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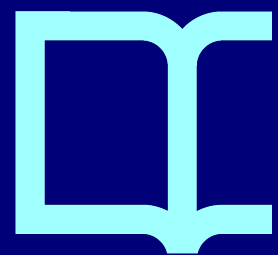
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Civilising technologies for an ageing society? The performativity of participatory methods in Socio-gerontechnology

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Introduction

User involvement has become a standard requirement in technological innovations for ageing societies, the designing of social and healthcare services (Barnes and Bennet 1998), and in social and health research (Ray 2007). As advocated by older people's associations and adopted in policy frameworks, the participation of older people has to be promoted due to a number of benefits for research and innovation:

When older people are involved from the outset, their needs and preferences can be better understood and taken into account, thus better and directly informing the outcomes of the research itself. Market deployment of the products and services is facilitated and improved as real needs and problems are addressed. This obviously translates into better ownership and sustainability of the social innovations, leading thus to cost benefits for the society as a whole. Finally, user involvement can also help innovations to be adapted to the needs of different communities and to be transferred and scaled up.

(Age Platform Europe 2014)

Thus, the need to include older people in the design and implementation of gerontechnologies has been widely accepted, and participatory methods, and social scientists, are increasingly involved to ensure gerontechnological innovations will have the intended social effects and be adopted by the end-users. At the same time, social scientists have tended to engage this participatory turn advocating the less tokenistic involvement of older people and being cautious about its benefits, which they acknowledge may also reinforce consumerism (Barnes and Walker 1996), race, class and gender-biases, and ableist and ageist forms of exclusion (Littlechild et al. 2014). Moreover, as some STS scholars and critical gerontologists have argued, user involvement is not a simple recipe to increase adoption, and gerontechnologies are not mere

instruments to support the lives of older people: they are shaping and being shaped by socio-material constructs of age (Peine et al. 2015; Wanka and Gallistl 2018; Lassen 2017). These constructs,

and the ageist imaginaries of engineers and designers that sometimes become inscribed in them, also need to be recognised and challenged (Neven 2015; Tonolli et al. 2015).

Acknowledging and challenging the aforementioned concerns entails a shift from the involvement of older people as mere testers or sources of information about technological needs, to the development and adoption of more participatory and inventive methods (Bischof and Jarke 2021, Chapter 15 in this volume, and Manchester 2021, Chapter 16 in this volume). Moreover, ethnographically informed participatory methods can display and value older people's creative endeavours with technologies and do-it-yourself arrangements as innovation in their own rights (Procter et al. 2014; López Gómez 2015; Loe 2010). This can also be an attempt to reveal older people as 'technogenarians' rather than 'laggards' (Joyce and Loe 2010; Peine et al. 2014; Essén and Östlund 2011), to challenge the age scripts of some of these innovations, and eventually it may turn out to be a way to contribute to solutions that can 'do age' differently (López Gómez 2015; Pols and Willems 2011).

Given the current centrality of participatory methods in the development of and public engagement with gerontechnologies, we need to better understand what these methods bring in practice. As social scientists generally facilitate end-user involvement through these methods (Gallistl and Wanka 2019), we believe a thorough understanding of the performativity of participatory methods in gerontechnology projects is imperative. In other words, we must explore what socio-material configurations of age and technology are being enacted in these practices. What we discuss here is the civilising mission of the social sciences and humanities in the participatory methods that characterise many gerontechnological projects. When we talk about civilising, we refer to two different modes that unfolded in our work. The first mode is rooted in Bruno Latour's plea for bringing sciences in democracy (Latour 2004) as well as in Michel Callon's attempt at intervening markets for collective concerns (Callon 2009). Their gesture aims to "render knowledge (in this case also technology) 'politically active', engaging it in a collective assessment of the differences it may eventually make to the formulation of an issue and its envisaged solutions" (Stengers 2018, p. 149). For Socio-gerontechnology this is still a timely claim because it implies a more symmetrical approach to innovation, and in that sense a more 'civic or 'civilised' one. That is, this mode invites joint explorations of the materialisation of ageing, rather than leaving the design of participatory settings for older people to designers.¹

In sharp contrast to this is another civilising mode – which could perhaps be termed 'colonial' – that "defines the moderns in terms of the

conquest of knowledge and the mission to civilise others" (Stengers 2018, p. 141). The intention of participatory methods is often aligned with the civilising mission as introduced by Latour or Callon – as an attempt to democratise gerontechnology design. But in the actual performance of participatory methods, versions of the 'colonial' mode may also prevail in attempts to make older people's concerns come to matter. This can happen, for instance, when experts clearly delineate the types of knowledge

to be gathered and that are legitimate, as well as the acceptable forms of political subjectivity to be displayed.

It thus seems important to explore how both civilising modes come to matter or not in gerontechnology projects. To undertake such an enquiry into the civilising modes performed by participatory methods, we draw on studies that address the 'social life of methods' (Law and Ruppert 2013): a body of work closely related to material-semiotic perspectives in Science and Technologies Studies (STS), whereby methods are treated as "practices that do not simply describe realities but also tend to *enact* these into being" (Law 2009, p. 239).² Law and Ruppert (2013) suggest methods should be approached as materially heterogeneous devices or "patterned *teleological* arrangements" that "assemble and arrange the world in specific social and material patterns" (Law and Ruppert 2013, p. 230).

Particularly relevant to our concerns here is a series of works about the materialisation and effects of different enactments of participation in social methods (Lezaún and Soneryd 2007; Marres and Lezaún 2011). For instance, in a study of "technologies of elicitation" – such as focus groups and citizen panels – Javier Lezaún (2007) describes how, through particular styles of moderation, these configure "small moral worlds" that, for instance, produce "a series of tradable opinions" and constitute a "particular marketplace" as a result (Lezaún 2007, p. 131). As we see it, analysis of participatory methods and their performative effects can highlight not only how particular age constructs are enacted through these practices but also how – and for whom – certain issues are made relevant, thinkable, perceptible and actionable.

To look at the politics of participatory methods in practice we draw on Spanish examples of a European project about telecare that both authors were involved in between 2008 and 2011.³ This project was intended to foreground the ethical and social consequences of telecare systems for older people to develop an 'empirical ethics' (Mort et al. 2015; Pols 2015) framework for technological developments in this area. Indeed, this was a response from STS to the idea that telecare can be a "technical fix" for the alleged problems of an ageing society. In particular, the reflections we present here are based on a detailed account of how participation and public engagement took place in the local advisory group (LAG) meetings and the citizen panels (CPs) with older people.

The LAG meetings were vital for engaging relevant local organisations

in the implementation of telecare and enabled us to organise CPs and discuss findings from year-long ethnographies with the CPs. The CPs were devised as “policy forums”, rather than “user forums”, to provide “independent critical views on the material being collected”, and “a set of citizen responses, rather than ‘patient satisfaction’ surveys” for local and EU policymakers. We describe how participants were enacted differently by these two methods: as (a) ‘stakeholders’ in the telecare market who needed to be civilised – this included not only technology developers, service suppliers, professionals but also ourselves, acting as actors “interested” in deploying market-based solutions to ‘care for older people’ and upgrade telecare systems and policies; and as (b) ‘citizens’ in the sense of a civilising force – that

is, as older people concerned with telecare as a public issue, whose voices, experiences and concerns should be taken into account.

We show how the LAGs and the CPs performed this distinction to endow the project with its ‘civilising’ venture. We also show how this required staging older people’s participation as a *dis-interested*, discursive and deliberative endeavour that sidelined other forms of engagement and positioning, for instance as neighbours, customers and grandparents. These latter forms of engagement could have challenged telecare as the issue at stake, thereby disrupting the civilising effect on such a technological innovation. By addressing the politics of these two participatory methods we do not seek to evaluate their success in this instance. Rather we want to open up a discussion about the need to ‘think through effects’ of our methods (López Gómez 2019) and, in particular, the materialisations of later life and technology that participatory methods can bring to gerontechnological developments.

Local advisory group: performing telecare’s stakeholders

At our biannual *local advisory group* (LAG) meetings we presented ethnographic vignettes to the telecare provider managers, their technological partners, other scholars in gerontology, representatives of local associations of older people and managers of municipal social care services. These vignettes were drawn from months of fieldwork following telecare installation, maintenance and repair technicians in their daily tasks, observing call centres and undertaking interviews with different actors, mostly telecare users in their own homes.

It is not for chatting!

The first vignette we presented related to the fact that most of the calls received by the service were intended to initiate conversation. Call centre operators told us of times that users would pretend to have pushed the

button accidentally in order to have the chance to speak to someone; they were well aware that these anecdotes revealed situations of social isolation and loneliness. For this reason, they considered this 'emotional work' a part of the job, as did their managers, who reasoned that these chats enabled the service to check if the technical system was working well and hopefully, by securing the service in the user's memory, ensure it would be activated in the case of a real emergency.

We presented this vignette to highlight the social infrastructure necessary to build trust in the technical system and demonstrate that the former could not be decoupled from the latter (Sánchez Criado et al. 2014). However, we were struck by the response of one municipality representative, who opposed our attempt to value and make visible the 'relational work' of call centre operators, emphatically stating that 'we' should not mistake telecare services for the *teléfono de la esperanza* (a popular 'emotional listening support' hotline), when its main function was emergency response. She added that if coping with loneliness had been the main purpose, her municipality would have funded a different kind of service for their public social services' portfolio. The corporate managers of the telecare service operating in that municipality – also present at the meeting – said nothing, and we felt we had touched upon a taboo: with these actors present, we were not supposed to publicly acknowledge that telecare could also entertain or provide company for lonely older people.

Appropriation is dangerous!

A vignette at another LAG meeting unsettled the telecare managers. An extensive conversation unfolded around our light-hearted remarks on how users 'personalised' or 'attuned' pendants. We regarded this as an interesting facet of how the services were being perceived and incorporated into the self-presentation and everyday life activities of older people. The manager of the technological department, who saw this as highly problematic and a liability, provided a normative response: if technology was 'modified' by the user, correct functioning could not be guaranteed.

Rather than exploring ways to facilitate the creative appropriation of this technology, as we and one social gerontologist in the LAG were attempting to advocate, the telecare managers constantly found reasons to shut these efforts down. Indeed, one manager gave an illustrative example of 'what users are capable of': as pendants are made of plastic and can feel cold when worn during the winter, a user had decided to briefly warm one up in the microwave. The morale of the story – a warning – was capped by the manager dramatically showing us a picture of the partially melted pendant. The message was clear: users' creative appropriations could cause significant problems and endanger the service.

There is no messiness in installation processes!

Our intention at the LAG meetings was also to present an ethnographic consideration of the relational, material and spatial messiness that installation and maintenance or repair processes entail (Sánchez Criado et al. 2014; Sánchez Criado 2019). The vignettes revealed the multiple roles of various technicians and relatives as socio-technical assemblers of the telecare service. For us, this was a way of perceiving technicians as care workers of a different kind, something that we believed was insufficiently acknowledged (López Gómez et al. 2010; López Gómez and Sánchez Criado 2015).

Yet, in the closing public and participatory conference of the EFORTT project, the manager of the main telecare in our study, a regular attendee of the LAG meetings, closed his presentation with a series of slides that showed no trace of the complexities of the technicians' work that our ethnographic vignettes intended to reveal. The slide presented 'good practices for telecare installers': a graphic story of a purified encounter between an installer and a telecare user that stressed the

kindness and cleanliness of these interventions, together with the technical rigour of installers when selecting the appropriate place, and the behaviours required from users for the service to function correctly.

A logic of service

In sum, our vignettes did not seem to provoke any discussion about alternative configurations of telecare. Rather, the material and practical arrangement of the LAG meant it operated as a kind of marketplace in which all actors involved – including ourselves – were to be treated as ‘stakeholders’: according to Stengers (2015, p. 99), these actors are “those who have an interest (a share) in a situation”. Indeed, all participants had a particular interest or share in the development and implementation of telecare and were interested in engaging in relations of exchange. As a result of public administrators and corporate representatives sharing their views about our vignettes, we could compare these actors’ normativities with those emerging from users and practitioners in the field, which was essential for us to develop the ethical framework we were committed to build. In exchange, representatives, policymakers and managers translated our vignettes and contributions – if they considered them at all – as insights into ways to upgrade and improve the quality of the telecare services and their policies.

Thus, the LAG was framed by what might be termed a ‘logic of service’, entailing a boundary-making of what mattered (the service) and what didn’t (things that may challenge the purpose of the service). This boundary purified many of the ethical troubles that emerged. Indeed, our vignettes could not dispute or open up a debate on the very groundings and effects of services because the ethical debate was staged in a different “moral world” (cf. Lezaún and Soneryd 2007): in the citizen panels (CPs), where older people and caregivers could gather to publicly deliberate about what telecare brought. Here, participants did not have stakes as market actors. As we explain in the next section, the displacement of the ethical debate was crucial for staging the ‘democratic deficit’ of telecare and performing the civilising effects of older people’s participation in telecare developments.

Citizen panel: performing civic engagements with telecare

Encounters for public deliberation

The CPs were meant as ‘public deliberation’ encounters in which older people could discuss our findings and reflect upon the empirical ethics that telecare technologies may develop. For this, we designed and implemented two CPs – the first as a familiarisation to the topic of

telecare and related technologies, the second as a deliberative space – to open up a debate with older people, and with formal and informal caregivers, ideally unrelated to these services. In contrast to the LAG’s stakeholders, the citizens recruited for the CPs were those concerned by the development and implementation of telecare solutions. But they hadn’t been involved in the ethnography and they had no stakes or ‘special’ interests in the issue. However, engaging ‘generic’ older citizens in a deliberative process proved extremely complicated (cf. Barnes 2005), and one of the participating actors in the LAG – a major NGO – was extremely helpful in establishing contacts with older people willing to participate in the CPs, including both users and non-users of telecare services. After sending out many invitations, only 5 older people, mostly telecare users, arrived for the first CP.

A discussion beyond telecare triggered by a promotional video

To introduce the discussion, and as we were expecting a wider turnout from non-telecare users, we presented a promotional video by the telecare service we studied. Once the video ended, the moderator started with an apology: the video was dated, the technologies too old and “the telecare service does not have their own ambulances anymore”. His subsequent statement that an ambulance from another service would arrive provoked a response from one former user: “Yeah, but the ambulances do not come as fast as in the video! In my building, someone who had the pendant died and nobody noticed until three months after!” As he recounted, this was a woman in her late 70s living with her partner in municipal housing for older people with telecare included as part of the package. The moderator attempted to steer the conversation back to the main topic, with a certain level of generality and the focus on telecare: “Well, there have been changes, also with the technology, but now our aim would be to have a discussion about . . . your opinions on the introduction of these telecare systems”.

“Let me talk, I have something to explain!”, a man who had already interrupted the screening then shared a long anecdote about seeing the fire brigade remove the dead body of an older woman from her flat. For him, this was symptomatic of the situation that all participants were currently in,

“because nowadays . . . neighbours are not like neighbours back in the day, you see? . . . My mother gave birth to five children at home, and then the women living in the same building took turns to help her; today, neighbours would only do something if a rotten body was smelt from the corridor”. Later, responding to a user who said telecare on the street would be useless “because you can always get help from someone passing by”, he insisted that “in the street you

won't get help from anybody! I fell down in the train station; in front of me there were a group of 8 or 10 people, and nobody came to help. I couldn't get up, but there were two guys from Pakistan who helped me to get up; see what we have become?"

The discussion continued in this vein for some time, with the moderator struggling to interrupt their long digressions ("excuse me, excuse me") and trying to redirect the conversation ("ok, but this is not relevant for what we are interested in here right? Do you want to say something about telecare?"). When the moderator finally brought the conversation back on topic, the conversation unfolded with several compliments about telecare services and about the work of volunteers and call centre operators. Similar themes were evident as participants recounted their personal experiences. A woman living in a residential care facility stated her appreciation for the service. But she then added that the pendant's button was "way too sensitive" and constantly triggered the alarm without her knowledge. Because of this she did not wear the pendant very often. This opened a conversation in which many of those present confessed, in a mix of shame and laughter, to not always wearing the pendant as the service instructed them to. Shaking her head in disapproval, one of the oldest telecare users, a woman in her 90s who lived alone and appeared to have no social network, proudly presented herself as devotedly complying to the terms of the service: "They are my guardian angels, with the button I feel protected. If anything happens, I press the button, I wear the button at home day and night." She explained how gratifying it was that the call centre operators called her without her having asked for help, knew her name and had even called on her birthday; she could also have a chat with someone when she felt a bit anxious due to her arrhythmias and asthma. However, like the previous user, this woman also went on to make complaints: the new telecare supplier did not include volunteer visits and "in one of my asthma episodes, the call had to pass from the teleoperator, to the nurse, then the doctor, then the ambulance, and it took a long time, and I was having an asthma attack. Very bad!"

The youngest participant, who was also a telecare user and lived alone, appeared to have been waiting for such a comment in order to raise a similar concern. He agreed that having a free service was a good idea but stated that he had never used it and that he spoke to his daughter by phone every day, usually at night after dinner. This was a daily dispatch: "Either I call or she calls . . . no news? Great! See you tomorrow". He seemed to suggest that telecare could not replace family support. He viewed telecare as an emergency service but had some rather puzzling questions: "Where does the service keep my keys?", he asked the moderator. Interestingly, the question revealed the status of the moderator to the eyes of many participants: "but we are not [a telecare service], nor do

we work for any of the telecare providers”, the moderator stated, only to then divulge that he was aware that keys were stored in the town premises, and that many people “prefer neighbours or relatives to keep them”.

Clearly, the user already knew this and pointed this out as his main concern, because it meant that the emergency response was not as smooth and swift as he felt it should be:

Because as it is in the video, it looks fantastic, you press and automatically the ambulance runs away to your place, but is this real? You have said that they do not have ambulances, that they have agreements with other ambulance providers, is this right?

Then the moderator hesitated: “I guess it depends on the hour, and the demand . . . the ambulance might arrive on time or not.” The user continued: “I think this service needs to be organized like the fire brigade, you need it in a very specific moment and then you have to be there, you cannot say there is no ambulance right now.” He added:

indeed, there is another ambulance service, which is owned by the municipality . . . a friend of mine unfortunately has had to use it several times, it is free and it is automatic! You call and the ambulance is there right away.

The moderator as boundary-maker?

If we attend to the role of the moderator, as Lezaún (2007) suggests, we can see an attempt to create particular boundaries in the scope and topics of the CP’s knowledge-making process. Moreover, the moderator created particular conditions for participation so that ‘older citizens’ could engage as deliberative actors in a conversation about relevant ethical challenges that telecare technologies bring to later life. In doing so, the participants in the room and their comments were purified by the moderator, and they were treated as informed citizens with opinions about telecare as a public issue of their generic interest (Lezaún 2007). In this, the moderator was faithful to the agenda of the project: firstly, telecare was framed as a relevant public issue worthy of discussion by older citizens. Secondly, making the public deliberation on care for older people revolve around technological solutions reinforced the idea that older people are ‘technogenarians’ (Joyce and Loe 2010) rather than ‘laggards’ with no relevant opinions on technological innovation intended for their use. Finally, the participants’ experiences and opinions about telecare were transformed into relevant concerns that should be addressed, thus turning older citizens into civilising agents of telecare.

However, the devil is in the detail, and this CP only partially materialised older people as citizens with publicly relevant opinions and

concerns about telecare. Paradoxically, in this case – perhaps driven by a genuinely civilising attempt – the participants’ non-citizen-like subject positionings were not considered. For most of the time, the participants were not acting as citizen with opinions on telecare that could be considered sound and relevant for public deliberation. Rather, they mostly performed as customers with ‘interested’ opinions, expressing satisfaction so that the municipality could continue to pay for telecare, while at the same time demanding the responsiveness the service promised to deliver. However, on other occasions, rather than performing as citizens or customers (satisfied or unsatisfied), they performed as neighbours or grandparents worried about their changing relationships, the lack of social support or fading friendship within their communities.

In sum, by constructing the deliberative problem-space around later life and the ‘technologisation of care’, the CP sidelined the socio-material arrangements already in place that sustain older people’s daily lives to put the telecare system into the centre (López Gómez 2015). Moreover, as these were brought to the table as important concerns through positionings such as ‘the neighbour’, ‘the customer’, or ‘the grandparent’, these modes of engagement with the issue were not just under-considered but utterly purified.

Thinking through the effects of participatory methods

In looking back on a project we conducted a while ago, our goal is not to engage in a reflexive or judgemental assessment of our own research methods. But we want to open a discussion about the need to attend to what methods – any method – bring with their performance. That way, we can learn to think through their effects, which we deem a crucial aspect for Socio-gerontechnology. The need to address the performativity of methods lies in the realities that they enact. In our account we have described the particular ways in which two participatory devices not only staged a democratic deficit – that is, the *local advisory group*, LAG – but also the civilising mission of the project’s approach to deliberation – that is, citizen panels (CPs). The actors present in the LAG performed as stakeholders with clear interests in the current state of telecare. Any concern challenging these interests and the configuration of the market of telecare services was not addressed but rather displaced to the deliberative agora of the CP. This constructed the civilising endeavour of the project in terms of ‘democratising’ telecare by enabling the voice of older people to carry weight in policies and designs for telecare innovation in the CPs (what we have termed a ‘civic’ or ‘civilised’ mode).

However, in our particular deliberative approach the project also articulated concrete versions of later life and materialisations of support that were either brought to the fore or neglected: for instance,

different modes of sociality, of being an older person and articulating care arrangements were, in fact, not centre-stage in our market-civilising and public deliberative attempts. Whereas we wanted to advocate in favour of older citizens being treated as deliberative actors, the performativity of our attempts sidelined alternative modes of participating: their appearance in the CPs as neighbours, customers and grandparents exceeded the role of the deliberative older citizen. The project therefore didn't come to consider those participative engagements and figures, as they were not instrumental in the articulation of a public voice for older people that fit with the idea of a citizen technogenarian: an older person concerned with the technologisation of care as a public issue, who expresses opinions accordingly and in the appropriate manner. If we had considered these figures and the concerns they implied in our deliberative endeavour, this would have opened the possibility of displacing telecare as the main issue at stake and the market-based solution that directs the interests of the different parties involved.⁴ But also it might have challenged the central stage that deliberation had in our project. This would have redefined the project, the boundaries of our methodological devices and our expertise as STS scholars interested in the study of gerontechnology. In fact, as a result of the project, in our subsequent work we became more interested in do-it-yourself (DIY) and *mun-dane* arrangements outside of market services. Also, we started to explore and unfold other modes of civilising and politicising supports and materialisations of later life: ranging from studying the democratisations of design practice in activist collectives to the production of public issues in ways closer to co-affectation or engagement, rather than representation and deliberation. In sum, we realised that the types of actors involved – policymakers, service or market agents – and the modes of involvement – LAG, CPs – could be opened up to chart out other contemporary transformations in our ageing societies.

However, this was also a performative effect that the EFORTT had. In a way, the othered and sidelined arrangements, the versions of later life and forms of politics that have become our main interest ever since were also enacted by our ethnographic and participatory methodological devices. For this reason, in examining the effects that our civilising attempts had in action, we would like to conclude by advocating an agenda for future Socio-gerontechnology research: to address, collectively, what materialisations of ageing and later life are brought about not only by specific gerontechnologies, such as telecare, but also, and equally relevantly, by social research methods, whether they be more or less participative or inclusive. As we see it, thinking through methods performatively would require not simply Socio-gerontechnology researchers to become more inventive practitioners but also apprentices in the art of 'thinking through the effects' (López Gómez 2019) of their methodological devices.

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Notes

- 1 This is indeed very much aligned with Manchester’s (2021, Chapter 16 in this volume) idea of creating spaces for the co-habitation of social and cultural gerontologists, designers of gerontechnologies and publics in co-design processes.
- 2 Against the background of other concepts from the social sciences foregrounding the active role of human beings against a passive or inert world, such as *performance* or *construction*, “the term *enacting* leaves open *who* or *what* the actor is” (Mol, 2002, p. 141).
- 3 *Ethical Frameworks for Telecare Technologies* (EFORTT), a FP7-funded multinational project. URL: www.lancaster.ac.uk/efortt/
- 4 Even though the idea of the telecare market is not directly scrutinised in this chapter, our account of participatory methods might well contribute to a broader enquiry into the performativity of markets dealing with social issues (Frankel et al. 2019).

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