To care for the possible: configuring care in the Teledialogue project

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Introduction

> We don't know how these things can matter. But we can learn to examine situations from the point of view of their possibilities, from that which they communicate with and that which they poison. *Pragmatism is the care of the possible* (emphasis in original) (Stengers, 2011).

Above, the Belgian philosopher and science studies scholar Isabelle Stengers, points to a central feature of practice, namely the, in many respects, trivial insight, that we rarely know how and in what ways events will unfold. Nor do we know how many we are and in what ways we may come to matter to each other. Stengers insist on the production of knowledge as a collective practice and as 'thinking with others' (Stengers, 2013).

> Shortly after the young boy appeared on the screen of the social supervisor, he deliberately turned his screen away and instead of the face of the boy, a poster of Cristano Ronaldo appeared on the social

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supervisor's screen. The approx. 30 min. long conversation between the two commenced with Ronaldo starring back at the supervisor. Was this an instance of 'rude' behaviour or perhaps indicative of a more relaxed and caring relation between the boy and his supervisor?

In this chapter, we want to relate the question of care and careful engagement to 'thinking with others' and the unknowability of how things unfold. We want to exemplify and discuss what it might mean to care not for someone or something specifically, but to care for *the possible*. We suggest that this entails an interest in the *becoming of things* and being "embedded in the ongoing remaking of the world" (Puig de la Bellacasa, 2017: 28). These concerns are central to anthropology, STS and feminist thinking (de Castro, 2015; de la Cadena et al., 2015; Haraway, 1990). We suggest that how care unfolds and with what consequences cannot be predetermined or stabilised. (Latour, 1988; Stengers, 2000b).

Our engagement with care in this chapter follows from a combined research and design project entitled "Teledialogue". The project was initiated by the authors and aimed at strengthening the relationship between placed children and their public case managers through various forms of IT such as videoconferencing, chat and texting. The Teledialogue project envisioned that the children and their case managers could talk more often, learn more about each other and, that the case managers could have greater presence in the everyday lives of placed children, aided by digitally mediated communication. The Teledialogue project was thus to our understanding about care and how caring relations could be facilitated and brought into being in and through sociotechnical assemblages (Latour, 2005).

But the project was also about us as researchers being uncertain and modest about how to facilitate and realize care concretely in the project. In this regard, we are shaped by the field of science and technology studies (STS). With STS we are accustomed to acknowledge the agency of practices and actors – human and non-human (Latour, 1988; Pickering, 1995). We know that the success of a fact or an artefact rest not with a few powerful actors, but lies in the hands of multiple others, including those you seek to engage and interest or care for (Latour, 1987). What also follows from STS – besides being modest about one's own capacity to 'raise the world', is the acknowledgement of the expertise and competences of others and the reliance on those others, not only as necessary allies, but equally as others that may qualify, add to and enrich the

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project and one's understanding of the very situation one hope to contribute to (de Laet & Mol, 2000; Latour, 1984; Stengers, 2000a). In short, at stake is the question of what care might become.

The chapter is structured in the following way. In the next section we relate care to Isabelle Stengers work. Then we briefly account for the Teledialogue project. Subsequently, follows three sections that presents and discusses the matter of care involved in the Teledialogue project. In these sections we relate the matter of care to seminal contributions from the field of science, technology and society studies (STS). We exemplify how care is a relational and emerging 'object' and as such a precarious act and event in contrast, to being transcendent and something that can be defined and formalised. We offer these points by revisiting the Teledialogue project and evince care as a heterogeneous assemblage, as installed and as emergent and surprise. We thereby wish to show how care was *realised* through care for the possible.

The concern with care emerges in relation to constructivist and feminist science studies. Constructivist science studies point to how human and non-human agency intersects and forms assemblies that shape practices and the world (Gad & Bruun Jensen, 2009; Latour, 1987, 2005; Pickering, 1995). According to science studies, theories, passions, concepts, power, money, non-human agency, materiality etc. are all potentially, albeit to various degrees, involved in the practices of science – and thus *care*. Consequently, care is intrinsic to any practice – also scientific practices. Following the arguments made by Harding, Traweek, Haraway and others, science is not a culture of no culture, despite attempts by some to insist on it as such (Haraway, 1990, 1997; Star, 1990). But in common discourse, "good" science is often presumed to be objective, neutral, disinterested and in this perception, care is considered antithetical to science and as what science should be cleansed of. But from science studies and the work of among others Vinciane Despret, Isabelle Stengers and primatologist Shirley Strum, the contrast between science and care is challenged and in fact inverted (Despret, 2016; Latour, 2004; Strum & Fedigan, 2000). The work of Despret and Stengers in fact associates care and science and sees care as a premise for science. Their point, based on science studies, is that science entails what Stengers has formulated as: "..the invention of the power to confer on things the power of conferring on the experimenter the power to speak in their name" (Stengers, 2000: 89). This means that science is not a matter of simply *representing* reality, as if this was a trivial matter of observation and description, but a complex, challenging, concrete and historically layered practice of creating a

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situation or event, in which 'the object' can be articulate and express what it would be able to say if it could speak. Here lies the very marvel of science, according to Stengers, namely to *construct* a situation in which an object is able to give an account, that is not *imposed* or *determined* by the constructed set-up of the researcher. This entails two related aspects, namely that the scientist is thoroughly engaged with the object in order to be able to construct a setting that enables it to speak 'freely' and second that the researcher is interested in what the object may *become* capable of. She is interested in extending its capacities, not in how the researcher may capitalize on the object in the form of fame, patents, power, money etc. (Stengers, 2000a, 2017)

We want to connect Stengers science and care relation with a project we conducted some years ago. What we will try to exemplify through three different moments of the project is how care was established through a collective of others and the uncertainty and risk implied in this. Furthermore, that in order for care to emerge, very concrete directions had to be made and installed and lastly that how care manifested itself was in unexpected and surprising ways.

Our attempt in this chapter is to contribute to empirically specify and make visible the intricacy and uncertainty of care and careful engagement. We hope to contribute both to thinking about care and careful engagement more specifically *and* disrupt or challenge simplistic notions of care. In Murphy's words we hope to contribute to unsettle care, not to de-construct care as such, but on the contrary to stimulate our capacity to think and act with care specifically (Murphy, 2015). As such we hope to contribute to an ethology of care. An ethology of care entails developing our capacities to think and act with care as a *situated practice* not attempt to specify *care in general*. To articulate and 'think with' the difficulties and intricacies of care may help others in their attempt to construct care specifically.

The Teledialogue project

In 2013 we initiated the Teledialogue project. The project was funded by the private Danish Velux research foundation and explored the possibilities for establishing computer mediated communication between vulnerable/placed children and adolescents and their municipal social supervisors. The project was based on the idea that a more frequent IT-mediated communication could contribute to a closer relation and greater trust between the children and the social supervisors and thereby better support the children when faced with difficult and

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potentially life changing events. Seven Danish municipalities, around 39 social supervisors, 50 children/adolescents of the age 8-20 years participated. Approximately 40 interviews with social supervisors and 30 interviews with the children were conducted and 12 workshops with social supervisors and three workshops with selected children was carried out during the project that ran from 2013-2018. We contacted both small and large municipalities around Denmark and had no specific inclusion criteria or demands, other than their willingness to participate in the project by providing volunteered social supervisors, who then again recruited volunteering children and adolescents. Our role in the project, besides being project owners, was as multifaceted. We acted as a combination of researchers, designers, ethnographers and consultants. Especially one of the authors, played a very active role in supporting and facilitating the project in all sorts of ways the different municipalities. This included frequent follow-up meetings with the social supervisors, IT-staff, management and of course the children. The project funded and equipped the children with tablets they could use for the dialogue with their supervisors.

The thematic foci in the data collection were: 1) the relation and communicative challenges between vulnerable children and their social supervisors 2) the challenges and opportunities of using computer mediated technologies in this type of social work. The project was thus in an obvious sense concerned with care – the care for vulnerable children – by supporting their means of communication with the social supervisors. In our research we focus on problems related to information technology and organization. We are informed by and trained in science and technology studies, anthropology, qualitative methods and workplace studies. In this chapter we reflect based on the Teledialogue project as a sort of confessional tale produced in conversation with the concept of care and STS more broadly (Maanen, 2011). In the following we turn to our three main accounts from the Teledialogue project.

Care as assemblage

In their account of the Zimbabwean bush pump, de Laet and Mol emphasise that the strength of the pump is its vagueness and fluidity. The bush pump works not despite*, but because* it can be picked up and assembled in multiple ways. It circulates *because* it is able to be assembled and made to work in many places (de Laet & Mol, 2000). In the case of Teledialogue in which we were the proponents, we attempted the Zimbabwean bush pump approach. Based on the relatively common sensical idea that more communication between vulnerable children and their

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social supervisors would be beneficial for the children and given that the existing rules only required a mandatory meeting every 6 months between the supervisor and the child, the project aimed at providing some sort of online platform for communication. We did not have neither a preference for a specific technology nor was the project intended to design and develop a specific platform. On the contrary, our concern was in a bricoleur like manner to support communication via existing available technologies (Büscher et al., 2001). What the project offered was a tablet for the children included on which the software installed was the telecommunication software used by the specific municipality.

In order to recruit and include vulnerable children in the project, we started by including municipalities. Seen from our perspective as 'project-owners', we wanted that the municipalities volunteered to participate because they saw the potential of the project. We did not pose specific criteria other than their willingness to allocate social supervisors that again on their part found the project meaningful and would like to contribute to it. Between two and five social supervisors of every municipality chose to participate. We then introduced the project to the social supervisors and the many different actors in the municipalities required in order to establish an organizational and technical infrastructure for the IT supported communication between the social supervisors and the children. And then, finally, the children were included – those for whom the whole thing was intended. The social supervisors acted as gatekeepers. They were asked to consider whom of the children they were supervising they would like to include. Those intended to benefit from the project - the children - were thus the last to be included. Care for the children went through a whole chain of other actors. Thinking in terms of care an immediate critique could be that this process seems a rather bureaucratic and lengthy route to the children. One paved by researchers, municipal decisionmakers, technical officers, social supervisors etc. Our rationale was that those best able to assess which children to include are those who know the children best. Those with the professional and personal relation to the children were those in the best position to recruit.

Now, we look more closely, to the various aspects and concerns involved in the social supervisors' selection of the children in order to empirically specify the matter of care. The social supervisors executed a practical reasoning that serves to show the level of complexity involved in the situation and their engagement and concern for the children. The quotes below exemplifies this:

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Social supervisor: "She (girl 19-20 years) is young and lives at the other end of the municipality and it would be good if she had an extra lifeline to me; if she would be able to reach me. There is this thing about distance, if they [the children] could see us more often than the obligatory two times a year, it would provide some comfort. It is about getting easy access to her. And try to motivate her to move out from the home of the foster family, because she is a very cautious young girl."

Social supervisor: "(girl 16-17 years) It isn't because of distance. There is only ten minutes' walk from the institution to my office, but it is in order to come closer to her, and because her mother has just moved to Norway, so it is a good idea to be a little more attentive of her. So that she feels that someone is listening ... - and she is also good at IT and likes it.

Social supervisor: (boy 16-17) He is a rather recent case, very good at IT and computers, and because, often in his case there are some situations, where the mother wants her son back home and then you calm her down and she realizes that it is for the best [that he stays where he is]. So, it could be nice when this happens to be able to talk about it [with the son] and then I did not have to go to Aarhus every time. It could add something to the half year meetings we have."

In the above, we see how inclusion is comprised of concerns about overcoming distances, geographical as well as social, providing comfort, IT-skills, motivating the children/adolescents to move, being able to detect and intervene in relations between parents, and children and so on. Furthermore, we also learned through conversations with the social supervisors, that it was important that the children were in a relative stable and calm life situation, yet still in a situation where they needed support, for instance, if they were going through a transition of some sort. But also, that they were motivated and reflexive and talkative enough to participate. And lastly, that they could be trusted with a borrowed tablet, that they did not trash or sold. As was

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explained to us by one of the social supervisors, some children are so troubled that they are unable to have a seat and a conversation without throwing chairs and tables around. Or there are children with mental disorders; or children engaged in criminal activities; or children going through difficult phases with parents, foster families, and social supervisors etc. Those children, presumedly those most vulnerable and in most need of attention and care, was excluded from the project.

We thus see a delicate composition of multiple concerns that includes and balances the following: 1) children in a relatively 'stable' situation yet in need of support, 2) concerns about the work situation of the social supervisor 3) technical skills of the child 4) concerns about the prospects of the child, 5) intervention in relations 6) 'risk profiling' of the child with regards to whether they will be 'faithful' to the project (and not trash or sell the tablet). This serves to exemplify the intricate reasoning entailed in the inclusion of the children. The inclusion process that we delegated to the social supervisors for the reasons mentioned above. But it also exemplifies a reasoning that we were unable to do and therefore much better left to the social supervisors. But we also want to point out that the reasoning of the social supervisors is not just a matter of having a 'close' and intimate understanding of the children. As is evident their reasoning is not merely a concern with a specific child. Rather their reasoning is comprised of many different 'matters of concern' or care as Puig de la Bellacasa would have it (Puig de la Bellacasa, 2017). The supervisors clearly care for the child to be included as shown in point 1), 4) and 5) above, but they also care for themselves as in 2), and then they care for the project as in 3) and 6). These different ways of caring together form an assemblage that cares for a possible future in which social workers and children may have more interaction.

Care we thus want to suggest is an interwoven fabric of caring. It interweaves and assembles a variety of matters of care into a specific form of care for the matter at hand. Furthermore, this care assemblage is also comprised of non-caring or a postponement of care. It is evident, that the care assemblage detailed above is conditioned on the exclusion of children perhaps in most need of care. As was evident in the social supervisor's selection of potential children, some were excluded from the project because their life condition was *too* complicated and chaotic, or because they would immediately trash or sell the tablet. Excluding those children was thus done out of *some sort* of care for them, namely not to *add* more concerns or burdens to their already burdensome life, in the form of some it-project initiated by some academics. But in addition, this

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care for the child was entangled with a care for the project, namely that if one were to include those children then results and knowledge might be jeopardized. The children might not be able to actually partake; tablets might 'disappear' and so on. In this respect the exclusion of those children and the practice of not caring for them, could nonetheless also be argued for as being a matter of caring for the realization of a future in which Teledialogue could perhaps at some point help a broader array of children. Caring for the project was thus about *caring for the possible* and attempting to create a present situation from which a potential future where children were having more frequent interaction with their supervisors was offered the best possible chances. The above serves to exemplify the complexity of care. As suggested by Mol & Law "things are complex when they are related, but don't add up"(Law & Mol, 2002: 1). We suggest that care is a complex matter. Nevertheless, in the above we have tried to concretize and specify in what ways care is complicated in this particular case.

Care as installed

In their contribution to a *sociology of attachment* Emilie Gomart and Antoine Hennion explore the formation of passions and "movement in which loss of control is accepted and prepared for" experienced by music amateurs and drug users (Gomart & Hennion, 1999: 227). Instead of locating and explaining passion with reference to the actions and agency of subjects, Gomart and Hennion focus on: "..the mechanisms through which this kind of 'active passion' is performed" (p. 221). Gomart and Hennion show that 'getting a high' or a sublime musical experience is produced through the arrangement or dispositif of multiple elements: places, gear, a 'state of mind' etc. The drugs don't 'just work'! They must be made part of a dispositif in order to produce 'the right high'. To 'loose oneself' or have an experience of passion is about arranging and *becoming available* to such an event. It is thus a skilled practice of arranging things in order to lose one self, but accordingly it is not just and simply an act of the human actor. We find such a sociology of attachment relevant to the study of care. In the following we exemplify how care can be approached in the same manner, that is, as a matter of installation.

In some of the municipalities the project was terminated or only included one or two social supervisors and a couple of children. In the municipalities where things were up and running, as it is, trouble turned up. Sometimes the technological platforms were causing trouble or the collaboration between IT departments, responsible for the technological infrastructure, and the

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social supervisors was cumbersome. It was also a challenge for the social supervisors to make appointments with the children concerning at what time the virtual meetings should be held. The working hours of the social supervisors often conflicted with school hours for the children and when appointments were settled, then last-minute events occurred (the child's bike got a flat tire on the way home, the supervisor suddenly had to run out the door and so on). Situations where one party ended up waiting for the other to begin the session and so on. But in some cases, what turned out to be a challenge was a rather trivial aspect, namely that the children and the supervisors found themselves confronted with the problem of having little to talk about. In these cases, the project was faced with a central point from information and communication theory, namely that establishing a channel of communication does not simply result in a sudden flow of communication, as if information is a standing resource waiting to be unleased and flow like dammed water. The social supervisors and children found themselves in awkward silences. In these cases, we decided that we had to stimulate communication. Since, as mentioned earlier, we closely followed the project in the different municipalities and played an active role in facilitating the dialogues, we intervened by giving the social supervisors and the children "assignments". We provided instructions for them on what to talk about for five meetings. For every meeting, they were given a new assignment they should carry out. For instance, the first assignment was a brief interview guide for the social supervisor to interview the child by. It was phrased accordingly:

> If one of your friends ask: "who is this woman from the municpality?", what would you say?

> And if your friend ask: "what is she doing?", what would you say?

> When do you prefer that she leaves you alone? When do you prefer that she is closer to you?

> Why don't you call her more often? Or send her a text or an e-mail?

> Pretend that you are me, that you are a social supervisor and have to go and visit children.

> - Why do you have to visit the children?

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- What are you going to talk with the children about?

- Why don't you just call or send a text?

This assignment was designed to stimulate the dialogue between the supervisor and the child, but also have the two parties collectively reflect upon their relation and learn about how they perceive the other. Another assignment was simply that they should keep their conversation going for at least 15 minutes. Yet another assignment entailed that the children interviewed the social supervisors about their daily life and work. After every assignment, we the researchers, met with the social supervisors, where they briefed us about the conversations with the children and we discussed their experiences.

In addition to this arrangement of facilitating conversation, we were also, introduced by the social supervisors to the concept of 'the common third' (Husen 1996; Lihme 1988). The common third is the shared thing, we as conversational partners talk about. An example is the weather. The weather is shared and it does not relate directly to ourselves, or our relation to the other with whom we are conversing. It is 'other' to communicating parties. Talking about the weather becomes instrumental in *producing* interaction. In the work practice of social supervisors, the common third is frequently employed in their interaction with children. The social supervisor search for what may interest the child: soccer, horses, motors, pop stars etc. by looking for clues in what they know about the child, how and where they live and so on. Or they go places, take a walk, a drive, do something.

> Social supervisor: "The best visits are those where you invite the children
> out, they can easily 'sidetalk' [talk about other things than themselves],
> they are not so confident about the direct dialogue. They like to talk while
> you are doing something else and then something pops up, something you
> didn't expect. For instance, once I was out driving with a young girl then
> suddenly, she tells me about an abuse, while just sitting there besides me
> in the car. You need 'a common third'."

The common third is thus *that by which* we come to interact and become articulate. The common understanding of communication as 'exchange of information', changes with the common third: communication becomes "relation building" and about the creation of events in which accounts

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may emerge (Brown & Stenner, 2009). The common third is 'the other' through which we come to relate. The common third also 'surprises' us and suddenly lead to – or better: *leap to* - we move from talking about 'the other' (horses, soccer, and whatnot) to talking about oneself. The common third is thus central in the interaction between the children and the supervisors, since the children's issues are sensitive and challenging. Issues that need other – more "innocent" or neutral - issues in order to come forth. The common third is 'the other' by which the children may become articulate. In some instances, the Teledialogue project itself also became a common third. In several cases, the social supervisors and the children experienced trouble with using the technical platform. Audio was missing or the webcam was not working. Texts or phone calls was made in order to establish the connection. But consequently these 'break downs' facilitated conversation afterwards and gave the parties something to talk about – a common third. What became evident is the trivial insight, that in order for communication to occur we must have something to communicate about. So, in order for Teledialogue to function and become meaningful, not only must IT-support, tablets, parents, foster families, work calendars and school schedules etc. be coordinated and aligned, but social supervisors and children must also have something to talk about. And via such an arrangement care can be said to emerge. In the above we have exemplified care as an installed matter. We thereby suggest to think of care as something that require other stuff or arrangements to emerge. However, that does not mean that this sort of care is superficial, fake or unauthentic. On the contrary, we want to emphasize following Gomart and Hennion, that care can and should be allowed to be thought of as *realized* by means of arrangements and dispositifs (Gomart & Hennion, 1999; Latour, 2011).

Care as surprisal

Some of the supervisors also reported that after a while, some of the children showed a somewhat rude behavior, by slightly or manifestly disrupting communication. For instance, one child placed the tablet, so that only the top of his head was visible, while also being turned sideways and quite obviously looking at another screen. Another child turned the tablet towards a Ronaldo poster on the wall and said that the supervisor could talk to him instead, as mentioned in the opening of the chapter. Yet another child opened his mouth wide and placed the tablet so that the social supervisor would see a close-up of his uvula. These different events we found interesting. They were clearly 'provocations' and about resisting or being disobedient, while also being humoristic and rather innocent. The children did not refuse the calls by not showing up

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for instance. No, they showed up, but exhibited a rude, or impolite behavior. What to make of this? They were acts that intervened in the communicative space and in quite inventive and novel ways deflects and interrupts the situation. We prefer to think of them as ways by which the children, on the one hand adhered to the formal set-up, while also unsettling it. We have come to think of this as both a product of the project and as indicative of what the project sought to achieve and as related to care and caring. It is a product of the partial distance and presence created by this type of communication (a type of communication we have all become so accustomed to during the covid-19 lock-downs). A communicative space is created in which we are together in some form or to some degree, but not in the same manner as physical presence. Our point is not to suggest that the latter is more authentic, real or more complete than the former, but just to say that they are obviously *different* (see also Andersen et al., 2018). What we mean to suggest is that the Teledialogue set-up created a space where such acts of 'being rude' and 'disobedient' was in fact easier to 'pull of' for the children, than it would have been in the physical space of actually meeting their social supervisor – 'the woman from the municipality'. The relation between the child and the social supervisor is characterized by the supervisors having tremendous influence on and power over the lives and wellbeing of the children, which for the children obviously can be troublesome and stressful. With Teledialogue, we argue, the children were *provided the opportunity* to express some degree of rudeness and disrespect towards their supervisors. The children were given the opportunity to be like 'regular kids'. To be rude and disobedient towards care persons is a natural behavior for children and adolescents (and everyone else we posit). The space created with Teledialogue thus allowed for, enabled or enacted that type of "natural" behavior. The children became actors that could have a richer and more composite relation to their social supervisors. But the above also lends itself to another point, namely the question concerning what care might look like. We suggest that what emerged in these situations was evidence of a closer, more intimate, more trusting and thus more caring relation between the children and the supervisors. That the children in question was in fact enacting a more trusting relation to their supervisors by the simple fact that they dared to act in rude ways. Their rudeness evinced trust and was thus performative of care. Lastly, those events and experiences also allowed the supervisors to experience 'other sides' of the children, which the social supervisors appreciated. Those events thus both enacted care and paved the way for care.

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Concluding remarks

In this chapter, we have accounted for and reflected on three examples from the Teledialogue project in relation to care. The three examples we have presented and discussed exemplify care as assemblage, care as installed and care as surprisal. We argue that care cannot, but be a precarious risky endeavor and as such always in the hands of others – humans and non-humans alike. We also stress that it cannot be otherwise, that care is not given, but care entails care for the possible.

As Michel Callon famously pointed out in his study in which researchers, fishermen, scallops and other actors became associated in networks, there are no guarantees that a given network will hold: the fishermen's "betrayal" on the day of Christmas eve, made the whole network dissolve (Callon, 1986). Likewise, and following a constructivist science studies, the same goes for care: what care is for who and at what point, cannot but be a contingent and emergent matter. However, what we have attempted and consider our contribution to the book, is that obviously and for the same reasons, care may emerge in unlikely and unintended ways.

We have exemplified care as assemblage. We saw how care entailed passing agency on to others. Caring for the children *and* for the project entailed that we, the researchers and 'project-owners', delegated it to those working with the children to decide which children to include. Doing so provided an insight into the intricacy of care and showed that care and 'not caring' may be seen as layered and folded. The heterogeneity and specificity of care in the particular instance of Teledialogue thus became visible. Then we pointed to care as installed. The relation to constructivist science studies and Latours point: "the more constructed - the more real", is again pertinent (Latour, 2003: 34). It was illustrated how care may be seen as a product of a dispositif; care as something that require other stuff or arrangements to emerge. Also, we linked this with the concept of the 'common third' – 'the other' by which communication and a relation is enabled and depend upon. Lastly, the teledialogue project taught us that care may come as a surprise and take on forms that might at a cursory look seem to be something entirely different. We argued that the children through the Teledialogue project was provided the opportunity to act in 'rude' and 'disobedient ways'. We argue that this is emblematic of a closer and more trusting relation between the children and the social workers – a more caring relation if you like. It also speaks to the point that care may not be easily and immediately recognizable, but is also –

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as so much else – depended upon a close relation and knowledge of the object and situation at hand. This is a key point of Isabelle Stengers' plea for interested science.

We have provided a confessional tale to empirically specify care on the one hand, while insisting on the fact that care cannot be prescribed and predefined. By giving a close and specific account of the matters of care involved in the Teledialogue project, we are not able to provide general recommendations and principles for care and 'how to' care. We also consider such an ambition to be both mistaken and contrary to an ethology of care. We see our contribution to an ethology of care as consisting in stimulating our collective thinking about and with care. This is done not through "programmes" or "manuals" for care, but through detailed and specific accounts and reflections that differ and diffract other models of care and thus stimulate the ongoing invention of care particular to and intimately attached to the specificity of a given situation. We hope to have contributed to such an ethology of care,

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