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Amanatidis, A.; Børsen, T.

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RESEARCH ARTICLE



Critical proximity in translating RRI

Anestis Amanatidis ^a and Tom Børsen ^b

^aCentre for Science and Technology Studies, Leiden University, Leiden, Netherlands; ^bDepartment of Planning, Aalborg University, Copenhagen, Denmark

ABSTRACT

The term ‘translation’ has been proliferating in reflections of researchers who participated in European projects engaging with responsible research and innovation (RRI). Additionally, the outlines of a distinct ‘translational RRI’ approach are increasingly becoming visible. Departing from the observation that RRI researchers are unavoidably implicated in this translational affair, we scrutinise the settings in which RRI travels by focusing on the interactions between ‘RRI researchers’ and ‘healthcare practitioners’ in a regional RRI project. We identify ‘critical proximity’ as a mode of RRI translation to describe the otherwise ambiguous position of RRI researchers and approximate the inherent ‘democratic qualities’ of RRI as a question of research strategy.

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Introduction

A translation can never be a replica, can never simply be a new context of an old policy; it is a new understanding of the world. As such, reflexive translation has the capacity to do much more than make us sensitive to the politics of policy transfer, offering a greater possibility of holding up a mirror to new critical possibilities of social change. (Clarke et al. 2015, 60)

RRI has never been a single idea. This is evident from the many accounts and analyses of diverse enactments of RRI that are documented in more than a decade of research on (and as) RRI springing from more than 150 RRI projects funded by the Science with and for Society programme under Horizon2020 by the European Commission (Owen, Von Schomberg, and Macnaghten 2021). To exemplify this diversity, we want to turn to Catherine Egeland, Ellen-Marie Forsberg and Tatiana Maximova-Mentzoni (2019) who identify at least three approaches¹:

The first approach regards RRI as contributing to fundamental reconfigurations of science and society relations in the sense of the promotion of a vision of ‘democratisation of science’, where both science and society are expected to being mutually responsive to one another, and promoting ‘reflexive institutional transformations towards shared, forward-looking responsibility for innovation as a complex, dynamic and collective process’ (Rip 2016, 291). RRI thus carried promises of an ethos for science and technology that distanced itself from conventional understanding of science-society relations

CONTACT Anestis Amanatidis  a.amanatidis@cwts.leidenuniv.nl

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that is marked by framing technoscience as inherently beneficial and key to contributing to economic growth and prosperity (Pfotenhauer and Juhl 2017). In fact, RRI came about as an institutionalised descendant of a family of intellectual movements that recognise the deeply political and value-laden nature of technoscience and, as such, reiterated a long-standing democratic agenda to the project that scrutinises technoscientific cultures (Griessler et al. 2023; Stilgoe, Owen, and Macnaghten 2013; Zwart, Landeweerd, and Van Rooij 2014). As Shelley-Egal and colleagues exemplify, this includes ‘explicit and implicit shared professional norms expressed and maintained in well-established practices, training programmes and institutional arrangements’ (2020, 3). These movements contributed to what Brown (2015) identifies a conception of politics in science and technology studies that acknowledges science’s intrinsically political nature, doing away with a traditional modernist view of science as essentially apolitical (Collins and Evans 2002; Jasanoff 2004).

The second approach of Egeland and co-authors focuses on procedural properties that shape responsible research and innovation. This perspective emphasises practices in research and innovation and acknowledges, although implicitly, that social collective identities can be forged through and with the ways that knowledge (and technology) is produced and circulated (Jasanoff 2004), highlighting the procedural vision that Stilgoe, Owen, and Macnaghten developed. In this sense, RRI was imagined as reflective practice regarding (unintended) impacts of new knowledge. It heralded RRI as a device of ‘collective stewardship’ (2013, 1570) for the future, emphasising and encouraging researchers to pay particular attention to what came to be known as RRI dimensions, emphasising anticipation, inclusion, reflexivity, and responsiveness, in research and innovation activities (Griessler et al. 2023).

Finally, the authors identify RRI as an articulation of policy agendas by the European Commission’s DG-RTD², which captured this ‘zeitgeist and spirit of RRI’ (Owen, Von Schomberg, and Macnaghten 2021, 221) by endorsing the (in)famous ‘RRI keys’. Using action lines from the preceding work programme³ as a continuation into ongoing research and innovation governance, the Directorate operationalised RRI into first six and later five⁴ thematic pillars (ibid). The European Commission’s ambition behind the formulation of those keys was partly to clarify the vagueness that loomed within the other two approaches of RRI. However, whilst the keys could be seen as a move to making the concept actionable and operationalise it in practical instances of responsible research and innovation projects, it resulted in critique for not attending to local specificity. Further, it resulted in accusations against RRI for acting as a legitimisation of European research and innovation governance in the light of societal participation and other forms of democratic innovation governance (Frahm, Doezeema, and Pfotenhauer 2022; Rip 2014). In this context, the RRI keys represented policy issues that related to prevention of disasters, the orientation of new technologies towards societal needs (and challenges), but also as a way to address issues of trust and confidence in relation to research and innovation (Shelley-Egan, Dahl Gjefsen, and Nydal 2020). Here, the shortcomings of a modernist view on science is again the point of departure, against which the ‘keys’ propose the consideration of ethics, gender, education, open access and public engagement as guiding values for science. As such, the ‘RRI keys’ can be read as articulations of RRI’s conception in the policy context of the European Commission (EC). This bureaucratic context also swamped into the ways that RRI was managed by the EC and was, for instance, visible in the ways that RRI was to be

monitored and evaluated (Völker et al. 2023). In view of these bureaucratic enactments, the EC's approach to governance has been argued to enact logics of new public management that are contradictory to the idea of RRI itself (Loeber, Bernstein, and Nieminen 2023).

The main funding device that homed RRI was the Science with and for Society work programme as part of the European Framework Programme Horizon 2020. It operationalised the experimentation *with and research on RRI* through projects that brought about a key figure: the 'RRI researcher'. Tucked in between the requirements of the respective RRI projects and the complexities of real world research and innovation practice, many of these RRI researchers acknowledged that making RRI work in different local and regional contexts is extremely difficult, articulating 'problems of translation' between different kinds of stakeholders (Holtrop et al. 2022). In fact, the notion of translation seems to resonate with those RRI researchers, being used widely to describe various aspects 'RRI work', as illustrated below:

For example, Doezenia et al. (2019) use the idea coining RRI as a global concept that can be translated into different national contexts. Their study addresses 'the paradox by shifting from a linear export of RRI towards its interactive negotiation in multipolar systems that generate differences but also surprising overlaps in meanings and practices of responsibility in research and innovation.' (ibid., 328). In a similar context, Wang and Long (2023) have addressed RRI translation from a European to a Chinese context.

On an organisational level, Ellen-Marie Forsberg and Christian Wittrock (2023) have investigated how RRI has been translated into good organisational practices, in line with other works that look into organisational translations of RRI (e.g. Wicher and Frankus 2023). Another example in this organisational context is Thomas Kjeldager Ryan and co-authors (2021) and Peter Novitzky and colleagues (2020), who discuss how RRI is translated into higher education institutions. Latter conclude that 'substantial discrepancies between the inclusion of RRI concepts within official subtheme documents (e.g. on policy and work programme levels), and awareness of RRI by interviewees working on projects funded by such subthemes.' (ibid., 41).

Bernd Stahl (2018) describes translation of RRI into the realm of the private sector, and how RRI can find a role in that context. Furthermore, Ibo van de Poel, Lotte Asveld, and Steven Flipse (2017) have developed a model for how RRI can be translated into companies' 'corporate social responsibility (CSR) policies and business strategy' (1).

Furthermore, in a paper from 2019, Heidi Åm addresses how RRI is translated into concrete research practices. She shows that 'scientists try to accommodate rather than enact ethical, legal and societal aspects (ELSA) and RRI. Instead, they employ coping strategies of 'following rules', 'dismissing', and 'contesting through talking the talk'. Thus, science-society policies fail to enter as a counter-logic to the hegemonic public management governing regime' (ibid, 163). Åm suggests that '[s]uccessful science-society policies should not focus only on encouraging scientists to adopt responsible behaviours, but on creating possible conditions for new practices.' (ibid.).

These examples understand RRI as translational from its origin in European top-level policymaking institutions to diverse social realities. These accounts also show that making RRI matter in these vastly different contexts challenges the policy-centred approach that performed RRI 'as something that can be implemented in any kind of straightforward, top-down, unmediated, and transparent manner' (Kingfisher 2013, 3).

Simultaneously, this proliferation of ‘translation’ has nurtured an emerging strand of RRI scholarship that challenges the notion of RRI ‘implementation’ and, instead, articulate ‘translational RRI’ (Völker, Slaattelid, and Strand 2023).⁵ It draws inspiration from early science and technology studies and articulates translation in the sense of Linda Soneryd’s analysis of engagement activities (2016).⁶ Translation here describes a relational understanding of RRI, where the placement of an idea, concept or technology into a new context means redoing the associations attached to a very ‘thing’ and thereby its meaning in a new context (Völker et al. 2023). In this sense, making RRI work in different contexts is always constitutive of new kinds of RRI, morphing and shaping in the reproduction of associations in the places RRI travels to (*ibid.*).

It is important to mention is that the project of RRI directly links to intellectual movements that scrutinise the relationship between science and society since the 1970s (Rip 2014). This family of related movements have advocated for democratic values in research and innovation and include research on the ethical, legal and social aspects (ELSA) of science and technology and its predecessor ELSI (ethical, legal and social implications), value-sensitive design (Boenink and Kudina 2020; Ryan and Blok 2023), technology assessment (Botin and Børsen 2021; Grunwald 2024), but also a series of preceding framework programmes of the European Commission that led research on science-society relationships.⁷ Collectively, these movements displayed common concerns with regard to the governance of research and innovation that demonstrated the value-laden nature of technoscience. An important issue for these movements was to open up technoscientific arrangements to diverse publics and involve them in upstream programming and design of science and technology, a democratic notion that persisted into RRI. (Owen, Macnaghten, and Stilgoe 2012; Stilgoe, Owen, and Macnaghten 2013).

In their discussion about values in RRI, Boenink and Kudina (2020) rightly identify that these proposals (i.e. the previously mentioned intellectual movements) are all ‘concerned with aligning societal values on the one hand with developments in science and technology on the other’ (*ibid.*, 2). In their discussion about how different RRI approaches conceive of values, the authors continue to argue that mainstream RRI approaches – including those that we have described above – regard values as ‘ready-made entities’ (*ibid.*, 5) to be identified or deliberated. Instead, the Boenink and Kudina propose a practice-based approach to values that ‘inquires how values manifest themselves in our ways of doing, rather than conceiving values as entities’ (*ibid.*, 7).

We read the emphasis on democratic qualities in RRI – through the alignment of societal values with science and technology – and the proliferation of ‘translational RRI’ as a pragmatist critique to scrutinise the settings through which RRI travels. As a key figure in this translational affair, we turn our gaze onto the activities of ‘RRI researchers’ and other interlocutors, such as tools and indicators to monitor and evaluate RRI (Völker et al. 2023), or social labs (Marschalek et al. 2022), that are implicated in ‘RRI translation’. We do so to ask how democratic qualities of RRI figure vis-à-vis the proliferation of ‘translational RRI’ and how the RRI researchers are implicated in this (translational) affair.

Analytically, we locate democratic qualities in RRI in what Boenink and Kudina (2020) describe as ‘alignment of values’ and Noortje Marres’ work on ‘issues’ (Marres 2005, 2007, 2015). Marres presents a form of democratic politics that centres on issues – in particular their formation and settlement – to describe what Latour calls matters

of concern (2004). Analyses here strongly focus on *articulations* of issues as they are, according to Marres, occasions for democracy: ‘it is issues that necessitate public involvement in politics, and such involvement is dedicated to their settlement’ (Marres 2005, 136). We focus on issue-oriented understandings of democratic politics for two reasons. First, Marres’ work respects the ontic commitments that literature around ‘translation’ in RRI draws from, which allows us to analytically focus on how RRI engagements facilitated the articulation of issues as a translational exercise. We thereby read RRI’s property of ‘collective stewardship’ (Stilgoe, Owen, and Macnaghten 2013, 1570) an explicit ambition for participation in the sense that it ‘directs attention to precise moments in which issues are opened up for outside involvement, and [...] move processes of issue formation beyond institutional settings’ (Marres 2007, 772).

Finally, to sharpen our focus on the RRI researcher, we borrow the notion of ‘critical proximity’ that Bruno Latour first used in an unpublished manuscript in 2005 (Latour 2005a). The concept describes an approach to critique that withholds making ‘grand scale claims’ (Birkbak, Petersen, and Jensen 2015). In conversation with ‘critical distance’ (Haraway 1988) and a ‘critique of critique’, critical proximity tries to capture a mode of engagement in research that suspends prematurely describing what a given phenomenon is about (Ren, Jóhannesson, and Van Der Duim 2023). It acknowledges that interventions inevitably happen in the making of relations, in a given time and space, and that the researcher bears ethico-political commitments towards their respective ‘fields’ of inquiry. Importantly, acting in critical proximity ‘entails the recognition that critique is already present in the empirical cases we study’ (Birkbak, Petersen, and Jensen 2015, 268).

In this paper, we employ critical proximity to reflect on RRI’s ambition of aligning developments in research and innovation with societal values while keeping the RRI researcher in focus. As described earlier, we understand values as emerging from processes rather than being conceived of as pre-existing entities (Boenink and Kudina 2020). For the RRI researcher, this means that ‘RRI comes with a great deal of ‘value work’ (ibid, 2). Critical proximity thus allows us to reflect on the RRI researcher’s mode of engaging in such value work.

We discuss these questions by working through a case study, describing a series of RRI engagements and how they contributed to the articulation of issues with actors shaping healthcare services in the wider Örebro region in Sweden. These RRI engagements came to be through a ‘regional RRI’ project funded under the Science with and for Society programme by the European Commission. The project was set up as a three-step-process consisting of distinct phases, which marked different interventions between the researchers and the practitioners.

Methods

The observations that are described in this paper come from one author’s involvement in this project in a two-year duration between January 2021 and December 2022, spanning two roles: In the first year, the author followed the engagements between the healthcare practitioners⁸ in Sweden and RRI researchers affiliated to a research centre in the Netherlands that led the mapmaking exercise. In particular, this involved joining weekly internal meetings of the team of RRI researchers, where reflections about current and past

activities were shared. Additionally, seven interviews with both healthcare practitioners and RRI researchers were held that were part of the project. Furthermore, the author took part in project-related meetings and workshops. Access to notes and reflection documents written by both RRI researchers and healthcare practitioners supplemented the observations, especially during the first stage of the project. In the second year, the position of the author shifted by becoming involved in the overall evaluation of the project. This role allowed for bimonthly evaluative conversations with the healthcare practitioners over the duration of a year, one workshop in Brussels that aimed at reflecting on policy recommendations, and an onsite-visit during a conference that the healthcare practitioners organised with associated networks of regional healthcare professionals and policymakers. The conference participants took part in a workshop that the author organised as part of said conference with the purpose of facilitating the articulation of perceived issues in the region. Finally, the observations are enframed through many informal conversations that inevitably happened in this project. In what follows, we will present these observations as a case study (Stake 2005).

Case

In January 2020, the project partners convened in Vienna to kick off a three-year project that was designed to engage healthcare practitioners and policymakers from three different European regions with RRI. The goal of the project was to set up three healthcare policy experiments in three European regions, namely Murcia in Spain, Cyprus and Örebro in Sweden. All regions set out to engage regional stakeholders in agenda setting, articulation of healthcare issues and institutional reflection processes. In the words of the project plan, the proposition was to foster ‘demand-driven innovation’ by following a three-step-process, which came to be known as the project’s ‘model’: first, the project plan formulated the ambition to ‘identify a regional healthcare need’, for which a mapping was done to identify the technoscientific specialisations in the region. The second step involved an invitation for regional actors in healthcare to propose a solution to this identified ‘healthcare need’ which would be financed and developed in collaboration with the regional practitioners that were part of the project. In this case, we focus on the interactions between a team of RRI researchers at a Dutch university that one author is part of and the local project team of healthcare practitioners in Sweden.

‘Setting the scene’

To inform the identification and formulation of the ‘Call for Needs’⁹, a mapping exercise was conducted based on a detailed ‘guideline’ developed by the RRI researchers. For them, developing this guideline was a way to make the mapping process a collaborative exercise, where involvement of the healthcare practitioners at different stages of the mapping process would ensure local relevance. The guideline described the making of three maps: one that identifies actors connected to organisations active in shaping regional healthcare innovations, another that identifies related policy documents and municipal, regional, and national strategies in healthcare innovation, and finally a network visualisation of the regional technoscientific strengths on the basis of local knowledge institution’s specialisations.

With RRI being an entirely new idea to them at the time, the healthcare practitioners had difficulties making sense of what RRI is and how it can be useful in their context of healthcare innovation policy for region. Coupled with the fact that the mapping was one of the first exercises that happened in this new collaboration between the RRI researchers and the healthcare practitioners, the healthcare practitioners at first didn't know what to make of the maps and how they could be useful. Despite these uncertainties, they did not intervene in the RRI researchers work that always followed the guideline.

Upon completion, these maps surfaced scepticism amongst the healthcare practitioners as the underlying data presumed that the identification of the broad theme of the 'regional healthcare need' would be based on *already-existing technoscientific strengths* of the region. The reason for this was that the project plan operationalised existing European policies for regional (economic) development¹⁰ that promote for regions to 'build new competitive advantages on the basis of their specific strengths, potentials and opportunities' (Foray, Eichler, and Keller 2021, 85).

In particular, the healthcare practitioners raised concerns around social equity by focusing on already-existing (technoscientific) strengths for determining an 'issue area'. Instead, they were felt to 'look at the areas *where we are weak* and need to improve [on] and 'put more strength' into'.¹¹ For this, the second mapping that listed regional healthcare innovation actors, was embraced to expand the local network through which the 'Call for Needs' would be promoted.

This put the RRI researchers into a somewhat conflicting position: on the one hand, they felt a sense of commitment towards the descriptions that were developed in the guideline for this process and especially towards the project plan that delineated the process. On the other hand, the healthcare practitioners' concerns surfaced critical self-reflection in the RRI researchers' work. As RRI researchers, this reflection was particularly potent, as their commitment in this project was not only to explore RRI in the context of regional healthcare, but also to enact RRI in the process of exploration. For them, the question became one of how to know best about the kinds of 'healthcare needs' that exist in a region? To address this question and attune the planned process to the healthcare practitioners' concerns, a series of conversations was scheduled to support mutual learning and find out, together, how and whether the maps can be conducive to articulating issues in ways that ensures that the knowledge, networks and experiences the healthcare practitioners have are valued.

Close care

These conversations and subsequent engagements between the RRI researchers and the healthcare practitioners made visible a public issue concerning elderly care, which coincided with strategic reconfigurations of the healthcare system in Örebro. These changes were rooted in shifting demands to the provision of healthcare services springing from demographic changes that rendered the healthcare system, which largely relied on a treatment-oriented approach, unsustainable. The limited resources for the provision of healthcare services forced policymakers to shift from 'best available care' to 'good enough'.¹² This move concurred with a shift towards so-called integrated and patient-oriented care, which, among the healthcare practitioners, was bracketed as 'close care' and promoted preventive measures over treatment-based healthcare services.

For the healthcare practitioners who represented the regional healthcare authority, this issue was already well-established, as they themselves experienced the resulting pressures in their department. In the region, these shortcomings articulated themselves as understaffed healthcare centres, for instance. Despite these pressures, the regional healthcare authority experienced considerable barriers to act due to structural problems that, according to them, originate in Sweden's multi-level governance of healthcare: it surfaced in difficulties in defining shared problems across different policy-domains that intersect with the issues at stake in the region. Recognising this issue, the healthcare practitioners formulated the 'Call for Needs' to address the broad theme of 'mental health of the elderly' in consultation with the healthcare practitioners' networks as an attempt to mobilise healthcare practitioners and policymakers in promoting and experimenting with close care practices. In this process, the RRI researchers extended the mapping with an analysis that related to the chosen issue area, which surfaced the themes World Health Organisation's themes of 'Active Ageing' connected to priorities of 'Assistive Health and Rehabilitation', with relative regional scientific strength in Gerontology and Rehabilitation.¹³ Furthermore, organisations and other projects were identified based on publication and patent data.

The circulation of this 'Call for Needs' happened through local networks and umbrella organisations, publication on the website of the regional healthcare authority and through local radio. It targeted municipal and regional authorities, as well as civil society organisations, healthcare professionals and elderly people to become engaged in this issue by joining public deliberation workshops surrounding the topic of 'mental health of the elderly'.

Particularly conducive to making this issue public was the involvement of the so-called 'Partnership for Social Innovation', a network of 40 regional organisations representing civil society organisations, municipalities, and the university. They aim to foster dialogue on societal challenges and promote collaboration, whilst at the same time offering project support for the development of social innovations in the region (Partnership for Social Innovation, [n.d.](#)). Additionally, the healthcare practitioners repeatedly mentioned that the apparent interest of a 'European project' in regional affairs invoked interest in local actors, which worked in their favour with regard to publicising the issue of mental health of elderly people.

The goal in this first stage of the project for both RRI researchers and the healthcare practitioners in this process was put to the point in the closing words by one of the healthcare practitioners when reflecting on the process at the end of the project: 'We didn't want to close the doors for stakeholders that are not used to these processes. Helping stakeholders articulate needs and supporting organisations proposing solutions was key for us'.¹⁴

By the end of the project, this 'Call for Needs' led to the proposition of multiple initiatives, one of which was funded with a focus on 'involuntary loneliness among the elderly' in a municipality in the west of Örebro region, with the municipality being the proposer and organiser of the initiative. This process created a series of further collaborations locally. It resulted in the establishment of an initiative titled 'Seniors lead Seniors', which engaged elderly people suffering from involuntary loneliness in activities to promote social interaction and healthy lifestyles through events that were self-organised by the elderly people in the municipality. Supported by local municipal actors and social

workers, it encouraged healthy eating habits and physical activity as an articulation of ‘close care’. The initiative was closely followed by the local municipality, the Partnership for Social Innovation and another umbrella organisation that supports civil society organisations in the region.

More importantly to the healthcare practitioners, this initiative, that was framed as a regional social innovation ‘pilot’, performed the role of an experimental situation that contributed to the healthcare practitioners’ advocacy for collaboration and involvement of citizens in the regional healthcare authority’s approach to defining and responding to regional healthcare problems.

Discussion

So how did RRI’s democratic qualities come to bear in the interaction between the RRI researchers and healthcare practitioners during the process of identifying a ‘healthcare need’? In the project plan, the mapping – in collaboration with the healthcare practitioners – was supposed to scope the issue area based on regional technoscientific strengths, relevant policies and organisations active in research and innovation in healthcare. Despite this plan, the healthcare practitioner’s dissent over the maps’ underlying logic can be understood as an invitation to engage with values that the healthcare practitioners experienced to be of importance, to which the RRI researchers responded. We want to mark this discord between the healthcare practitioners and the project plan’s underlying logics; and the RRI researchers’ engagement with it as an act of critical proximity. By deliberately moving away from methodological clarity of the project plan and sustaining open their interpretation of the phenomena that the mapping revealed, they abstained from defining the issue and instead decided to engage in the field by engaging with the healthcare practitioners beyond the respective exercise they set out to do, engaging in the ‘open-ended, empirical, and experimental nature of RRI situations’ (Delgado and Åm 2018, 5).

The subsequent conversations displaced two assumptions that otherwise would have shaped the outcome of the process: that the healthcare issue necessarily concerns science and technology and that the maps could afford the definition of the issue area. For the RRI researchers, these displacements demanded a different kind of role which articulated itself in a reorientation for the mapping: instead of acting as a definitional process, the mapping became supportive to identify both organisations that engage with the broader theme of ‘mental health of elderly people’ and projects that are related and could be enrolled into future interventions. In response, the RRI researchers assumed a supportive role, actualising the articulation of the issue through interviews with regional policymakers and representatives of adjacent initiatives that were partly identified through the initial ‘stakeholder mapping’.

Additionally, we want to argue that the RRI researchers’ mode of engaging in critical proximity was conducive to ‘value work’ (Boenink and Kudina 2020, 2). It disclosed existing organisational practices of the regional authority that enacted ‘healthcare issues’ in ways that the healthcare practitioners understood to be – through the project – irresponsible. For them, this included an overreliance on statistical data to legitimise public health problems over ‘citizens’ voices’, holding up the tenet of ‘solutionism’ as an organising device for (policy) interventions rather than focusing on underlying

problems and other routinised practices. Instead, the healthcare practitioners observed regional networks of civil society organisations and other local organisations mobilising to create fora for participation of civil society in public sector matters that would play an important role in this project.

Acting in critical proximity thus reframed the relationship between the RRI researchers and their ‘field’. In this mode of ‘doing RRI’, the joint activities between the RRI researchers and healthcare practitioners articulated an issue that both mattered in the lived realities of the healthcare practitioners and withheld the enrolment of preconceived RRI problematisations as per other RRI approaches. Nonetheless, at that point, the issue was largely confined to the interactions of the RRI researchers, the three maps, and the healthcare practitioners; which is where we turn to translation.

Acting in critical proximity thus allowed the RRI researchers to identify values and attune the project (aims) to the lived realities of the healthcare practitioners. Now, we want to turn to the second question and ask how critical proximity then figures vis-à-vis translational RRI.

That ‘translational RRI’ bears an epistemic commitment to actor-network theory has been argued elsewhere (Völker et al. 2023; Völker, Slaattelid, and Strand 2023). As translation then allows us to understand reality as performative in practices (Mol 1999), RRI’s tenet of ‘aligning societal values with technoscience’ directs us to scrutinise *how RRI engagements reconfigure practices that enact ‘societal value’*. For the translational RRI researcher, the question then becomes one of research strategy: how to design interventions that translate RRI into the ‘unruly specificity’ (Law 2009, 8) of the world?

Munk and Abrahamsson (2012) discuss this question in the context of *description* in actor-network theory. They lay out the disagreement between two camps: Bruno Latour on the one side, and John Law and Annemarie Mol on the other and discuss it as a concern of research strategy. Whilst former advocates for compositionism, which departs from ‘uniquely adequate descriptions’ (Munk and Abrahamsson 2012, 60) to contribute to a subsequent inquiry about how to build a common world (Latour 2005b), latter descriptions serve as accounts of the ontological multiplicity of what otherwise remains a singular real (Law 2015; Mol 1999).¹⁵ Of course, the RRI researchers’ primary goal was not to produce descriptions in the actor-network theoretical sense. Despite this important difference¹⁶, we find Munk and Abrahamsson’s discussion useful as it helps us to highlight how the RRI researchers, together with the healthcare practitioners, *did* engage in designing ‘RRI interventions’ that were supposed to bring RRI closer to what we here simplify as ‘Örebro’.

For the RRI researchers, the strategy for the remainder of the project became to hinge onto already-established networks that framed social innovation as a way for answering social, economic and environmental problems in the region.¹⁷ In effect, the healthcare practitioners together with the RRI researchers used the resources and legitimacy that ‘the European RRI project’ came with to articulate the public issue of mental health of elderly people through the involvement of regional organisations, experimentation with new practices and the eventual uptake in regional policies.

Translation then, we argue, happened in at least two ways: first, by remaining in critical proximity by becoming ‘counterbalanced by the intervention of those whom scientists speak for and about’ (Whatmore 2003, 13) during a time when the project risked distance. Secondly, by adjusting the research strategy to link the project – which at first

travelled under the banner of RRI – to already-existing conceptions of ‘social innovation’ that had much more power regionally. In fact, whilst within the project the partners continued speaking of RRI, it was at the same time a term confined to the project itself. That is, because in Örebro region, the project became strongly associated with social innovation and continued travelling in these terms.

Conclusion

In this paper, we tried to reflect on how ‘translational RRI’ figures in view of democratic qualities of RRI, which we specify as ‘value work’ (Boenink and Kudina 2020) and ‘articulation of issues’ (Marres 2005; 2007) by turning it into a question of research strategy. We do so by working through a case of a ‘regional RRI’ project and discussing the interactions between ‘RRI researchers’ and ‘healthcare practitioners’ in the formulation of a ‘healthcare issue’. We identify ‘critical proximity’ (Latour 2005a) as a useful notion to describe the otherwise ambiguous position of RRI researchers that are implicated in translation between European policies and their respective fields and mark RRI practices in critical proximity as caring for the ‘ongoingness’ of lived realities in the places RRI travels to, which we identify in the articulation of issues and the identification of values. In this sense, we read RRI engagements in critical proximity distinct from other RRI approaches, as it understands critique not as an act of imposing or relying on pre-given problematisations and frameworks (e.g. the RRI Keys) in the enactment of RRI.

Instead, the tenet for the translational RRI researcher is to contribute to ‘issues reach[ing] criticality’ (Latour 2005a, 8) by way of articulating collective matters of concern (Latour 2004). Critical proximity in translational RRI thus urges researchers to become sensitive to and grant issues the opportunity to act as spaces for ‘collective stewarding’ of research and innovation towards mutually desirable futures – even if such research and innovation practices take different shapes in such translation (Doezema et al. 2019; Stilgoe, Owen, and Macnaghten 2013).

We locate the main contributions of this paper in the further articulation of ‘translational RRI’ that draws from material-semiotic approaches, including actor-network theory (Völker, Slaattelid, and Strand 2023). Additionally, we believe that critical proximity raises important points for the governance of research and innovation, especially in the light of recent democratic instabilities. With this paper, we want to make an empirical contribution to the notion of ‘critical proximity’, which has been discussed remarkably little in the literature so far.¹⁸

Notes

1. There are more accounts that discern different approaches to RRI. See for instance Burget, Bardone, and Pedaste (2017) who distinguish between a bureaucratic and an academic approach, where former reflects EU funding priorities and latter copes with how scholars and researchers address concerns surrounding research and innovation. Or Klaasen et al. (2019) who distinguish between academic RRI (aRRI) and policy RRI (pRRI).
2. The European Commission’s Directorate-General for Research and Innovation was the key carrier of RRI in its policy-context. See Owen, Von Schomberg, and Macnaghten (2021) for reference.

3. Accompanying this evolution is the reformulation of the action plan ‘Science and Society’ to ‘Science in Society’ in 2007, which later became ‘Science with and for Society’ under Horizon 2020.
4. The sixth key, ‘Governance’, was removed in later years, as it was assumed to be implied in the other keys: Ethics, Open Access, Public Engagement, Gender and Education
5. We want to stress that in the preceding examples of RRI literature that uses the term ‘translation’, it was not per se used in the way that Völker et al. (2023) employ it.
6. For an excellent discussion on the concept of ‘translation’, see chapter 2, ‘Territorial RRI as translation’, in Völker, Slaattelid, and Strand (2023).
7. From ‘Science and Society’(FP6) to ‘Science in Society’ (FP7) to ‘Science with and for Society’ (Horizon2020)
8. The term ‘healthcare practitioners’ here describes actors from a civil society organisation actively help disabled people into the labour market and actors from the regional healthcare authority. These were actors who also were, formally, partners of this project.
9. The project defined the ‘Call for Needs’ the identification of ‘an issue within or connected to the healthcare system that is affecting either the healthcare service delivery quality, is creating avoidable costs within the healthcare system or both things at once.’
10. See (Foray, David, and Hall 2009).
11. Interview with healthcare practitioners, March 2021.
12. Interview with director of healthcare of the regional authority, August 2022.
13. Based on relatedness analysis depicting fields of science with a Revealed Comparative Advantage using publication data.
14. Closing words of one of the healthcare practitioners during a final meeting at the end of the project.
15. They argue that the interventionist researcher, in consideration of research strategy and tactics, necessarily acts in conflict with virtues of either camp.
16. We think of RRI translation in its actor-network theoretical sense given its material-semiotic notion of ‘translation’ (Völker et al. 2023). As such, while Munk and Abrahamsson (2012) see ‘research tactics’ a matter of ‘description’ in actor-network theoretical work; they differentiate ‘research strategy’ from it, which describes ‘translation’ in the sense of Völker, Slaattelid, and Strand (2023).
17. Of course, next to the ‘orientation towards the region’, much of the RRI researchers’ work was to attend to the ‘upward’ orientation towards the European Commission, carefully balancing their translational commitments against the requirements and expectations of the project.
18. In STS, critical proximity has mainly been discussed in the context of digital methods. See Madsen and Munk (2019), Kocksch (2022), or Munk (2022). Additionally, it was discussed in methodological reflections for doing techno-anthropological research (Birkbak, Petersen, and Jensen 2015). For a metaphysical discussion on ‘presence’ see Herbrechter (2017).

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ORCID

Anestis Amanatidis  <http://orcid.org/0000-0002-8037-7558>

Tom Børsen  <http://orcid.org/0000-0003-0881-8942>

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