

Politics of Participation in Design Research - Learning from Participatory Art

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Abstract

In design research critique has recently been voiced against the multiple ways the notion of participation is understood and practiced. Studies of performativity and performance art have been used to account for this methodological multiplicity. However, in this paper, we argue that participation still has much offer design research as a foundational concept, but that a more nuanced understanding is required. Further we offer such an understanding by presenting three theories and methodologies from participatory art. The value of participatory art for design research will then be exemplified by a practice-based design research project exploring forms of patient democracy.

KEYWORDS: practice-based design research, participatory art, performativity, theories and methodologies

Introduction

In design research critique has recently been voiced against the way the notion of participation is understood and practiced. As the term has proliferated from its origin in participatory design into other approaches to design, participation has acquired a diversity of meanings and is used for many uneven purposes. Traditionally, in participatory design, participation represented a social democratic belief that workers should be involved actively in managerial decisions about organizational change and the implementation of new technology into their work place. Today, in contrast, participation is sometimes used as critically pointed out by Björgvinsson et al. (2010), to promote consumerist ideas of “democratic innovation” and a narrow market-driven focus on how lead users may collaborate with designers in producing novelty products and economic growth.

Some critics have raised concern of these multiple meanings pointing towards the need for a rethinking of participation in broader terms (Vines, Clarke, Wright, McCarthy, & Olivier, 2013). Others lament that participation has lost its original alliance with socially engaged design practices and look towards critical theories from political philosophy and art activism to wrest the term out of the grip of Neo-liberalism and market-economy (Björgvinsson, Ehn, & Hillgren, 2010; Leahu, Thom-Santelli, Pederson, & Sengers, 2008).

In this paper, our aim is to restore participation as a form of activity that make undemocratic forces and structures visible in a design process. In so doing, we do not make a plea for returning to “good old” participatory design, although we sympathize with its care for excluded or vulnerable segments of society. Rather, we deem it necessary to increase awareness of the *politics* of participation. Politics of participation refers to the

ideologies underlying design approaches and implicitly valuing how control should be shared and for what purpose. There seems to be a widespread belief in the design community that the participation of people in design activities is to the benefit of all, while expert-led and design-driven approaches are less democratic. Co-design and user participation are good; design-led processes is too controlled, exclusive and reluctant to give up authorship. We would like to question this assumption. More specifically, we argue that design-driven approaches to participation may in some cases be preferred over user-driven approaches and may even enhance forms of democracy for users that would otherwise be repressed. Not all people are able to participate. Nor would it be meaningful. We always need to ask *what* is participation good for, *who* should participate and *when*?

By drawing upon theories of participatory art we will discuss and problematize dominant models of participation in design research. In so doing, we add to an on-going discussion about the value of using studies on performativity and performance art to broaden the understanding of participation in design. Yet, we prefer the notion of participation to the terms performance and performativity for reasons that will be laid out in the next section.

To found a more nuanced understanding of participation, we present three theories of participatory art making initial conceptual distinctions and clarification. Key concepts of each theory will be presented and art projects will be used to exemplify how the theories differ from one another in their explanatory scope. On the basis of this, we are able to sketch three models of participation all of which are founded on participatory art, but which represent different *politics of participation*. That means that the models prescribe different roles for the artist-designer, forms of participation, and the degree to which people are involved and for what purposes. To see the value and impact for design, we then apply the three models in our case analysis of a design research project on Patient Democracy at the cancer department of a Danish hospital.

Related work: From performance art to participatory art

Studies of performativity and performance art have been valuable for increasing knowledge of a range of action-oriented and artistically inspired research methods in design research (Boess, Saakes, & Hummels, 2007; Buchenau & Suri, 2000; Giaccardi, Paredes, Díaz, & Alvarado, 2012; Iacucci, Iacucci, & Kuutti, 2002; Kuutti, Iacucci, & Iacucci, 2002; Leahu et al., 2008; Oulasvirta, Kurvinen, & Kankainen, 2003; Schleicher, Jones, & Kachur, 2010; Spence, Frohlich, & Andrews, 2013; Vines et al., 2013). However, we argue that the discourse on performance art does not provide full insight into the explanatory power of the term participation and that we still need to distinguish carefully between the two terms. In its current use performance has come to represent ideals of ‘consensual collaboration’ between the artist and audience, the designer and users, while neglecting the qualities of working with dissensus, provocation and contestation as models of participation (cf. Björgvinsson et al., 2010; DiSalvo, 2010, 2012; Markussen, 2013).

In this paper we introduce a nuanced model of participation that appreciates dissensus and the contest of democratic power in as much as consensual collaboration. Traditionally, consensus and participation are seen as being part and parcel of democracy. But democracy can in itself refer to at least three basic forms of participation: people may thus participate in a democracy through *election*, through *deliberation and debate* and/or by *directly participating* in social processes, practices and institutions (Meijer, 2011). The ideal democracy is usually conceived of as stable and consensual societal systems. However, according to some political theories democracy does not necessarily follow

from social equilibrium and citizen participation, but may rely on democracy being fundamentally questioned, disrupted and renegotiated through activist protest and interventions (Laclau & Mouffe, 2001).

Our model of participation recognizes both consensual and dissensual notions of democracy. Further, it does not have the democratizing of innovation as its ultimate goal, but rather the capacity of design to meet intractable social needs and create new social-material relations. In this sense, we argue along with Björgvinsson et al. (2010) and DiSalvo (2010, 2012) for replacing a product-centric view with an agonistic participatory approach to social design and social innovation. However, unlike these authors we do not find our primary source of inspiration in political theories and philosophy. Rather our aim is here to demonstrate that a new model of participation can be grounded in theories of participatory art.

In this section, we present three influential theories of how participatory art may engage people willingly or unwillingly to construct counter-publics and inter-human relations reconfiguring the social order. More specifically, we will discuss participatory art as potentially taking the form of ‘relational art’ (Bourriaud, 2002), of ‘participatory art’ (Bishop, 2012) and of ‘social works’ (Jackson, 2011). We deliberately choose the term “participatory art” to refer to the subject matter of all three theories although we know for sure that the authors behind the theories would not agree on this overall uniting term. Generally, participatory art refers to art projects that involve “many people (as opposed to the one-to-one relationship of ‘interactivity’)” (Bishop, 2012, p. 1), and which rely on the collaboration between artists and people. However, it leaves room at the same time for valuing “artistic mastery and individualism” over consensual collaboration without disqualifying this art practice as being non-participatory.

Participatory art as relational art

The term ‘relational art’ was coined by Bourriaud (2002) to highlight art works that as their point of departure take inter-human relations. Art works can be relational in the sense that they construct what Bourriaud calls *social interstice* (a term he borrows from Karl Marx). Social interstices can be looked upon as “trading communities that elude the capitalist economic context by being removed from the law of profit: barter, merchandising, autarkic types of production, etc.” (Bourriaud, 2002, p. 16) In art the social interstice denotes a micro-community that is tied together through meetings, encounters and various types of collaboration rather than economic exchange. For Bourriaud collaboration between the artist and his audience or the public takes centre stage. Collaboration here may take the form of people involuntarily and momentarily participating in the artwork or people voluntarily participating through more elaborate processes of collaboration. An example of the first would be the art project *Turkish Jokes* (1994) by the Danish artist Jens Haaning. When Haaning used loudspeakers put up in an immigrant area of Oslo to play out a tape-recording of jokes told by Turks in their native language, a new form of sociability was invented made up by collective laughter.

An example of elaborate collaboration that rely on voluntary participation from the public is the artworks of Rirkrit Tiravanija, which usually take place in gallery spaces where the audience are invited to meet, cook, read or just spend time together (not for any particular reason). Here socializing is the key element of the artwork. Characteristic for both Haaning’s and Tiravanija’s works is that they are open-ended and there seems to be very little control in where the work should “end”. The control and authorship are shared and basically anybody can participate.



Fig. 1: Rikrit Tiravanija "Fear Eats the Soul" Gavin Brown Gallery, New York, 2011.

Bourriaud sees participation as being symmetrical, consensual and about the equal sharing of control, but this is in fact rarely the case. The sharing of control often entails that there is one in the first place who has control and is in a position to share and distribute it. It always raises questions of who has the power and authorship. Bourriaud assumes that all relations that permit collaboration and dialogue are inherently democratic thus never really questioning what democracy means. Democracy has many faces and inevitably prescribes certain forms of participation while excluding others. As argued by Deutsche (1996) democracy can only be sustained if these exclusions are taken into account and opened up to contestation. Hence it is necessary to move towards a broader model of participation, one that embraces dissensus and recognizes the artist as being the actor who configures the participation and the degree to which it is shared.

Participatory art as critical practice

For Claire Bishop participatory art is an art practice that evokes an aesthetic rupturing or disturbance of the social order. Bishop is sceptical about the idea that the artist is conceived only as a collaborator and facilitator of situations, and argues for the need to appreciate artistic mastery and individualism. According to her, Bourriaud simply overvalues consensual collaboration without asking what it is for: "producing interpersonal relations for their own sake, and never addressing their political aspects" (Bishop, 2004, pp. 67–8). For that reason Bishop is not impressed by the work of Tiravanija and the form of open-ended participation that his work encourages. Such an art form is institutionalizing participation and simply reducing participatory art to an instrument for bringing people together. It stages social relations as being neutral and de-politicised.

Bishop is interested in participatory art as an activity that disrupts or contest existing political or social structures. In her understanding of the "political" in relation to art, Bishop draws upon Rancière's notion of *aesthetic dissensus* (Rancière, 2010). Aesthetic dissensus is the effect of non-violent critical aesthetic practices that disrupt the self-evident ways in which powerful system control and limit certain groups in our society (see also Markussen, 2013).

One of Bishop's favourite examples is the artwork "250 cm Line Tatoed on 6 paid people" (1999) by Santiago Sierra, where a group of mine workers is lined up for collective tattoo (a thin line across their back). In this artwork as in many of Sierra's other works participation of the audience is problematized and the control of the artist is taken to the extreme. In paying people for their participation he turns raw capitalism and the exploitation of workers into his main artistic material. Sierra is in full control and,

contrary to Tiravanija, he cannot pretend that collaboration in art is free. It always has a price and manifest relations of power and authority.



Fig. 2: Santiago Sierra, "250 cm Line Tattooed on 6 paid people", 1999.

Bishop's model of participation favours art activism and the contestation of the political, economic or social structures that inevitably limit and constrain our everyday lives. In this sense participation is a way of making visible excluded or exploited groups of society and it deals with questions of who has the right to speak, act and feel. Bishop highlights the artist as the one who decides who can participate in the artwork and who cannot. The control is therefore not shared and not everybody is allowed to participate. While participatory art for Bishop is about critically challenging and destabilizing the *status quo*, she does not appreciate how art can be used to improve life conditions for the people. This however is a central concern for the third model of participation that we will discuss.

Participatory art as social work

Jackson (2011) introduces the notion of "social works" in order to put emphasis on the social engagement of participatory art practices. She distinguishes between two forms of engagement: "While some social art practice seeks to innovate around the concept of collaboration others seek to ironize it. While some social art practice seeks to forge social bonds, many others define their artistic radicality by the degree to which they disrupt the social" (Jackson, 2011, p. 14).

She exemplifies this through two oppositional social art practices that of Santiago Sierra, who Jackson describes as being cynic and exploitive in his social engagement, and that of Shannon Flattery whose project "Touchable Stories" speaks to our sense of community and shared responsibility. Touchable Stories is a network of artists that creates artworks based on themes from their local communities, with the purpose of bringing people and resources together through art and dialogue.



Fig. 3: TOUCHABLE STORIES: *Richmond: An Introduction*, 2005 – 2007, directed by Shannon Flattery in collaboration with The Arts Research Center at The University of California Berkeley and The City of

Richmond. Collaborating artist (in the work above) is Nina Billone Prieur. See: <http://www.touchablestories.org/>

For Jackson the *raison d'être* of participatory art is that its effect reaches beyond the aesthetic and the political to embrace the social. And she warns us of not overemphasising disruptive effects. Social disruption is too often celebrated “at the expense of social coordination”. We then loose sight, she says, of how art practices “contribute to inter-dependent social imagining: Whether cast in aesthetic or social terms, freedom and expression are not opposed to obligation and care, but in fact depend upon each other” (Jackson, 2011, p. 14). In this sense, Jackson’s theory of socially engaged participatory art places itself somewhere in between Bourriaud’s relational art and Bishop’s participatory art. For her participation in art can be practiced according to two forms of social engagement. Either it is using the means of exploiting participants, not sharing any form of control with them, or the artwork is inclusive using the means of dialogue and collaboration with the participants to achieve longer lasting social engagement. Unlike Bishop she privileges the latter, because of its interest in building communities. Here participation is not institutionalized in an art context as is often the case in relational art; instead participation takes place in the public realm and for certain people. The control is shared and the artist takes responsibility of its social engagement.

Case project ‘patient democracy’

Patient Democracy is an on-going design research project that investigates the relationship between design, democracy and power in a cancer-unit at a large Danish Hospital (for more info see: Knutz, Markussen, Mårbjerg Thomsen & Ammentorp, 2014). For a number of reasons patients prefer to be treated as citizens rather than as “users” or “consumers” (Martin & Webb, 2009, p. 124). One of the reasons for this is that consumerism is to the benefit and empowerment of management and budgets, not the empowerment of the patient. “Patient choice”, “shared decision-making”, “patient involvement”, and “patient empowerment” are concepts that all reflects attempts within the healthcare system to increase patient democracy. In most western countries shared decision-making and consent is recognized by law. In Denmark the “Law on Patients' Rights” was given on 1 of July 1998. This law states: “no treatment may be initiated or continued without the patient's informed consent” (Chapter 2, § 6).

This research project investigates under which condition the cancer patient is informed, how shared decision-making is being practiced in a hospital environment and what forms of democracy underlies these concepts. Furthermore the project investigates if it is possible to develop design concepts for cancer patients that could increase a participatory form of patient democracy; meaning concepts that *not only* should help cancer-patients in taking “the right decision” but which should make a range of possibilities open to support and empower the patient during their treatment. For this purpose, a team of design researchers in collaboration with the Department of Oncology and the Health Service Research Unit, at Vejle Hospital in Denmark, has been conducting a series of design experiments since 2012.

The outcomes generated from this research project are several. First of all, a suitable method was developed for disrupting the system and for revealing hidden power structures. Secondly, probing was used give researchers insights and knowledge about the needs of cancer patients during their treatment. Thirdly, a design concept were prototyped

addressing (and questioning) the law and rights concerning cancer patients. In this section we present how participation was used differently through three phases of the project. Initially we provide a brief description of each phase, followed by a discussion addressing three questions:

- 1) What forms of participation were meaningful and ethically justifiable?
- 2) How did the designer enter different participatory roles in various phases of the project?
- 3) How were the cancer patients involved in qualifying the decision on whether patient democracy and shared-decision-making were beneficial to them?

First Phase: Disrupting the system

In the first phase we conducted a field-study to investigate the particular patient-doctor consultation and how the communication between doctor, nurse, patient and family members is practised. How was cancer patients informed? How was patient democracy practiced? The design researchers visited in total six patient-doctor consultations and one morning conference between doctors and surgeons. After the field study the interaction between nurse, doctor, patient and family member was re-enacted by the design researchers to re-establish the actual patient-doctor relation. Finally role-play in combination with photo-annotation was used to construct a series of alternative disruptive realities (figure 5 -9) in an attempt to visualize the power structures between patient and doctor.

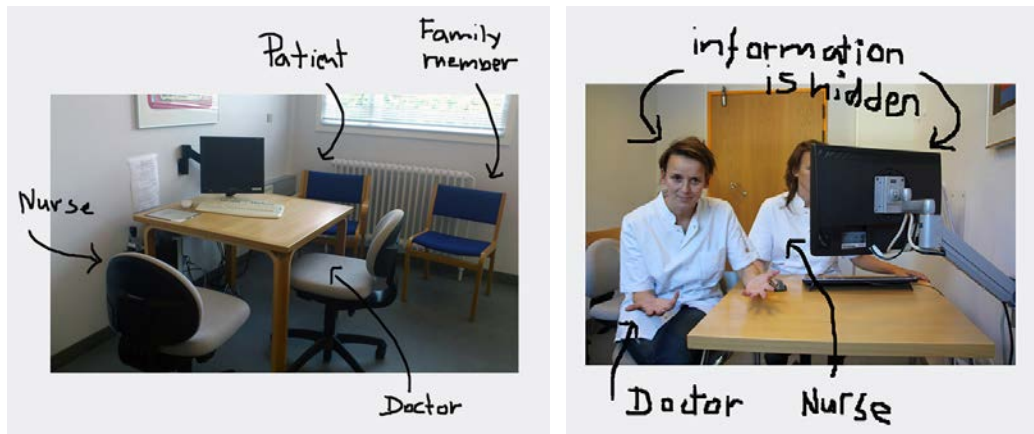


Fig. 4: Reconstruction of the consultation room.

In figure 4 the actual consultation room at the hospital is being reconstructed and re-enacted. Through this enactment it becomes clear that the situation is highly undemocratic, since only the doctor and nurse has access to the information. The patient and the family member are excluded from having access to this information by the spatial arrangement. It is a highly technocratic structure of the consultation

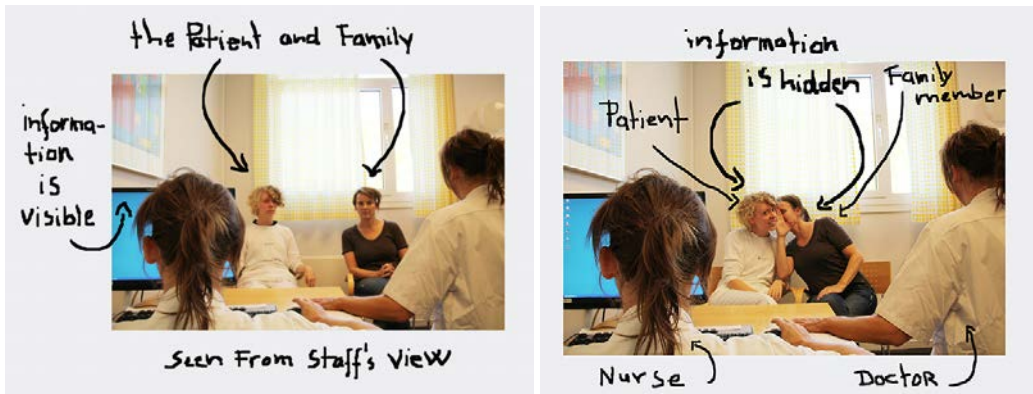


Fig. 5: First series of disruptions

In figure 5 the patient and family member whispers to each other in order to unsettle the technocratic structure of the consultation; they share secrets and hides information, in the same way that the doctor and the nurse share and hide information (from them).

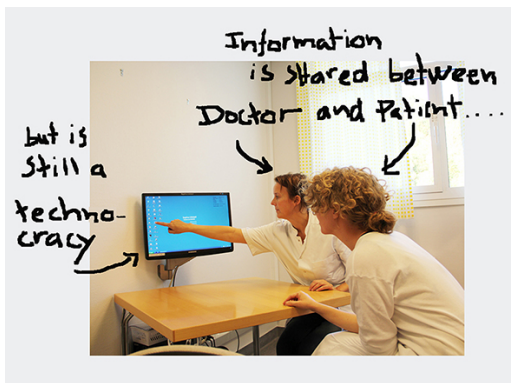


Fig. 6: Second series of disruptions

In figure 6 the technology (computer screen) is positioned differently; in the centre of the space. In doing so we did not increase democratization; we simply increased the role of technology, which the doctor is still in control of.

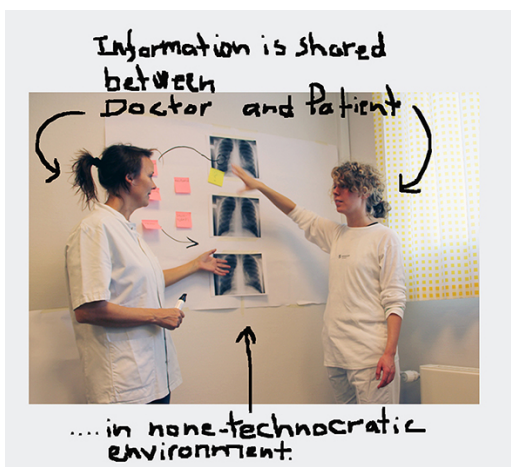


Fig. 7: Third series of disruptions

In figure 7 the technology is removed from the room and the computer screen has been replaced with a “blackboard” with comments from both the doctor and patient. This situation is considered democratic since it suggests a professional learning space, where the patient is accepted as a competent and equal dialogue partner.

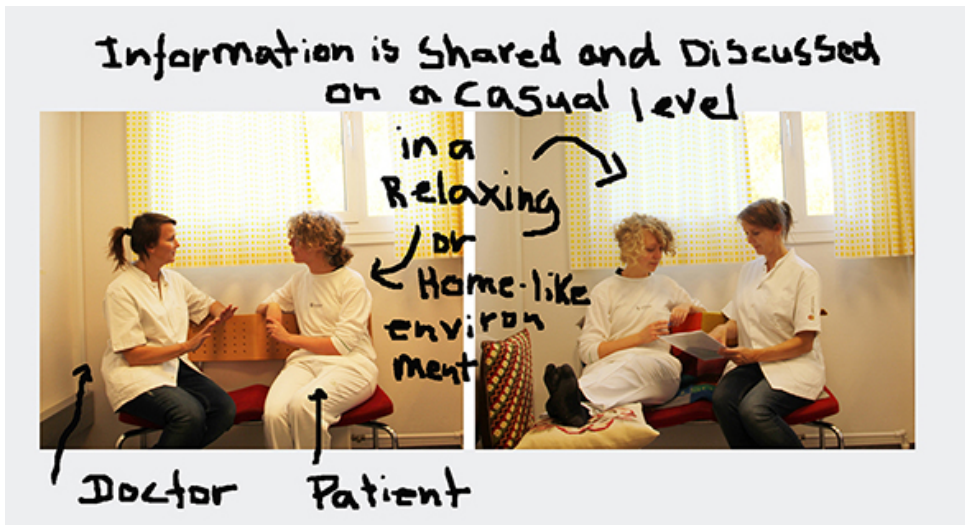


Fig. 8: Fourth series of disruptions

In fig. 8 the process of shared decision-making is moved from the professional learning space and taken into a more casual, home-like environment, suggesting a bond between doctor and patient. This situation was not considered democratic (for the doctor) since he then has to act as a “friendly host” in a situation where the power relationship between patient and doctor is still guided by the fact that we remain inside the doctor’s domain.



Fig. 9: Fifth series of disruptions

In figure 9 the power balance is more equally balanced; the situation is neither technocratic nor home-like and it suggests that the process of shared decision-making could take place in a natural environment outside the hospital.

The first phase resulted in various disruptions that gave us insight into how shared decision-making’ is being practiced in a hospital environment and through these disruptions we became aware of the limits for the hospital, in terms of how far we can “stretch” and extend the concept of patient democracy and shared decision-making.

Discussion of First Phase

In this first phase, direct participation of the cancer patients was not considered meaningful. Since the patients are in a life-threatening situation where they must decide whether they should stop or continue with chemo and consider the possible consequences of such a decision, it seemed to us unethical to include them during the patient-doctor consultations.

Instead we deemed it necessary to use a dissensual model of participation where the designer takes full responsibility and control and engages herself on behalf of the patients. We choose to participate in the patient-doctor consultations, taking the role as observers (using notation and drawing since recording was not allowed) and afterwards as actors role-playing the situation. Here we as designers enacted the actual situation as well as the alternative situation. Insofar as we used participation to disturb and question existing conditions of patient democracy at the hospital, we see many similarities with Bishop's notion of participatory art.

One of our findings during the observation session was that some patients did not want to take the decision themselves, but often asked the doctor "what is your opinion?" or "what would you do?". So here the patients did not wish to "share the decision", they wanted the expert to take the decision for them. Here we asked ourselves whether shared decision-making was even desirable at this part of the treatment. Another finding during the observation session was that the doctor could (or would) only give advise in relation to medical treatment (chemo, operation, medicine etc.) whereas many other issues such as loss of hair, family issues or alternative treatment was brought up by the patients, but not discussed further by the doctor.

Second Phase: Probing patient needs

The purpose of this phase was to study what patient thought they needed most, to bring them through the tough period of cancer treatment. What had they missed? What had been very important?

In this phase a probe was constructed in the form of a suitcase. The patients were asked to "pack" their own suitcase with important values/objects/concepts needed during their involuntary journey through the cancer treatment program. The values came from our first experiment and consisted of psychological and philosophical concepts such as "dignity" and "peace in mind"; or systems such as "structure" (of time) or "direct communication" (with the medical staff). The probe was constructed in such way that patients could also put their own values in the suitcase; values that we had not thought of. We had three empty boxes that represented this.



Fig. 10: Objects/values that the patient could choose from (starting from below): “Welfare technology”, “structure”, “peace in mind”, “traditional treatment”, “dignity”, “alternative treatment”, “presence”, “comfort”, “finding the right path”, “direct communication”, “a personal helpteam” or “something else?” (there empty boxes). Behind every object/value was an explanation of what could possibly be the consequences of bringing “alternative treatment” or “welfare technology” along on ones journey.

The probing session was conducted by first “unpacking the suitcase”. Here the design researcher took each object out of the suitcase explaining each value/object one by one. The patient then had to “repack” their own suitcase with the maximum of five objects that they thought was needed to bring them through the period of cancer. The patient had to explain why a particular object was necessary to have in the suitcase.

Three cancer patients participated and each probing session were conducted in the patient’s own home. The same two designers participated on each session. We had no time limit for each probe; the patients took as much time they needed, but in general each probing session lasted 3 to 4 hours. The session was recorded. All answers to each object were transcribed. The probe session resulted in three different suitcases, each packed in different ways with different values. Even though our study only included a small number of patients, the probing sessions gave us a deep, qualitative understanding of what was needed to bring a cancer patient through the period of cancer.



Fig. 11: One of the results of the probe

Interestingly all three patients evaluated all the objects very carefully – also those they did not place in their suitcase. Some objects were clearly more interesting to the patients than others. None of the patients thought that “welfare technology” was of any importance. All of the patients thought that “presence” (the presence of family, friends or ones pet) was an essential value. Also “direct communication” with the staff and the need for “structure” was looked upon as having a great significance for their sense of well being. Finally “the personal help team” was a concept that all patients had in their hand and which was discussed firmly. By “help team” we meant helpers that could either be a support in the household or helpers in the form of coaches or therapists. The patients formulated clearly what kind of personal help they thought would benefit them. Only one patient made use of the empty boxes (self created values) and labelled this “humour”. She saw humour and the ability to have fun and the ability to make jokes – even about serious matters - as an essential value.



Fig. 12a and 12b: A probe session with one of the cancer patients

Discussion of Second Phase

We participated in the probe sessions as active participants taking the role as “co-exploring together with the patients. Like all probes the designer is in charge of how it is made and what items can be used. Yet, the control here is shared in the sense that the probing session took place in the patient’s own home where they are hosts and they decided what should go into the suitcase and what should be left out. Our probe was designed to “go on a journey with the patients” and allow new possibilities to emerge. In this sense, we used probes as the technique was originally conceived of by the Situationist and later brought into design research by Gaver et al. (1999; 2004). Here the probe is an artistic tool for inventing uncertain situations or open-ended encounters to inspire new social roles and identities. As such, the probe is closely related to the form of participation we find in Bourriaud’s idea of relational art.

Our probe was not intended for involving the cancer patients in the decision on whether shared-decision making were beneficial to them or not, but in qualifying the decision on whether a certain value or concept (e.g. that of “presence” or that of “welfare technology”) would benefit their course of treatment. Therefore the responsibility for this social formation of collaboration is shared between designer and patient.

Third Phase: Prototyping

In the third phase we decided to explore two values embedded in the probe; the need for “structure” (of time) and the need for “a personal help team”; in specific personal forms of support, coaching or therapy, in relation to cancer.

In this phase we looked carefully into the Danish Social Law. According to the law cancer patients are allowed refunding for a wig (or other forms of headgear) as well as a refund on psychologist hours (60 % of the first 12 visits to the psychologist is paid by the Danish state). Using a wig is to many cancer patients a poor alternative to real hair. The question is, if these refunds could be used to support patients in other ways, when allowing the patients to decide themselves what kind of support, help and coaching they need, during cancer treatment.

Based on the idea that cancer patients might have highly individual needs in terms of what kind of support and help they need - a service design concept was prototyped. We will refer to this prototype as “the personal help team”.



Fig. 13: Prototyping “The personal help team”

“The personal help team” is a service design concept – a prototype - that enables cancer patients to organize the help and coaching they need, through a voucher system.

When getting chemo many patients are confronted with tiredness, depression and very little resources to structure everyday life. The “personal help team” is a team of services ranging from a cleaning lady or cook to an acupuncturist or a psychologist – all specialized in something that can help patient’s through the tough period of cancer treatment.

The “personal help team” consists of 9 cards (one for each service one needs activated), a calendar that helps the patient organizing the services through the use of stickers, and a voucher with 40 clips to administrate how much help the patients has the right to make use of (see fig. 14).

How does it work?

You have 9 helpers throughout your treatment

- a Cook
- a Psycologist
- a Nanny
- a Trainer
- a Philosopher
- a Cleaning Lady
- an Acupuncturist
- a Zone therapist
- a Massage therapist



You organize your Personal Help Team through:

- a voucher card and
- a calender

Fig. 14: Prototyping “The personal help team”

To visualize accurately how the “personal help team” actually should work a film was made (fig. 14). In this film the actual activation of this voucher system is performed through role-play.



Fig. 15: Prototyping “The personal help team”

Discussion of Third Phase

In the third phase, cancer patient did not participate directly. We were at the stage of prototyping and exploring how the personal help team *might* work and therefore involving the patients at this stage was not meaningful. At this phase we were using participation in terms of role-play to envision how our design would be making life more tolerable for cancer patients. We did not want to limit our design by existing political,

economic, technological limitations. The purpose was to speculate through the visual form of our prototype how the daily life of cancer patients might look like if, a certain part of the Danish social law was formulated differently or even suspended.

Like in phase one, we role-played a doctor-patient situation and enacted an alternative situation. But the difference here was that we wanted to re-order the relation of power in a way that it contested the social law and paved the way for a longer term social change. In this sense our participation were having the same social aims as the model described by Jackson.

The cancer patients was not involved in qualifying the decision on whether shared-decision-making were beneficial to them or not – but they were involved indirectly in the way that we (based on our insights from the probing sessions with the patients) were developing an artefact that would empower the patients to decide themselves what kind of support, help and coaching they needed. So the control is indirectly shared, but it is still the designer that configures the participation and it is the designer that takes full responsibility for the social effects of the practice.

To sum up, we present a table providing an overview of how the three theories of participatory art help us understand various participatory practices in the project. In our first phase the aim was to reveal and contest hidden undemocratic structures, focusing on critical engagement. In the second phase we were setting up encounters and open-ended activities, focusing on collaboration with the participants. In the third phase we aimed to achieve long-term social change by challenging the law and empowering the patients to take control of how they wanted their treatment to be planned.

Participatory practices of "Patient Democracy"	Aim	Means	Politics in relation to control, sharing and responsibility
<p>PHASE ONE: Disrupting</p> <p>→ Focus on critical engagement</p> <p>- grounded in 'participatory art' (Bishop, 2012)</p>	<p>- To reveal and contest hidden power structures</p>	<p>- Setting up participation through controlled disruptive activities</p>	<p>- No shared control and no shared responsibility with the participants. The designer takes full control and responsibility of the outcome</p>
<p>PHASE TWO: Probing</p> <p>→ Focus on collaboration</p> <p>- grounded in 'relational art' (Bourriaud, 2002)</p>	<p>- To form new social relations and collaborations</p>	<p>- Setting up social meetings through means of dialogue, collaboration and open-ended activities with the participants</p>	<p>- Shared control. Shared responsibility in the sense that it is the designer that configures the participation but everybody that participate shares responsibility for the outcome</p>
<p>PHASE THREE: Prototyping</p> <p>→ Focus on empowerment and long-term social change</p> <p>- grounded in 'social works' (Jackson, 2011)</p>	<p>- To empower people to take action in a process of long-term social change</p>	<p>- Setting up new political structures that promotes long-term social change for the participants</p>	<p>- The control is partly shared with the participants – but the designer takes full responsibility for the outcome</p>

Table 1: Model of participatory practices, applied to the project "Patient Democracy"

Conclusion

In this paper, we have argued that theories of participatory art can found a better understanding of participation in design research. Each theory represents a specific *politics* of participation implicitly or explicitly valuing how control should be shared and for what purpose. Whether in the form of relational art, social works or art activism participation may open up many roles for the designer and various effects may be evoked through participation. It requires much future work to sort out to what extent these politics are reflected in current participatory practices and methodologies in design. But we hope to have shown that it is certainly worth visiting participatory art in order to restore the potential of participation to meet social needs.

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