

BOOK REVIEW

Tvang, makt og ambivalens – en studie av hvilken betydning lovreglene om bruk av makt og tvang overfor psykisk utviklingshemmede kan få i det daglige omsorgsarbeidet (Force, Power and Ambivalence – a Study of the Consequences of the Regulations in Daily Care for Intellectually Disabled People)

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On 1st January 1999 chapter 6A (4A from 19th December 2003) in the *Norwegian Law on Social Services (Lov om sosiale tjenester)* became a reality. The ambition behind the law was to prevent unnecessary use of force and power in the daily care of intellectually disabled people with behavioural difficulties.

The Norwegian sociologist Tina Luther Handegård defended her doctoral dissertation about force, power and ambivalence at the University of Tromsø in August 2005. The aim of the thesis was to look for, and describe, consequences in professional daily care work of the Norwegian regulations of force and power towards intellectually disabled people with behavioural difficulties. The major research questions raised in the study were to what extent and in what kind of situations in daily life did force and power occur, and how were the new law regulations interpreted and implemented by the professionals. In addition the thesis also questions the importance of gender in the interpretation and practice of the rules. With such broad questions, clarifying the ambivalence between help and force empirically is a challenging task. It therefore seems reasonable to choose an inductive approach, and a

kind of explorative journey through the care-giving services in group-homes. On the other hand, it might be queried whether the thesis really is an inductive study, since the first step towards the answers to her questions is via a quantitative survey. Let us take a closer look at the research methods used.

Method Triangulation

Handegård mixed methods and her thesis became methodologically very interesting, but also a complicated, piece of work. She makes a distinction between what she calls the “external” and “internal” contexts in her study. The external context is defined as the organizational structures, the physical structures and resources (personnel density, personnel education, access to supervision and support-systems for personnel). The internal context is defined as the care atmosphere in the group-homes, characterized by the concepts of normalization work, power and ambivalence. Two quantitative questionnaires with retrospective questions were used to study the external dimensions of care. The first collected data from 1998, the time before the law regulations were implemented. The second collected data from 1999, the first year where professionals in group-homes explicitly reported use of force. The respondents in both studies were the leaders in the group-homes (response rate 61% and 52.7%). The surveys represent interesting findings as cross-sectional data sources. As the use of force and power was not registered systematically in the period covered by the first survey, questions can be raised about the comparisons made between the two surveys.

The dominant part of the data in the thesis is observational data from five group-homes for people with intellectual disabilities. Handegård spent approximately 1 month in each group-home. Her focus was on the professionals, and the interaction between professionals and residents of the group-homes. This is an empirical grounded analysis in which Handegård alternated between data collection and data analysis. Through the analysis she developed theoretical concepts in the arena of care. Before I introduce her findings, I will give a short overview of her frame of reference and the background to her study.

Background

The thesis is written as an anthology with 11 chapters. Chapter one introduces the research questions and introduces the political debate prior to the legal regulations, as well as central concepts in the debate leading up to the passing of the law. An understanding of the political debate is important as a background to understand some of the difficulties in such regulations, and Handegård has done this well. This chapter also introduces the present research in this area. The research review is mainly of Scandinavian studies, and there is very little information about how these studies have been selected or what kind of keywords she has used in her searches for information. It might thus be asked why she has omitted this information, especially when we know that privilege regulations and anti-discrimination regulations are

mostly used in the USA, Canada and the UK. This omission does not, however, overshadow the fact that this thesis can be regarded pioneer work in the study of care.

Chapter two examines the conceptual framework of the studies. The concepts of force and power are both defined politically and theoretically. Politically Handegård has used different kinds of white papers and other public papers. Theoretically she has looked into the sociological literature. She seems to have a pretty pragmatic relation to the theoretical field, illustrated by references to classical sociologists such as Weber, Durkheim and Foucault, but also to contemporary Norwegian sociologists such as Gunneriusen, Martinussen and Tøssebro. This makes an interesting introduction to the field, but it might also appear superficial because it is difficult to grasp the core differences between the various approaches.

In chapter three Handegård take us into how the politics of care for intellectually disabled people has developed in Norway since 1949 to the present. Her focus is on changes in the structural framework. In chapter four she introduces the concept of care and care work with references to Scandinavians such as Szebehely and Wærnes. Handegård uses Wærnes' set of concepts and distinction between care and services. During the analysis the thesis becomes a rich illustration not only of what is happening in group-homes for intellectually disabled people, but also in defining care in general as a moral practise. I will expand on that point in the section on findings. In the next chapter she discusses what kind of consequences the decrease in judicial regulations might have on daily care, such as social control, loss of situational flexibility, and repressing the moral duties of society and individuals.

Findings

It is definitively the qualitative part of the thesis which is the most interesting, both empirically and theoretically. It is the construction of typologies reflecting everyday life practices, ideology and law regulations. Handegård constructs three typologies of what she calls care profiles: "the behaviourally directed profile", "the profile of daily living" and "the passive user directed profile". Through these profiles she describes what kind of mechanisms direct daily care work and how the different contexts influence the professionals' understanding of force and regulations in their daily work. She also describes care work as gendered work. The new dimension in this gendered work is Handegård's link to the physical context. In "the passive user directed" profile she finds a male "macho-inspired-milieu", where female workers become representatives for the traditional feminine way of behaviour. Within these settings little attention was paid to the new force regulations. The workers identified the law with an ideology they wanted to neglect and refuse. They looked upon their job as caretakers and not care-givers. Because of their construction of reality, they initiated few activities unless the intellectually disabled people asked for it. In the "behaviour directed" profile Handegård found a stereotypical masculine way of behaviour independent of the workers biological sex. Here the care-giving became very structured and the work

seemed to be strongly influenced by the ideology of behaviour therapy. The new law regulations did not seem to change their practice, but rather seemed to have strengthened their behaviour-oriented way of working. In the “daily living” profile she found more flexibility, relational and situational based behaviour, a behaviour which might be described as typically feminine. They also looked upon the new law regulations as guidelines that must be used in a flexible and situational way.

The quantitative data consists, for the most part, of descriptive statistics. To compare the findings in the two samples is hardly possible. Since the first survey was done before the regulations were implemented, we do not know if, and how much, they used force in their daily work. What we do know is that the second survey was done in group-homes with registered force reports. Handegård’s study indicates that there may be less collectivism (developing good working relationships between staff members, treating the staff equally) in the professional group in group-homes with registered force in their care-giving. On the other hand, the study also indicates that there is less ambivalence (the degree of frustration in difficult normal situations, difficulties in decision-making in ambiguous situations) in these group-homes and the leaders to a greater extent felt a need for protection both for the workers and the intellectually disabled living in the group-homes. The quantitative part of the thesis is definitely the weakest part. This probably reflects the fact that there is too little information about what was going on in the group-homes in the first survey, when use of force and power in daily care was not systematically registered, but it might also be questioned whether the full potential of the surveys was used.

Finally, the most important contribution in this thesis is that Handegård illustrates very clearly the weakness in the definition of care-giving (including both force and protection) as strictly descriptive regulated phenomenon. When every action where the intellectually disabled person opposes it (e.g. haircutting and teeth brushing) becomes registered as force, what is then care-giving and what is protection? In that respect it is a valuable contribution, not only to the study of force and power in group-homes for intellectually disabled people, but to the study of care in general.

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