URBAN REHABILITATION OF POPULATED NEIGHBORHOODS IN TUNISIA: SOCIAL CHALLENGES, LOCAL DYNAMICS AND URBAN GOVERNANCE. THE CASE OF THE LOCALITY OF ARAM (GABES-SOUTH GOVERNMENT, TUNISIA)

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Abstract

This study analyzes the participatory diagnosis conducted in the locality of Arram (Mareth delegation, Gabès governorate, southern Tunisia) within the framework of a rehabilitation program, approaching it as a research-action process in urban sociology. The objective is not to assess the technical performance of the project, but to examine the participatory diagnosis as a sociotechnical device that brings together residents, experts, and institutions, and contributes to the production of situated knowledge about the territory. The study shows that the participatory diagnosis, far from being a mere tool for identifying needs, constitutes a social arena where territorial priorities are negotiated, internal social hierarchies become visible, and local knowledge is translated into administratively readable categories. Applied to a rural locality that is socially and historically structured, this device reveals a tension between the opening of a space for dialogue and the reproduction of social and institutional asymmetries. The analysis highlights the ambivalence of participation: it enables the emergence of residents' knowledge often invisible to public action, while simultaneously strongly framing the conditions under which this knowledge can be expressed and translated. The participatory diagnosis thus appears as a privileged site for observing the relationships between knowledge, power, and local governance. By mobilizing research-action as a methodological stance, the article contributes to a broader reflection on the role of participatory devices in urban sociology and in rehabilitation policies, emphasizing the need to recognize situated knowledge as a central resource for public action in Southern contexts.

Keywords: Participatory Diagnosis, Research-Action, Situated Knowledge, Urban Governance, Participation, Arram, Tunisia.

I. INTRODUCTION

Public policies for the rehabilitation of working-class neighborhoods are part of a context marked by the persistence of socio-spatial inequalities, urban fragmentation and the questioning of traditional modes of city governance. In the countries of the South in particular, these neighborhoods constitute spaces where infrastructure deficits, social vulnerabilities and tensions between inhabitants and institutions are concentrated. Faced with the limits of technical and functional approaches to urban planning, citizen participation has gradually become a structuring principle of urban public action, presented as a condition for efficiency, of the legitimacy and sustainability of rehabilitation projects.

Participatory diagnosis occupies a central place in this evolution. Mobilized as a tool for identifying needs and setting priorities, it is often designed from an instrumental perspective, to serve public decision-making and the planning of interventions. However, this conception tends to neutralize the analytical and critical scope of participatory diagnosis by reducing it to a consultation technique. From the point of view of urban sociology, such a system cannot be understood independently of the social relations and power configurations in which it is part. Participatory diagnosis indeed constitutes a space for social interaction where knowledge is constructed, representations of the city are negotiated and inequalities in access to speech and recognition are replayed.

We will start from this central issue: To what extent does participatory diagnosis, mobilized as part of a program for the rehabilitation of working-class neighborhoods, reveal - but also reconfigure - social relations, socio-spatial and forms of local urban governance, beyond its instrumental function as an aid to technical decision-making?

This article then proposes to address participatory diagnosis as an action-research approach in urban sociology, articulating the production of scientific knowledge and intervention on reality. Action-research, understood as a mode of knowledge situated and engaged, makes it possible to go beyond the classic opposition between research and expertise, considering the intervention itself as a field of analysis. In the field of urban policies, it offers a particularly relevant methodological framework to capture the social dynamics of working-class neighborhoods, while questioning the concrete effects of participatory devices on the relationships between inhabitants, experts and institutions.

Based on a participatory diagnosis carried out as part of a rehabilitation program in a popular neighborhood in Tunisia, the article requalifies material from expertise into an object of sociological analysis.

The objective is not to evaluate the impact of the urban project in terms of performance or results, but to analyze the participatory process itself as a device for urban governance, producer of knowledge and social relations. This approach highlights the ambivalences of participation, oscillating between opening new spaces for dialogue and reproducing existing social asymmetries.

The issue that structures the analysis is as follows: to what extent does participatory diagnosis, understood as a research-action approach, allow both to produce knowledge about working-class neighborhoods and to act on social relations, socio-spatial inequalities and local urban governance modalities, beyond its instrumental function as an aid to public decision-making? By asking this question, the article intends to contribute to theoretical debates on participation and urban governance, while providing empirical elements useful for reflection on the policies of rehabilitation of popular neighborhoods.

After a presentation of the theoretical framework mobilized and the research-action methodology adopted, the article analyzes the main lessons of participatory diagnosis, before discussing the contributions and limits of this type of approach for urban public action and social transformation in popular neighborhoods.

II. THEORETICAL FRAMEWORK: PARTICIPATION, URBAN GOVERNANCE AND ACTION RESEARCH

1. Limits of technical-functional approaches to rehabilitation

Policies for the rehabilitation of working-class districts have long been dominated by a technical and functional analysis of the city, focused on resolving material deficits: roads, sanitation, networks, housing, equipment.

This approach, inherited from the modernist paradigms of urban planning, considers the neighborhood as a degraded physical space that should be "brought up to level" by standardized technical interventions.

Now, as Henri Lefebvre has shown, the city cannot be reduced to its built materiality: it is first and foremost a social production, traversed by relations of power, uses, representations and everyday practices, "Space (social) is a product (social)."(Lefebvre, 1974,p. 35).

To rehabilitate a neighborhood is therefore not only about correcting technical deficiencies, but also about intervening in an already structured social fabric, bearing memories, internal hierarchies and forms of appropriation of space.

When urban intervention ignores this dimension, it tends to produce what James C. Scott calls a "high modernist" vision of society, where the technical simplification of reality erases the complexity of social practices, "The high-modernist ideologies complex social practices as illegible and seeks to replace them with simplified administrative schemes." (Scott, 1998, p. 4)

In this perspective, the popular district becomes an object of engineering rather than a inhabited social space. The inhabitants are perceived as beneficiaries of a program rather than as actors of a territory. This technological reduction has a double effect: it invisibilizes local social dynamics and naturalizes socio-spatial inequalities by reducing them to 'infrastructure gaps'.

However, the work of Manuel Castells has shown that working-class neighborhoods are places where specific social logics are expressed, linked to solidarity networks, forms of informal economy and daily relationships with the State, "Urban problems are not simply technical mal functions but expressions of social contradictions. " (Castells, 1977, p. 27)

Thus, rehabilitation conceived solely as a technical correction risks missing its main object: the social relationships that structure the space. It can even reinforce certain internal inequalities by relying on administrative categories that do not correspond to the real uses of the neighborhood.

This is precisely what Françoise Choay points out when she criticizes functionalist urbanism for its inability to take into account the social thickness of places: «Modern urbanism treats the city as a system of functions and not as a space of social relations.» (Choay, 1965, p. 89).

In the countries of the South, this limit is all the more marked because working-class neighbourhoods are often the result of historical processes of urban self-production, where the inhabitants have gradually built their living environment in the absence or on the sidelines of public action. Ignoring this historicity amounts to considering these spaces as anomalies to correct, rather than as territories to understand.

Therefore, rehabilitation cannot be thought only as a technical operation; it must be understood as an intervention in a socially produced space. It is in this context that the participation of the inhabitants and the research-action approaches take on their full meaning: not as complements to urban engineering, but as necessary conditions to grasp the social reality of the neighborhood.

2. Participatory diagnosis as an urban governance mechanism

The rise of participatory approaches in contemporary urban policies is part of a broader transformation of the modes of regulation of local public action, often described in terms of a shift from 'government' to 'governance'. This evolution refers to a recomposition of relations between public institutions, experts and citizens, where the decision no longer falls solely under the hierarchical authority, but is based on mechanisms of coordination, consultation and negotiation.

In a seminal text, Patrick Le Galès shows that urban governance refers precisely to these new forms of regulation based on networks of actors, instruments and discussion arenas: "Governance refers to modes of coordination of collective action that no longer rely exclusively on the state hierarchy but on the interaction between a plurality of actors." (Le Galès, 1995, p. 60)

In this perspective, participatory diagnosis cannot be reduced to a simple tool for gathering information on the needs of the neighborhood. It constitutes a governance mechanism, in the sense that it organizes an institutionalized stage of interaction between inhabitants, technicians, municipalities and public operators. It produces a framework in which the problems of the neighborhood are formulated, prioritized and translated into a language compatible with public action.

The works of Marie-Hélène Bacqué and Yves Limpias er have shown that contemporary participatory devices have a double dimension: they open up spaces for speech while strongly framing the ways in which public problems are expressed and formulated: "Participatory devices define what can be discussed, how it can be discussed, and by whom. " (Bacqué &Clonzer, 2011, p. 21).

Thus, participatory diagnosis is not limited to revealing a pre-existing social reality; it contributes to producing it by guiding the way in which residents can talk about their neighborhood. Conflicts, social relations and daily tensions are reformulated into operational categories for urban planning: housing, roads, equipment, networks.

This dimension of framing is in line with John Gaventa's analyses of "invited spaces" for participation, that is to say arenas opened by institutions where citizens are invited to express themselves within predefined frameworks: "Invited spaces are those into which

people are invited to participate by various skinds of authorities, be they government, donors or NGOs."(Gaventa, 2006, p. 26)

Participatory diagnosis works precisely as such a space: it allows speech, but in formats that make it translatable in administrative and programmatic terms.

This ambivalence has been heavily discussed by the critical literature on participation. Cooke and Kothari have shown that participation can become an instrument of management rather than a lever for emancipation, when participatory mechanisms serve more to produce consensus than to recognize existing power relations: "Participation can become a new form of tyranny whenit obscures power relations." (Cooke & Kothari, 2001, p. 3)

More recently, Alice Mazeaud and Magali Nonjon have pointed out that participation tends to become professionalized and transformed into a 'market' of devices, where experts, consultants and institutions produce standardized formats for participation: 'Participatory democracy becomes a market where standardized instruments are diffused.' (Mazeaud &Nonjon, 2018, p. 12)

In this context, analyzing the participatory diagnosis as a governance mechanism means going beyond its technical dimension to see it as a space where relations between inhabitants and institutions are reconfigured, between lay knowledge and expert knowledge, between lived experience and administrative categories.

It is precisely this dimension that allows an approach in terms of research-action to be revealed: considering the diagnosis not as a preliminary stage of the urban project, but as a social scene where the legitimate definition of the neighborhood is negotiated, its priorities and the place given to the voice of the inhabitants in local urban governance.

3. Action research in urban sociology

The mobilization of participatory diagnosis as a material for sociological analysis is part of a specific methodological posture: that of action research. Contrary to classical approaches which clearly distinguish between knowledge production and field intervention, action research is based on the idea that knowledge can be built in and through action, from a situated involvement of the researcher in the social dynamics he observes.

Kurt Lewin, considered the founder of action research, gave a definition that has become classic: "Research that produces nothing but books will not suffice." (Lewin, 1946, p. 35).

For Lewin, action research consists of analyzing a social situation while seeking to transform it, in an iterative process between understanding and intervention. This approach has been widely adopted in critical social sciences, notably by Paulo Freire, for whom the production of knowledge must be linked to the lived experience of the actors: "No one educates ourselves alone; we educate one another in communion." (Freire, 1970, p. 79).

Applied to the urban field, this posture allows considering the inhabitants not as simple objects of investigation, but as co-producers of knowledge about their living space. As highlighted by Yves Bonny, action research offers a relevant framework for analyzing participatory devices, because it allows us to simultaneously grasp their cognitive effects and their social effects: "Action research allows linking knowledge production and transformation of social practices." (Bonny, 2017, p. 18).

In the case of participatory diagnosis, this approach is particularly fruitful. The system is not only a source of data; it is itself a field of observation where power relations, forms of local legitimacy, social hierarchies and modes of expression of living speech are manifested.

Action research thus allows us to overcome the opposition between expertise and scientific research. As Michel Callon reminds us, situations of inquiry where experts and lay people interact produce hybrid knowledge that it is essential to analyze: "Lay and expert knowledge is built up through interaction." (Callon, Lascoumes & Barthe, 2001, p. 50)

In working-class neighborhoods, where the inhabitants have often built their living environment themselves on the margins of public action, this dimension is essential. The participatory diagnosis becomes a moment when this local knowledge, usually invisible to the institution, can emerge, be formulated and interact with technical knowledge.

Finally, as Loïc Blondiaux has shown, the sociological interest of these systems lies not only in their results, but also in the processes they implement: "It is less about the decisions made than the deliberative processes that should be analyzed." (Blondiaux, 2008, p. 112).

In this perspective, the participatory diagnosis carried out in Arram is not only a stage of an urban project, but a full-fledged research situation, allowing to observe how situated knowledge's are built, how the relationships between inhabitants and institutions are redefined, and how local governance is reconfigured around a popular neighborhood.

4. Participation, situated knowledge and power relations

The analysis of participative devices cannot be limited to the description of their procedures (workshops, meetings, surveys, mapping). It implies questioning participation as a space where knowledge production and power relations are articulated. In other words, participating is never just 'giving one's opinion': it means entering a framework where some speeches become audible, credible and transformable into decisions, while others remain disqualified, invisibilized or reformulated.

In this perspective, participation can be thought of as a situated configuration of power/knowledge. Michel Foucault has shown that knowledge is not external to power relations: it is one of their products and one of their instruments. Participatory systems thus help to define what counts as a "public problem", what a «priority» becomes, and what types of evidence or narratives are deemed admissible in public action (Foucault, 1975).

It is here that the notion of situated knowledge is heuristic. Donna Haraway insists that all knowledge is produced from a socio-territorial position, experience and inscription: it is never neutral or universal, but partial and localised (Haraway, 1988). Applied to urban policies, this framework calls for the recognition that inhabitants—in particular in popular or marginalized territories — have fine knowledge about the uses of space, daily constraints, forms of vulnerability and local resources. This knowledge is not opinions: it falls under a practical skill built in experience.

However, the entry of this knowledge into the institutional space is far from automatic. It depends on power relations that structure participation: inequalities in school capital, language skills, mastery of administrative codes, social legitimacy. Pierre Bourdieu has shown that speech does not have the same value depending on who pronounces it: access to recognition of a discourse is socially differentiated, and the ability to impose a legitimate definition of reality is an issue of symbolic power (Bourdieu, 1982).

This dimension is coupled with an epistemic issue: certain groups may be permanently deprived of the ability to have their knowledge recognized as relevant. Miranda Fricker proposes the concept of epistemic injustice to describe these situations where actors are disadvantaged in their status as 'knowing subjects', either because their word is not considered credible (testimonial injustice), either because they lack socially available conceptual tools to interpret their experience (hermeneutic injustice) (Fricker, 2007).

In participatory systems, this often results in the disqualification of lived narratives (dignity, humiliation, relegation, fear, institutional contempt) in favor of technical statements deemed more "objectively".

From then on, participation appears as an arena of framing: it does not only make demands emerge, it selects formats of formulation compatible with public action. John Gaventa's work on "guest spaces" shows that these spaces are structured by those who set their rules, themes and boundaries: what can be said, how, by whom, and with what scope (Gaventa, 2006). Participation thus becomes a place of tension between, on the one hand, the expression of situated knowledge and, on the other, their translation into administrative categories (networks, roads, equipment, etc.).

In the contexts of the South, this tension takes on an additional dimension. Boaventura de Sousa Santos points out that popular, peasant, communal or subaltern knowledge is often rendered invisible by a "monoculture" of expert knowledge.

He advocates for an ecology of knowledge, where different forms of knowledge coexist and can be translated without being prioritized a priori (Santos, 2014). In rehabilitation projects, this involves treating the inhabitants' knowledge not as anecdotal complements but as central resources for understanding the territory.

Thus, questioning participation from the perspective of situated knowledge and power relations amounts to asking a decisive question: who defines the reality of the territory and according to which categories? Participatory diagnosis is not just a moment for consultation: it becomes a stage where the recognition (or non-recognition) of inhabitants

as actors capable of producing knowledge about their own living space is played out, and where the boundaries between expertise are negotiated, experience and decision.

This theoretical framework takes on its full significance when we observe concretely what took place during the participatory diagnostic sessions in Arram. The situations described in the following chapters - who speaks, who stays behind, how the inhabitants' statements are reformulated in the technical language of the reports, how certain experiences become "priorities" while others remain implicit — can only be understood in the light of the close relationships between knowledge, power and recognition that structure participatory devices.

What appears in the workshops does not only concern the identification of material needs (roads, sanitation, equipment), but more refined processes for translating lived experience into administratively readable categories. It is precisely in these moments that participatory diagnosis becomes a privileged space for observing situated knowledge, interactional frameworks and inequalities of legitimacy in speaking out.

Thus, what will be presented in the following sections should not be read as a restitution of the results of the diagnosis, but as a sociological analysis of how knowledge about Arram is constructed, negotiated and transformed in the interaction between inhabitants, experts and institutions. Participatory diagnosis appears then not as a technical tool, but as a real social scene where the relationships between local knowledge and public governance are redefined.

III. METHODOLOGY AND SURVEY DESIGN

1. General posture: an action research backed by a participatory diagnosis

This study is part of a research-action posture, in the sense that the production of knowledge is articulated to a situated intervention, and where the field is not only a space for observation, but a space for interactions and negotiated transformations. In this perspective, participatory diagnosis constitutes both: (1) a public action mechanism (framed by objectives, terms of reference, temporalities and institutional constraints), and (2) a sociological field allowing to observe the relationships between inhabitants, experts and institutions during the definition of local priorities. This stance is consistent with the orientation announced in the article, which proposes to analyze participatory diagnosis as an action-research approach in urban sociology.

2. Site, period and observation units

The survey focuses on the locality of Arram (delegation of Mareth, Gabes governorate), as part of a rehabilitation program involving a participatory diagnosis. The main observation unit is the participative device itself (meetings, workshops, surveys), understood as a "social arena" where problems, categories and hierarchies are negotiated. The article also shows that these spaces are concretely based on workshops, meetings and household surveys, which structure participation while producing framing effects.

3. Survey strategy: a qualitative triangulation (and quantitative contributions)

In order to ensure empirical robustness, the survey relies on a triangulation of materials and methods (Denzin, 1978), combining:

a) Observation (direct and participant) of the participatory diagnostic sequences;

b) Semi-structured interviews with key stakeholders;

c) Discussion groups and participatory techniques (mapping, collective prioritization);

d) Documentary analysis of the materials produced by the program (TDR, reports, prioritization tables, feedback sheets);

e) Where available, secondary exploitation of simple data from household surveys (descriptions, needs, priorities) to support qualitative analysis.

From a methodological point of view, the objective is not to produce statistical representativeness, but to document finely: (a) the ways in which problems are formulated, (b) the inequalities in speaking out, (c) the translation operations between local knowledge and administrative categories, (d) the effects of institutional framing.

4. Data collection techniques and tools

a) Observation and field grids

Diagnostic sessions (workshops/meetings) are systematically observed using a grid on:

- Distribution of speech (who speaks, who is interrupted, who reformulates);

- Discursive registers (lived narrative / complaint / proposal / technical justification);

- Modes of hierarchization (consensus, conflict, authority, avoidance);

- Translation operations (technical reformulation of a social problem);

- Framing effects (allowed themes, tense, implicit rules).

The observation is recorded in a field notebook (descriptive notes + analytical notes), supplemented, when possible, by material traces (diagrams, priority lists, displayed supports).

b) Semi-structured interviews

Interviews are conducted with several categories of actors: inhabitants (differentiated by age/gender/local position), informal leaders, members of associations, technicians, institutional representatives. The interview guides cover in particular:

- Trajectories and relationships to the territory;

- Definition of "problems" and "priorities";

- Perceptions of participation (effectiveness, justice, recognition);

- Experiences of relationship with the administration;

- Expectations and limits of rehabilitation.

The interviews are recorded (with agreement), then transcribed or synthesized in a structured manner (Blanchet &Gotman, 1992; Kvale, 1996).

c) Participatory tools (data production "in situation")

The participatory diagnosis is based on instruments that "frame" the inhabiting speech (workshops, surveys, hierarchizing devices). In the survey protocol, these tools are treated as materials in their own right:

- Participatory mapping (location of problems/resources, routes, places of sociability);

- Prioritization matrices (collective ranking, justification of choices, controversies);

- Collective analysis of risks/constraints (water, access, equipment, etc.).

These techniques make it possible to grasp not only 'what is said', but how and by whom it becomes publicly admissible.

d) Literature review

Program documents (TDR, technical sheets, reports, tables, reports) are analyzed to identify:

- Categories of public action;

- Indicators and proof formats;

- Constraints (budget, temporality, standards);

- Gaps between living speech and administrative writing (Bowker & Star, 1999).

5. Data processing and analysis: thematic coding and interaction analysis

The analysis is based on a qualitative approach inspired by thematic coding (Miles, Huberman & Saldaña, 2014):

a) Initial coding (emerging themes: needs, dignity, recognition, access, internal inequalities, etc.);

b) Grouping into analytical categories (located knowledge / translation / institutional framing / hierarchies);

c) Linking categories with observed interactional sequences (Goffman, 1974).

A specific attention is paid to the moments of translation (passage from a lived story to a technical category) and to the asymmetries (school capital, language competence, local notability), in coherence with the argument of the article on participation as a space both open and strongly framed.

6. Ethical considerations, reflexivity and limits

The survey respects the basic principles of ethics in social sciences: information on the purpose of the research, consent, anonymization of statements and caution in describing

potentially sensitive local positions (ASA, 2018; ESRC, 2020). A reflexive posture is maintained regarding the place of the researcher (involvement/neutrality, presence effects), particularly important in action-research where the intervention can influence the observed interactions. Finally, the limits are due to the institutionally constrained nature of the mechanism (time, thematic framing) and the fact that participation does not automatically translate into effective decision-making power, a point already discussed in the article.

IV. RESULTS

1) Socio-historical and territorial presentation of the locality of Arram: a social territory before being an intervention perimeter

1.1 Arram: a strategic geographical position between sea and mountain

The locality of Arram, administratively part of the delegation of Mareth in the governorate of Gabès, is located in a singular geographical configuration that strongly illuminates the forms of social organization of the territory. Nestled between the sea and the mountains, about ten kilometers from the coast, the village extends over a slightly sloping plain, bordered by the wadi Zegzaou to the west and the wadi Zas to the east, and covering nearly 9300 hectares.

This spatial configuration does not constitute a simple natural framework: it has historically structured the modes of human settlement, agricultural practices and daily circulation. The semi-arid climate, marked by annual rainfall of less than 150 mm, and the fragility of soils have imposed forms of collective adaptation that partly explain the strong community cohesion observed today.

In the works of social geography, this type of configuration is often analyzed as a factor of «territorialization of practices» where the natural environment becomes a constitutive element of the social organization (Di Méo, 1998).

1.2. History, collective memory and territorial heritage (Mareth line, heritage)

The proximity of the Mareth line, a major vestige of the Second World War, as well as the historical landmarks present in the village, inscribe Arram in a strong territorial memory. As shown by Maurice Immersion, collective memory is not kept abstract: it is anchored in places that become supports of social identity.

«Collective memory is based on stable spatial frameworks» (Immersion, 1950).

Local historical references, passed down from generation to generation, contribute to the construction of a sense of belonging that goes beyond mere administrative affiliation.

1.3. Marabouts, zaouias and local spirituality as social regulators

The presence of marabouts, zaouias and religious sites, notably the Sidi Yahya cemetery, does not only concern religious heritage. These places play an active role in social regulation, symbolic mediation and community cohesion.

In rural Maghrebi societies, these spaces have often been places of social mediation and conflict regulation (Geertz, 1971). They still contribute today to structuring the representations of the territory and to strengthening the attachment to the place.

1.4. Family structure, tribal organization and the central role of elders

The social organization of Arram is strongly marked by family and tribal solidarities. The role of elders, heads of families and religious figures shows that social authority relies less on formal institutions than on structures incorporated into daily practices.

Pierre Bourdieu describes this phenomenon as "incorporated social structures" that sustainably orient practices: "Social structures are inscribed in the dispositions of agents" (Bourdieu, 1980).

This organization partly explains the dynamics observed during the participatory diagnosis.

1.5. Place of women, young people and migratory dynamics

The diagnosis highlights the specific place of women and young people, often in a peripheral position in public discussion spaces, but central in domestic economy and solidarity networks.

Mobility towards Mareth, Gabes or abroad plays a structuring role in the economic resources of households. These migrations contribute to what some authors call a "translocal economy" (Tarrius, 2002), where resources circulate between territories.

1.6. Local economy: agriculture, livestock, crafts and small businesses

The economy of Arram is mainly based on agriculture, livestock farming, crafts and small businesses. This local economy, sometimes partially informal, contributes to the village's resilience in the face of environmental and economic constraints.

This territorialized economy strengthens the link between inhabitants and space, and partly explains the resistance to certain forms of external intervention.

1.7. Community resilience and strong attachment to the territory

Arram cannot be reduced to its infrastructural deficits. It is a socially dense territory, where memory, social organization, economic practices and symbolic landmarks intertwine to produce strong community resilience.

This reality is essential to understand the rest of the analysis: participatory diagnosis does not apply to a space "to be developed", but to a territory already structured by complex social relationships.

2) Participatory diagnosis as a socio-technical device applied to a pre-existing social territory

The participatory diagnosis implemented in Arram is not only a methodological step prior to the intervention. It is a sociotechnical device in the strong sense of the term, that is to

say a set of instruments, interaction formats, procedures and translations that concretely organize the meeting between inhabitants, technicians and institutions.

In this perspective, diagnosis does not reveal a territory: it temporarily reconfigures it by introducing a specific way of seeing it, describing it and making it governable.

2.1. The diagnostic instruments: a technical framing of inhabiting speech

The tools mobilized during the diagnosis (workshops, participatory maps, household surveys, prioritization tables, collective meetings) implicitly define the way in which inhabitants can talk about their territory. These instruments are not neutral: they impose an expression format that transforms lived experiences into administratively exploitable categories.

Thus, the narratives concerning family solidarity, the uses of wadis, agricultural practices or symbolic places are gradually reformulated in terms of "degraded roads", "lack of sanitation", "absence of equipment". This passage corresponds exactly to what Bruno Latour calls a translation operation, that is to say the shift from one language to another, which transforms the very meaning of what is said (Latour, 2005).

The diagnosis therefore acts as a filter that selects forms of speech compatible with public action.

2.2. Making Arram "readable": administrative simplification of a complex social territory

James C. Scott showed that to intervene, administrations need to make societies "readable", that is to say simplified, categorized, ordered (Scott, 1998). Participatory diagnosis plays exactly this role in Arram.

The territory, rich in history, memory, social hierarchies and symbolic practices, is gradually transformed into a technical reading grid. Social complexity is reduced to a list of material deficits.

This process is not a mistake: it is a condition of public intervention. But it produces a loss of certain social dimensions of the territory.

2.3. The diagnosis as a social arena for negotiating public problems

Diagnostic sessions become a social arena (Strauss, 1993) where different ways of defining the problems of the village confront each other. The inhabitants are not content with answering questions: they discuss, contest, prioritize, reformulate.

However, this negotiation takes place within a framework defined by the experts. The themes addressed, the time allocated to each topic, and the methods of synthesis guide the discussion towards certain priorities rather than others.

The diagnosis thus becomes a space where the legitimate definition of the territory is negotiated.

2.4. Interactional frameworks: transformation of speech and legitimacy of discourse

As shown by Goffman (1974), the framework of an interaction deeply influences the way actors express themselves. In Arram, the diagnostic framework transforms the inhabiting speech: personal narratives become «data», complaints become «indicators», experiences become «needs».

Moreover, not all inhabitants have the same ease in this context. Elders, respected figures or those who better master the administrative language occupy a central place in exchanges.

2.5. The application of an urban tool to a rural territorial reality

Participatory diagnosis is a tool initially designed for urban contexts. Its application to a rural locality such as Arram has a particular effect: the village is gradually being reclassified as 'space to be developed' according to categories derived from urban planning.

This overlapping between urban tool and rural territorial reality creates a tension that explains certain misunderstandings observed during the workshops.

2.6. A new scene of relationship between inhabitants and institutions

Despite these limitations, the diagnosis creates an unprecedented scene of interaction between inhabitants and institutions. The inhabitants access a space for dialogue that did not exist before, and the technicians are confronted with local knowledge they do not master.

As shown by Lascoumes and Le Galès (2004), public action instruments transform the relations between governments and governed. Participatory diagnosis is part of this transformation.

3) What the diagnosis reveals: local knowledge, social hierarchies and negotiation of priorities

One of the major contributions of the participatory diagnosis carried out in Arram lies less in the list of needs identified than in what it reveals local knowledge, internal social hierarchies and modalities by which the priorities of the territory are collectively negotiated.

Contrary to a technical-functional vision that considers diagnosis as a simple tool for identifying infrastructural deficits, the observation of workshops, collective discussions and forms of expression of the inhabitants highlights a much more complex reality: the inhabitants do not speak only about roads, sanitation or equipment, but mobilize a detailed knowledge of their territory, resulting from their daily experience, their collective memory and their social practices.

This dimension is in line with James C. Scott's analysis of "local knowledge", which he contrasts with standardized administrative knowledge: "The practical knowledge of the

inhabitants are often finer and more adapted to the terrain than formal planning schemes." (Scott, 1998, p. 313).

In Arram, the inhabitants evoke daily circulations, uses of wadis, symbolic places, family dynamics, neighborhood solidarities. These elements, hardly translatable into technical categories, nevertheless constitute an essential knowledge of the real functioning of the territory.

Moreover, the diagnosis highlights the existence of social hierarchies internal to the village. Speaking at meetings is not evenly distributed: elders, religious figures, some heads of families or local notables occupy a central place in the exchanges, while young people and women sometimes struggle to be heard.

This situation illustrates what Pierre Bourdieu refers to as the unequal distribution of symbolic capital, which conditions the legitimacy of speech in social space: "Not all agents have the same power to have their speech recognized as legitimate." (Bourdieu, 1982, What Speaking Means, p. 109)

Participatory diagnosis thus becomes a space where existing social hierarchies are replayed, rather than a completely egalitarian space.

At the same time, this mechanism opens up new possibilities for collective discussion of territorial priorities. The inhabitants are led to prioritize problems, confront their points of view and negotiate what should be considered urgent or secondary.

This dynamic corresponds to what Jürgen Habermas describes as a process of deliberation where actors seek to build agreement on issues of common interest: "Deliberation involves the pooling of arguments in a public space." (Habermas, 1992, p. 360)

However, this deliberation remains framed by the format of the diagnosis, which directs discussions towards categories compatible with public action.

The diagnosis thus reveals a permanent tension between three dimensions:

1. Local knowledge from the daily experience of the inhabitants

2. The social hierarchies that structure speaking

3. The institutional framework that guides the formulation of priorities

This tension constitutes a central sociological result: the participatory diagnosis does not only reveal the needs of the village, it makes visible the social relationships that structure the way these needs are expressed and prioritized.

4) The ambivalences of participation: between opening a space for dialogue and reproducing social asymmetries

The participatory diagnosis carried out in Arram highlights an ambivalent reality of participation. On the one hand, it opens a new space for dialogue between inhabitants and institutions, allowing the expression of local knowledge and the collective discussion

of priorities. On the other hand, it reveals the persistence, even the reproduction, of social asymmetries in speaking, the legitimacy of interventions and the translation of needs into programmatic categories.

This ambivalence is at the heart of contemporary debates on participatory democracy. Marie-Hélène Bacqué and Yves Centrifuer point out that participatory devices produce both opportunities for inclusion and subtle mechanisms for selecting legitimate voices: "Participatory devices can simultaneously open up public space and reproduce inequalities in access to speech." (Bacqué &Clonter, 2011, p. 85)

In Arram, this tension is particularly visible. Meetings and workshops allow some residents to formulate their expectations and engage in dialogue with technicians, which constitutes a break from the traditional top-down decision-making methods. But this openness does not eliminate pre-existing social hierarchies: local authority figures continue to occupy a central place, and certain categories of inhabitants remain in the background.

This situation echoes the criticisms made by Bill Cooke and Uma Kothari, for whom participation can become a management instrument that masks rather than transforms power relations: "Participation can serve to obscure ratherthan challenge power relations." (Cooke & Kothari, 2001, p. 13)

Participatory diagnosis, by organizing the discussion around technical categories (roads, housing, equipment), also tends to direct debates towards material problems, leaving behind the social, symbolic and political dimensions of the territory.

Loïc Blondiaux reminds us that the sociological interest of participatory systems lies precisely in this tension between democratic ideals and institutional constraints: "Participatory systems are characterized by a tension between equality ideals and social realities." (Blondiaux, 2008, p.

In the case of Arram, this tension results in a paradoxical situation: participation allows the expression of local knowledge while imposing a framework that reformulates this knowledge in a language compatible with public action.

Moreover, participation does not necessarily change the power relations between inhabitants and institutions. As shown by Sherry Arnstein in her famous "scale of participation", not all forms of participation give the same power to citizens: "Participation without redistribution of power is an empty and frustrating process." (Arnstein, 1969, p. 216)

The participatory diagnosis in Arram is located in an intermediate area: it offers a possibility of expression, but does not guarantee that this expression automatically translates into effective decisions.

Thus, participation appears as a space for real dialogue, but framed, where democratic openness and reproduction of social asymmetries are combined.

This ambivalence constitutes a central result of the analysis: it shows that participation cannot be evaluated solely in terms of formal inclusion, but must be analyzed from the social relationships that structure interactions.

5) Participatory diagnosis as a space for producing situated knowledge and reconfiguring local governance

Beyond its limits and ambivalences, the participatory diagnosis carried out in Arram reveals an often underestimated dimension of participatory devices: their ability to produce knowledge located on the territory and to reconfigure, even partially, the modalities of local governance.

The exchanges observed during workshops and meetings are not limited to expressing needs. They constitute a moment where the inhabitants formulate knowledge of their territory, resulting from their daily experience, their collective memory and their social practices. This knowledge, rarely taken into account in classical planning schemes, becomes visible, debatable and transmissible here.

This dimension refers to what Donna Haraway calls "situated knowledge", that is, knowledge produced from a specific social and territorial position: "Knowledge is always situated, anchored in partial perspectives." (Haraway, 1988, p. 581)

In Arram, the inhabitants mobilize fine knowledge on the circulations, the uses of land, family dynamics, symbolic places, which escape the usual technical categories.

This production of local knowledge also joins Boaventura de Sousa Santos's analysis on the "epistemologies of the South", which value forms of knowledge derived from ordinary social practices: « There is knowledge that arises from social practices and remains invisible to institutions. » (Santos, 2014, p. 188)

Participatory diagnosis thus becomes a space where this knowledge can emerge and interact with expert knowledge.

Moreover, this process modifies the relations between inhabitants and institutions. Even if the diagnosis does not directly transfer decision-making power to the inhabitants, it creates a new stage of dialogue where institutions must listen, translate and integrate information from the field.

This evolution corresponds to what Pierre Lascoumes and Patrick Le Galès describe as a change in the instruments of public action, where participatory mechanisms modify modes of governance:"The instruments of public action transform the relationships between governments and governed." (Lascoumes& Le Galès, 2004, p. 13)

In Arram, participatory diagnosis is part of this transformation by establishing a form of interaction that did not previously exist between inhabitants, technicians and local authorities.

Thus, participatory diagnosis can be understood as an intermediate space between expertise and deliberation, where both knowledge located in the territory and new ways of relationship between local society and public institutions are constructed.

This result is central to the understanding of rehabilitation policies in Southern contexts: beyond infrastructure, these devices can contribute to reconfigure local governance by recognizing the legitimacy of inhabiting knowledge and opening new spaces for dialogue.

6) Ambivalences and limits: between democratic openness and reproduction of inequalities

The analysis of participatory diagnosis in Arram highlights a fundamental reality of participatory devices: their ability to open a space for dialogue while allowing certain social and institutional asymmetries to persist or even reproduce. This ambivalence does not constitute an accidental contradiction, but a structural characteristic of the participation mechanisms framed by public action.

6.1. Formal participation vs actual participation

Participatory diagnosis offers residents a space for expression recognized by institutions. Workshops, meetings and household surveys give the appearance of broad participation.

However, as Sherry Arnstein has shown in her famous "scale of participation", not all forms of participation correspond to a true sharing of power: "Participation without redistribution of power is an empty and frustrating process." (Arnstein, 1969, p. 216)

In Arram, the inhabitants participate in the definition of needs, but do not participate in final decisions. Their word is consultative, not decisional.

6.2. Institutional constraints: budget, TDR and administrative coordination

Participatory diagnosis is part of a highly constrained institutional framework: terms of reference (TDR), limited budget envelope, coordination requirements between public actors. These constraints strongly guide what can be considered as a "priority".

The proposals from the inhabitants must be compatible with these constraints, which limits the effective scope of certain requests.

6.3. The possible neutralization of inhabiting speech through technical translation

As previously observed, the speech of the inhabitants is translated into a technical language to become exploitable by the administration. This process, necessary for public action, can however lead to a partial neutralization of the initial meaning of the statements.

This dynamic joins the critical analyses of Cooke and Kothari (2001) which show that participation can become a management tool more than an emancipation tool.

6.4. What the device allows... and what it prevents

The participatory diagnosis allows:

- The emergence of local knowledge
- A new dialogue between inhabitants and institutions
- Visibility of territorial priorities

But it prevents:

- A real transfer of decision-making power
- The consideration of certain social dimensions not technically translatable
- A totally free expression of internal social hierarchies

Thus, the device appears as a space both producer of dialogue and limited by its own institutional logic.

V. DISCUSSION

Contributions of action research for urban sociology and rehabilitation policies

The analysis of the participatory diagnosis in Arram, understood as a research approach-action, allows to go beyond the strict framework of case studies to open a broader reflection on the place of participatory devices in urban sociology and in the design of rehabilitation policies.

One of the major contributions of this approach is to shift the focus: it is no longer just a question of evaluating the effectiveness of an urban project or the technical relevance of a development, but to analyze the mechanisms that make possible the meeting between local knowledge and public action. Participatory diagnosis then appears as a privileged space for observing social dynamics, where the forms of organization of the territory, internal hierarchies, power relations and modes of production of knowledge about the space are revealed.

This shift echoes the perspective developed by Henri Lefebvre when he invited to consider space not as a neutral support, but as a social product: "Space is a social product." (Lefebvre, 1974)

In Arram, participatory diagnosis is not content with merely observing a territory; it participates in its symbolic requalification by transforming it into an object of debate, negotiation and institutional translation. Moreover, action research allows us to overcome the classic opposition between scientific research and technical expertise. It reveals that the intervention itself constitutes a privileged field of analysis. As highlighted by Yves Bonny, action research allows to "link knowledge production and transformation of social practices" (Bonny, 2017).

For urban sociology, this implies considering participatory devices not as peripheral tools, but as central objects of analysis, revealing contemporary transformations of local governance.

For rehabilitation policies, this reading invites us to rethink participation beyond its consultative function. The participatory diagnosis shows that the inhabitants are not only bearers of needs, but producers of fine knowledge in their territory. Recognising this dimension implies integrating these knowledges not as complements, but as central resources for public action.

This perspective joins the work of Boaventura de Sousa Santos on "epistemologies of the South", which invite to recognize the plurality of forms of knowledge and to break with the implicit hierarchy between expert knowledge and lay knowledge (Santos, 2014).

Thus, the experience of Arram shows that action research applied to participatory devices allows:

- reveal the hidden social dimension of technical urban planning tools,

- understanding participation as a place of production of situated knowledge,

- analyser la gouvernance locale à partir d'interactions concrètes entre habitants et institutions,

- et ouvrir une réflexion critique sur les limites et potentialités de la participation dans les contextes du Sud.

Plus largement, cette étude invite la sociologie urbaine à s'intéresser davantage aux situations d'intervention comme lieux privilégiés pour observer les transformations des relations entre savoirs, pouvoirs et territoires.

VI. CONCLUSION

This article started from a central question: to what extent does participatory diagnosis, understood as a research-action approach, allow the production of knowledge located in a territory and affect social relations, beyond its instrumental function of assisting public decision-making?

The analysis of the case of the locality of Arram showed that the participatory diagnosis cannot be reduced to a technical tool for identifying needs. Applied to a socially and historically structured territory, it functions as a sociotechnical device that organizes the meeting between local knowledge, institutional frameworks and governance logics. Far from being limited to a collection of information, it constitutes a social scene where the priorities of the territory are negotiated, where internal social hierarchies are revealed and where forms of knowledge located on the lived space are constructed.

The study also highlighted the ambivalence of participation: while it opens a new space for dialogue between inhabitants and institutions, it does not abolish social asymmetries nor the frameworks that guide the formulation of public problems. Participation thus appears as a space both inclusive and framed, producer of dialogue but crossed by power relations.

However, this ambivalence should not lead to underestimating the sociological and political scope of participatory diagnosis. This allows the emergence of local knowledge often invisible for public action and contributes to reconfigure, even partially, the modalities of local governance by establishing new forms of interaction between inhabitants and institutions.

For public rehabilitation policies, this analysis invites us to go beyond the technical-functional conception of development to recognize that these territories are not only

spaces to equip, but social spaces to understand. Truly integrating participation then implies taking into account local knowledge, social logics and internal hierarchies that structure the territory.

For urban sociology, this study shows the interest of considering participative devices not only as tools of public action, but as objects of analysis in their own right, revealing contemporary transformations of governance and relationships between knowledge, power and territory.

Thus, the participatory diagnosis, far from being a simple step of the urban project, appears as a privileged moment of observation of local social dynamics and reconfigurations of public action in the contexts of the South.

It finally opens a broader perspective: that of an urban sociology attentive to situated knowledge, concrete governance mechanisms and interactions between inhabitants and institutions, as keys for understanding the transformations of popular territories.

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