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Researching Power

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and Janet Smithson**
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RESEARCHING POWER

INTRODUCTION

The authors

The contributions to this Occasional Paper have been adapted from work in progress by members of the IOD groupp. All the contributors are carrying out research on community, work and/or family issues using qualitative research methods.

Researching issues of power

All the papers describe research into power relations operating between or within different groups within society. A common theme across the various research topics is that of "empowering" groups who are usually portrayed as relatively powerless.

Sue Caton discusses processes of empowerment for young people with learning difficulties, and relates empowerment to moves towards autonomy, control and choice.
Sue is an MPhil student in the Department of Psychology and Speech Pathology at Manchester Metropolitan University. Her thesis is entitled 'The Transition to Adult Life for Young People with Moderate Learning Difficulties'.

Iain McLean describes some of the problems with shifting and unequal power relationships when practitioners (in this case within the health services) are also researchers. Now a research assistant in the IOD group, at the time of writing this article Iain worked as a mental health community support worker in Manchester.

Janet Smithson investigates the relation between power and gender among young women and men talking about current and future life choices, and the practical effects of ignoring power differentials. Janet is a Research Fellow in the Department of Psychology and Speech Pathology, at Manchester Metropolitan University.Current research includes the reconciliation of future work and family for young people in Europe, the effects of workplace change on individuals and families, and discouirses about gender.

Christine Noble discusses the power hierarchies and coercive power within mental health services, with an analysis of the dynamics operating in a nursing home. Christine has been a Registered Mental Nurse for twenty years. Due to changes in working practices she feels a need to re-define the relationship between the mentally distressed and those belonging to the social structures which label and treat them as 'mentally ill'. The tools for such changes come from critical psychology and an Action research methodology.

Saima Alam describes feelings of lack of control and powerlessness for second generation British Asian women, and relates this to their gendered and racialised position in society. Saima is a research assistant at Manchester University and is doing PhD at Manchester Metropolitan University. This study was undertaken by myself as part of a PhD entitled : Young British Asians Between Two Cultures: Gender Diffrerences, Identification of Stress, It's Effects and Coping Mechanisms".

The power of the researcher

"Just as power was a topic of the research, so it was also a feature of the process." (Banister et al, 1994)

Traditionally, psychology has often ignored the moral, social and political implications of research. The qualitative research approaches used by the authors of these papers include action research, community psychology, practitioner research, and feminist research. All these methodologies explicitly acknowledge the subjectivity of academic research, and specifically the power relationships between researcher and researched, both at the time of carrying out the research, and in representing the participants in the subsequent analysis and reporting of the data. *"Psychologists... are influenced by differing interests and complex power dynamics"* (Fox and Prillitensky, 1997). The power or control of the researcher in relation to the research participants, and towards the research data and analysis, is discussed in these papers.

A related issue concerns the "empowerment" of participants by the researcher. Research is often more gainful for the researcher than for the participants. Is the research described here "on", "with" or "for" the participants? Action research and practitioner research aim explicitly to empower participants by attempts to form egalitarian relations, with the researcher abandoning "control" and adopting an approach of openness, reciprocity and shared risk. Participants thus make decisions rather than function as passive objects, they are 'co-researchers' rather than 'research subjects' (Banister et al, 1994). These papers discuss some of the dilemmas and contradictions of this approach.

The Transition to Adult Life for Young People with Moderate Learning Difficulties: An Empowering Process?

Sue Caton

Introduction

The transition from childhood to adult life for young people is recognised as a time of great change, new opportunities and an increase in independence and decision making. This stage of life is very complex and the transition takes many years with no definite beginning nor end. However, leaving school is seen as one of the first steps towards adulthood, and increased independence and autonomy. One way to examine this transitional stage is to look at it as an empowering process. When children are very young, it is their parents or carers who control every aspect of life for them. As they grow older and enter adulthood that control is gradually handed over to them, and they become empowered to exert their own independence and make their own decisions.

My research is concerning this transition for young people who have attended schools for children with moderate learning disabilities. One of the aims of my study is to assess how these young people make this transition, and to examine any difficulties they may experience. From the past research, it appears that this group of young people may experience more difficulties in transition than their non disabled peers due to attitudes which link disability, dependence and eternal childhood (CERI, 1988). These problems, are, in turn, related to this concept of the transition to adult life being so closely linked to the empowerment, or lack of empowerment, of young people as they grow older.

Empowerment

According to Polloway (1996) the increasing empowerment of people with developmental disabilities is an area that has seen a lot of change over the last century. This has been due to the changing perceptions and treatment of people with developmental disabilities. Empowerment is not a straightforward concept and it "involves a variety of facets including self-efficacy, sense of personal control, self-esteem, and a sense of belonging to a group". (pp.8). However, possibly one of the most important elements of empowerment is self-determination. Self-determination has been described by Wehmeyer (1992) as referring to "the attitudes and abilities necessary to act as the primary causal agent in one's life and to make choices and decisions regarding one's quality of life, free from undue external influence or inference." Polloway (1996) also stated that self determination is a developmental process that is life long and yet is one that could be more difficult for people with disabilities due to stereotypical views that disabled people are dependent on others. This would imply that for young learning disabled adults, becoming empowered through the development of self-determination is a process that will not necessarily happen smoothly. In an ideal situation the growth of empowerment amongst learning disabled youth would have some positive outcomes. These were summed up by Polloway et al (1996), "Personal empowerment can lead to desirable outcomes. First, the persons with disabilities

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become valued members of society, providing a unique perspective of life from which all may benefit. Second, that they can enjoy a quality of life that is characterised by physical and material well-being, competence in dealing with the demands of adulthood, and personal fulfilment.........these outcomes are what all people strive for and what empowerment can provide." (pp.9-10)

In my research I have interviewed a group of young people who have moderate learning difficulties. At the time of interview they had approximately one to three months left at school before they were due to leave. They were interviewed concerning their experiences regarding preparing to leave school and how they saw their lives in the future. As part of this interview they have all completed the Quality of Student Life Questionnaire (Schalock and Keith, 1995). This questionnaire uses four factors to assess quality of life. These factors are social belonging, general well being, satisfaction, and empowerment/control. The empowerment /control factor asks questions such as, "Who decides how you spend your money?" and "Who chose the decorations in your bedroom?". It aims to look at the opportunity the participant has to "exert control over one's life and to make choices" (Keith and Schalock 1994, p.84). This factor is essential to the other three factors used in this questionnaire. Servian (1996) states that, "through having power individuals can at least partly meet their own 'needs'. If they have been able to follow their own interests, to feel fulfilment or to meet their own material needs, an assumption is that they have displayed their own power in doing so – they are empowered." (p.7) He goes on to add that, "if needs and empowerment are related, then, from this analysis, 'empowerment' may best be seen as 'moves towards autonomy.'" (p.8)

The pattern of scores for the empowerment / control factor in Schalock and Keith's Quality of Student Life Questionnaire are expected to increase with age. Keith and Schalock (1994) compared the scores of two groups of non-disabled young people whose average ages were 12.8 years and 15.8 years. They found that the scores were quite similar for both of the age groups in all factors with the exception of the empowerment / control factor, where the scores were higher for the older group. This implies that it is in the area of empowerment / control that young people appear to experience the biggest changes in their transition to adult life. However as these scores were obtained by two groups of non disabled adolescents and it is of some debate whether or not the scores would increase in the same way for learning disabled adolescents.

Choice and Decision Making

Wehmeyer (1994) examined locus of control orientations of adolescents. He discovered that students with learning difficulties appeared to have a more external locus of control than would be expected for students without disabilities. This means that in this study young people with learning difficulties were more likely to attribute events in their lives as being the result of luck, chance and /or powerful others, rather than being consequences of their own actions. He states that, "these perceptions of control probably reflect both an over reliance on luck and chance inherent in less mature beliefs and understanding about ability, effort and circumstances and an ability, perhaps in themselves and others. It seems highly likely that this is so because students with mental retardation have not had the opportunities to experience control and choice and have too often only others with disabilities with whom to compare themselves." (p.19)

The concepts of control, choice and decision making are fundamental aspects of empowerment, developing one's own identity, and therefore of quality of life. According to Jenkinson (1993) issues of choice making, and responses to decisions by people with a mild or moderate learning difficulty have received little attention in research. Research that has been reported indicates that people in this group have greater difficulty with decision making than do non-disabled people. As Jenkinson points out, "this is not surprising in view of both their cognitive limitations and their reduced experience in decision making." (p.372)

During the transition to adult life decision making is very important. As people embark on leaving school they are faced with decisions in various aspects of their lives be it whether to go to college, training or employment, or if employment is their choice, how to handle increased financial independence. Unfortunately, these opportunities for decision making can sometimes be constrained. This constraint is often explained by the element of risk, which prevents caregivers and professionals from encouraging decision making. However, as Wehmeyer (1994) pointed out this can lead to individuals having an increased external locus on control. Without some element of risk, people with learning difficulties will not be able to experience the successes as well as the failures, which result from making their own decisions. As Jenkinson (1993) says, "Few of us, whether or not we have a disability, achieve complete rationality in everyday life decision making. Should we expect people with an intellectual disability to become better decision makers than the rest of us?" (p. 364)

As far as my research is concerned, this restriction, or growth of empowerment and control in the transitional stage experienced by young people is best examined in the two separate environments of school and home.

1. School Environment:

Young people's transition to adult life is clearly going to undergo significant changes when they leave school. Within the school environment it is teachers, careers officers, school secretaries, and indeed any adult who have more power than the pupils. This in many cases is more obvious within special schools as their smaller more sheltered environments (which can have many advantages) are generally intended to provide security rather than independence and empowerment for the students. Indeed in carrying out my research I felt that, despite my best efforts, the pupils at the schools involved in my research appeared to experience a lack of control over what should have been their decision to be interviewed. I explained to the class as a whole where possible, and also to each young person, who I was and that I would appreciate their help with my research. Every pupil, with only one exception, that I approached within the schools agreed to be interviewed. I felt that this was possibly because the interview was conducted in the school, possibly that I was older than them, or possibly because I appeared to be on friendly terms with their teachers. The pupil that refused to be interviewed sent a message to me via another pupil before I had a chance to speak to him personally. On a further visit to the school, the class teacher who was helping to co-ordinate my research asked that pupil to come and speak to me, not knowing that he had already refused. This, it seemed, was enough pressure for him to change his mind and he agreed to speak to me. This example shows very strongly how easily this group could be disempowered and how much influence their teachers have over them.

This phenomenon of a lack of empowerment within the school can create problems when planning for the future of the school leavers. Choices that are made available to the young people are vital to their futures. As pointed out by Jenkinson (1993) it would be all too easy for the professionals involved in transition planning to unduly influence the young people concerned by unwittingly limiting information available to them in accordance with their own preferences and values.

Meetings concerning planning for leaving school, is another situation were disempowerment has been shown to happen. The young person whose future is being discussed at these meetings can become in the situation where he/she is only contributing to the decision making as an equal member of a team, rather than being able, or allowed to take the major role. Indeed, even acting as an equal member could be an optimistic scenario. Tisdall (1996) found that there is commonly a lack of involvement in transition meetings by the young people themselves, despite the fact that they do regularly attend the meetings. She points out that, "It cannot be assumed that physically including young people in inter-disciplinary meetings about their post-school futures will actually involve and empower them." (p.31) However it is an extremely difficult balance to obtain. On the one hand, Tisdall would commend the increased appearance of discussion and involvement, but on the other hand as pointed out by Szymanski (1994) too much intervention and guidance can, "threaten to decrease family and individual student control over the transition process. Professionals can easily and unintentionally disempower students and families through the nature and content of their interventions and interaction" (p.406)

On a more positive note, there are also some empowering factors encountered in the special school environment which pupils may experience in a more positive way than would their mainstream peers. Armstrong and Davies (1995) found that a higher level of individual support is provided by the specialist careers officer who maintains regular contact with the young person. They also found that special school pupils had a greater accessibility to specialist provision and youth training that is tailored to their special needs. Both of these situations have the potential to empower students as they make expert, suitable assistance available for students to use as they wish.

As already discussed, self determination and decision making skills are vital for empowering individuals as these in turn are related to quality of life. As pointed out by Jenkinson (1993), one likely cause for people with mild or moderate learning difficulties having more difficulty in decision making is lack of experience in doing so. This is a fairly simple concept that perhaps should be increased within our special schools. Ideas for attempting to empower students while at school need to be constantly attempted, and in order to increase the young people's experience, these need to start at as young an age as possible.

2. Home Environment:

The transfer of power from parents or carers to young people within the home environment can potentially start at an earlier stage where parents are likely to gradually give their children more control and power over their own lives. However, despite expectations that parental control should start to reduce during this transition, Thorin et al (1996) found that many parents of disabled children actually felt an increased demand on parental resources. Parent's expectations

that they should be reducing their influence over their children during the transitional phase can produce dilemmas where conflicting choices produce equally problematic outcomes (Thorin 1996). Leaving school is a time when parents are forced to come face to face with issues that effect disabled and non-disabled young people alike and these issues may influence the future of the whole family. However, it has been shown that there are differences between the transition experiences of parents of young people with and without disabilities. According to Whiney-Thomas and Hanley-Maxwell (1996), parents of students with disabilities show greater discomfort, and have less optimistic visions about their son or daughters future than do parents of young people without disabilities. One third of youth in the general population were living independently less than 2 years after secondary school, compared with 13% of youths with disabilities. (Blackorby and Wagner, 1996) This can lead to the problem of parents of disabled children finding it difficult to know when is an appropriate time to 'let go' and to let their young person increase his or her responsibilities. This appeared to be a difficulty that the mother of one fifteen-year-old girl that I interviewed was experiencing. I asked Kelly where she saw herself living in the future:

> "Well me Mum's hoping that I'll be moving house by then, by I'm nineteen or twenty because I'll be hoping that I'll in all round near where me Mum can keep an eye on me, and see that I'm doing everything right she'll pop in, and you know she don't want me to move far because if me not coping she'll think I'm not able to cope on me own, she wants to be there for me all the time."

Morningstar et al (1995) asked students with disabilities about their opinions regarding family involvement in the transition process. They were specifically asked about the opportunities that they had had to make decisions in their own lives. It was evident that families played a large role in the resulting self-determination of the students. As Stanfield in 1973 reported, 94% of parents said their child was capable of caring for themselves and able to protect themselves against injury, yet 56% had reservations about leaving them alone! Zetlin and Turner in 1985 found a similar problem where, 56% of their participants complained of an independence-dependence struggle with their parents and felt they receive too much interference by parents in their daily lives. These results seem to reflect the general feeling reported by the group of school leavers I interviewed, with one sixteen year old girl pointing out that:

> "I want to be independent but my parents are so overprotective."

Despite these obvious worries for the future we must be careful not to develop, 'Parentitis' (Madden 1995) and dismiss parental concern as being 'over-protective' and 'over-anxious'. Again, when interviewing Kelly, she indicated that her Mum did seem to be sowing the seeds of empowering her for coping with the future more independently:

> "But I won't have me Mum always there for me that's what I always say, I always won't have me Mum there I have to do things on me own. That's why I'm doing it now so when I leave me Mum, then I'd know how to, I can't cook, I can't do anything, but I'll get to learn that"

Transition is not always seen by the professionals involved as being an empowering stage of life. All the people involved including the professionals, carers and the young people themselves all

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have their own goals and ambitions. To overcome this it could be helpful for schools to get involved with local self advocacy movements, who could help pupils to empower themselves. According to Miller and Keys (1996), "A major goal of the self advocacy movement is to help persons with developmental disabilities become aware of their own strengths and demonstrate that they are people with capabilities and limitations, just like any other member of society." (p.315) This would appear not only to be a major goal of the self-advocacy movement but also a major goal of all involved in transition. Transition is a time of life where young people should be empowered to control their own lives. However as Szymanski (1994) points out transition is also about societal empowerment. She says that, "Our communities and our society will be enriched and empowered when all citizens, including those with disabilities, are valued and seen as contributing members." (p.407) Despite looking as the two environments separately here, home and school environments need to blend together, transition should be considered a "rallying point for empowerment of students, families, and communities, with the goal of self determination and autonomy." (Szymanski, 1994, p.407)

Conclusion

It can be seen therefore that the transition to adult life for young people can and should be an empowering process. Unfortunately young people with moderate learning difficulties not only have the difficulties that all young people face during this transition but they also face the additional difficulties associated with their impairments.

Self determination, choice and decision making skills are all factors which can enable young people, both disabled and non disabled alike to become empowered. It has been shown that an individual's level of empowerment and control in their lives is a factor affecting their quality of life. Therefore these factors should be treated within schools and by parents or carers as vital to developing empowerment.

Reflexive Analysis

By carrying out research which investigates the experiences of young people with learning difficulties, I have also come across issues concerning power and empowerment in the research process itself. The people at the centre of my research have both the disadvantages of their age and of their impairments. Problems associated with this have come across in different ways.

Firstly, as already mentioned, the issue of their involvement. Despite my attempts to assure that participation in my research was voluntary I feel some unease that some of my participants may have felt that it was part of their schoolwork that they had no choice but to participate. Or, if they were aware that they did have a choice it would have been difficult for them to refuse given the situation where their fellow students were all participating. The example given previously of the school leaver who initially did not want to participate is an example of this. On his agreeing to participate, I repeated assurances that it was voluntary and he could still refuse if he wanted to, but at this stage he had decided, for whatever reasons that he would participate.

Secondly in representing their views accurately in the reporting of data. This has two

interrelated problems. Firstly when I interviewed the school leavers, some participants seemed to enjoy the experience and had a lot of information that they wanted me to know. However more commonly, many of my participants did not voice strong opinions on the subjects I asked them about and they gave fairly brief answers. The second problem is that there is established and respected literature in the area of transition (particularity in relation to young people who have severe learning disabilities) that shows that young people with learning disabilities experience problems in a variety of areas throughout their transition. Looking at these two problems together I feel that it could be an abuse of my power in this situation to misrepresent the participants view in order for them to reflect the established conclusions drawn by past research.

Problems With Power When Practitioners Research

Iain McLean

Introduction

This paper deals with the inequalities of power that are peculiar to practitioner research (PR) in professions concerned with people and their behaviour. Those who conduct PR have been defined as 'practitioners who are involved in doing research into areas of their practice' (Reed and Procter 1995). This definition is straightforward almost to the point of tautology; yet whilst an unimposing description of the label may be made, the explication of the substance is far more convoluted. Academic culture of this century has included a monopoly on research, with findings and theories flowing (or filtering) out of the universities and into the workplace.

The promotion of 'evidence based practice' within the British National Health Service (NHS) represents how that tide (or trickle) may be turning, with increasing interest amongst service providers in evaluating their services themselves. At the time of writing, I am employed as a support worker for the South Manchester University Hospitals NHS Trust's mental health community support team. The evaluation of this project's outreach service is the thesis for the psychology MPhil I am taking at the Manchester Metropolitan University. This paper, then, is written from the perspective of a practitioner researcher and so reflects the blend of knowledge and experience that characterizes PR. As well as seeing other, diverse, examples of PR in my work environment, I have the experience of conducting a particular exercise in PR. Some of the synthesis of that experience with the extant literature on PR and the constraints of methodology is arranged and developed here.

Even such a brief outline of one view of PR as that offered by Reed and Procter presents many problems, each including a difficulty around the issue of power. Academic researchers hold the expertise and define what is considered true science. The arguments for the strictures of experimental design may be many and good, but this privileged position of disinterested professional confers greater power than that of well-meaning amateur. The drive for 'evidence based practice' in the NHS could be borne out of an economic rather than a progressive ideology, and so nurses may be persuaded into devoting more of their scant time to auditing their own cost effectiveness. Armstrong and Grace (1994), for example, contend that audit, as such activity is generally known within the new management-heavy NHS, aims to homogenize care provision with the lowest cost with the highest benefit treatment as the norm. PR can empower and disempower all those it touches in different ways at the same time.

Much of the extant literature concerning the growing area of PR deals with the power imbalance between academic and workplace researchers, dispelling the mystique of research and presenting the methodological tools of the trade. An admirable pursuit, and necessary to bring more practitioners to research. Unfortunately the least powerful party involved, the research subjects, have largely been left out of the literature explaining and encouraging PR, even though their existence defines the topic. This omission is made worse when one considers that in PR this group is generally a disadvantaged or vulnerable section of society (Glaser,

1988). Researching where randomized controls and the trappings of good experimental science are hard to come by alters the means by which the research is conducted and limits what may be achieved.

Why Have Practitioner Research?

Historically, the main barrier to PR has been the threat to validity of experimenter expectancy, the danger of the researcher's prior knowledge biasing the experiment. This is a very real problem and should be addressed honestly when the experimental, or more commonly in PR, the quasi-experimental, design is decided upon. However, 'straight' researchers are not mechanical data gatherers, they are humans capable of the same prejudices. Practical ignorance could be argued to be as dangerous as knowledge in adversely affecting the research's design. Herbert (1990) claims that 'true' experimental methods are often unethical "in the 'real world' of social and health service provision" (p.22) suggesting that quasi-experimental methodology has an innate concern for the individual's rights, even if only by default. There will be pitfalls with every approach to every activity, but if there are also unique and valuable benefits then it is worth the effort to tackle those pitfalls.

Fuller and Petch (1995), talking about PR in social work, see these benefits:
1) 'a research agenda rooted in knowledge of practice' (p.10). The practitioner's closeness to the subject will suggest areas of research; perhaps patterns worthy of investigation may be noticed only over months or years work with a particular client groupp. Better research should inform better practice, and this may occur in many direct and indirect ways; for example, evaluation of services and research into new methods, when conducted by practitioners in their workplace, may promote a culture of self-awareness and improvement amongst colleagues.

2) 'complementary problem analysis and disaggregation skills' (p.10). Social workers, but also most workers involved in any work broadly definable as caring, are well-honed problem-solvers. Indeed, problem-solving, or teaching problem-solving skills, may be the shared defining aspect of such occupations. Reed and Procter (1995) comment that problem-solving is 'The primary aim of nursing research' (p.30) as opposed to making a descriptive contribution to scientific knowledge. Similarly important is the ability to find the essence of something, whether reading between the lines when talking to a client, or looking for the meaning behind legal or medical jargon. The practitioner's habituation to 'working things out' in an environment of bureaucracy and misinformation is good preparation for the realistic implementation of a research project.

3) 'interviewing and recording skills' (Fuller and Petch, 1995, p.10). Here perhaps is the clearest example of practitioners having the upper hand over academic researchers, and perhaps more so in the view of those whose preferences lean toward the qualitative. Interview techniques may vary depending upon the purpose, but, suggest Fuller and Petch, that variance 'can be exaggerated' (p.10). Those who work with vulnerable people should have a good 'bedside manner', for want of a less patronizing term. Such workers must be able to gain respect and trust, and so hopefully the truth, from the people with whom they work. This is required and so practiced daily; similarly, accurate transcription of the fruits of that skill in the copious records most such workers are required to make.

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4) 'access to data' (p.10). In basic resource terms, the practitioner often has a head start. If no financial, or even temporal, assistance is forthcoming at least the study population is (relatively) ready and waiting, with accompanying records. S/he may also be better placed to distinguish between records of higher and lower quality information.

Each practitioner who undertakes research will have her/his own reasons, and views on what advantages involvement in care provision have personally conferred. Motivations, benefits and detriments must be honestly assessed in the designing of the research, because there are considerable specific problems with practitioner research.

Problems with power when practitioners research

PR faces methodological problems that the recent literature discusses well. The above benefits must be balanced against their possible detriments, for example, deeper knowledge may be narrower. The practitioner may operate in her/his daily role using rigid heuristics whilst thinking them to be self-evident truths. But attention to methodological detail in a study's design will allow preparation for these problems. My concern here is with the issues raised by the power relationship between the researching practitioner and the client-participant. There is a power issue in the above example, in the scope for workers to assume their understanding of a topic, a group, or individual people, to be correct. This assumption is based on an arrogant syllogism that underpins all the power problems in PR:

'We know best'
'It's for your own good'
Therefore 'This is how it should be'

A shift in how the practitioner thinks is required. Not just from practitioner to researcher to prevent bias and other methodological bedevilment, but to enable the tackling of the power imbalance which PR could further exacerbate. In no particular order, these are some of the problems PR must address:

1) Obligation
The audit of a service using basic numerical indices may be undertaken without the consent nor even knowledge of that service's users and no ethical concerns may be aroused. However, in research that involves more personal information or specific questioning/interviewing of individuals, their informed consent must be obtained. This is a standard procedure in research, but a practitioner's clients may feel compelled to take part in the research however much stress is placed on its voluntary nature. Grace and Armstrong (1994), referring to general practitioners warn that it is

> important that the vulnerability of the group be considered. Most patients trust their doctors, and
> may well consent to almost any proposal. It goes without saying that the doctor carries a moral
> responsibility ... (p.87)

It would be easy to fear that declining to take part, or later withdrawing, could be interpreted as non-co-operation, even sabotage for which they will suffer through a negative change in the

care they subsequently receive. We can say 'No' to strangers more easily than to those with whom we are close. It should be noted that this demand may be felt more strongly by those in a vulnerable position, for example, in ill health - mental or physical - or with critical housing/financial needs. Coercive recruitment is unacceptable and it will also render the results dubious, as an unwilling and worried participant is less likely to offer honest information.

The practitioner may also feel the pressure of obligation. Fuller and Petch (1995) write:

> Research scrutiny of professional practice may reveal examples of activities that are normally hidden, which may differ from managerial expectations, even some which the researcher frankly considers unprofessional. (p.11)

> There may be strong pressure to undertake a piece of research consistent with an agency's agenda; alternatively, investigation of areas considered weaker or in other ways problematic may be discouraged. (p.47)

The practitioner being on the wrong end of a power relationship, or at least seeing how that may happen, will assist the required shift in thinking mentioned above. But, an abuse of power by an employer against its employees is a potential pitfall for PR that would ultimately injure the employer's clientele the most; an unhealthy status quo will remain and positive changes will be thwarted. However, macro and micro politics and economics effect research undertaken by academics as well as practitioners. PR has just had less time to think about it.

2) Demand and Compliance
Having agreed to take part, whether freely or otherwise, the client/participant may feel obliged to go along with what s/he feels the research requires. A problem for all research and participants, this will be multiplied in PR. Participants may easily conclude that a member of a service they employ asking them questions about its performance is ultimately looking for evidence to support what they do, and so would prefer at least a majority of positive answers. The surprising extent to which participants will comply with the explicit, implicit, implied and inferred requirements of research are well documented (a famous example being Milgram's 1963 obedience experiment). These power proclaiming requirements are articulated through the research's representative and so a participant may not see that representative as neutral if they are known to ordinarily work for the service under scrutiny. Apart from damaging the veracity of the research, this negative exercise of power may damage the participants, e.g., by challenging their self-confidence, which, ironically, may be something that service has been working to improve.

3) Role Changes
PR alters the worker's role, beneficially in many ways, but there are several commensurate problems of which to be aware. First, that clients may be confused as to the role of the worker. As I have said, much PR literature aims to help practitioners think as researchers. Clients of the service may not adjust so easily to thinking of their nurse or social worker as a researcher, nor adjust back after research motivated contact. This can extend to clients of closely linked services whom the worker may come into contact with in their 'day job' capacity. Second, by assuming a dual role the worker increases her/his power. Clients and colleagues will be aware of the extra duties, knowledge and powers that a practitioner obtains as a researcher. This further concentration of power around the worker, even if used for

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'good', may encourage resentment or fear in clients and colleagues. Clients may feel reminded of their 'inferior' position whilst colleagues may fear judgment of their skills. Robson (1993) muses on the latter and also suggests that as well as lacking confidence or expertise the practitioner researcher and her/his findings may be viewed suspiciously, as might a "prophet in [her/his] own country" (p. 447)

Third, the role of the client is also changed. So far I have used 'client' and 'participant' interchangeably, since in PR they generally describe the same person. To clarify, the 'client' uses or receives a service, whereas the 'participant' takes part in the evaluation of that service. Consequently these terms do not denote the same roles, since a 'participant' is also (and primarily) a 'client', but the reverse is not necessarily true. Indeed it is only so with the consent of the client. The situation is different for the worker, since, though a practitioner researcher must achieve a shift in her/his thinking, s/he remains a practitioner above all, and this must be remembered throughout the course of the research. If this is not applied equally to the service's clients they may become to be regarded as primarily participants.

Using the extra powers of PR to convert an individual from someone requiring a service's assistance into someone required to assist its research is completely opposite to what should guide PR: trying to make things better. This is potentially the greatest abuse of power against a client as a result of PR, as it fits into the wider problem of letting the research design dictate the shape of the service rather than vice versa. A client's treatment by the service under review must not be altered in any way other than if the review was not taking place. Keeping a client in a no longer appropriate therapy group or denying another treatment for the sole benefit of 'the figures' is untenable.

4) Access
Although a benefit to research, ease of contact also provides scope for abuse of confidentiality. This may go unchecked if the research in question is a relatively low level audit exempt from the scrutiny of the appropriate ethics committee. Team confidentiality is vital to efficient and client-beneficial working. The extent to which information is shared for this reason will differ from the extent to which workers have access to the files of clients they are not directly involved with other than for research purposes. These problems do not stand alone, they are intertwined with each other and the benefits of PR that they mirror. This problem of access connects, for example, to obligation in that the procedure by which the practitioner invites a client to become a participant may be made informally due to the relationship already existing. An informal invitation may be harder to turn down since that may be construed as a personal affront, or its casual nature may indicate that acceptance is taken for granted. Barlow, et al (1985) admonish that

> Evaluation does not relieve the practitioner of the need for general ethical conduct. Issues of informed consent in applied practice, competence, proper professional relationships, and so on, are not reduced one iota by evaluation. [Concluding, unfortunately, that] these topics, however, are beyond the scope of this book. (p.287)

Possible Remedies

Solving these problems may be too ambitious to hope for as the lone practitioner researcher (as is often the case) is unlikely to eradicate all power imbalances between the individual client and the might of, say, the NHS or Social Services. We will also remain unconscious of as many problems as we aim to combat. However, the balancing act must be attempted and discussed to improve the situation. It is a start if those embarking on PR are first made aware of the problems with power that PR brings, and second are given guidance in how to address those problems. The former is the responsibility of the worker, her/his workplace superiors and academic supervisors (where applicable) amongst others, e.g., legislators. The latter will hopefully be found in the growing literature on PR, and individuals and organisations which comment on social policy. (In particular action research has the society-wide perspective required and complements PR because of its evaluative tendency.) I shall assume some of that responsibility here, and rather than simply suggest the potential practitioner researcher grapples with her/his dilemmas alone, I will offer some ideas on how to approach the problems noted above.

1) Obligation
Health authority ethics committees will have their own preferred methods of inviting participation in research. These involve the principle of informed consent, providing the potential participant, and her/his GP or consultant, with adequate information about the research prior to signing-upp. In the three pages of the two hundred in Armstrong and Grace's *Research Methods and Audit in General Practice* (1994) concerned with 'ethical issues' they mention the past hospital and hard science bias of some such committees "more content to allow a double-blind trial than a question to patients about what their doctors had told them" (p.86). Reid and Boare (1987) state "There is no generally agreed exhaustive framework for research ethics" (p.24) and there simply will not be a committee responsible for all types of PR, e.g., an evaluation of client satisfaction with a charity's work.

Such committees' safeguards must be augmented by the potential researcher, and so in addition to mandatory checks, I suggest the following as going some way towards allowing clients to freely choose whether or not they wish to become participants:

i) Be explicit when stating the voluntary nature of taking part, making reference to the fears clients may have. Explain the purpose of the research and how only free and honest participation is of value to it. Also, draw attention to all the safeguards the design incorporates.

ii) Involve one or more independent agencies relevant to and preferably run by the client group the service to be studied serves, e.g., patient support groups, charities and voluntary organisations. Discuss the research in honest detail; this will enable you to improve the shift in thinking required as the agency will have a different perspective and range of motives to your own that will temper the research. If this is not possible, or the number of participants make it feasible, discuss the same with the (potential) participants themselves. A consultative process will be pursued to a greater or lesser degree depending on the time and resources available to the practitioner researcher. Focus groups and pilot studies may be beyond the reach of most

indulging in PR, but some element of outsider involvement is necessary to balance the potential for insider tyranny.

iii) Encourage clients to speak to the independent agency, and if required have a representative present when the consent form is signed. In cases where the researcher is asking for consent from one of her/his own clients, rather than those of a colleague, it would be advisable for a representative to be present whether or not the client wants this to occur. For the arrangement to have meaning, the representative must be able to gainsay consent if it is felt that free and informed consent is not possible.

Hakel, et al (1982) (reiterated by Robson, 1993) suggest a similar approach, the emphasis being on demonstrating the research's fairness, importance and benefit, and its unity with the researcher's commitment. Robson (1993) also entreats "That every effort is made to demystify the enquiry process - consonant with not compromising its rigour." (p.462).

2) Demand and Compliance
If the research is properly explained, the participants should be in little doubt as to what is expected of them. This can not be assumed however, and checks for it could be incorporated which will protect the client, not just the experimental validity and reliability. What I have in mind here is a dimension to questionnaires comprising questions which are essentially the same, but differently phrased. Inconsistent or contradictory answers to the questions in this dimension would suggest a miscomprehension of the questionnaire's language or confusion over what the questioner wants to hear. Many assessment questionnaires have built in lie scales, and similar tools should not be beyond the wit of practitioner researchers.

Interviews, face-to-face data gathering, are highly characteristic of PR. They are also the part of the research process often most important and potentially most damaging to the participant. The interpersonal skills of the practitioner lauded by Fuller and Petch (1995) will be employed here. Stringer (1996) in *Action Research: A Handbook for Practitioners* speaks of a "need to reject styles of interactions that emphasize status and power and to more consensual modes of operation." (p.28) If the interview is based on questionnaires then a condensed version could be given to the participant to complete alone, away from any influence. This should be truly anonymous and demonstrably so to the participant. Comparison of the data from the two methods will indicate how successful your attempts to be and appear to be impartial.

Where possible, workers should avoid interviewing participants who are in a dependent relationship with that worker. An independent advisor may be acceptable when obtaining consent, but not during a confidential and sensitive interview. The effects this may have on the study's design will need to be addressed, probably requiring a second interviewer's involvement.

3) Role Changes
The shift in thinking required to move from a practitioner to a researcher is important for the worker. The shift in thinking required to move from a practitioner to a practitioner researcher is important for the client. Ensuring clarity of worker role as perceived by clients is the responsibility of the worker, and this will be achieved by including it in the research

information given to participants. Kickett, et al (1986) exhort a defiance of the arrogant syllogism research and especially PR must be careful to avoid:

> You are there as a *catalyst*. Your role is not to impose but to *stimulate people* to change ...
> Start where people are, not where someone else thinks they are or ought to be. (Kickett, et al,
> 1986, reported in Sringer, 1996, p.23.)

Herbert (1990) promotes establishing a formal supervision arrangement with superiors and peers (and if warranted by the sensitivity of the subject, with the independent agency involved) as generally advisable; in particular it will help you keep your roles in sight and in perspective.

Which role is paramount should also be made clear. Aspects of an interview may spark an unexpected response in a participant necessitating the worker assuming her/his practitioner role. Ethical PR interviews can not help deviating from the detached, traditional style of interviewing. By how much will depend upon the most equitable balance achievable between the two components of PR at any given point in the research. Again, this balance must be demonstrated to dispel the fears of clients and colleagues, much as PR literature so far has aimed at dispelling the fears practitioners have of the 'nuts and bolts' of research.

The role of the client must not change. Clients must not be treated solely as participants. If the role of the client changes, so does that of the service being evaluated. How might this be guarded against? I have so far used the terms research and evaluation (and to an extent audit, study, and review) interchangeably. However, Barlow, et al (1985) distinguishes 'Treatment Research' from 'Treatment Evaluation', with the former denoting 'straight' or academic research, and the latter PR. Those pursuing PR should give 'Treatment Evaluation' answers to the following questions:

Practical Issues	Treatment Research	Treatment Evaluation
How did the client come to be in treatment	Sought for project	Routine channels
Why is the client being kept in therapy	To be evaluated	Client need
Why was the target behaviour selected	Scientific interest	Client need
Why are these measures being taken	To make a better case to the scientific community	To assess client progress
Why is intervention being timed this way	Research purposes	Client need
Why is this intervention being used	Scientific interest	It seems most likely to be of aid
Why is this intervention being changed	Scientific interest	To help the client, or to clarify client need
Why are control conditions used	To establish a scientifically valid affect	To help better understand the client's needs

(Barlow, et al, 1985, p. 289)

Defending evaluation Barlow, et al (1985) succinctly write

> There are strong ethical arguments to be made for evaluation. Without repeated, systematic
> measurement how can a professional *really* know if the client is progressing? Isn't there an ethical
> need to be sure of this? Similarly, without careful specification of treatment, how can a practitioner
> *really* inform the client or others of its nature? Is not this ethically required? (pp.285/6)

<u>4) Access</u>
Deference paid to the above concerns should make the method by which participants are recruited, and consent for access to their personal details is obtained, fair. Where individuals will not be dealt with directly, or no more information about them is to be sought other than that available to the practitioner in her/his legitimate employed role then that practitioner will have to apply her/his own checks. As research in health, education and social work has in the past been primarily undertaken by an external agent (external at least to the specific workplace under study) all the locks are on the outside. One already inside may be able to go into any room so chosen without encountering measures of security, but it does not follow that an unlocked room carries an explicit invitation. Courtesy precludes trespass, but perhaps some PR-specific bodies should come into being to see that manners are upheld.

Courtesy precludes trespass is as simple a maxim as is the definition of PR offered by Reed and Procter (1995), though what constitutes courtesy and trespass will be fleshed out as PR as a genre of practice and research continues. The public sector workplace will see PR increasingly in the near future. The starting point present practitioner researchers have set off from must be elaborated upon, as I have tried to do, to establish guidelines which unify the varied PR projects undertaken and do so in a direction which contributes to a sharing of power, its benefits and responsibilities between worker and client. I know that, at the very least, were this the case then my exercise in PR (and so, by extension, its potential to translate into positive service development) would have been considerably facilitated. I fear that without the strength that some measure of unity of purpose and/or practice will confer, then PR will be open to abuse as cheap labour by employers and as self-aggrandisement by employees.

<u>Recommended Reading</u>

Glaser D. (1988) 'Ethical and Legal issues in Program Evaluation' in *Evaluation research and Decision Guidance*. New Jersey; New Brunswick.

Hammick, M. (1996) *Managing the Ethical Process in Research*. Salisbury; Quay Books. (Written for nurses, but the principles are broadly applicable.)

Talking about Gender and Ignoring Power

Janet Smithson

Introduction

This paper investigates the ways in which young women and men talk about gender in focus groups. Beliefs and expectations of gender roles and gender "truths" have been changing fast, and focus group participants belong to an age group (the under-30's) which is popularly believed to have absorbed many feminist and egalitarian tenets, and to be displaying "rapidly converging gender roles" (Wilkinson 1994). Recent reports have attributed "post-feminist" values to young women, for example, "The 'Can Do' Girls" (Katz, 1997) a study of young women's attitudes in the UK, concludes that "the fruits of feminism are truly being enjoyed. These women seem ... to take their equality completely for granted".

While many of the young adults in the focus groups state beliefs in equality of gender expectations, they simultaneously express gender-specific expectations and choices about their future lives. In the focus groups the discourse of "equality", or "equal opportunities" is rarely utilised, and many young adults do not appear comfortable with this terminology, preferring discourses of fairness and personal or individual choice.

Billig (1991) argues that "commonsense" opinions in fact reflect and reproduce prevailing ideologies, and repeat assumptions which confirm existing arrangements of power. In this paper I suggest that this phenomenon is occurring in the focus groups, with "commonsense" views of gender and equality contributing to maintaining existing imbalances of power between men and women. I am using "equality" in the sense of an equal balance of power within a relationshipp.

The Research

The research took place as part of a European Commission equal opportunities programme[1]. This was an action project which examined the orientations and expectations of young women and men (aged 18-30) towards work and family, and how they anticipate their future life courses. As the first part of the research, at least 10 Focus Groups were run in each of the 5 countries involved (Norway, Sweden, Portugal, Ireland and the UK). The groups of 6-10 young adults were mainly single sex groups of people at similar "life stages", i.e. all university students, in training, unemployed, or in semi-skilled or professional jobs. A semi-structured Focus Group Guide was used as a basis for discussion. The groups were tape-recorded and transcribed.

This paper draws particularly on the British sub-section of the data, but with some trans-national comparisons.. In the UK 14 focus groups were carried out, all in the North West of England. Many of these groups included members of ethnic minorities, and two groups were

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conducted specifically with young British Asians. All the groups were recruited and conducted by me as a researcher on this project using a variety of recruitment methods (advertisements, contacting employers and training courses, notices in universities, and personal contacts). The focus groups were transcribed by me with the help of other paid transcribers.

Analysis of the UK groups was conducted by members of the research team, individually and collaboratively. I will briefly describe some of the common discourses which focus groups participants draw on.

* Discourse of Equality as taken for granted.

On a conscious level, many of the young men and women in the focus groups view "equality" as a self-evident good. It seems to many that the question of gender equality is settled. For example, a group of 18 year old women, secretarial students, assume that there is gender equality in the workplace.

I	*And do you think it's going to be, do you think it's easier for boys, men or women these days to get jobs? Is there a difference between the boys and the girls you know?*
A	*Not among ourselves*
B	*Not any more*
I	*You don't think there's any, um, sex discrimination?*
C	*Well not=*
D	*=Most employers today are equal opportunity employers, so there shouldn't be any difference*

(UK women, secretarial students, aged 18)

In all five countries, most young women, and also most young men, say they do not expect to experience inequality between men and women, in the workplace or the home.

Q	*Are there equal terms for male and female employees in relation to parental leave and things like that?*
B	*I don't know but I think so..*
E	*Those who have children here .. there is no problem for them to... like if they have a sick child at home there is no problem taking time off for that..*

(Norwegian men, shipyard workers aged 19-22)

I	*Do you think having a job is more important to a man or a woman?*
S	*'Not really in this day and age, with equal opportunities and everything. It's the same really you know. It depends on the person. ...'*
T	*'I don't think it makes any odds - not these days. Maybe thirty years ago- it made an awful lot of difference but not these days -no'.*

(Irish men, catering workers, early 20s)

Equality of opportunity in the workplace, and also in the home, is by and large taken for granted. Individual choice, and individual skills and qualities, are seen to account for any differences in lifestyle, job choices, domestic division of labour, and future expectations.

'I think it has a lot to do with your personality and your own individuality'
(Irish woman, business management trainee).

'You make your own future.' (Irish woman, retail sales trainee)

* Gendered trajectories

The belief in equality was particularly strong in the white-collar women's and men's groups, and in the blue-collar women's groups. It was noticeable in this study that women in all the groups stressed the importance of a career, not only the "professional" women and university students but also the women training to be care workers, for example, saw their work as a career.

These beliefs however contrast with the gender-specific, and often unequal, life course trajectories these young men and women are pursuing, and with their views and expectations regarding career paths, division of domestic labour, parenthood and childcare.

The biggest gender difference in expectations was that women in most countries expected or wanted to work part time or take long career breaks if they had children. Women also expected to be doing most of the domestic work, regardless of their belief that this should be shared. Very few men expected children or domestic work to have an impact on their paid work. For example, a group of UK men in vocational training say that they would like partners with similar ambitions to their own:

"I think what's ideal, like I say for example your partner is somebody similar to yourself with respects that they want to achieve their own goals as well while you're along side I think that makes for a better relationship"

However, a bit later on in the discussion:

I   *So would any of you consider staying at home and having a partner going out to work?*
A   *Oh. If it was the other way around, I don't think I could stay at home 24 hours a day.*
B   *I couldn't do that. I'd go out of my mind*
C   *I'd have to get out of the house*
I   *So how about if you had a partner who wanted you to, how about if she wanted to go out to work.*
D   *You couldn't do it though, it's different innit?*
G   *...It's like a different way of looking at things, like yeah you can find work to do, well you can clean the carpets, dust the mantelpiece, do you know, but I mean like=*
E   *It's not working.*
G   *Yeah, it's not working.*

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These men's previous endorsement of the ideology of gender equality conflicts with their later assumptions about what is natural for men and women. The ideology of equality of educational and work opportunities conflicts with the gender-specific life course trajectories envisaged by these young men and women. The ideology of equality of gender roles in relationships conflicts with a gendered expectation of domestic roles. Many of the young adults, like the men above, appeared unaware of the inconsistencies.

Passive disagreement discourse - acknowledging conflict but accepting

Some participants acknowledged a gap between their belief that gender doesn't make a difference, and their experience that it does. They rarely, however, attribute this to inequality, or a difference in power relations.

The following example shows some UK women, all living with male partners, who feel that there should be gender equality in the home, and are not experiencing it.

B	*I do that when I go home, find myself making cups of tea for people..*
C	*Yeah polishing shoes*
B	*..and think why am I doing that. When he's just sat on his bum doing, looking at teletext.*
I	*Do you think you'd bring your children up differently from the way you were brought up?*
Y	*No.*
A	*It would be nice to say yes, but I don't think so.*
	(UK professional women)

These women accept the difficulties of changing ingrained habits. Significantly, they do not even imagine bringing up their children differently. It could be that these women are not actually concerned with the ideology of equality. In terms of ideological dilemmas, these women could perhaps be described as in transition between an ideology of traditional gender roles and an ideology of equality, but are not currently committed to either. They align themselves with the ideology of equality, but "solve" the dilemma by perceiving men as unchangeable.

* Perceive inconsistencies and give non-gendered explanation

A frequent approach in the focus groups, and a particularly interesting one, is the participants who acknowledge an inconsistency between their stated ideologies and their behaviour or expectations, and give non-gendered explanations for this, the most common of which is money.

Many women and men emphasised that they had chosen their career, not for the money but for interest, usefulness and personal satisfaction. However women tended to be in or training for lower paid jobs. Financial reasons for pursuing traditional or non-traditional gender roles were common in the focus groups. The "commonsense" understanding of money and its role in decisions is outwardly a gender-neutral, and "practical", decision for determining whose

career is secondary, who is more suitable to take on a domestic role such as providing childcare.

I   *And none of you would expect your partners to stay at home and look after the children?*
B   *My partner would love to, but financially he earns more than I do, so it just wouldn't be feasible really. Cos all my work is kind of fixed contract all the time he's got a permanent job, it just kinda would be too, whatever the word is, **not practical***
(UK woman, professional)

I   *Would you put a relationship before a job?*
D   *Well S, hopefully gets his Phd in September, and if he gets a job elsewhere I shall have to follow him. He's almost certainly going to be earning more than I am.*
I   *And you're happy with that?*
D   *Not particularly but I'm sure I'll come round to it.*
(UK woman accountant, aged 25)

"Often when a child is sick the mother stays at home. Men have much higher salaries ... My friends who have small children who are often sick discuss this, I know. 'If I stay at home we will lose so much money', then man says". (Swedish woman)

Sometimes the "money" argument leads to a reversal to traditional gender roles.

"If me and my partner ever decide to have children, it would make much more sense for me to leave work than for her, cos she'll be, in a couple of years, earning more or less double what I'm on" (UK man, research worker, aged 24)

However, in the majority of cases the "gender neutral" decision for whose career comes second will result in practice in the woman giving up her job, or going part time. In a society where higher level (in status and earnings) jobs are associated with masculinity, and lower level jobs with femininity, the "commonsense" reasoning shown above, is often presented as a non-sexist, practical strategy for determining roles. It appears to espouse equality and fairness. It also conflicts with the reasons many people in the focus groups gave for their choice of their particular jobs. As mentioned above, young women are still much more likely to choose lower-paying "interesting" or "socially useful" jobs. So in fact this "gender neutral" strategy for determining domestic roles is inconsistent with people's stated reasons for choosing their careers, and, in a society where men are still consistently earning more than women, inconsistent with the ideology of equality.

Effects of a "gender neutral" assumption

* Dislike of "positive discrimination"

One result of the assumption of an achieved equality for men and women is that many young people felt that equal opportunities legislation was sometimes unfair. They particularly felt that positive discrimination was not acceptable.

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'I was looking for jobs in engineering, I was applying to the big blue chip companies and they have to have a quota every year....one of the companies I actually applied for basically said, we need women you've got the job regardless of what the interview said, and I was, I don't want it thank you, and walked out.' (UK woman, engineer)

'Late 20s, thirty-something white man is the most discriminated group in job hunting. This whole political correctness thing. You could have a man and a woman with identical qualifications, identical experience, the whole shebang and you might get a call down from head office - we'll give the job to her' (Irish man)

* Preference for home child care

A second result of an assumed "level playing field" concerns the question of how young children should be cared for. The UK men with egalitarian ideologies tended to be strongly in favour of home-based childcare for young children, more so than many of the women, and they viewed this as an individual, gender-neutral preference. They do not appear to connect this with the fact that in practice, home based childcare is almost certainly going to be undertaken by women and not by them. As shown above, decisions on who stays at home to look after the children are based on decisions about earning power (biased towards keeping the men in work) and on societal and employer expectations which make it hard for men, especially in the UK, to work part time, or take career breaks. Ignoring gender differences perpetuates traditional gender roles in this issue.

Conclusions

It is currently often accepted as a commonsense notion that gender equality has "arrived", and there is a media discourse of "post-feminism" which denies existing power differences. Our research suggests that the majority of young women and men adhere to this view of the world. The discourse of "equality", or "equal opportunities", is relatively rare in the focus groups, and many in the groups do not appear comfortable with this terminology, particularly in relation to positive discrimination (which is seen as being unfair to men and patronising to women), because it appears to conflict with the discourses of fairness and personal or individual choice, which are more acceptable to these young adults.

Fairness appears to be a more relevant concept than equality for these young people. The gendered expectations and choices about their current and future lives were attributed most commonly to individual choices. Young men and women emphasise that skills and qualities matter, not gender. Financial motives, although not seemingly acceptable reasons for choosing a career path for most, were acceptable reasons for determining a highly gendered division of domestic labour and childcare. In this way the continued division of labour is justified, on grounds that appear to have nothing to do with gender, or with power imbalances between women and men.

The dominant view in the focus groups was that men and women in the late 1990s are individuals making personal choices on a level playing ground. So there was regular attribution of the unequal gender trajectories to "gender neutral" causes. These seemingly gender-neutral

decisions, in fact reinforce prevailing gender (and other) inequalities, thereby perpetuating a traditional "sexual contract" (Pateman, 1988). By ignoring power, and focusing on individual choice or personal skills, the ensuing differences in life course, for example men's higher earning power, and consequent enhanced possibilities for maintaining a career, are not seen as a gendered problem.

Reflexive analysis: The researcher's power in interpreting the discourse

An issue that arose for me as researcher on this project was, how should I deal with the data in presenting an interpretation of the focus group texts? This research was termed an Action Research project. Action research aims explicitly to empower participants by involving them in the methods of research, and by encouraging them to frame the research agenda in their own terms and to comment on the results (Banister et al, 1994). This suggests an openness between researcher and "researched", whereby the researcher "reports back" on the participants' perspectives. However, the "reporting back" is inevitably a reinterpretation, by the researcher, of the participants' positions, and within this the researcher has the power conferred by the research process to "interpret" the data.

Some of my analysis presented here concerned me regarding abuse of power by me, the researcher, in constructing meanings beyond the participants' own intentions. Is it an abuse of power to use participants' talk in ways they would feel uncomfortable with if they were to read my analysis? Some of the participants might object to my interpretation of their conversation, for example my suggestion that participants are uninterested in equality while enjoying the benefits of it. I was analysing these transcripts from a specific, feminist perspective, which many of the participants would not share. This is a particular problem for feminist analysis: Kitzinger and Wilkinson (1997) state that "in much feminist research, the author states explicitly that she is trying to avoid the imposition of her own meanings or interpretations; that she is simply reporting faithfully". They criticise this, arguing that feminist research should be "not validating, but *directly challenging* women's taken-for-granted experience" (original italics). There appears to be a conflict here between the aims of action research and feminist research?

Is an analysis which the participants would not agree with or feel comfortable with against the aims of action research (although perhaps within the aims of feminist research) or is a sometimes controversial interpretation of a text a legitimate use of power by a researcher, even within action research? Any analysis of qualitative data is only one of a multiplicity of possible analyses, and should be read as such. Edwards (1996) argues that "it is the very power of 'expert' knowledge that I and other academics can seek to use in challenging public agendas on specific topics", and she concludes that there are "no easy answers" to this dilemma of how feminist researchers represent other people's views.

A conclusion of "no easy answers" is not of much help when making practical decisions about collecting and analysing qualitative data. It is clearly vital for researchers to acknowledge the power they hold over "their" data, and also to realise that "empowering" participants may not lead the participants in the directions which our own agenda would prefer.

The Phenomenology Of Power Or Death Of A Nursing Home

Christine Noble

Introduction

In the western world, services provided for the mentally distressed are embedded in a historical context. Two centuries ago, 'specialists' used custodial and draconian measures to control others' conditions and to punish their unacceptable behaviours. We are all familiar with the concept of 'asylums' which has been portrayed in such films as 'The Snake Pit' and 'One Flew Over the Cuckoo's Nest'. The insane were locked, sometimes in seclusion, in square rooms with peepholes and a hole at the bottom of the door, positioned like a cat flap, where food was distributed. Breaking social norms, unacceptable behaviour was punished using confinement and sometimes disembodiment with a straightjacket.

Power took the form of 'Coercive Authority', (Wrong, 1984), which relied explicitly on traditional behaviourist regimes. It was a widely held belief that constant negative reinforcement would either 'cure' or abolish strange behaviours; in reality it dehumanised the individual whose only motivation became the avoidance of pain. Physical restraint necessitated continual observation to minimise risk to the sufferer.

Modern Wards and Homes: Who is Powerful, Who is Powerless?

Today, terms like 'chronic mental illness' and 'case management', (Nelson and Walsh-Bowers, 1994), serve to disempower the treated and make them passive service consumers. The word 'disorder' suggests the absence of compliance to order and ordained rules considered regular and normal. These vocabularies were invented by service providers and represented their rhetorical subjectivities. They exemplify the pathologising of conditions contravening social and experts' subjective norms.

'Unobtrusive' observation is one primary task for the nurse as 'carer'. Around the clock surveillance is dual functioning; it safeguards the carer from making mistakes (hence retaining his/her qualification as a practitioner). The desired outcome of efficient observation is to achieve accountability to an authority, which in turn serves to gain a higher person's trust and confidence by establishing maximum client safety. Surveillance confiscates responsibility, privacy and decision making capabilities from the observed. Many modern psychiatric wards are structured to ensure maximum surveillance. The Panopticon shaped, (Foucault, in Rose, 1989), office is situated in the middle of the ward. It has large, reinforced transparent windows so a view is obtained of all four corners.

The condition Institutional Neurosis defines in its own right the effect of an institution on the individual. Additionally, the invention of Phenothiazines in the nineteen fifties provided a method of chemical restraint; the individual 'patient' had to endure their often unacceptable side effects, such as sedation, excessive salivation, hypertension and sometimes epileptic type seizures. Although more modern drugs are now on the market their usage still has unwanted side effects such as the

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condition known as 'tardive dyskinesia'. Thus it became possible for the specialist as 'knower' to alter behaviour using biochemical control.

Involuntary patients sectioned under the Mental Health Act, until recently defined as a 'Treatment Order', are obliged to comply with taking medication or the physically invasive Electro Convulsive Therapy. This use of coercive power incorporates the use of actual force with its non-use resulting in the continuation of pain.

Authority by Inducement is the alternative to coercive authority. In keeping with our consumerist society and as with the Patient-Manager relationship there is an agreement; the manager expects compliance in return for service provision. Again the user is disempowered since the outcome, as with coercive power, is to alter behaviour and the withdrawal of compliance can be a threat to the user who is already vulnerable because of the adverse effects of the hospital process.

Desired behaviours are dependent on the decisions made by the person at the top of the hierarchy. In the hospital setting there are rigid boundaries where each member of the institution is an actor of a given status dependent role. At ward level actors range from the Consultant Psychiatrist to the Patient. This is the Psy-Complex, (Rose, 1989), where the bureaucracy of control relies on defined roles and status's, (Lukes' Third Dimension of Power, 1974). Those treated are victims, the 'governed', the recipients of expertise.

Members of the Psy-Complex possess legitimate authority which effectively exerts control because of mandatory status and influence. An example is the rapport established between client and consultant during interview. If the recipient believes that the other's beliefs and values are superior, the consultant has attained credibility and is regarded as being a competent authority, (Parsons, in Wrong, 1982). The expert is thus able to influence behaviour in order to attain his/her desired outcome.

The recipient of psychiatric hospital services is no longer responsible for his/her actions. He is not expected to possess specialist knowledge of his condition since this is the domain of the 'knowing'. The patient's narrative as 'knower' is unlikely to be accounted for unless embedded in the form of identifiable signs and symptoms during the speech act. Thus the specialist can maintain a desired 'objectivity'.

The diagnosed lack of insight into one's 'condition' is in itself a primary sign of psychosis. Experiential accounts are often dismissed as irrational or unreal and require 'acting on' by the practitioner. In turn, the knowledge advocated by the knowing serves to persuade the user that the consultant's perceptions of a condition, based on observed signs, are more reliable than those of the service user.

Consent to treatment entails an arranged relationship where the client agrees to self-confession. Personal information is given to the specialists who act as a team and decide on methods adopted to improve the client's quality, by way of 'surveillance' (or observation), 'evaluation', 'classification and correction', (Foucault, in Rose, 1989). Thus the client is exposed to his/her subjectification by another (Foucault, in Rose, 1989, p240).

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Relationships between service providers also depend on hierarchical positioning. Therefore the nurse is expected not to question the specialist's approach unless asked. The nurse is then rewarded by initially feeling flattered. However, the superior consultant retains the power to respond to the nurse's contribution through either acceptance or dismissal of her knowledge. His/her subsequent feelings then depend on the specialist's response.

A real life example of the practice of coercive power within the medical (Psy Complex) hierarchy was observed by myself and occurred on a private hospital unit for acute patients. My position was as a student nurse on a ward assignment. A mixed race nursing assistant was gaining experience and hoping to commence his nurse training. One consultant (who was a white South African) stormed into the staff office one day and rudely instructed the nurse to change his punctured tyre. The nurse refused outright. This resulted in his immediate transfer to an NHS Psycho-geriatric ward where he was frequently expected to clean and change incontinent elderly ladies. He left his workplace soon after without any career prospects.

The Psy-Complex in a hospital is in part a group of status distinctions, ranging from ward manager to domestic. Although all contribute to the hospital process, roles played by seniors are considered more important and hold more responsibility and reward. In turn the nurse in charge, the Nurse manager, will want to ensure maximum efficiency since she is accountable to her superiors. She possesses the authority to dictate the actions of others and requires compliance. Her control of staff output depends on her individual approach and may range between use of Coercive authority (which provides negative reinforcement taking the form of a real threat to one's employment and livelihood), to the more productive and implicit use of persuasion using commendation, encouragement and explanation as positive reinforcers.

Often there is conflict between two members of similar status. One may respond by being over familiar or talking too long to a 'superior' in order to (intentionally or not) create imbalance by way of destroying trust between the two. This behaviour often leads to the reversal of balance of power. It may seem unprofessional but it does not directly affect the clientele and the manipulated blurring of boundaries is accepted as part of the group's interaction and dynamics. In some organisations this behaviour is regarded as healthy competitiveness and in-keeping with social norms. Even though the deposed will not receive demotion, unless mistakes are made arising from negligence, she/he will lose some power. The outcome will then depend on his/her response and the situation may become an elaborate game.

Sometimes a group emerges, which can preside at any hierarchical level, whose members benefit from enhanced solidarity, (Wrong, 1979) and positive social comparison. Rules are made according to commonality, such as living in a similar area or having a similar belief system. Gatherings are informally mandatory, such as sharing breaks together, and attending organised social events. Although admission or acceptance is voluntary, non membership results in isolation and exclusion and the individual is vulnerable to the stresses he (she) could withstand as a member of a group, (Stouffer, in Rose, page 44,1984).

Analysis of Nursing Home Organisation

The following is an analysis in a real life setting of the existing and developing dynamics of power within an organisation; this being a nursing home in the north of England for six chronic male schizophrenics whose ages ranged from twenty nine to fifty six.

The home was staffed by Registered Mental Nurses for six years. I myself was a staff member and therefore had direct access to analyse the existing dynamics of the home. The staff gender ratio was about fifty percent and only one member was born in England. There was neither cleaner nor cook. The proprietor was in his mid thirties and without nursing qualification. Two years previously he owned two homes, totalling nine beds, which were all used. Last Christmas there were five residents but by March of this year there were only three left. At the end of last year one resident was discharged home to live locally with his mother. Another was transferred to a halfway house after becoming a victim of physical abuse by a fellow resident. One resident unexpectedly died one Sunday evening of a heart attack following a two year progression of lung cancer, which had only just been discovered. By this time the Health Authority had ceased to refer potential residents to the House. There was no obvious nursing reason for this action. By April nurses had accepted a pound/hour wage cut.

There were about a dozen qualified members of staff. All but three also worked full time in the community, mostly holding managerial positions. They all had many years experience and between them provided knowledge of specialist approaches such as Psycho-education, Psychotherapy and Cognitive Behaviour Therapy.

The nursing outlook was radical and promising since it was unusual to have chronic paranoid schizophrenics for a target group using these methods.

The Nurse Manager was responsible for the overall running of the home. She liased with other members of this particular Psy-Complex including Relatives, Day Hospital staff, Consultants, Social worker, CPN, and the Pharmacist.

The Deputy Charge nurse completed the Duty Rota and helped with the weekly shopping but all other staff were of the same status.

He also worked full time elsewhere. He abused his status by allocated for himself as many working hours as possible and earned a significant second income. If unable to work, his brother in law (who worked full time on a hospital ward) covered the shift.

Thus staff cover was mainly juggled between The Deputy Charge himself, relatives and colleagues whom he had met elsewhere in nursing. He was highly motivated to earn money and he rationalised his behaviour by insisting that the House would close but for him owing to staff shortage. Thus he claimed that number of hours worked provided a measure for commitment and caring.

The nursing philosophy of care emphasised the importance of community integration as opposed to 'treatment and services', (Nelson and Walsh-Bowers, 1994). The overall objective was to establish total rehabilitation and to teach the social and practical skills required for residents to progress to

living independently in the community. Residents were viewed as psychiatric survivors and former victims of the system rather than people who had benefited.

Through the processes of observation, identification and modelling the overall objective was to promote socially acceptable behaviours as well as to encourage the practice of basic living skills. Residents were treated on the level of the individual and agreed methods were targeted at maximising personal autonomy. They were encouraged to make their own decisions, to accept responsibility for their actions and to account for them using self monitoring. Rose, (1989, page 254) suggests that these functions serve to bind the behaviour to each identity in order to gain acceptance from others of oneself.

One main nursing task was to give an evaluation of each resident's care and progress. This required careful monitoring which necessitated an understanding of a person and his experiential reality; incorporating facets of their past experiences, potentials and limitations. It was legally required for staff to write a daily report on the residents who were not allowed access to their notes. Staff were also responsible for residents taking their anti psychotic medication.

There was only one member of staff 'in charge' at any given time and generally they had differing approaches towards residents. Disparities in communication also made staff vulnerable to the motives of other members of the wider multi-disclipinary team since apart from the Nurse manager and Deputy, they rarely attended meetings. Because of this self-exclusion remaining members of the Psy-Complex gained enhanced power over the groupp. Staff members in the home were unsure of the authenticity of relationships with those outside, such as, Day hospital staff and social worker. Internal house Staff meetings were unhelpful and would frequently develop into political bickering. As an illustration, one member would openly criticise the Deputy working too many hours but because of his cathartic expression of hostility there would be no compromise.

These observable group dynamics are comparable to results of Studies in Social Psychology in World War II, (Stouffer in Rose, 1949 and 1950) where the combat motivating factor was not, as one may think, a response to an individual's beliefs, ideals and aims. Combat was instead a direct result of accountability to immediate superiors and was based on strength of loyalty.

In the nursing home context, loyalty was often secondary to benefits gained from earning money. The fragmentation within the staff group meant that intergroup inequalities of power with minimum loyalty could be manipulated by the wider Psy-Complex. Power structures similar to those existing in hospitals could be found in the nursing home. The Consultant had overall control over residents' care and treatment. Staff had completed their training in a hospital and learnt practices were imported into the community. So were power relations; the Nurse manager had overall responsibility for the running of the house and was expected to be available when the Health authorities made their six monthly inspections. She was also on twenty-four hour call in case of emergencies.

In April the Deputy charge directly challenged the Nurse manager's status by expressing his interest in buying the property. He later withdrew the offer but in the meantime the Nurse manager was seriously considering leaving as she felt unable to work under his ownershipp.

Staff frequently transferred learnt institutional practices to the community setting. There were separate staff facilities and most drank out of personal cups rather than those used communally. Many would not eat the same food as the residents, nor share the same plates and cutlery.

Receiving the keys at the start of the shift was symbolic of an exchange of power. These comprised keys to bedrooms, the office, (with many other keys in it), medicine cupboard, residents' money, grocery cupboard and freezer. When commencing work the nurse's status was established for the duration of the shift.

The essence of good management was to establish a safe and peaceful home. Individual staff members also benefited from a workplace with little stress but the nature of the job meant that this was frequently disrupted. There were several violent outbreaks. The nurse had to account for residents' behaviours in the community which sometimes resulted in police action. Also, as one nurse had recently experienced, any medical emergency had to be treated 'correctly'.

If the nurse failed to establish a positive relationship with residents, she/he was likely to be isolated and alienated when a crisis occurred. It was possible to establish therapeutic relationships by exhibiting authenticity and commonality. Peiople with schizophrenia are often unpredictable and thus unusual situations regularly arose. Often staff needed to ask residents for help since no other staff were present. Besides, it was good practice for residents to be involved in everyday difficulties. The proprietor visited the house frequently but was never around when help was needed. Frequently he would complain about the heating being on too high. His visits were counter-productive and his acts would contravene nursing approaches. For example, he would give cigarettes to a resident, Malcolm, who was undertaking a programme to spread his cigarettes over seven days. The proprietor was displaying his control by breaking a vital clause in Malcolm's programme; that he smoke one cigarette per hour. Other residents regularly bartered for privileges using cigarettes and were thus able to experiment with control over their peers.

After the owner's visits Malcolm could not understand why he had to continue his regime which was initially constructed to help him to budget his low allowance. This would often result in threats and verbal abuse towards staff.

Case Study of Malcolm

Malcolm had ambivalent relationships with members of staff. He had a history of assaulting female nurses and many could not cope because of his violence. Over the past six years he had viciously attacked his mother since she never told him about her remarriage until a later date. He had also assaulted three members of staff including the Deputy charge who claimed after to have suffered cracked ribs. Staff were present when Malcolm sporadically shattered the large lounge and kitchen windows. The owner decided against pressing criminal charges.

A staff meeting was held at the onset of Malcolm's violence. It was decided that the response to be made was one of positive regard in order to supply basic emotional needs. This approach was paradoxical to his past life experiences. Thus a conceptual network was developed with the provision of a framework of family relationships. For example, the Nurse manager (who although threatened had never been assaulted) played the role of mother. Other staff members acted a

suitable role aimed to provide a set of relationships including uncle/aunt and nephew, brother/sister and brother.

Individual staff interventions were inconsistent and uncommitted to this course of action. Malcolm's frequent violent outbursts and eliciting of fear sometimes led to individual displays of contempt towards him when Malcolm responded by using more violence. By deploying inappropriate methods, both Malcolm and staff were given contradictory messages.

Through time, fellow residents were either attacked or threatened. Malcolm was made a scapegoat since they constantly criticised and chastised him. Malcolm retaliated by exerting more coercive power in the form of force. He retained his power by undertaking 'occasional tests of strength', (Wrong, 1982, page 86). After threats of (or actual) violence the residents complained again and this reinforced his anger. The resulting fear penetrated the entire house.

The fact that Malcolm alone was not allowed to manage his own money and cigarettes aggravated the situation. The allocation of choice was unequal. This made staff potential victims to Malcolm's power. The remaining residents bestowed staff with competent authority; respect and superiority in exchange for total responsibility when crisis invariably occurred. This failed to alleviate staff's feeling of irritation, hostility and animosity following Malcolm's displays of power.

The Research

As a prospective Action researcher one may expect that I would be in a privileged position. However the fact that the research was psychological failed to promote my cause. I was merely informed by residents of their adverse past experiences with psychologists and their aroused suspicions.

At the start I was obliged to seek their consent. This entailed instructing each resident of my aims even though we were all unsure of how the residents, as co-researchers, would benefit from this exercise. Several informal discussions ensued. We were all aware that I would gain by receiving a further qualification. I had already achieved the far easier task of obtaining consent from the Nurse manager who had in the past always supported me with any project I was undertaking.

I had, as far as possible, tried established a relatively equal relationship with the residents. I was aware however that this endeavour was handicapped by the fact that I was 'in charge'. I was in the habit of allowing residents access to groceries and foodstuffs; their possessions, however it was obvious that they could not have access to medicines and reports. Even though I held the keys, the reality was that the residents were indirectly in control of my earnings.

It was difficult to persuade them that our research would be a gainful experience. People with schizophrenia can be difficult to motivate and it was difficult to persuade them to undertake 'Action Research' with me. I received three residents' written consent but only after there had been a total shift of power from myself to them since I was seeking their help instead of vice-versa. Even though they seemed pleased that I chose them, I was jokingly reminded several times of my dependence on them, as participants, to realise 'our' research. One resident claimed that he should

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be paid fifty pounds an hour for a consultation fee! Feeling duly humbled I was then able to continue to pursue my ambition.

I also had to accept inferior status to the members of the local Ethics Committee. After communicating with them I was made aware of the fact that my entire research depended on their acceptance. This was exacerbated by the fact that they seemed unable to comprehend the theoretical stance underlying my initial proposal, which adopted ethnographic qualitative methods applying principles such as intersubjectivity, introspection, and reflexivity. 'The ethic of autonomy', (Rose, page 254) was apparently not an issue for those governing subjectivity, and the soul. However, I soon discovered that my pending relationship with this body was to be abruptly curtailed.

The owner was the individual wielding most coercive power. He had control of, not only peoples' life styles, but also the power to instigate their major life changes. This was the outcome when after six years he forced the House to close. Group games ceased to exist; they were now irrelevant. Remaining residents were to incur the stress induced through acute exposure to change. Some staff had lost their livelihood and personally, I had also lost 'my' co-researchers and the site for my research. I was also aware that methodologies incorporating ethnography and Participant Action Research could no longer be deployed, as it would take many years to establish equally long term and meaningful relationships with others.

Conclusions and Reflections

Clearly, control and power resides alongside human interaction. The western organisation is a typical example. The perception of power and its effects are subjective and diverse; therefore it is impossible to compare one particular viewpoint with collective knowledge, per se. My account of power comprises my own subjective narrative and is enveloped by my gloss and thus relies on my interpretation. Other perspectives should also be considered.

In the example given there is an absence of inter-subjectivity, leading to poor integration. I have described the nursing home experience and my subjective perception of power, but others perceived their realities differently. Despite the prevailing and seemingly honourable nursing aims and objectives, residents may have seen staff as being uninvolved and lazy. Certainly, many were uncommitted to the Philosophy of Care, which was compiled by the nurse manager to provide a conceptual guide to service provision by the providers. My interest in ethnographic methodology could also be interpreted similarly although I would argue that this is an effective expression of facets of myself, including possible negativities. Individual perceptions may therefore be illusory.

Similarly, I have explained staff's main priority to be the accumulation of wealth but this is not necessarily 'wrong' even though it may increase the propensity to abuse. Other members of the Psy-Complex may possibly perceive staff in the nursing home as being inefficient and also negligent by not preventing violence from occurring. The eventual closure of the home may well reinforce these views but research conducted by Wardaugh and Wilding, (1993), on Pindown regimes used for dysfunctional children suggests that in the absence of 'trouble', carers would 'turn a blind eye' to methods used to alter behaviour. A trouble-free environment does not necessarily indicate the absence of abuse.

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More frequent communication between members of the Psy-Complex would have aided the negotiation of underlying differences and through the dynamics of inter-subjectivity and reflexivity change may have been initiated. Alternatively, existing attitudes may have been reinforced, especially if racism within the Psy-Complex did actually exist. All staff members at the nursing home strongly felt that this was the case and there was a tendency for staff to feel that others were conspiring against them.

These contradictory perceptions and experiential narratives illustrate the complexities of subjectivity according to individual limitations. Individual knowledge, although transferable to group situations, may lead to the fragmentation of one collective knowledge; the creation of which was a central aim for my Action Research.

I have explained the adverse effects of the institution on the individual but this is only one perspective. Custodial methods used in the past, with limited resources, although seemingly extreme also served to protect the patient and the wider community. The specialist would take the view that they were doing their best. Like modern radical thought, post-intervention results can bring about desired change as well as the prevention of harm.

Staff and residents alike shared commonality in many ways; both groups were vulnerable to possible abuses of power. The resulting closure of the home was a typical example. Likewise, staff were not aware of what was said by other members of the Psy complex in their absence. Residents were not allowed to read their own notes. The sharing of life narratives between staff and residents facilitated reflexivity where several subjective accounts could be shared to create one collective reality.

A phenomenological example of inter-reflexivity occurred when one of the residents, as previously mentioned, was dying. Staff and residents alike knew he was ill but his life expectancy was undetermined. During this time there was little verbal exchange between house members. There were many periods of silence but these were spontaneously broken by references made to the dying member. Clearly, everyone was preoccupied by this event and their feelings were communicated with little being said.

This paper has not so far accounted for the suffering incurred by recipients prior to intervention. Many in despair are relieved by 'being treated', including chemotherapy as a method. Hope is attained because of the possibility of change. Many would argue that hospitalisation provided a source of relief from intolerable life experiences. The nineteen thirties film 'The Snake Pit' dramatically illustrates the state of psychiatric 'care' before the introduction of Phenothiazines. Patients existed in a large pit and survived by constantly exhibiting aggression towards in-mates. This was the only effective behaviour to survive. What is surprising is that today drug companies have failed to create medication with few side effects. Clearly this is not their main priority.

As explained in the nursing home situation, the relative lack of hierarchical power led to 'each doing their own thing' leading to disparities of care; methods, approaches and outcomes. However staff benefited from the reduction in stress even if this was outweighed by the fear imposed by Malcolm, as he tested staff's powers of persuasion through the manifestation of violence. Malcolm certainly made work for staff a 'difficult' job, (Wardaugh and Wilding, 1993), and the outcome was always negative. The life of the nursing home was curtailed and the solution to its problem could no longer

be sought. Because of the owner's use of coercive power by enforcing its closure it was not possible to 'start again'. It may have been productive if staff not committed to nursing aims and objectives were 'dismissed' and different staff were employed on the basis of their agreement to the philosophy of care. This use of coercive power could then foster conditions compatible with the creation of the ideal 'Persuasion-Personal' authority. Even then, however, commitment would not necessarily assure success.

Although the hierarchical system may be criticised for the constraints imposed, it is also an effective and widely accepted platform for action. However in the hospital situation those setting standards and rules are not involved with action at ward level. Many health users accept service provision and commend methods deployed for bringing personal relief from suffering.

Their main criticism however is that they are not listened to by Psychiatry. The government has via Paul Boteng, health minister, launched a campaign called 'Changing Minds' aiming to reduce the stigma associated with mental health featuring advertising, education and films.

Ex-mental health service users have strongly condemned this campaign and this month they have staged a march to Whitehall. They questioned the accountability of those exercising the power to make decisions on their lives. For them it was impossible for those privileged with power and autonomy over others' lives to understand their experience since only they alone owned 'their experiences'. They were not asked to share their subjectivities and concluded that it was not the public's mind that should be changed but those belonging to psychiatry.

Coercive authority is a global phenomenon. Economics decides peoples' behaviour on a macro level. State coercion and inducement prevails in many societies where resources are unequally allocated. Psychiatry as an institution is, both past and present, being accused of abuse of power against human rights. Hall, (1998), argues a case for the need for nurses to alter attitudes in Psychiatry. In doing so he is empowering the nurses and inciting them to act. Change is difficult to achieve since individual subjectivities contradict each other and are often unheard, also because nurses lack institutional power. The diversity of human motivation and corresponding levels of input and performance will always put care systems at risk.

Young British Asian Women: Issues of Powerlessness.
A Question of Race and Gender?

Saima Alam

Introduction

Focus of the Research

This study was undertaken by myself as part of a PhD entitled; "Young British Asians Between Two Cultures: Gender Differences, Identification of Stress, It's Effects and Coping Mechanisms". The aim of the first phase of this research has been to analyse young British Asian men and women's accounts of stress, cultural conflict, identity, coping and social support. This has involved arranging and conducting semi-structured interviews with 30 single, British Asians of Muslim, Sikh and Hindu religious backgrounds, over 16 years of age and living in the North-West of England.

They were selected from a variety of contexts; further and higher educational establishments, work places and community groups and organisations catering for youngsters from ethnic minorities. A letter explaining the purpose of the research was distributed inviting participation in the study. The use of pro-active recruitment techniques such as snowballing and networking were also utilised. This enabled me to recruit people from a wide range of backgrounds and experiences.

This present paper will be more specific in nature; it will focus upon the theme of 'powerlessness' and 'lack of control', through the use of various quotes taken from the interviews conducted with the female participants. This is a result of the frequency with which this theme occurred; at many intervals and in many forms throughout their interviews and this seems to be related to the gendered and racialised position Asian females hold in society.

General Background

Previous Research: The Experiences of Young British Second-Generation Asians

The second-generation of British Asians have been the focus of concern, for they are fundamentally caught between the cultural expectations of their parents (first-generation migrants) and that of the host community. They have been described in various terms; 'Between two cultures' (Miles 1978 and Watson 1977); 'Coping with two cultures' (Ghuman, 1994) and 'Half-way generation' (Thompson, 1974). Ballard and Ballard's (1977) research upon second-generation Sikhs, stated that at home the young Asian person is taught to put family obligations before their own personal interests, whilst at school they are encouraged to be independent individuals and make decisions according to their own views and opinions. These contradictory behaviours, can cause a 'push and pull' phenomenon between the two different domains of home and school/work (Bell, 1990). The 'culture conflict model'

proposes that identification with two cultures which have very little ground, will result in conflict and lead to problems for the individual (Taft, 1974: Pg. 170).

A few studies have focused upon the difficulties of cultural contrasts as encountered by young Asians in Britain. Stopes-Roe and Cochrane (1991) investigated major areas of concern for young Asians: family, marriage, employment, traditionalism, changing customs, personal identity, prejudice and social contacts. The research found that the sources of conflict and difficulties for young Asians centred around inter-generational differences in attitudes, as a result of the two generations being brought up in very different cultures. In over half of the young Asian people, more personal autonomy was desired. These were the seeds of conflict to some degree, for between a third to half of the parents and young people. This was specifically in relation to family issues, marriage, education and employment, where to live and personal identity.

The Experience of British Asian Females and Patriarchy

The difficulties and anxieties are particularly more apparent for the female gender and are embedded in the gendered and racialised position they hold in society. It may be a controversial statement, but for many Asian men, the woman's place is still regarded as being in the home, in the traditional role of mother and homemaker.

Sharma (1984) found that not only did second-generation Indian girls enjoy less autonomy than their white peers, but they also perceived greater pressure from parents to follow their traditional culture and play a more responsible role in household activities, an aspect not found for Indian boys. Many young Asian women today, have upwardly mobile aspirations towards education and careers and do not want to limit themselves to housework only (Basit, 1996).

Asian girls who have been socialised into western culture and attitudes through schooling, find the conflicting demands of the two cultures difficult to reconcile. Especially those brought up in the Muslim tradition, who feel they are treated differently than boys in all aspects of living. They feel strongly about the injustices they have to suffer regarding parental protection, lack of freedom and curfew (Ghuman, 1994). Many Muslim girls are also denied opportunities which are open to Asian males and white peers, due to parental restriction (Wade and Souter, 1992). Drury (1991) found some signs of inter-generational conflict in her research, it seems that Asian girls resent the fact that parents have double standards and turn a blind eye to their sons' activities, which may involve dating white girls. It is not necessarily the case that Asian girls require complete autonomy, but more freedom and control towards various features of their Asian and British ethnicities (Basit, 1997).

These issues can only be more fully understood in the context of 'izzat'; a concept describing a set of values, concerning duty, honour and respect. A large part of the burden for carrying a family's 'izzat' is entrusted upon the female gender (Wakil et al. 1981). Although it is masculine in nature (Wilson, 1978) it is passed from mother to daughter, affected by their lives and actions more and is a reflection of the male pride of the family. This means that Asian parents are likely to be more protective towards their daughters as a matter of family honour.

South Asian culture has its roots in 'patriarchy'; a principle which orders relations between the sexes and divides areas of paid work, housework, sexuality, culture and violence into masculine and feminine spheres (Walby, 1990). Patriarchy also allows us to understand how power is held by men and wielded over or used against women, leading to their oppression and creating powerful men and powerless women. Patriarchy focuses on the relationships between men and women in a situation of female subordination (Kerfoot and Knights, 1994).

Patriarchy allows us to understand the existence of racialised genders. Gender-role socialisation for South Asians as a group, is strongly determined by the male/female typology. Shams (1992) describes how Asian females are assigned with a set of traits (i.e. submissiveness, passivity, helplessness, weakness) which are so strong as to be mistaken as being innate; the absence of which is to be termed 'deviant'. These categories are outside the control of the individual and impute dominance and power to Asian men and passivity and powerlessness to Asian women. Bhachu (1993) questions the negative portrayal of ethnic minority women based on the powerless/passive/static model. She maintains, this simplistic model, fails to take into account their transformative powers and the cultural entrepreneurs they really are.

Qualitative Methodology: Semi-Structured Interviews

It has been argued that qualitative methods are more adequate than quantitative techniques, as they explore an individual woman's understandings, emotions and actions in the world on her own terms. Quantitative research techniques, translate individuals experiences into previously defined categories and distort women's experiences, resulting in a silencing of women's own voices (Bhopal, 1997).

A qualitative approach using the semi-structured interview technique was adopted for this study. As most of the previous research conducted on South Asian females has made use of the semi-structured interviewing technique (Basit, 1997; Bhopal, 1997; Brah and Shaw; 1992 and Wade and Souter, 1992), it would seem to suggest that this is a particularly effective method for exploring issues and illustrating experiences amongst culturally diverse females. This approach to interviewing is more flexible and was chosen because it allowed questioning to be adjusted, rather than to be locked into a particular set of questions.

'Woman to Woman' Interviewing and the Influence of 'Race'

My position as a female interviewer influenced my research and allowed me to examine the many complex facets involved in 'woman to woman' interviewing (Bhopal, 1997). As a woman interviewing other women, I was able to develop many ideas and use the interview as an exploration of issues and experiences. I felt that many of the young women were able to divulge some very personal experiences and placed their trust and confidence in me. This allowed them to reveal some very intimate and personal details about themselves, for example, one woman's worry and stress of having an unwanted marriage arranged for her. Revelations of this nature meant that issues of anonymity and confidentiality had to be emphasised and reiterated many times throughout the interviews. Had these interviews been performed by a

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man, such in-depth quality of information may not have been gained. Finch (1984) argues that women are used to accepting intrusions into the more private parts of their lives more than men and their interviews can easily take on the nature of an intimate conversation.

Gender was not the only variable which allowed me to create the 'shared meanings' necessary to understand these women's experiences. 'Race' also infused itself in the interviewing process and assisted in gaining some very rich disclosures through the process of 'partial identification'. Miles (1991) argues that the concept of 'partial identification' is important, as it enables us to recognise that which binds women to 'other women' and that which separates us. I was able to see this process surface with the Asian women in a sharing of emotion, identity, experience and culture.

Personal Feelings of the Research Process

Although my identity as a South Asian woman allowed me to identify with the respondents, simultaneously some real differences were emphasised which created an imbalance of power in the interview, not previously envisaged. This was reduced somewhat by creating a rapport with the interviewee. However, race and gender did not account for other variables which cut across some of the interviews. My post as a research assistant working on a medical project for a hospital and as a PhD student, I was considered to be of a higher status, even from some of those women who were themselves studying for degrees. It was assumed that I was very knowledgeable of the Asian culture and the issues being discussed within the interviews, so much so, that on a number of occasions I was asked if the answers being given were the correct ones. This acted as a source of difference between the interviewees and myself, for I felt that although I was an 'insider' due to sharing the same gender, 'race', understanding of issues which affect Asian women, I was also an 'outsider'; not always belonging to their group on the basis of educational experiences and status.

I understood the women's experiences of living as a South Asian woman in a culture which values male power. The anger and frustration portrayed by the women of living in a society which values white power. These may not have been understood by an individual not sharing the same race and gender; an 'outsider', creating a barrier with the interviewees and a tendency to misinterpret. However, at times I felt that such intense familiarity caused me to overlook some issues and take them for granted, such as the arranged marriage process and the structure and practices of the South Asian family.

Theme of 'Powerlessness' and 'Lack of Control'

A recurrent theme throughout the interviews with the Asian women was the feeling of 'powerlessness' and 'lack of Control' that was experienced throughout the many differing domains of their lives and to differing degrees, due to their gendered and racialised position. This will be illustrated in the following examples, using extracts taken from the interviews.

♦ Example 1: Work and Family Domains-Different Worlds or Different Cultures?

The quote that follows, illustrates the sense of 'powerlessness' felt by a young Asian woman, as a result of the many demands inflicted upon her; at home and at work. Despite being an adult of 28 years of age and educated to post-graduate level, this young female's life seems to be controlled by others. She experiences problems in combining her work life with her home life and this is causing 'cultural conflicts' or a dual-identity. The expectations, values and norms of the white dominated organisation where she works, contradicts with that of the South Asian based culture in the home/family environment.

> *" I work for the passenger services at Manchester Airport and my shift starts at 5am. This means that I usually get up at three and get ready to leave the house by four, as I live about twenty miles away. Even though I am finished by 1am, my work isn't ever over. Whilst most of my colleagues will go home and have a few hours kip, when I get home I end up doing another hundred and one jobs. You see my father has his own business , it's ladies wear manufacturing and everyone is expected to help out, with no questions asked. I mean it's like that from the beginning and you'll find the same in many other Asian families..........It's just sometimes it stresses you out and you want time to yourself.........When I compare my life to them at work (white colleagues) they seem to be partying all the time and going on holidays........I mean occasionally I've even phoned in sick, because I've been too tired or I've had too much to do. Being an Asian female, there's also the added responsibility of housework and cooking, it's definitely difficult to juggle the two lives together, but you have to do it, you can't refuse".*
> (Indian Muslim female, single, 28 years old, Manchester Airport passenger
> services clerk, Post-graduate Psychology student,)

However, in another situation she is able to demonstrate control and power. This contradicts with her previous attitudes and behaviour. She is able to resist fitting into the stereotyped image of Asian females as shy and timid. She shows her assertiveness despite being treated in a patronising manner by another work colleague.

> *"It's like one of the other workers started to boss me around and tell me what to do. Well I wasn't going to take that, he wasn't any higher up from me or anything. I told him not to order me about and that he didn't have any right to tell me what to do. He was surprised, he must have thought I was a quiet, shy, submissive, Asian girl. I'm not, I speak up for myself, I can be confident and assertive, without being aggressive".*
> (Indian Muslim female, single, 28 years old, Manchester Airport passenger
> services clerk, Post-graduate Psychology student)

♦ Example 2: Inter-Generational Conflict and Lack of Autonomy

This extract demonstrates how my position as a Asian female allowed me to 'partially identify' with this interviewee and vice versa. She disclosed some personal information about her situation within the home environment and how this created feelings of 'powerlessness'. She

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describes her family's possessive behaviour in safeguarding their daughters 'izzat'. This does nothing more than to make her feel suffocated and helpless. This quote illustrates her lack of freedom and conflicts between the two generations.

> *"At the moment things are fine, but when I go home to L......,everything changes. I've got no freedom at home, I mean look at me I'm 22 years old and my mum still opens my mail. every single letter that I get, she decides to open and have a look at it. I confront her with it all the time, I say why do you open my letters and she says that if I've got nothing to hide then it doesn't matter. Deep down, I know why they do it, it's to keep tabs on me and make sure that I'm not up to anything they don't know about, like having a boyfriend. It even ends up in a big row at times and the whole of the family get involved; brothers, sisters and grandparents. It's funny that I always get the blame because they make you feel that you don't respect them and are out to cause trouble, but it's not that, all I want is my own space and privacy".*
> (Pakistani Muslim female, single, 22 years old, Under-graduate Psychology student)

The situation which was described aroused feelings of anger in me, I was able to show empathy towards this young woman and understand her hurt and maltreatment. At times this even made me feel resentful of the way some South Asian families are a complete dictatorship, controlling the female family members with a rod of iron and allowing little personal space. As we shared the same cultural background, I was also able to understand the reasons behind her families rather harsh behaviour, as these were culturally embedded. These are issues which may not have been understood by a white female interviewer.

* **Example 3 Gender Inequalities-Religion or Culture Based?**

The following extract shows how the inequalities between males and females from South Asian backgrounds, can cause feelings of powerlessness. This female believes that Asian parents have one set of rules for men and another for women, who are treated as inferior to men. There is also an interesting distinction between religion and culture. In Islam men and women are equal and both genders have power, it is the Asian culture that forces inequalities and creates passive, subordinate women through ignorance, illiteracy and insufficient religious knowledge.

> *"In a lot of Asian families you'll find that the girls are treated quite differently to the boys. Boys have the freedom and they can go out and do as they please, but there's always tight restrictions on the girls. The thing is if you look at our religion, as a Muslim, men and women should be treated the same and equally. Women aren't inferior to men. The way it is, I blame the culture, you get uneducated people inventing their own rules and saying it's what religion says.......enforcing those rules and making people believe them, obey them, that's why men and women are treated different."*
> (Indian Muslim female, single, 22 years old, Post-graduate student, Middle Eastern Studies)

However, in the quote which follows she argues that it is actually women who have the power given to them through the experience of motherhood, previously found by Basit (1997) in her interviews with young Asian Muslim secondary school girls. She is able to reassert her initial feelings of powerlessness and feel more in control. Her change in attitude brings along with it changing feelings of powerfulness.

> *"If you look at it clearly, it's women who should be put on a pedestal and they're the powerful ones. Men can't give birth, only women can. There was woman before there was man, Adam was made from Eve's rib! Being a woman and a mother is a powerful position because you have so many abilities."*
> (Indian Muslim female, single, 22 years old, Post-graduate
> student, Middle Eastern studies)

This latter quote made me pleased, for even though this woman recognised the gender inequalities which existed for Asian women, including herself, she was able to reassert herself in the stance that instead of being powerless, women were in fact the more powerful sex. This made me consider the fact that issues of power and powerlessness were all in the mind of the individual.

◆ Example 4: A Question of Marriage - Arranged or Freedom of Choice?

This extract illustrates a common situation for many Asian girls, the issue of an arranged marriage. South Asians consider marriage to be a contract, not based primarily on love: Binding together two families, as much as it does two individuals; making the new family member one of important concern. Although for many girls there is choice, for some there is none and this consequently produces anguish and feelings of having no control over the situation as described by this young female.

> *"My parents have arranged a marriage for me with my cousin and they didn't even ask me. I have to marry him and I have had no choice in the decision. It's my life but I have no say in the decision and that is wrong. Sometimes I think about it and I have a good cry, I should be able to make my own life, they shouldn't make it for me".*
> (Indian Muslim female, Single, 25 years old, PGCE Sciences student)

◆ Example 5: Educational and Career Choices

The last quote demonstrates the lack of choice regarding education and career. This young woman would like to make her own career choices, but instead is controlled by her families decisions to enter the medical field and become a doctor, even though she seems strongly set against this. She considers she has no say over her life choices and this makes her feel somewhat angry. She describes the contradictory nature of Asian families who want may want professional careers for their daughters, whilst at the same time hoping for a good marriage and children.

"I've always done quite well at school and I've been into sciences, at first that's what I wanted, but after not getting the required grades I've decided on psychology. But really after seriously thinking about it, I don't think medicine was for me, but my parents keep going on about doing medicine. They don't consider my choice of career as holding any value. Asian parents tend to be quite set in their ways like that, they are into prestige and what others will say. They want you to go into a profession like medicine, dentistry or law and then when you start up in your job, they'll be looking for a 'rishta' (prospective marriage partner) and marrying you off and then your career won't matter, even if you have slogged your guts out to become a doctor or something. But I think that my choice is quite valid and I should be able to take up my intended interests.

(Indian Muslim female, Single, 19 years old, 'A' level Sciences [Repeat] student)

Evaluation

These are just a few of the quotes demonstrating feelings of 'powerlessness' and 'lack of control' experienced by the young Asian women who were interviewed. In the first example, this female who works as a passenger services clerk, experiences a feeling of 'push and pull' between work and the expectations of family and the home environment (Bell, 1990). She experiences patriarchy and this contradicts the findings of Bhopal (1997), who states that the higher the level of education amongst Asian females, the more they resist the many forms of patriarchy. In example 2, the young female psychology student experiences a lack of autonomy and inter-generational conflict, this is in line with previous research upon second-generation Asian women (Drury, 1991; Ghuman, 1994; Stopes-Roe and Cochrane, 1991 and Wade and Souter, 1992). These reported findings, were in conformity with the expectations and popular images of women from South Asian culture.

Although these women felt a sense of 'powerlessness' within the context of their family and home environment, it can be seen that a sense of 'power' was gained in the external environment of education, work and career development. This finding would support Bhachu (1993) in her claim that South Asian women can gain power in their roles as entrepreneurs.

The interviewing method proved to be advantageous in exploring these issues, being culturally sensitive to their experiences and eliciting data of a rich quality. I found that by giving these females a 'voice' and the ability to share their experiences of being a South Asian woman they were empowered and able to take some control. This can be seen in Example 1 and 3 where initial feelings of 'powerlessness' were re-evaluated bringing out feelings of power and assertiveness, contradicting the common stereotype of Asian women as the 'Timid Asian flower' (Davidson, 1998). The dominant/submissive nature of these two women's, illustrates that their personalities are not fixed, but constantly shifting and changing. This supports Bhachu (1993) in her criticism of the powerless/ passive/ static model of Asian women. It was a positive experience for some of the women, as nobody had asked them about their experiences before and they were glad of the opportunity to 'voice' their ideas. They gained power from the research process itself and maintained and exercised this in various ways; they

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were able to control their revelations and decide about what they wanted to tell me, how much they should divulge and when to stop the research process.

Finally, I would like to state that although the interviewer/interviewee relationship can be one of power, with the interviewer holding the power (Finch, 1984); I too realised what it could feel like to be powerless. As the women became closer to me and in some situations very friendly, I revealed more about myself and this made me feel more vulnerable and brought down the safeguard I had as an interviewer. This revealing of personal information or 'self-disclosure', removed my defences and left me with feelings of 'powerlessness'.

REFERENCES

Armstrong, D. and Grace, J. (1994) Research Methods and Audit in General Practice. London; Oxford University Press.

Ballard, R. and Ballard, C. (1977) The Sikhs: The development of South Asian settlements in Britain. In J. L.Watson, (Ed.) Between Two Cultures. Oxford; Blackwell.

Banister, pp., Burman, E., Parker, I., Taylor, M. and Tindall, C. (1994), Qualitative Methods in Psychology: A Research Guide. Open University Press.

Barlow, D. H., Hayes, S. C., and Nelson, R. O. (1985) The Scientist Practitioner. New York; Pergamon Press.

Basit, T. N. (1996) 'I'd hate to be just a housewife': Career aspirations of British Muslim girls, British Journal of Guidance and Counselling, 24 (2), 227-248.

Basit, T. N. (1997) Eastern Values; Western Milieu: Identities and Aspirations of Adolescent British Muslim Girls. Aldershot; Ashgate.

Bhachu, pp. M. (1993) Identities constructed and reconstructed: Representations of Asian women in Britain, in G.Buijs, (Ed.) Migrant Women: Crossing Boundaries and Changing Identities. Oxford; Berg.

Bell, E. L. (1990) 'The bi-cultural life experience of career oriented black women', Journal of Organizational Behaviour, 11 (6), 459-478.

Bhopal, K. (1997) Gender, Race and Patriarchy: A Study of South Asian Women. Aldershot; Ashgate.

Billig, M. (1991), Ideology and Opinions: Studies in Rhetorical Psychology. London; Sage.

Billig, M., Condor, S., Edwards, D. Crane, M., Middleton, D. and Radley, A. (1988) Ideological dilemmas: A Social Psychology of Everyday Thinking. London; Sage.

Brah, A. and Shaw, S. (1992) Working Choices: South Asian Muslim Women and the Labour Market. Research Paper No. 91., A Report for Department of Employment: University of London.

Connell, R.W. (1995) Masculinities Cambridge; Polity Press.

Davidson, M (1997) The Black and Ethnic Minority Manager: Cracking the Concrete Ceiling. London; Paul Chapman Publishing Ltd.

Drury, B. (1991) 'Sikh girls and the maintenance of an ethnic culture', New Community 17 (3), 387-399.

Edwards, R. (1996), 'White woman researcher - black women subjects', Feminism and Psychology, 6 (2), 169-175.

Finch, J. (1984) 'It's great to have someone to talk to: Women interviewing women', in C. Bell, and H. Roberts (Eds) Social Researching: Politics, Problems, Practice. London; Routledge Kegan Paul.

Fox, D. and Prilletensky, I. (1997), Critical Psychology: An Introduction. London; Sage.

Fuller, R. and Petch, A. (1995) The Reflexive Social Worker. Buckingham; Open University Press.

Ghuman, P. A. S. (1994) Coping with Two Cultures. Clevedon, Bristol; Multi-Lingual Matters Ltd.

Glaser D. (1988) Evaluation research and Decision Guidance. New Brunswick; New Jersey.

Hakel, M. D., Sorder, M., Beek, M., and Moses, J. L. (1982) Making it Happen: Designing Research with Implementation in Mind. London; Sage.

Hall, S, (1998), 'Righting Human Wrongs', The Nursing Times, 94(37), Sept.16, 1998.

Herbert, M. (1990) Planning a Research Project: A Guide for Practitioners and Trainees in the Helping Professions. London; Cassell.

Hung Ng, S. (1980) The Social Psychology of Power, London; Academic Press Inc.

Jenkinson, J.C. (1993) 'Who Shall Decide? The Relevance of Theory and Research to Decision-making by People with an Intellectual Disability', Disability, Handicap and Society, 8(4), 361-375

Katz, A. (1997), The 'Can Do' Girls: A Barometer of Change. Report funded by the Body Shop. Oxford.

Keith, K. D. and Schalock, R. L. (1994) 'The Measurement of Quality of Life in Adolescence: The Quality of Student Life Questionnaire', American Journal of Family Therapy, 22, 83-87

Kerfoot, D. and Knights, D. (1994) 'Into the realm of the fearful: Power Identity and the gender problematic', In H. L. Radtke, and H. J. Stam, (Eds.) Power/Gender: Social Relations in Theory and Practice. London; Sage Publications Ltd.

Kickett, D., McCauley, D., and Stringer, E. (1986) Community Development Processes: An Introductory Handbook. Curtin University of Technology, Perth.

Kitzinger, C. and Wilkinson, S. (1997), 'Validating women's experience? Dilemmas in feminist research', Feminism and Psychology, 7 (4), 566-574.

Lukes, (1974) Power; A Radical View, London; Macmillan.

Madden, P (1995) 'Why Parents: How Parents', A Keynote Review British Journal of Learning Disabilities, 23 (3), 90-93

Miles, R. (1978) 'Between two cultures', in B. Wade, and P. Souter, (Eds.) Continuing to Think: The British Asian Girl. Clevedon, Bristol; Multi-Lingual Matters Ltd.

Miles, M. (1991) 'Women's research or feminist research: the debate surrounding feminist science and methodology', in M. Fonow, and J. Cook, (Eds.) Beyond Methodology: feminist Scholarship as Lived Research. Indiana; Bloomington.

Milgram, S. (1963) 'Behavioural study of obedience', Journal of Abnormal and Social Psychology, 67, 371-78.

Miller, A. B. and Keys, C. B. (1996) 'Awareness, action and collaboration: How the self-advocacy movement is empowering for persons with developmental disabilities', Mental Retardation, 34 (5), 312-319

Morningstar, M.E., Turnbull, A,P. and Turnbull IIIrd, H.R. (1996) 'What do Students with Disabilities tell us about the Importance of Family Involvement in the Transition from School to Adult Life? Special Issues: Families of Children and Adolescents with Special Needs', Exceptional Children 62 (3), 249-260

O'Connor, P (1998) 'A society in transition: Socially created problems and solutions Irish Style', Sociologia: Problemas e Practicas. 27, 79-96.

Pateman, C. (1988) The Sexual Contract. London; Polity Press.

Polloway, E. A., Smith, D. J., Patton, J. R. and Smith, T. E. C. (1996) Historic Changes in Mental Retardation and Developmental Disabilities. Education and Training in Mental Retardation and Developmental Disabilities, 31 (1), 3-12

Reed, J. and Procter, S. (1995) Practitioner Research in Health Care. London; Chapman and Hall.

Reid, N. G. and Boare, J. R. P. (1987) Research Methods and Statistics in Health Care. London; Edward Arnold.

Robson, C. (1993) Real World Research. London; Blackwell.

Rose, N, (1989), Governing The Soul, London; Routledge

Servian, R. (1996) Theorizing Empowerment. Bristol; Policy Press

Schalock, R. L. and Keith, K. D. (1995) Quality of Student Life Questionnaire. Worthington, Ohio; IDS Publishing Corporation

Shams, M. (1992) 'Cultural diversity, dual roles and well-being: A research note', Racial Minorities, Medicine and Health, 19, 353-358.

Sharma, S. M. (1984) 'Assimilation of Indian immigrant adolescents in British society', The Journal of Psychology, 118 (1), 79-84.

Stopes-Roe, M. and Cochrane, R. (1991) Citizens of this Country. Clevedon, Bristol; Multi-Lingual Matters Ltd

Stringer, E. (1996) Action Research: A Handbook for Practitioners. London; Sage

Szymanski, E.M. (1994) 'Transition: Life-Span and Life-Space Considerations for Empowerment', Exceptional Children, 60 (5), 402-410

Taft, T. (1987) Ethnically marginal youth and culture conflict: A problem in cross cultural studies, in J. S. Phinney, and M. J. Rotherham, (Eds.) Children's Ethnic Socialisation. London; Sage Publications

Thorin, E., Yovanoff, P. and Irvin, L. (1996) 'Dilemmas faces by families during their young adults transition to adulthood: A Brief Report', Mental Retardation, 34 (2), 117-120

Tisdall, E. K. M. (1996) 'Are young disabled people being sufficiently involved in their post-school planning?' Case Studies of Scotland's Future Needs Assessment and Ontario's Educational Vocational Meetings. European Journal of Special Needs Education, 11(1), 17-32

Thompson, M. (1974) 'The second generation-Punjabi or English?' New Community, 3: 242:248.

Wade, B. and Souter, pp. (1992) Continuing to Think: The British Asian Girl. Clevedon, Bristol; Multi-Lingual Matters Ltd

Walby, S. (1990) Theorising Patriarchy. Oxford; Basil Blackwell

Wakil, P. S., Siddique, C. M. and Wakil, A. F. (1981) 'Between two cultures: A study in socialization of children of immigrants', Journal of Marriage and the Family, 43, 929-940.

Wardaugh, J. and Wilding, P. (1993) 'Towards an explanation of the corruption of care', Critical Social Policy, 37

Watson, J. L. (1977) Between Two Cultures. Oxford; Basil Blackwell

Wehmeyer, M. L. (1992) 'Self-determination and the education of students with mental retardation', Education and Training in Mental Retardation, 27, 303-314

Wehmeyer, M. L. (1994) 'Perceptions of self-determination and psychological empowerment of adolescents with mental retardation', Education and Training in Mental Retardation and Developmental Disabilities 29 (1), 9-21

Whitney-Thomas, J. and Hanley-Maxwell, C. (1996) 'Packing the parachute: Parents expectations as their children prepare to leave high school. Exceptional Children, 63 (1), 75-87

Wilson, A. (1978) Finding a Voice: Asian Women in Britain. London; Virago

Wrong, D., (1979), <u>Power. Its Forms, Bases and Uses</u>, 2nd Edition, Oxford; Basil Blackwell Publications

Zetlin, A.G. and Turner, J. L. (1985) 'Transition from adolescence to adulthood: Perspectives of mentally retarded individuals and their families', <u>American Journal of Mental Deficiency Research, 89 (6)</u>, 570-579

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