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Ghosts, Commensality, and Scuba Diving

Tracing Kinship and Sociality in Clinical Pathology Labs and Blood Banks in Penang

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I had been observing life in the clinical pathology labs and blood banks for three or four months before I began to notice the ghosts. Having become apparent, however, they seemed hard to avoid. One morning in the blood bank, I was talking to Sharon, one of the medical lab technologists, as she was preparing equipment to take on a mobile blood campaign the following Sunday. Sharon mentioned that she would not be able to attend the blood drive because she would be on call in the lab. She preferred blood campaigns to being on call, she said, because the latter meant being on duty at night. When I asked whether she slept at the lab, Sharon said she did not—she was scared to because of the ghosts. “Are there ghosts in the blood bank?” I asked. On this matter, Sharon’s reply was equivocal: “Temporarily. It’s OK.”¹

The first account I heard of ghosts concerned particularly unsettling events at the house of the recently deceased grandmother of a lab trainee. There, relatives had gathered the night before the funeral. Such stories, told with considerable relish and excitement, would often trigger longer discussions to which others would contribute their experiences of uncanny events—some had nothing to do with the hospital, labs, or blood banks. As I listened more closely, however, I caught traces of ghostly presences in the workspaces of the labs and blood banks. One day, I heard a

senior medical lab technologist, Siu Meng, telling a small group of trainees about working in the hospital: the different kinds of work available and the opportunities for training; the importance of time management, shifts, and on-call duty; and that they should not listen to ghost stories. I interjected a query about ghosts in the lab, and Siu Meng said that there were no ghosts in the present lab but, yes, in the old one, she had "felt the presence of evil."

Others were more matter of fact. One medical lab technologist reported that she would "normally [turn] on the radio and listen to music" when she felt something strange going on at night. Several agreed that ghosts had been prone to appear in the lab's old premises in the hospital but when it was moved upstairs some months before, things had improved. Another medical lab technologist, Kamariah, told me that she had once heard a little girl laughing in the old lab. When she went to look, a little girl was jumping over a drain, playing. Kamariah looked at the clock: it was 3:00 a.m. She shut the door and turned up the radio. Normally, she said, she did not listen to the radio. Downstairs was dirty, Kamariah added, and also it was open to the outside and to thieves.

One afternoon, as I was talking to someone in the Immunology Department, I noticed an animated discussion on the other side of the lab, where several medical lab technologists and a perfusionist were gathered around a workbench. When I went to investigate, I found them excitedly talking about an Indian nurse who had apparently seen a headless man in the old building of the hospital. The perfusionist brought up a story of a patient who had requested a transfer from a third-class ward to a first-class one because noise prevented him from sleeping. He was then given a separate room, but during the night, he felt children playing with his feet and then abandoned the room to sit at the nurses' station instead. Another patient, the perfusionist related, an Indian lawyer, had also complained about children running around in the night. I asked whether there were ghosts in the lab, and he replied that there were none yet but they were close by. And he added, "The blood bank is here." I asked whether ghosts were attracted by the blood bank. They were, he replied, and went on to tell me about the ghosts of women patients who had "hung themselves using their own blouses in psychny ward toilets."

In this chapter, I have chosen what may seem a rather unlikely entry into laboratory life. The hospital blood banks and clinical pathology labs where I conducted fieldwork in Penang in 2008 were highly technologized working environments. They housed sophisticated, up-to-date machinery for screening blood and for carrying out the hundreds of diagnostic tests

on blood samples that are common in any modern clinical pathology laboratory setting. The main part of these workspaces was closed to patients and the public, and this was made clear by notices at the entrances to these departments. Apart from the designated areas where donors came to give blood or where blood samples were taken from outpatients, only lab staff and hospital personnel were permitted in the labs and blood banks. The working environments were air conditioned, calm, and quiet as white-coated medical lab technologists engaged in a multitude of detailed tasks associated with blood grouping, diagnostic testing, screening, and cross-matching. So what kinds of entities are these ghosts? And what attributes of social relations might their presence indicate?

The starting point for the research described here was blood as a site of biomedical procedures. There is, of course, a rich social science literature on idioms of blood in religious, political, and familial life (Feeley-Harnik 1981; Karakasidou 1997; Knight 1991; Schneider 1980; Starr 1998). In Malaysia, as elsewhere, blood is a dominant idiom for kinship relations and for ethnicity. An interest in the links and separations between biomedical knowledge, cultures of kinship, and other facets of identity has led me to investigate not only the working lives of those who deal with blood in everyday hospital settings but also the ways in which different idioms and practices of sociality—which ostensibly have little to do with the work that goes on in blood banks or clinical pathology labs—may coexist in these spaces. I seek to understand what kinds of workspaces blood banks and clinical pathology labs are, what sorts of boundaries operate between them and the outside world, and how professionals with medical, scientific, and technical expertise negotiate these boundaries when carrying out routine procedures.

This chapter focuses on some seemingly small ways in which laboratory life and everyday life in Malaysia coexist in the lab. I describe how those who work in the clinical pathology labs and blood banks endeavor to make these spaces sociable. Within this highly technologized working environment, we can discern a process of "domestication"—involving food, friendships, and kin relations—that is set in motion by the medical laboratory technologists and lab technicians who work there. But besides delineating the forms of this sociality, I suggest *how* they matter. I present stories in which the boundaries between the lab, the blood bank, and the world outside seem to have become a bit fuzzy. There are, of course, several levels on which this might be significant. One is how such boundary crossings affect the working lives of lab technicians and medical lab technologists; another is what they indicate more generally about how these employees experience

the work processes that go on in these spaces; and a third might be what they tell us even more generally about social relations in Malaysia.

There is another obvious set of questions, however, which I mainly leave to one side in this chapter. They concern how the forms of sociality described here impact directly the way actual work tasks are carried out in these spaces—the taking of blood, its screening, and the many hundreds of diagnostic tests that are run every day in these labs. Partly because it is not possible to deal adequately with all aspects of a complex ethnography in one chapter, in what follows, I am not directly concerned with the processes of taking blood from patients or donors, screening, or diagnostic testing. Nevertheless, I would argue that the processes of domestication I describe—in contexts that are apparently unambiguously “modern”—suggest the possibility of “uneven seepage,” to use Rayna Rapp’s term, “in the traffic between biomedical and familial discourses” (Rapp 1999:303; see also Lock et al. 2006). Just what is meant by “seepage”? For the moment, I suggest that the circulation of different kinds and idioms of sociality in these spaces reveals that the separations between “laboratory life” and “everyday life” in Penang are uneven and incomplete. Such idioms and forms of identification circulate in the same spaces, sometimes directly colliding, often apparently coexisting without obvious consequences for work practices. This, in turn, might lead us to reflect not only on the nature of “dominating practices” central to the institution of kinship as an analytic field—and to its assumed isolation within a domestic sphere in modern societies—but also on the related symbolic importance of science as a “sacred domain” that “supposedly transcend[s] human agency” (Yanagisako and Delaney 1995:13; see also Carsten 2004; Schneider 1984).

In terms of scientific practice, Bruno Latour (1993:30–31) and others have argued that laboratory life proceeds *as if* it were wholly separate from the rest of life and that “the work of purification,” which is central to the lab, involves separating nature and society. But this is a pretense, because nature is actually *constructed* rather than *discovered* in the laboratory. The connections between nature and society—the denial of which, Latour suggests, is crucial to the project of modernity—are actually central to how science works. Relating this insight to the themes of this chapter, and this volume more generally, the presumed isolation of kinship within a domestic sphere and its separation from such pursuits as scientific and laboratory work are seen as equally foundational to the project of modernity. The co-occurrence of a world of kinship and intimacy alongside a rigorously enforced regime of laboratory work suggests, at the very least, some fractures and wobbles, some gentle mergings and crisscrossings, between these

supposedly separate domains. But domestication may not necessarily be a smooth or unproblematic process. Having delineated some of the contours of sociality among staff in the labs and blood banks, in the final parts of this chapter, I return to the matter of ghosts and probe the significance of their presence.

CONVIVIAL RELATIONS

During the time I spent based in two private hospitals in Penang, I tried to establish what kinds of social connections existed among the staff members who worked in the clinical pathology labs and between these workers and staff in other departments of the same hospital. Because what I was doing was, in many respects, a workplace ethnography, I did not have direct access to people’s home lives—although almost all the people I talked to told me about their families and homes. I built up a sense of people’s lives through their work and the things they talk about with their colleagues. Some of these colleagues have known each other for a very long time; they are also friends, or even spouses, and they would often tell me about each other. Many incidents in the everyday running of the labs revealed quite a lot about the staff’s family lives, backgrounds, and concerns and their opinions on matters that went beyond the workplace. But I had the sense that what I was learning was quite fragmentary—in the same way that, in any modern institution, what we know about most of our colleagues is always fragmentary. By placing some of these vignettes side by side, it is nevertheless possible to get a sense of the texture of the lives and social relations of those I studied.

Much of what I gleaned was learned in one way or another over food. Food, as any Penangite will relate, is an important part of life there. Penang is renowned for its wonderfully diverse culinary culture (encompassing Chinese, Malay, Indian, and Western cooking traditions, among others) and the huge number of excellent restaurants and street stalls. People in Penang love to talk about food and do so constantly, swapping recipes and recommendations about favorite eateries. Food is, of course, not allowed in the labs, and this fact was displayed on the walls of the labs that I visited, where eating areas were strictly separated from work areas. It thus seemed paradoxical to discover the degree to which food was a fundamental part of collegial relations and a major topic of conversation. Both clinical pathology labs that I studied had areas separated from the workspaces so that staff could bring food and eat. In one lab, this was a small table and seating area screened off at the end of the main laboratory space and equipped with a refrigerator, sink, and kettle. In the other, it was part of an outside

area adjacent to the lab and connected to a storeroom and an on-call room where staff could sleep or rest. This space, also equipped for very simple cooking, had been made pleasant by an elaborate arrangement of plants and a series of fishponds with water flowing between them that had been constructed and maintained by some of the lab staff.

The eating areas in both labs were well used by the staff. Some would bring breakfast and eat there before starting work in the morning; some would bring food from home, outside stalls, or the hospital canteen and eat there at lunchtime. Drinks could be made using kettles or could be brought in. Quite often, someone would bring in a special snack—such as fruit, cookies, or cake—to share with colleagues, and this was especially common during the major festivals, such as Chinese New Year. Lab staff would also go in groups of two or three, or more, to eat lunch together—to the hospital canteen, to outside stalls not far from the hospital, or occasionally to a reasonably priced restaurant. Because the same colleagues tended to eat together regularly, I was quickly absorbed into these commensal patterns.

On an informal and spontaneous basis, small groups of friends would sometimes go out together in the evenings—to see a film, eat a meal in a restaurant, or visit a karaoke bar. These events tended to involve younger, unmarried staff and especially those without young children. Occasionally, more formal eating occasions were organized by the lab staff. Until relatively recently, I was told by the staff in one lab, they had once a year cooked a large meal outside together. In the other lab, I was told that in the past, senior staff would organize this kind of annual event in their own homes. Large celebratory events away from the lab were considered somewhat difficult to organize because of the requirements of shift work and on-call duties, which made it impossible for all staff to attend. But there were also ways around these constraints. Biotech companies installing large, expensive items of equipment might be encouraged to order in a meal for the lab, which would take a recognizable Malaysian form, or food would be ordered in to mark a colleague's leaving to take a new job. The choice of menu would be a matter of much discussion and some anxiety for the person organizing it. For occasions when all the lab staff was involved, the menu had to take account of different dietary restrictions—especially the prohibition of pork for the Muslim members—although most of the staff were Malaysian Chinese. This is a normal and accepted part of contemporary Malaysian life in ethnically diverse settings.²

Thus, although it is true to say that food was not allowed in the lab, one could say that relations between colleagues were established and maintained through everyday and festive commensality. This might involve

something as simple as a shared bag of mangos brought from a visit to parents in the village, a box of cookies baked at home, or perhaps something more elaborate, such as a full meal involving a small group of friends or even the entire staff. When young student trainees arrived successively in batches over a period of weeks in one lab I studied, they would at first eat lunch together. But, gradually, the trainees established tentative commensal relations with the permanent staff, and groupings were established through gender, age, ethnic, or other connections and sometimes crisscrossed these in different ways.

Food and commensality thus marked spatial and social separations in the hospital and the labs: one could eat in the hospital canteen with other hospital staff or eat in the designated space attached to the labs that was available only to clinical pathology and blood bank staff; one could go out to eat at lunchtime or (more rarely) in the evening with one's chosen group of friends; and one could bring home-cooked food or homegrown produce to work, either for sharing or to eat alone. In all these cases, staff would wash their hands at the designated sinks in view of colleagues after finishing their work and before eating. Occasionally, it was possible to observe seepages in the boundaries between eating and non-eating areas of the lab. A special meal ordered in and served in a "clean" meeting room that was too small for all staff members might necessitate colonizing the manager's office or other workspaces to eat; occasionally, a few sweets or a small snack might be quickly eaten in a work area, but not at a lab bench or in any space where samples were collected.

Certain groups of workplace friends would eat together almost every day; others were more flexible in their eating arrangements. It was noticeable that those who regularly ate together were often of the same ethnicity (this could partly be explained teleologically through adherence to different food proscriptions)—though, once again, one could also regularly detect seepages across ethnic lines. Since co-eating was a mark of friendship and, as I experienced, could also initiate friendships, temporality was folded into commensal work relations. Collegiality could be transformed from something transient into warm friendship through regular co-eating; conversely, fractures in work friendships were marked through the cessation of such relations. Sometimes, as I describe below, co-eating could be transformed into more long-lasting ties involving household members or even marriage.

Food thus marked spatial, social, and ethnic separations and seepages; it was an indicator of cleanliness and purity; it was a barometer of the warmth and strength of connections; and it articulated temporal accretions

and fractures among colleagues.³ In short, as many anthropologists have described (Appadurai 1981; Carsten 1997; Douglas 1966), it was a moral barometer of social relations.

LABORATORY CONNECTIONS

Over lunch with small groups of colleagues, I learned many of the most interesting things about the lives of staff in the clinical pathology labs and blood banks. On one occasion, over a Kentucky Fried Chicken lunch,⁴ I asked one young couple, a medical lab technologist and a hospital administrator, how they had originally connected. With some laughter and embarrassment, Stephen, who worked in the human resources department, first told me to ask Mr. Khoo, the lab manager. But he then related that Mr. Khoo had invited him to come on a mobile blood drive four years previously, where he met his fiancée-to-be. It took him about a month after this event, Stephen told me, to ask her out on a date. Blood donation campaigns are serious work events, but they sometimes have the air of an office outing since they involve going in a group of ten or more staff in hospital vehicles to places outside the hospital, such as temples, factories, Chinese association halls, or shopping malls. These may be elsewhere on the island or some distance away on the mainland. Such excursions may take most of the day and can involve a lunch along the way. Stephen told me that Mr. Khoo now claims that he arranged their match. I asked whether Stephen knew that he was being set up before he went on the blood drive, and Stephen told me he did. Meanwhile, his partner was looking more and more surprised as she listened to this exchange. She told me that until I asked about it, she had not heard that her fiancé knew about the matchmaking intentions of her boss before their first meeting—although she had known that her boss was somehow involved. This young couple was planning their wedding a few months hence, and it was expected that, as when others in the lab held their wedding celebrations, they would invite all their colleagues.

Over the months I was there, I came to know of several marriages involving staff from the lab and staff from other departments. Also, quite a few people had other relatives, distant or close—in one case, a twin brother, in another a mother—working elsewhere in the same hospital. In one hospital, this was so much the case that I was advised never to say anything about staff working elsewhere in the same hospital, just in case they turned out to be a relative of the person to whom I was talking. One senior medical lab technologist was married to a colleague in the same lab, another's husband had previously worked in the same lab, but he had recently left the hospital

to take up further studies. Although it took me some time to learn about these connections, they were not particularly hard to find when I started looking. In the case of the identical twin brothers who somehow kept popping up in each other's departments, it was hard to miss—especially after the twin who worked in physiotherapy came to donate blood in the blood bank while his brother was working close by.

Children and babies were another source of connection between staff members. They were often the subject of conversations between colleagues, who would relate problems they were having, discuss issues about feeding and diet, tell funny stories, or mention their children's achievements. During hails in the work, they also often showed each other recent pictures of their children, which they carried on their mobile phones. Babies were regularly brought into the hospital for health checks and blood tests, which were available to staff at reduced rates, so they might be brought to greet colleagues in the lab. Similarly, elderly parents of staff were eligible for treatment at reduced rates at the hospital, so colleagues were usually familiar with one another's parents, spouses, and children.

Medical lab technologists and other staff in clinical pathology labs and blood banks often talked about their own and family members' ailments and possible cures in terms of the different kinds of medical knowledge (Chinese, Ayurvedic, and Malay) that circulate in Malaysia. Some of these conversations and references were quite fleeting and cropped up when a relative was ill or somebody had back pain or the flu. Different ways of dealing with these everyday problems might then be discussed with colleagues, and, depending on the background and nature of the problem, a Chinese remedy for sore throat or a particularly skilled specialist in Chinese massage might be recommended.

A more consistent theme in discussions about health matters related to babies and childbirth. Many of the medical lab technologists were married women with young children. When I asked them individually about their childbirth experiences, I was surprised to learn that almost all of them had gone through a lengthy period observing postnatal restrictions and taboos involving diet and bathing, and applying heat to their stomach. These practices are widespread in Malaysia, and I had encountered the Malay version of them in the 1980s when carrying out fieldwork in a rural Malay village (Carsten 1995b, 1997). In urban contexts in contemporary Malaysia, it is common to hear middle-class people talk of a period of "confinement" (using the English term) after childbirth, and in Penang, there are a number of private "confinement homes" where women can spend this period if

it is more convenient than being looked after at home. The women I asked in the labs, however, spoke about being under the care of their mother-in-law or their mother during confinement, and they often attributed their following these practices to the strictness of their senior kin.

One reason I had not expected that medical lab technologists working in clinical pathology labs would follow these postnatal practices is that, in both the Malay and the Chinese cases, they focus on matters to do with blood (as well as wind)—precisely their area of technical or scientific expertise. The central idea is that giving birth involves the loss of blood and is a “cooling” process. This means that after giving birth, in order to restore the body to its normal state, women should stay in the house and should avoid various foods that are thought to be cooling (especially raw fruits and vegetables and iced drinks). They should also avoid bathing in cold water, and they may have heat applied in various ways to their body, specifically to their stomach. The confinement period is arduous in a tropical climate because it lasts for forty-four days in the Malay case and for at least one month, I was told, in the Chinese and involves subjecting the body to heat. One medical lab technologist, Hwa Min, told me that she had followed these prohibitions but had not enjoyed it. She could not wash her hair with water for a month and had to use alcohol instead, which would evaporate, and herbs. “But,” she said, “it works.” To indicate this efficacy, Hwa Min referred to a colleague of hers who had not followed the proper restrictions and now had a problem with backaches. However, she told me that she thought her daughter’s generation would not do it—she had already wavered. Asking me about scientific proof, Hwa Min told me that Chinese people also worry about “wind” (using the Malay term, *masuk angin*, literally, “wind enters”). She then asked what I had done after giving birth. Did I wash my hair? When I said that I did, she nodded and said, “Maybe Chinese [are] more susceptible.” We agreed that these were somewhat mysterious matters.

There were many different ways, then, for kinship and other types of intimate relations to be the basis of connections between staff who worked in the blood bank and the clinical pathology labs. Sometimes these connections—such as the shared health concerns of women who have young children—might be quite loose. Or they might build up gradually between colleagues who have worked together over several decades, developing mutual interests in projects—such as the construction and daily maintenance of decorative fishponds—or making visits to each other’s houses. In one case of colleagues who had worked together over a very long period, one of them had lodged for some time many years previously in the other’s

parental home. Sometimes the connections were direct and intimate, leading to marriage between colleagues within the lab in two cases I knew of and, in another, to an engagement between a staff member and a young woman who had formerly been a trainee in the lab.

In both sets of labs and blood banks that I studied, it seemed to me that relations were in many ways warm and usually harmonious—although in one lab, there was more obvious friction between colleagues than in the other. This was manifested in a general concern about “groupings” or cliques, and although this was not explicitly articulated in terms of ethnic differences, it seemed to me that this potentiality was present. This was partly because such distinctions, to some degree, underlay commensal patterns. My impression was that there was a higher density of social relations than one might find in similar settings in the United Kingdom and that this resulted partly from the considerable time that many colleagues had been working together and also from locally accepted cultural practices and norms.

If food was a way to initiate friendships between colleagues and underlain temporal accretions and fractures in social relations, then over time it could also provide an avenue to transform collegial relations into bonds of kinship. The manner in which such transformations could be worked was recognizably Malaysian (without necessarily being exclusive to Malaysia)—an insistence on sociability and a strong curiosity and interest in different kinds of food and ways of cooking that could sometimes travel across ethnic boundaries. The density of sociality and the instances recounted to me in which workplace conviviality had been transformed over time into marital relations reminded me of the registers of sociability that I had encountered among Malay villagers in Langkawi in the 1980s, where eating proper rice meals together over time creates a bond of kinship (Carsten 1995b, 1997). Analogies between Indian, Chinese, and Malay ideas connecting food consumption, the body, and ties between persons suggest their translatability (Appadurai 1981; Daniel 1984; Lambert 2000; Marriott 1976; Stafford 2000; Thompson 1988). Despite the fact that food here, as in many ethnically plural urban settings in Malaysia, is an obvious marker of ethnic boundaries, I suggest that it is also a potential means of overcoming them—both temporarily and permanently. And this perhaps explains why food consumption in such settings can be the subject of considerable anxiety.

The symbolic potential of shared consumption in this case had a further twist in that those who worked in the blood banks and clinical pathology labs, like other hospital staff, were strongly encouraged to donate blood to the hospital blood bank in order to maintain supplies. And quite regularly,

they persuaded their spouses, boyfriends, and connections elsewhere in the hospital to come to the blood banks to do so. Thus, it was not uncommon to find one colleague taking blood from another or from the spouse of a colleague. One might thus speak of a process of domestication of the workspace that could have transformative potential for bodies and kin relations and that operated not just through the sharing of meals, friendships, time, and conviviality but also, and in a unique completion of this cycle, through the shared donation of blood to the hospital blood bank.

LABORATORY LIVES

The interpenetration of work with other forms of sociality was not restricted to a register of commensality or kinship but sometimes took more explicitly ethical forms. Kamariah was a Malay Muslim woman in her thirties, married and with a baby. She had been working as a medical lab technologist for seven years. Thoughtful, sociable, and lively, she had come to work in the hospital in the 1990s as a lab technician before being sent for training as a medical lab technologist. When I asked what had drawn her into her chosen career, she said, "I like to serve, very interested in that." At school, she had been active in clubs, "serving the people," as she put it. She had wanted to study nursing, but at the time, she told me, nurses at this hospital were not allowed to wear trousers, "just [a] skirt and no *tudang*" (Muslim head covering). "I can't do that," she said. Kamariah was a member of the breast cancer support group in the hospital and also did visiting at the main public hospital in Penang. She was an active participant in hospital staff outings and social activities. Kamariah also told me about her husband's difficulties finding a post as an Islamic teacher in Penang and that they wanted to move to somewhere on the mainland. She said that Penang was not a good Muslim environment for her son and that she and her husband wanted to bring him up in a Muslim community.

Somewhat to my surprise, directly following this, Kamariah spoke about learning scuba diving during a three-month, full-time course on the east coast of Malaysia and being part of Penang's emergency search-and-rescue team. She explained that this meant diving to retrieve dead bodies—usually, people who have jumped from the Penang Bridge. Kamariah told me that the rescue service has only two women divers. Most suicide attempts, she said, occur in February—"Valentine's Day, love. And exam results." This, too, was part of her service ethic. "Serve whole life," she said. The ethics of Islam and service are central here, but they emerge in unpredictable ways. Kamariah, like a few other medical lab technologists, mentioned that originally she had wanted to go into nursing, and this seemed to be directly

linked to her ethical and religious orientation. It was also reflected in her daily interactions with hospital patients: when taking blood, she often spent time talking to the patients.

My second example of the entanglement between work and the ethical aspects of life is Siu Meng. In her thirties, married, and with three young children, Siu Meng was a relatively senior person in the lab. Quirky, warm, and highly intelligent, she had a degree in biochemistry and microbiology and had been working as a medical lab technologist for fifteen years, mainly in the immunology section. Siu Meng was a Baptist Christian, and her religious ethos infected many of her attitudes.

When I asked Siu Meng how she had come to take up her particular line of work, she said: "I just want to work in [a] hospital environment because both [of my] parents work in hospital. Growing up, [I] stayed in hospital quarters. So it's just family—*lah!* [I] always wanted to be in hospital. [But] since [I] studied science, [I] had to be in lab." Siu Meng's mother and sister were nurses, and her father had also worked in a hospital before his retirement.

Siu Meng was always concerned about her colleagues and especially about the young trainees who were carrying out internships in the lab. These concerns, however, were not restricted to work matters. It was not unusual to find her in deep discussion at her lab bench with her assigned trainees. But if one listened closely to these conversations, they were as likely to feature advice about family matters, choosing a spouse, careers, financial affairs, or medical insurance as to be instruction in the technical matters of testing for lupus, HIV, or syphilis. One day, while she was running some immunology tests on blood samples and we were talking, Siu Meng told me that she often woke up early in the morning and read. I asked her what she liked to read. "The Bible and finance," she replied. "Actually, there's a lot about finance in the Bible—how to manage, planning, partners, finance." Then she began talking about marriage and how finance is an important factor in divorce. "People have unreal expectations," she said. "Husbands spend a lot, gamble." She said that she tells the trainees about finance and personal matters and how important it is for them to learn. Finance, she said, is "the most important thing in marriage because it can lead to bad relations. The machines are all different in different labs, but this stuff, relations, personal stuff, is the same." On another occasion, she told me, "Actually, work is all the same. It's the people that make a difference, [who] are interesting."

Siu Meng clearly saw her role in the trainees' education as one of counselor—an advisor on life and relationships—rather than just as an instructor on specific aspects of the job. And this attitude was fully reciprocated

by the trainees. When I asked Zunirah, who had been rotating between different sections of the lab over some weeks, which department she liked best, she immediately said, "Immunology. Because Madam Tan [Siu Meng] gives advice—about saving, insurance. [She] advises [us on how] to buy [a] house, a car. Very useful." So a question about work and departments was transformed into a response about quite other matters. Referencing other sections of the lab she had enjoyed working in, including Kamariah's, Zunirah said, "I like the people."

On another occasion, I heard Siu Meng quizzing a small group of trainees about tests for hepatitis B and C and premarital blood screening. The topic, under discussion, however, was not the technicalities of these procedures but what the trainees themselves would do if confronted with positive results for a boyfriend or girlfriend. Later, I asked Siu Meng why she was talking to the trainees about this. She said that it was to "find out their seriousness." She told me that the nature of marriage and attitudes toward it have changed: "Now, young people don't take it seriously. They sleep around, don't look after their health. Marriage is not just about sex." She said, it is "about commitment," and today the young "just marry—without proper commitment." Siu Meng told me that she wanted the trainees to think seriously and this was particularly important for women—although, at the time, she had addressed her remarks to a male trainee.

When I asked Siu Meng what she most enjoyed about her work, she said without any hesitation: "The people. After working so long, work is just *part* of the job. People element [gives] some motivation—and in other departments [of the hospital]. Helping people—trainees, not just patients, attendants—[they're] all people. To me there is no division. But no division sometimes [is] also no [i] good."

I have described two staff members with a particularly sociable stance in their working lives. For both, religious and ethical attitudes, combined with a willingness to engage socially with patients and colleagues, strongly inflected their working lives and relations. It is certainly not coincidental that both were women—this reflects quite strongly the gendered aspects of sociality and working relations in the labs. Of course, many other staff in the lab—both men and women—were less sociable, concentrating more exclusively on their work tasks and maintaining stronger boundaries between work and social matters. But there is no doubt that having women in the lab like Kamariah and Siu Meng, for whom the relationships in the lab were of great importance, affected the quality of the working environment for everyone. Male managers often capitalized on these propensities by using those women to smooth over difficulties, ensuring good

working relations and productivity. The domesticating effects of their sociability thus spread beyond their particular workbench or section.

UNCANNY PRESENCES

I begin this chapter with stories about ghostly appearances and the suggestion that the presence of ghosts in the labs and blood banks was the subject of considerable interest. Because of hospitals' association with death, it is widely acknowledged that they are places where ghosts are liable to crop up. Since blood is well known to attract spirits in Malaysia, it seemed obvious to attempt to follow these ghostly leads to the blood banks and labs. But, as I discovered, such matters were not straightforward. To understand the significance of their disputed presence, I have found suggestive Freud's (2003[1919]) emphasis on the link between the uncanny (*unheimlich*) and what was once well known or familiar.

During one discussion about whether ghosts might be present in the labs or blood banks, one medical lab technologist, Shanthy, stated that it was not safe for the hospital to let staff work alone in these spaces. Another agreed, adding that the ghosts did not show up on the security cameras. Shanthy mentioned that she, like others, had heard about strange knockings on a ward door. When the nurses tried to get out of the room, she said, they found that the door had been locked from the outside. Her colleague confirmed this, noting that the room in question had been their lab's on-call resting room: "Luckily, [we] don't use it." It was generally agreed that although nurses see many ghosts, they themselves are not subject to ghostly attacks because of their white uniforms. Another medical lab technologist mentioned that there were no ghosts in the nursing college because there were no patients. A colleague teased Shanthy that she wanted to hear more stories but was also scared by them, confirming my sense that these discussions evoked pleasurable excitement as much as fear.

On the following day, over breakfast, Kamariah and Shanthy were discussing the story of the nurses who had seen the headless ghost. Kamariah mentioned that General Hospital had "more ghosts." She said, "Because they have a mortuary there. Sometimes they hold a dead person for three months because no one claims [the body]. Here, not [We] don't accept patient[s] if [their conditions are] very serious, or without deposit from family. [We] just have [a] holding area for corpses—[for relatives have] one day to claim." Agreeing, Shanthy then mentioned that she was due to be on call the next day and was scared to be alone.

We can discern running through these conversations a diagnostic of different spaces (in marked counterpoint to that governing the consumption

of food)—with certain locations being more prone to attract ghosts. Everyone seemed to agree that the hospital wards and the old labs—which had been on the ground floor, exposed to the outside, near the hospital drains, and therefore dirty—were known for such events.⁵ Other areas, not frequented by patients—such as the nursing college—were not. Abandoned wards, locked rooms, and, even more macabre, the “psychy ward toilets” were all likely venues for ghosts.

Stories circulated not only through the spaces of each hospital but also between hospitals. It was perhaps not surprising, then, to be told that the mortuary at General Hospital was a gathering point for ghosts. When I spent time in another hospital’s labs, a more senior medical lab technologist told me that he had heard from a maintenance engineer in a medical technology company about the ghosts in the laboratory of the first hospital. There were none in the labs where he worked, Sam said, because they were located in a building separate from the hospital. But, of course, he added, the main hospital was a different matter. Sam went on to inquire about the working relations between colleagues in the other set of labs—as if sensing that there might be some connection between the quality of these relations and uncanny occurrences. His colleagues, however, did not seem quite so certain of the security of their own workspaces. One told me that their lab did get ghosts, even though it was housed in a separate building: “[The] lab is still in [the] hospital compound.” She told me that she was scared in the compound at night: “First thing we should be afraid of is thieves. Second thing is ghosts.” Another medical lab technologist told me that she was not frightened: “On [the] wards, [we] wear uniform[s]. Ghosts don’t bother [us]—they know [we’re] working to save lives.” The connection between thieves and ghosts here is not, I think, coincidental. James Siegel (1998) has suggested that amid the social dislocations experienced in Indonesia under Suharto, new types of criminals emerged and replaced the more familiar haunting caused by ghosts. Whereas ghost stories were told “with amusement and satisfaction,” newspaper stories of such new criminal types spoke of “trauma and shock” (Siegel 1998:100).

On another occasion, a medical lab technologist told a story about the mother of a friend of hers who was giving birth in the hospital and was disturbed by ghosts at night in her room. She related that a nurse came to the room and fainted. Her friend’s mother just pretended that it was normal, she said, although she could actually see the ghost and pressed the alarm to get help for the nurse. A colleague listening to her story then asked whether ghosts were also attracted to the blood bank. “No,” she said,

“that’s OK because the blood is all in containers. It’s spilled blood or the blood of childbirth that’s not OK.”

These stories are permeated with various kinds of evaluation: the likelihood of ghosts correlates, as we have seen, with the different uses of a space in the present and past, with the kinds of people who frequent it, and with concerns about practices of containment of blood. Patients who are near death attract ghosts, as do spaces associated with death. It is significant, I think, that the use of the English term “ghosts” avoids any specificity about the ethnicity or particular type of spirits involved and thus fits the multi-ethnic character of these urban hospitals.⁶ Dangers are left unspecified, but they are linked to death and to uncontained blood. In some (but not all) accounts, those who wear the white coats of doctors, nurses, and medical lab technologists, who are “working to save lives,” are not disturbed. I was often asked by staff in one lab about the working practices, spaces, and social relations in the other labs in which I had spent time, and I was struck by their interest in what I might know about how matters stood in other hospitals.

It also seemed hard to avoid a connection between the more frequent ghostly appearances and discussions in one lab and the more difficult and sometimes tense relations that existed between colleagues there. In one lab, staff members seemed to work particularly well as a team. In the other, things were more complex, and some relations seemed strained. It was perhaps not coincidental that in the latter working environment, I encountered several cases of illness among staff, as well as considerable anxiety about dangers associated with the workplace, including risks of infection, fumigation systems that might not be working effectively, accidents, and the long-term hazards of working with chemical reagents. Explicitly or not, a connection between strained relations among colleagues and the presence of ghosts was indicated, too, by questions I was asked by those who worked in other hospitals. It was clear that different people had different opinions about the likelihood of encountering ghosts; these were matters for discussion and speculation. And it became apparent that some people were more likely than others to have such experiences. When I began asking about ghosts in the labs, I was told that I should speak to a particular medical lab technologist who had had many such experiences. When I talked to Thomas, he told me, “Only in [the] old lab. [I would] hear sounds going on. Hear footsteps. Feel... something eerie, cold on [my] head. Turn around and [I would] see nothing. One incident, I thought I saw something sitting in [the lab manager’s] old office. Turned around, not there.

[I] think they're everywhere. Just where and when [they] manifest [themselves] is different." But, as in Sharon's account, which begins this chapter, any certainty about the new space of the lab seemed somehow provisional: "Sometimes [I] still get [a] feeling in this lab. In bewitching hour—3:00 a.m. or something. Some people [are] more sensitive. In [the] old lab, [I] heard similar stories. Here in [the] new lab, [I] haven't heard any yet."

These comments strongly suggest that the ghostly presences in the hospital might be only temporarily—or just—kept at bay outside the blood bank and clinical pathology labs. Some of the staff seemed sure that as long as these spaces were unfrequented by patients and blood was kept only in sealed containers, their boundaries would be secure; for others, these matters were uncertain. If ghosts had not yet been encountered, this did not mean there was no chance that they would be in the future.

I suggest that—like food but in a markedly different register—these traces of dangerous, transgressive, and uncanny presences can be seen as a moral barometer of social relations in the spaces they frequent and that they indicate the fragile status of the boundaries of the labs and blood banks. Although members of the public have only restricted access to these spaces and these are apparently well-ordered, high-tech, and ultramodern working environments, we have seen that nonwork kinds of sociality, which have their basis in kinship connections and religious and moral commitments, also leave their mark. The dangerous sense of the uncanny suggests that the domestication of the workspace may be seen as an ambivalent process. Boundaries between the labs and the larger world of the hospital might, after all, not be secure; the presence of death in the hospital might invade the labs; familiar forms of sociality between colleagues might break down. Work protocols and regulatory regimes cannot after all guarantee the health or safety of medical lab technologists—however meticulously these are implemented. The safety and familiarity of these zones are, at best, imperfect and provisional. Those who work in these spaces can perhaps all too easily imagine that morally calibrated social connections and their penumbra of memory, registered as the threatening presence of ghosts, might take precedence over the routine technological processes of the labs and blood banks.

CONCLUSION

I begin this chapter with tales about ghosts that possibly have breached the boundary of the labs. Ghosts, food, fishponds, relatedness, religion, ethics, scuba diving, childbirth, and Chinese, Malay, and Ayurvedic medicine—the story so far has involved some improbable juxtapositions. As

Emily Martin writes, the "space in which science and culture are coconstituted is discontinuous, fractured, convoluted, and in constant change. To traverse such a space, we need an image of process that allows strange bedfellows, odd combinations, and discontinuous junctures" (1998:36). Behind all of this is the routine work in the lab, the many hundreds of precise clinical pathology tests that go on there, and in the blood bank, the collection of blood from donors, the screening and separation into blood products, followed by storage and then cross-matching prior to transfusion. This is highly technical work, and the medical lab technologists are under strong pressure from the hospital management—enforced through rigorous regimes of standard operating procedures, protocols, and monitoring—constantly to improve their speed, standards, and accuracy.

In many ways, these stories about life in the lab may seem inconsequential; they concern matters that are sometimes fleeting or peripheral to the main work processes. What I highlight here is the visible and strong effort made by staff to domesticate the working environment and to make it a sociable space. Sin Meng's comment that "work is just *part* of the job" is at the heart of this. But why should this matter? What are the implications of the "uneven seepage" (Rapp 1999:303) between the world of everyday sociality, kinship, and life in the lab? My depiction of those who work in the labs and blood banks might appear simply to echo other ethnographies of the workplace (Mollona 2005; Yanagisako 2002). But the argument is different. The processes of domestication I outline can be understood as rendering a strikingly unfamiliar world familiar. For all the appearance of well-ordered laboratory efficiency, there is no disguising the fact that these workspaces are also hazardous, and this is clearly recognized by those who work there. Well-maintained boundaries between different spatial zones, standard operating procedures, safety protocols, and a concern with hygiene cannot ensure the health and safety of those who work in these spaces. Whether from needle pricks, infectious microbes, or chemical reagents, these personnel know all too well that their health can easily be put at risk—and this is underlined by the manner in which they speak of the potential dangers of their work. Beyond their own health, they are also aware of the potentially devastating consequences that mistakes in their work could have for the health of others. The effects of a diagnostic test misread, or carelessly carried out, blood that has not been properly cross-matched for transfusion, or donated blood inadequately screened—the list of potential errors and their spiraling consequences is endless. The history of contaminated-blood scandals in France, the United Kingdom, and China, among other places, demonstrates that the stakes are very high indeed (Feldman and Bayer 1999; Shao

2006; Shao and Scoggin 2009; Starr 1998). It should be emphasized here that the regulatory systems in which Malaysian hospitals participate are both local and international. Managers continually reminded lab staff of the importance of accuracy and care in their work, and the regulatory practices of the labs and hospitals involved the routine collection and display of statistics to support this.

An emphasis on the sociality of the workspace undoubtedly renders it more enjoyably habitable and reduces the negative effects of the pressure to increase productivity or the sense of dangers just kept at bay. But the obligations of friendship and kinship can, paradoxically, have the opposite effect. It is not hard to imagine conflicts of interest over the reporting of colleagues' infectious illnesses or mistakes in procedures. Sociability can simultaneously make the world of the lab seem safe *and* potentially undermine regulatory regimes or standard operating procedures and thus contribute to the risky conditions. This suggests that, far from being inexplorable, the uncertain and threatening presence of the uncanny expresses the peculiar ambivalence and provisionality of processes of domestication. A "shadowy residue" left by the work of domestication captures just this sense of implicit danger. In this light, the overdetermined interest in whether ghosts might invade the labs makes clear that domestication cannot fully dissolve the risks associated with this kind of work.

Significantly, it has long been recognized that the entanglements of commercial interests might potentially undermine the safety of blood services. That the safety of donated blood rests on the disinterestedness of voluntarily donated gifts was exactly Richard Titmuss's point (1970; see also Rabinow 1999; Tutton 2002).⁷ This concern connects directly to the issues discussed here: not only commercial interests but also moral and social obligations might conceivably compromise the safety of blood. Tellingly, Titmuss's argument dovetails neatly with that of Latour about the importance of the work of "purification" to perceptions of the validity of scientific endeavors. If the gift might not be disinterested or if the work of purification is only a mask, then the modern, scientifically valid, safe products of these workspaces may be compromised. Thus, the creation of an insulated, disinterested world in the labs and blood banks is apparently the guarantee of accuracy and safety and the availability of an adequate blood supply to meet transfusion needs; it also ensures public trust. Slippages are potential breaking points in perceptions about reliability that may undermine the trust of patients and publics.

The separation of the lab from the world outside and the many micro-processes of separation that are integral to the work in the lab are, at best,

precarious. Such divisions are always unstable. And this is partly because they are maintained by people who, as I have shown, are fully embedded in nexuses of relations and are situated simultaneously in multiple, different social locations within and beyond the lab. It is because the consequences of incomplete separations or entanglements of obligation may be literally lethal and may pile into one another that doctors and blood bank staff are concerned, as they often told me, about their public image. Mistakes have the capacity to feed quickly and devastatingly back into the many domains in which blood participates—including the bodies of patients. Lapses in the procedures of labs and blood banks can have abundant material consequences for patients, and they simultaneously have extraordinary ideological propulsion to penetrate many realms of moral discourse, implicating trust in health care, in public safety, and ultimately in political regimes. In this sense, the projection of such slippages onto the external, dangerous, but simultaneously familiar agency of ghosts may, as Laura Bear (2007b) suggests, paradoxically provide a certain reassurance. In an ideal world—such as one in which the national and international regulatory regimes governing the procedures carried out in blood banks and clinical pathology labs are perfectly effective—kinship, "culture," and human interest would be banished from the spaces of the lab. But the work cannot proceed in a vacuum.

These ghostly presences, which are only provisionally kept at bay outside the blood bank and clinical pathology labs, speak of the fragile status of the boundaries of the lab and also of how much might be at stake. When Su Meng told me that "work is just *part* of the job," she immediately followed up with a qualification: "No division sometimes [is] also no [i] good." The porous boundaries between work and social life, between the ultra-modern labs and the world outside—with inescapable social obligations and haunting memories—are intrinsic to the way life is carried on in the clinical pathology labs and blood banks. But such seepages have the potential to disrupt work undertaken in these spaces—and lives lived far beyond them.

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Notes

1. Quotations used in this chapter were noted down at the time of conversation; unless otherwise stated, conversations took place in English, which was the lingua franca and generally fluently spoken, though it was not the only language used in these workplaces. I have tried to retain some of the cadences of Malaysian English, which characteristically has a somewhat staccato rhythm, with missed pronouns and articles and with extensive use of the present tense, but the interviews have been edited for clarity.
2. Just as I was writing this passage, I received an email from one of the medical lab technologists whom I knew quite well, telling me that she had just been asked to organize the meal for the annual lab staff dinner. She wrote: "Really difficult to find a suitable place and time for all. Halal food and somewhere in town. Thinking [of] seafood."
3. I am particularly grateful to Gillian Felely-Harnik for helping to draw out these ideas.
4. Such self-consciously "modern" venues were sometimes favored for lunch and had the advantage of not catering exclusively to any particular ethnic food preferences.
5. In *A New Criminal Type in Jakarta* (1998:88), James Siegel also notes how ghosts are associated with particular sites, especially those of death.
6. For an account of ghosts and spirit medium practices in the context of Chinese popular religion in Penang and for a more historical framing of these practices, see DeBernardi 2004, 2006.
7. As Thomas Laqueur has remarked, however, "there are no ambiguities in Timnuss" (1999:3).