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Where is grandma? Home telecare, good aging and the domestication of later life

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ABSTRACT

Numerous discourses on "good aging" provide different perspectives on what older people are, what they can and ought to do, and where they should be. Policy texts often present such discourses together, as if they were aligned. In our study, we found that that these two discourses sometimes also clash under the current, concrete strategies that have been designed to help people carry out good aging. We conducted an ethnographic study on the introduction of a telecare system in older people's homes. The telecare service consisted of a personal alarm system that elderly people could use to obtain assistance at home in case of emergency. The analysis revealed that telecare arrangements shaped particular forms of good aging by demanding identity, memory, and boundary work to align the user with the system. In these practices, "active aging" and "aging in place" sometimes clashed due to the telecare requirements that proscribed a fragile, homebound user. Actual users, however, sometimes wanted to maintain their social network in places outside their homes and would rather enact images that fit the discourse of active aging. Our analysis suggested that the current different ways of framing "good aging" demand different interventions that sometimes contradict and undermine each other.

1. Introduction

Shared beliefs and expectations about older people and the aging process define ideas about how our later years should be lived. Some decades ago, these were mainly represented by negative stereotypes about illness, obsolescence, and decline [1,2]. Aging seemed to equal functional decline and disease. As classically argued by Simone de Beauvoir [3], "we are not older people, others are." Current discourses on aging societies depict people in their later years as essentially problematic [4]. However, positive approaches have recently been developed as well. These approaches vary greatly, but each contains specific notions of what "good aging" entails.

Discourses and possible solutions for an aging society use labels such as "active aging," "successful aging," "productive aging," "positive aging" and "healthy aging" [5–10] thereby projecting a set of identities, activities, and places of good aging that are deemed proper and desirable. They suggest who older people are, and what they should do. In that sense, Walker warns that the current discourses on aging well tend "to homogenize older people rather than recognizing diversity and differences based, for example, on age, gender, race and ethnicity, and disability" [11 p. 7]. Here, we regard them as normative discourses which form part of what Tulle and Mooney [12] describe as the "government of later life." These discourses create modes of being old that consider certain ways of living as better than others [13]. In this paper we analyze normative modes of aging as they take shape in policy documents on good aging, as well as when practical telecare solutions as tools to assist good aging are implemented.

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"Telecare" is an umbrella term referring to the technical devices and professional services applied in "care at a distance" that address and support people in need of care [14]. Some of these devices and services are aimed at diagnosing and monitoring patients from a distance with chronic health conditions [15]. In this paper, however, we analyze the workings of personal alarms. Our focus is on a home telecare service offered in Spain by the Red Cross, an organization that has pioneered offering these technologies in the country. A key dimension of this telecare service is the use of first generation, personal alarms. The two devices that the organization employs are the "home unit," which is attached to the telephone and processes alarms and calls between the user and the telecare center, as well as a pendant worn by users — a necklace with a red button that people may press if they are in trouble or want to contact the telecare center. This form of telecare is promoted by official documents and Red Cross' publications referring to differing discourses of good aging. Two of these are particularly noticeable: "active aging" and "aging in place."

We first introduce these normative discourses on aging and highlight the role telecare systems are expected to play in relation to good aging. Next, we propose the notion of "script," which describes the "directives" of the device, in order to understand how notions of good aging may be embedded in telecare devices. The empirical analysis focuses on concrete practices through which a number of telecare actors enact, negotiate, or reject the scripts for aging well attached to the social alarms. Two questions guided our inquiry: (1) What is meant by "good aging" in policy discourses? and (2) How is "good aging" constituted in telecare practices? We will demonstrate that telecare arrangements shape particular forms of good aging by demanding identity, memory, and boundary work to align the user with the system. We argue that these practices run the risk of working not towards the figurative domestication of telecare technologies, but rather towards the literal domestication of telecare end-users. The analysis suggests that although policy texts often present "active aging" and "aging in place" as if they were aligned, these principles sometimes clash due to the requirements of a domestic user for the telecare systems to work. The assessment of current telecare technologies, as well as the development of further innovations requires a sensibility on this issue in order to make telecare solutions more attractive, and less coercive.

2. Discourses on good aging and telecare

2.1. Aging in place and active aging

The promotion of "aging in place" started in 1994 when the Organization for Economic Cooperation and Development (OECD) stated that people should be able to continue living in their own place of residence in later life. Since then, helping older people to "age in place" has been seen as a way to benefit the elderly in their quality of life as well as to provide an efficient solution to the rising costs associated with care for older people [16]. Discussions on "aging in place" assume that a person inhabiting the same environment over time results in a sense of place and an adaptive and supportive identity, and forms a secure basis for autonomy and independence [17]. Institutional care, to which the "aging in place" push has been a response, is criticized for isolating older people from their social networks, and is considered to be more costly than living at home and in the community [18]. With the aid of self-care and information technologies, care is moving towards home environments where resources can be mobilized by monitor and response centers [19]. In policy and practice, care at home is becoming more prominent than hospitals or nursing homes [20,21]. Aging at home is the preferred option in Spain, as expressed by the majority of its older adults [22,23], and is a key commitment in policies and programs inspired by the ideal of "aging in place." The Spanish Law on the Promotion of Personal Autonomy and Care for Dependent Persons (Act 39/2006), for example, states in its guiding principles that "dependent persons shall remain, wherever possible, in the setting in which they live" (art. 3).

The discourse on "active aging" has been widely promoted since 2002 when it was included by the World Health Organization (WHO) in the *Active Aging Policy Framework*. Health, participation, and security are the keywords in the WHO definition of active aging. The ability to remain physically active and healthy is central to the definition, which also stresses secure and continued participation in social, cultural, economic, and spiritual activities. As in the "aging in place" discourse, age-friendly settings are of prime importance for active aging, which is regarded as something that happens "within the context of others — friends, work associates, neighbors and family members" [10 p. 12]. Thus, full integration into family and community environments is a relevant issue for active aging. This is why the WHO expressed concerns about people living alone in later years, and argued for modified workplaces, barrier-free streets and public places, as well as for exercise programs for improving the older adults' mobility. All this was meant to facilitate socialization in later life.

The above-mentioned discourses prescribe forms of aging well that are not necessarily compatible with each other. This is noticeable in the places (at home or in close connection with community) where each discourse expects good aging to occur. However "aging in place" and "active aging" are usually addressed in official statements as if they are in harmony. The invocation of technological innovations as reliable aids in encouraging aging well expresses such an ideal [24]. Governments trust that care-at-a-distance "solutions" will allow older people to choose to stay at home longer and will increase social integration [25]. With these things in mind, the Spanish Institute of Older People and Social Services promotes telecare as a way to "encourage older people to remain living alone at home [and to] avoid uprooting those who have difficulties in their social and family relationships, given the constant growth of single persons' households" [26 p. 3]. On the other hand, according to the Catalonian Red Cross discourse expressed in their brochures, telecare aims to encourage and promote the autonomy as well as the participation and social integration of people who live at home while they are aging [27].

2.2. Home telecare: scripts and users

Policy discourses frequently consider telecare systems as innovations assisting governments in realizing their health and social care goals [25]. Thus, telecare appears as a means by which "aging in place" and "active aging" can be implemented simultaneously. Some authors [28] agree with this idea and

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