over children, whether consciously or unconsciously, steers these women away from evolving into the anxious, “neurotic” mothers characterized by Meng (2020), whose affective attachment of a good life ultimately leads to an adverse bad life. Pets serve as a strategy of maintenance for these women to cultivate a sense of purpose and belonging within their households. Upon returning home, the presence of a pet that needs them offers a tangible counterbalance to feelings of burnout and mitigates the isolation frequently encountered in the relentless pace of urban life. Their interactions with pets, while ordinary and lateral, do not signal a slow death for themselves. Instead, it is an effort to sustain and potentially enhance life, providing solace in the face of economic challenges related to family care and the critical gaze of others over their choices.

The narratives of these women challenge the concept of Berlant’s “slow death” by unveiling the intricacies of social relationships, particularly in kinship, and bringing in light the varied conceptions and priorities of “what it means to have a life. To love, to have been loved? To achieve a state or a sense of worked-towards enjoyment?”—questions Berlant herself posits in “Cruel Optimism” (117). The preference for pets and their parents over children among these women illuminates “both inclusions and exclusions, both the amity and the violence at the core of kinship” (Franklin and McKinnon 2001, 18). This highlights the dynamic nature of kinship and ‘oddkin,’ shaped by “tensions and contradictions between differential relations of power... agency and desire, and diverse rights, demands, and obligations” (19). The ambivalence and affect in these women’s choices suggest that the boundaries between what constitutes life or death may not be so readily defined.

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# Contexts

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# **ANTHROPOLOGY**

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