

"You have zero privacy anyway, get over it." This blunt and oft-quoted statement was the retort of Scott McNealy, Sun Microsystems CEO, when questioned about the potential privacy breaches of new networking technology at a press conference in 1999. Is he right? And if so, does it mean that people once had something familiarly known as privacy? If it is gone, when did it disappear, and why? McNealy's declaration is probably an exaggeration, but it is not by any means unusual. There has been a lot of talk about privacy lately, most of it focusing on privacy's dissolution. But one cannot intelligibly speak about the disappearance of something without knowing what that something is—and there seems to be a glaring lack of consensus about what privacy is and is not.

Privacy is one of those commonsense concepts that is understood, on some level, within every human society. To be sure, the meaning of privacy and the social conventions surrounding it vary dramatically by socio-historical context, but anthropological research reveals that "at least a desire for privacy [is] a panhuman trait" (Moore, 1984:276). The variable nature of the meaning of privacy, as with any component of nonmaterial culture, makes it difficult to arrive at an exact definition. Challenges aside, a fundamental definition from which privacy research may commonly proceed is crucial, as is an objective means by which to analyze privacy as a phenomenon within specific historical and cultural contexts. I intend to provide both: to elucidate the essential meaning of privacy by examining its invasion and to offer a tool useful for analyzing privacy as situated in particular times and places.

Media's Coverage of News: Enticing the Audience (1)

Media is very powerful in our society. It affects how we view certain topics and it can alter the way we think. For example, print media can influence the way women think about their bodies by portraying a model as being the perfect size, leading women to think that in order to be perfect, they have to be a size zero. Social media can influence teenagers to participate in illegal activities such as underage drinking. Similarly, mass media such as news networks influence the way people in America view gun violence. For many people, a news network is the primary news coverage source; however, they tend to inaccurately over-report stories about gun violence, resulting in viewers becoming too dependent on these networks for coverage of such violence. Many viewers do not realize that in order to attract more viewers and generate profit, news networks entice their audience by using dramatic sensory enhancements, specific reporting language and following a predetermined formula. These tactics create intrigue and cause Americans to respond quickly to gun violence; over time, these same tactics can lead people not relying on their own beliefs and morals when analyzing violent acts. This lack of self-questioning will eventually cause Americans to hesitate to take action against gun violence.

patient tell their family about this decision and that someone else is present when the patient take the medication (Galvin). And just like the patient, the doctor's actions must be "voluntary" (Galvin). Even authorized health care providers are not required by law to offer this medication to their patients (Galvin). However nothing would change if the question did not pass. So this November, Massachusetts residents faced a decision to potentially change the end of life options for a terminally ill person. When most of them contemplated how they would vote, they thought about the literal changes that would take place if the law passed. But many voters did not think about what a move toward this law would mean for our society as a whole.

Legalization of Medical Marijuana in the State of Massachusetts

Marijuana has become a popular ballot item, appearing on legalization initiatives in a number of states, both for medical, and in some states, recreational use. The states that have made groundbreaking legislation in the legalization of marijuana for medical purposes include California, Colorado, Oregon and Washington. These liberal states have paved the way and continue to push for legalization for general recreational usage. In fact, on November 6, 2012, Colorado and Washington became the first states to legalize marijuana for this purpose. In 2012, the Commonwealth of Massachusetts placed an initiative to legalize marijuana for medicinal purposes on the ballot. Massachusetts voted to legalize. Now, as Massachusetts stands in the spotlight created by this radical legislation, residents and observers in other states want to know why the initiative passed, and how therapeutic marijuana will play a role in the future of the bay state. As Massachusetts now addresses the issues of production, delivery mechanisms, quality control and taxation of this newly decriminalized substance, this is an opportunity for Massachusetts to overcome the difficulties faced by other states, and provide a positive example for those that will follow.



Is It Possible to Change?

If there is one thing I know about human beings it is that we fear the unknown. We become anxious when our familiar environment threatens to change. I know this feeling all too well and recently experienced it when I discovered that Massachusetts voters would decide whether or not they wanted to legalize physician-assisted suicide during the 2012 election. As a creature of habit, I immediately opposed this idea because it is an unfamiliar practice that has never been part of my norm. But I discovered that something greater held me back from supporting the ballot question: my faith. Although the election is now over, I continue to wonder if I will ever put the religious part of me aside to support a similar ballot question. Further, I contemplate whether people of my faith will ever accept a similar ballot question, and if they do what that would mean for our society.

The second ballot question of Massachusetts, known as the death with dignity act, is a proposed law that would give a terminally ill person more control over the end of their life. The law originated from the idea that giving terminally ill people the option to end their life early allows them to end their suffering from pain rather than prolong it (Emanuel). If the question passed in Massachusetts, the law would allow people diagnosed with an "incurable, irreversible disease" that would end their life "within six months" to request a prescription for end of life medication from their physician (Galvin). After the patient has "voluntarily" made the request, their physician would go through various steps with the patient such as recommending that their