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Michael Schillmeier and Miquel Domènech (eds.), New Technologies and Emerging Spaces of Care. Farnham-Burlington: Ashgate, 2010, 224 pp.

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Book reviews

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New technologies and emerging spaces of care is a volume edited by Michael Schillmeier and Miquel Domènech, both interested in developing a sociological (in particular, STS, Science and Technology Studies) analysis of the relationships between technological innovations and care practices, bodies and dis/ability, new configurations of spaces and power relationships. The emerging spaces of care are physical ones, in particular "home" as "a kind of space" [p. 67] transformed by telecare or domotic systems; but they also are spaces of social relationships, established not only among human care receivers and givers, but also among non-humans, the technological devices of care.

The volume gathers a series of transnational studies, in particular from UK and Northern Europe, and transdisciplinary research projects on social and cultural impact of new technologies, exploring how they reconfigure spaces of care, and how their societal relevance associates strictly technological and scientific innovation and design with a number of contesting and contested societal affairs. The fundamental principle that unites all the articles is that technology is not neutral but crucial in mediating human society and all the following issues concerning care practices.

New technologies and emerging spaces of care is built on two sections and, at least, four basic concerns. In section one [chapters 1-6], home is considered as "the place of care." From the development of telecare and telehealth technologies onwards, home has been recovering a central role in care practices. This space has been invested by technological and scientific innovations supposed to enable increasingly frail people to remain home for longer. In section two [chapters 7-10] the role and impact of technology for elderly and disabled people is analysed in relation to concepts and spaces of care practices from different international perspectives.

Concerning the four basic points of the book, the first deals with the effects of social control with the introduction of technological care devices. The use of telecare and technological devices of remote control (i.e GPS) makes people visible and potentially subjected to practices of surveillance and control even outside institutions. This problem is explicitly addressed in the chapter by Daniel López [chapter 2]. Linking his findings in his ethnographical research on home telecare services in Catalonia/Spain with Surveillance Studies and the Foucauldian concept of governmentality, López contributes to better understand the differences and the continuities between telecare and traditional care-giving institutions. According to him, telecare produces a sort of panopticon regime that requires users to be disciplined at home and produces inscriptions continuously gathering information about them (about disease, treatment, conditions of the patient). But these inscriptions are used to reduce the risks associated with living independently at home, not to eliminate them. This is the meaning of the Foucaldian idea of "security" in telecare: "What actually structures the social-technical order of telecare, but not in terms of expelling any uncertainty or possibility of danger" [p. 50]. López's study

draws a difference between disciplinary and security spaces: discipline builds up spaces where power operates boundlessly and visibility is total (a total institution), whereas security creates a milieu, a space modulated by events. In this sense, the milieu is a better description of the functioning of the community care fostered by telecare technology, characterized by spaces of care increasingly shaped by security practices that address the riskiness of everyday life.

The second concern of the book is the re-arrangement of the relationship between private and public forms of care and the alteration of the traditional boundaries between institutional and non-institutional spheres. Here, "home" is the central concept. Christine Milligan, Maggie Mort, and Celia Roberts [chapter 1] explore the moving topologies of technology and care. A typical "technological fix" in this domain is that new technological devices of care will be able – with a careful design – to support the care needs of frail older people in their home. But what about the opinions of possible users? How do not take account of the way that new technologies reshape the physical and affective nature of home and also the older people's experiences and relationship at home? Milligan, Mort, and Roberts examine these questions in an empirical fieldwork conducted in UK. The implementation of new technologies of care is contributing to a new topology of care: home comes to represent a "theatre of operation" in which a multiplicity of care functions and practices take place. The balance between the concept of home like "a protected place," having a "front door" that allows older person to decide who to exclude and how life is lived within that home, and the use of technologies enable care professionals and call-centre operators to enter the house albeit without a physical presence is the very concern of new care technologies. Chris Tweed [chapter 3] and Peter A. Lutz [chapter 4] analyse in two different ways the "ecology of home" in relationship to uses of information and communication technologies. The first focuses his attention on the impact of telecare on the way people experience their homes or the changes it may bring to spatial practices within the home. Two main concepts are considered to be most relevant for Tweed: the phenomenology of "lived space" of Merleau-Ponty and J.J. Gibson's concept of "affordance." Considering the home as "an infinitely more complex landscape than it first appears" [p. 72] and the space as not uniform or homogenous, Tweed analyse how introducing new technology alters existing patterns of space usage and invites designers to consider that the Cartesian description of space is of minimal use when we examine how people make use of and experience lived space. The second introduces in his chapter the notion of clutter, used as a heuristic way to rethink the relationship between older people, their things and old age homecare including its technologies. Instead of considering clutter just as a lack of order, productivity and cleanliness, Lutz suggests that when moves between collecting and distributing clutter are considered, it is easier to appreciate how home clutter may help people with reduced mobility to have additional movements. In this sense, Lutz proposes the use of the term clutter technology to denote "how cluttered things have the propensity for both permeation as well as creation of old age homecare ecologies" [p. 90] and to suggest that this term could be employed to rethink the design of new technologies for older people (…) even if "new does not necessarily seem as new anymore" [p. 91].

The third concern explores the generation of new relations and subjectivities of care receivers and care givers. Technologies are a central subject in this context because

not only people establish affective relations with technology, but also technology itself generates social relations with the other. Different chapters deal with this concern. Hanne Lindegaard and Søsser Brodersen [chapter 5], in continuity with the reflections on the notion of home and private space, explores how assistive technologies are shaped within everyday life in private dwelling. What kind of life in a hybrid of workspace (for health workers and assistive technologies) and private space for disables and elderly people receiving domiciliary care? How do disable people integrate assistive technologies or reject them? How these technologies "fit" into both everyday practices and their homes? Drawing on empirical material from an ethnographic research project carried out in Denmark, Lindegaard and Brodersen offer a reflection on the design of assistive technologies: conceived for to assist the disabled, but also to meet the requirement for health care practices, it seems to ignore that to achieve good care practices, the relationship between artefact and patient, private space and workspace, everyday life and necessity of care constitute a really complex and rich frame. An apparently simple question is: "How is it that nobody had designed a comfortable double bed for disabled people living in private home with their families?" [p. 104].

A more futuristic question, but based on a currently active research, is set by Mark Paterson [chapter 6]: How to live with a healthcare robot? Robots are intensively used in the military and the factories, but robotics industry is seeking new markets and a diversification. If in the mid-1970s, the visionary goal of PC industry was "a computer in every home," today the new step seems to be "a robot in every home." Research projects currently at work in Europe, the US and Japan are searching to design robots for healthcare, assistive needs of disabled or elderly people and care givers, nevertheless the idea of a common life with robots sets a lot of question about the social presence of this devises in assisted living contexts. The series of cases studies analysed by Paterson are still work in progress, since it is very difficult today to realize an ethnographical observation of real contexts of interaction between humans and machines in private space and everyday life.

A different perspective, turned to the past and the memory of traditional way of life, is adopted by a peculiar care home in the Netherlands, as presented by Elena Bendien, Steven D. Brown, and Paula Reavey [chapter 8]. The creation in the basement of the house of a reminiscence museum which reconstructs a Dutch domestic space from the first half of the twentieth century has nothing to do with care in the formal medical sense of the term. The authors consider the museum as a "social technology" directed at transforming social relations through a particular kind of care. The work of remembering has not a therapeutic goal but a way to facilitate a form of "happiness," a support of an "art of living" which finds in the past new possibilities to live in the present. Another example of an intricate relationship between humans and artefacts is the use and design of pillows for severely disabled patients in long-term care [chapter 9]. The Austrian transdisciplinary research group – B. Kraeftner, J. Kroell, G. Ramsebner, L. Peschta, and I. Warner of Xperiment – adopts "participatory interventions," as artist-researchers, to propose an alternative imaging technology able to enrich the discussion about the clinical care of severely disabled people. In this sense, the technology of Pillow research is not a support or an improvement of diagnostic practice to facilitate medical and nursing discipline, but a creation of "moments of problematisation, moments that create concern and interest,

that are capable of enrolling actors and keeping them in new, surprising roles" [p. 192]. A more political subject is discussed by Alexandra Hillman, Joanna Latimer and Paul White in the last chapter [chapter 10]. Based on a field study of different clinical spaces in one UK regional hospital and in three different kind of medicine: emergency, genetic, and critical care medicine, Hillman *et al.* focus on the moments and processes through which patients do, or do not, gain access to diagnosis, treatment, and care provided by the different services. A particular attention is paid to the alignment of managerial and clinical technologies in the production and reproduction of medical specialism and to show how gaining access to care is a central site to observe the functioning of clinical work in mundane processes of exclusion and inclusion of patients. In this analysis the notion of technology is very large: technology as instrument (breathing tubes or computer), "medical technologies" such as systems for categorising patients or methods of diagnosis, "managerial technologies" such as the apparatus that enable easy audit of medical practices or those used to support decision-making (triage, for example).

The fourth general concern deals with the ethical implications of changes in care delivering due to the introduction of new technologies. The definition of autonomy or dependency is not a property of human beings but it could be an effect of human and non-human interdependencies that enable/disable certain possibilities of action, decision or agency. This question is particularly relevant when the care receivers are limited in their capacity of express themselves, especially in the case of dementia. What constitute good dementia care, ask Hilde Thygensen and Ingunn Moser [chapter 7], drawing on empirical data from ethnographic observations of dementia care practices in four different Norwegian care homes? The fundamental answer is: it depends. In an empirical approach to ethics, there is not an abstract, normative and given objective answer. The meaning of "a good dementia care" necessarily emerges within situated ideals, limits and reflections in and of care practice that mobilized different technologies and material arrangements in the everyday care and decision on "the good way," the ethical concern, involves principally and constantly carers. Thygesen and Moser define a good dementia care as a form of "sustaining the person," in the sense of a care practice that help the person to develop or maintain autonomy, sense of self, capacity of rational and independent decisions. This notion of sustaining is based on a collective rather than an individualized focus because care does not take account just of individual needs, but include also a large network of technologies and humans associated in shared daily life and in caring practices.

A fifth additional transversal concern is perhaps present in the introduction of Schillmeier and Domènech and in the most part of the volume. It concerns the question of design of new technologies of care, the evaluation of users's needs (patients and care givers) and of concrete experiences of care practices in the everyday life. The reflection is particularly important for technology for elder people today. In Europe, since the early 1990s, a new field is emerging that cross disciplines and public and private domains called gerontechnology, a sort of convergence of technology and engineering with gerontology and aging issues. Gerontechnology is defined as "engineering and technology for the benefit of aging and aged people." The word is a combination of gerontology, the scientific study of aging and technology, the development and distribution of technological products, environments and services.

The need of this convergence is justified by the fact of progressive aging of the population and the priority of keeping older people autonomous at home as long as possible. Information and communication technology, domotics, robotics are been more and more applied to the needs of physical, psychological and social autonomy of individuals who are fragile or frail or vulnerable. Designers, entrepreneurs, engineers, on the one hand, medical doctors, psychologists, geriatricians, on the other hand, are involved in research in gerontechnology. Another fundamental raison explains this convergence: economy. To counter the effects of an increase of the proportion of older people in Europe (like in others countries, Japan for example) by maintaining a good level of health, of social and financial independence, of capacity of relations with relatives, friends, or colleagues, of self- and peer-esteem, means a decrease of costs of help and care of older people. The realisation that older people would be a potential significant reserve of clients for new medical treatments and a multitude of services and facilities for individuals at home inspired new European Community initiatives at the beginning of the 1990s.

If nevertheless care practices are and will be more and more "colonized" by technologies, the very need will be to study the ways, the goals and the meanings of this colonisation. In this case it results unsatisfactory for the social sciences to be content with programmatic discourses that seem to already trace in defined way the future lines of technological and social development. A significant case is robotics, also considered in this volume. In comparison to the huge funds allocated for the future development of companion robots for elderly or disabled people, only few studies on real and indeed possible uses, on processes of design and involvement of the users, on pressures of market and funding to research have been conducted in a critical way till now. For now, a working robotic device, a precise idea of its use and context of relationships in which it could to take place still miss. More than to speak of relationship "with" the robot, it would be better to speak of relationships "around" the robot: in laboratories of engineering robotics, of medical and sanitary research, in the relationships between researchers and potential users. It is not coincidence if the only article of the present volume without an empirical field of observation is consecrated to robotics for elderly people.

In this sense, *New Technologies and Emerging Spaces of Care* constitute on the whole an articulate, rich and various contribution to reflection on a possible design of care technologies that meets constantly not only a technical or practical need of single patients, but also the social and symbolic dimension of life and experience. The relationship between new technologies and emerging care spaces is at present a most important field of research in social sciences and STS since it reveals the socio-technical dimension of technology in care practices that is not a mere question of "acceptability" or "engineering" rather than a mediation, a possible link and a potential "sustaining the person" in a larger concept of care.

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