

Conference Presentation, MAAH Conference, Sønderborg, Denmark, May 8-11, 2008

Bodies, technologies, and the negotiation of age-challenged care practices in domestic spaces: Implications for socially appropriate telehealthcare technology

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Abstract

This paper explores the intricacies of care-related practices that connect aging bodies with technology in the home to identify the social appropriateness - or not - of technologies used for care. Interactions with both medical devices/systems and objects outside the conventional domain of healthcare - i.e. gifts used to show care - are explored. It is based on ethnographic stories and observations with age-challenged persons in the US and Sweden, approximately 65-95 years old. It starts from a phenomenological position to demonstrate how aging bodies and technologies are mutually implicated in multiple layers of experience, knowledge and power. These are also collective, relational, dynamic and transitory. For instance, in an aging body the capacities to see, smell, hear, taste and feel become varied, limited or lost. Technological objects may offer opportunities to regain or augment such loss, but their implementation raises some questions. This paper sets out to answer two: How are aging bodies and technologies negotiated in care-related practices? What are the implications for socially appropriate telecare technology at home? One brief example is a grandmother's decision not to wear the emergency button purchased for her use by her daughter, even though the daughter insists that she wear it. This is evidence for how issues like control, risk and autonomy may impact the negotiation of boundaries between self-other, private-public, safety-danger and so on. The paper concludes that such boundaries are not fixed but made ephemeral in different ways through care practices. This influences differently how technologies are positioned as socially appropriate for age-challenged care.

¹ Author holds a European-funded Marie Curie Actions Transfer of Knowledge (ToK) Fellowship based at Philips Research Europe in the Netherlands. Philips Research Europe is a corporate organization conducting research in the areas of healthcare, lifestyle and technology designed to support Philips Electronics. It also cooperates with business partners, universities and other knowledge institutions in Europe and abroad.