

Power and Subjectivity: A Foucauldian
discourse analysis of experiences of power
in learning difficulties community care
homes.

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Abstract

The central topic of this investigation is power in community care accommodation for adults with learning difficulties. Specifically, it undertakes a qualitative psychological investigation into how people living in such accommodation experience power acting upon them, how they relate to themselves as subjects, and what problems they experience with these issues. In addressing these questions, the research draws upon the work of Michel Foucault. Crucially, Foucault (e.g. 1983, 1993), in his later life, understood his work as comprising three inter-related domains of critical enquiry – into truth, power and ethics. It is these three domains that are drawn upon in this research to examine how people talk about their situation. The research thus aims to build up a picture of how people living in care become objects of knowledge, how they are situated in specific power relationships in their homes, and how they understand their own identity and relate to themselves as subjects. This represents a much more detailed investigation into the situation of people living in community care than can be found in the existing literature, and in particular it moves beyond concerns for normalisation or quality of life.

The research proceeded through a qualitative discursive analysis of individual accounts of life in community care accommodation. Seventeen interviews were conducted with people who were living in such accommodation, or who had lived there previously. The aim of the interviews followed interpretative phenomenological analysis (IPA) (Smith, Jarman & Osborn, 1999) in attempting to explore and understand participants' experiences of life in care. The accounts produced from the interviews were analysed using a combination of IPA and an adaptation of a post-structuralist approach to discourse analysis (Banister, Burman, Parker, Taylor & Tindall, 1994) based around Foucault's three domains of critical inquiry.

Through these analyses, a number of themes (recurring topics in the interviews that related to the domains of analysis) emerged from participants' accounts. The interviews showed, firstly, an awareness of processes of observation and assessment by a specific, usually only vaguely-referenced, group of people. There was a lack of understanding or detailed knowledge of these processes, but there was

an awareness that they make available negative ways of thinking about people deemed to have learning difficulties and specific decisions and judgements about their care needs. Also, the interviews revealed a set of power relationships in which residents of the homes are conceptually divided from the staff. These power relationships are manifest in such things as residents having prohibitions and imperatives imposed on their conduct, being subject to the decisions of the staff, and being subject to reprimands and punishments for certain types of behaviour. What emerged from the analysis of participants' discussion of these themes were areas of disagreement and resistance to their positions in power relationships. It was noted that participants were not passively positioned by power, but actively related to themselves as "liberal", self-expressing and self-determining subjects. This self-relationship clashed with their position in differential power relationships, and created problems that they experienced with their lives in care and with their self-identity. The crucial findings, then, are that care residents' lives are characterised by differential power relationships in which they occupy a subordinate "place" in their homes, and that they struggle with this position and experience problems with it in relation to their own self-understanding. The research thus demonstrates the importance of attending to individuals' accounts of their own situation, producing a close reading of what they say, and placing this within the context of the breadth of Foucault's work, and in particular, his work on ethics and self-relationships.

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Contents

1	Introduction	1
2	The Relevance of Michel Foucault	8
2.1	Foucault's works	10
2.1.1	Background: Problematics and the 'History of the present'	10
2.1.2	Archaeology, Madness and the Human Sciences	12
2.1.3	Genealogy, Power and Knowledge	16
	Introduction to Power	16
	Discipline and Surveillance	20
	Sexuality and Confession	24
	Summary and Implications	26
2.1.4	Governmentality, Ethics and "Technologies of the Self"	29
2.1.5	Summary	37
2.2	Foucault's Critics and the Implications they Raise	39
2.3	Conclusion	46
3	Psychology: Paradigmatic and Methodological Issues	50
3.1	Psychology as an Experimental Science	52
3.2	Critical Issues	54
	The Logic of Scientific Inquiry	54
	Language, Representation and Psychology's Subject	58
	Critical Psychology: Relativism Versus Action	64
3.3	Responses – Approaches to the Analysis of Discourse	70
	The "Crisis" in Psychology and the Ethogenic Paradigm	70
	Grammatical Indexicality	73
	Interpretative Repertoires	74
	Interpretative Phenomenological Analysis	79
	Post-Structuralist Approaches	81
3.4	Analytic Technique – and Some Problems with Discourse Analysis	84
3.5	Conclusion	89
4	Learning Difficulties: Perspectives, Issues and Services	91
4.1	Changing Definitions	93
	Terms Used to Refer to Learning Difficulty	94
	Definitions of Learning Difficulty	96
	Summary	100
4.2	Changing Concepts and Attitudes	101
	Normalisation	102
	Quality of Life	106
	Summary	106
4.3	Changing Ideals and Services	107
	Community Care	108
	The New Services	113
	The Success of the New Services	115
4.4	Conclusion	117

5	Learning Difficulties, Services and Research: Critical Evaluation	119
5.1	New Service Ideals: Deconstruction and Critique	119
	“Voice” and Empowerment	120
	Individuals and Socialisation	122
	Power in Care Settings	129
	Summary	133
5.2	The Social Model of Disability and Related Research	134
	Research	137
5.3	Conclusion	142
6	Methodology	147
6.1	Data Collection and Discourse Analysis	149
6.2	Method	153
6.3	Ethics, Interviewing and Research Goals	159
6.4	Issues of Validity	165
7	Analysis of Interviews: Forms of Power/Knowledge	168
7.1	Introduction	168
7.2	Objectification	177
	Assessment of abilities by others & negative implications of labels	177
	Decisions about living arrangements made by others	180
	Lack of information about assessment/why care is necessary	181
7.3	Power and Subjectification	185
	Limitations on behaviour	186
	Imperatives on behaviour	191
	Lack of choice/means to express opinions	194
	Punishments and reprimands	197
7.4	Conclusion	204
8	Analysis of Interviews: Ethics, Subjectivity and Power	209
8.1	Oppositional Accounts	212
	Claiming one’s rights	213
	Rights as ethical ideals	219
	Negative aspects of life in care	227
	Summary	236
8.2	Ambivalent Accounts	238
	Interview VI	238
	Other ambivalent accounts	243
8.3	Positive Accounts	249
8.4	Conclusion	263
9	Discussion of Findings and Conclusion	268
9.1	Research Findings	270
9.2	Additions to Knowledge	288
9.3	Critical Evaluation	298
	Indexicality	299
	Inconcludability	302
	Reflexivity	304
9.4	Future Directions	306

9.5	Conclusion	309
Appendix I	Age, Gender and Accommodation Information for Participants	315
Appendix II	Key themes for discussion in interviews	316
Appendix III	Transcript Conventions	317
References		318

Contents of Tables

Table 1	List of themes read from interviews	170
Table 2	Organisation of themes read from interviews	173
Table 3	Oppositional, Ambivalent and Positive Accounts	211

Chapter 1 – Introduction

For a large part of the last century, it was commonly thought that people with learning difficulties should be segregated in large, hospital-like institutions (DHSS, 1971). More recently, though, there has been a move to what has been termed “community care”. This aimed to make care accommodation as ‘homelike as possible’ (DHSS, 1971) and to judge such accommodation according to ‘whether or not it improves a person’s quality of life’ (Social Services Committee, 1990; p.vi) and whether it fulfils personal potential and needs for privacy.

This move is generally seen as a positive one, and, when the comparison is made to many of the older, isolated, asylum-like hospitals that it has replaced, it is easy to see why. However, this is not to say that all possible problems have been dissolved. This research project sets out to examine how people with learning difficulties who live, or have lived, in special, community-based accommodation experience power relationships in these institutions. This will be addressed by carrying out interviews with adults with learning difficulties who live in community care accommodation with a view to exploring how they understand their relationships to the environment in which they live, the care they receive, other people in the care environment (especially the people who administer the care homes), and themselves as recipients of care. An analysis will then be made which will aim to draw out from these accounts how these issues embody particular forms of power and subjectivity, and how people are interacting with them.

This is a research question that has emerged from a reading of the works of the French post-structuralist philosopher, Michel Foucault. Foucault’s thought radically reconceptualised how we think about power. Power, in this thinking, is no longer seen merely as a repressive force that commands obedience to a set of rules, but as a complex system dynamically linked to knowledge (Foucault, 1980a, 1981a). The basic argument that runs through this thesis is that the orientation to power offered in Foucault’s work offers a productive way of exploring its operations in care environments, of finding new ways of evaluating care services, and of listening to the people who use them. We will learn about this in more detail in due course, but a

simple introduction will help us in understanding how this thought influenced the research question, and how it will drive the research itself.

As with a number of thinkers in French philosophy of science, Foucault saw knowledge not as something which we amass unproblematically merely by observing and learning about naturally-occurring phenomena, but as a production of particular ways of thinking about the world, as something which apprehends the world in specific ways and in so doing brings things into being as possible objects of thought. Foucault's contention was that connected to the process of bringing objects into being in specific systems of knowledge were forms of power. The ways in which things emerge as specific objects of thought make available particular ways of thinking about them and acting upon them, and these constitute power relationships. So, for instance, the way in which learning difficulties emerges as a particular object is dynamically connected to the sorts of decisions that can be made about those who are thought to have learning difficulties, what interventions are appropriate to be made into their lives, what treatment they need, and so on. Depending upon how aspects of people's characteristics are thought about in specific systems of knowledge like psychology, different sorts of intervention become available into their lives. Different institutional interventions and social relationships become appropriate depending upon how these things become thought about. Hence, power is productive of a whole set of possibilities for understanding and dealing with people, and a whole set of social relationships based upon these issues. Additionally, the way in which these things exist as objects of knowledge, says Foucault, affects how people can understand and relate to themselves, how their conduct might be seen as applicable to particular imperatives and interdictions. So, if an aspect of mental functioning becomes knowable as a disability of some sort, this will have consequences for those deemed to have this disability. This knowledge locates within them an identity as disabled subjects, as individuals who are somehow conceptually divided from those who are "normal", with particular relationships to people who care for them, to institutions in which they live, to ways in which they should conduct themselves, to the relationships they should have with others and with themselves, and so on.

A number of possible approaches to the study of power and subjectivity might be suggested by Foucault's work. However, as we shall see, one of the things which Foucault influences us to attend to is the danger of making decisions about other people's situation *for* them. Thus, as McNay (1994) points out, studies of institutions undertaken *from the point of view of those who are their subjects* are long overdue. This study, then, is based around exploring issues of power and subjectivity with people who live in care accommodation by talking to them about their lives in care. So, to state it more specifically, the research questions that drive this thesis are:

- What forms of power do individuals living in community care accommodation for adults with learning difficulties experience as acting upon them?
- How do they relate to themselves as subjects in relation to it?
- How does this constitute problems for them in their lives?

These questions will be addressed by using a form of discourse analysis based upon a series of semi-structured interviews with people who live, or have recently lived, in residential care accommodation due to being deemed to have learning difficulties. These interviews will aim to explore the relevant issues with them and to find out how they relate to questions of power and subjectivity in their care environment. The analysis will involve, then, moving from the accounts generated in the interviews to examining how people deemed to have learning difficulties recognise themselves as situated in particular relationships of power in the institutions in which they live. That is, how particular interventions and particular forms of authority act upon them, how their relationships with other people are structured, how specific institutions deal with them in particular ways, how they interact with and experience these issues, how they relate to an identity as a person with learning difficulties and how, in light of this, they understand and relate to themselves and their own conduct. The emphasis is on the question of how people understand, experience and interact with these issues in their lives, what effects these issues have for them.

The following chapter of this thesis, then, will elaborate in much greater detail upon Foucault's work, and show more clearly how it has influenced the research question and informed the approach being taken. This work was a lot more complex

that the impression of it given above allows for, and the exposition of it in Chapter Two will provide a much better understanding of how the research question emerged, and why it is seen as important to ask.

An additional key question of this thesis will be how Foucault's works can be useful to psychology in terms of elaborating a new approach to analysing discourse which can examine Foucauldian issues in individuals' discourse. Chapter Three will thus deal with issues that are relevant to our position with respect to psychology. It will elaborate challenges that have emerged from both inside and outside the discipline to a conception of it as a natural scientific enterprise. It will show how new ideas have been presented which resonate with some of Foucault's thinking in that they see psychological knowledge not as unproblematically discovered by scientific method, but as discursively constituted and dependent upon particular ways of theorising the psychological self and the social world it inhabits. A number of approaches to the study of discourse which have emerged as a result of these criticisms will be reviewed, and their potential usefulness to this study evaluated. With all of these issues taken into consideration, an approach to the analysis of discourse will be formulated that will be tailored to undertaking the specific analysis required by this research.

Chapter Four will move onto the area of learning difficulties, discussing the main perspectives that have influenced how it has been understood in recent years. This will begin by examining the plethora of terms which have emerged for talking about what is now generally referred to as "learning difficulties", and will then move on to examine the ways in which it has been defined in different fields at different times. Of course, these are not seen as "natural" concepts, but, in a Foucauldian vein, as constructions of particular systems of knowledge. The chapter will then examine the dominant concepts which influence how learning difficulties is thought about and how care interventions should proceed. Finally, we will examine the types of care accommodation that exist for people deemed to have learning difficulties, especially charting the ideals and services connected to the move towards community care.

Next, Chapter Five will critically assess the ideals that have led to the emergence of new forms of care and accommodation, identifying some problems and some areas concerning power which have not been addressed. The impact of Foucault's ideas about power on how these services are to be conceived will be of central concern here. The chapter will then examine the contemporary body of research around the study of disability which sees it as primarily a function of the organisation of social structures in society, consider how this fits in with the Foucauldian ideas which are being considered, and ascertain whether there is a gap for a new, Foucauldian style of research in this area.

Having set out the position taken by this thesis, then, and examined the relevant literature, Chapter Six deals with questions of methodology. This entails setting out the nature of the interviews to be used, addressing ethical concerns connected to the process of interviewing, setting out how interviews will be transcribed and analysed, and detailing how all of these concerns were combined to form a method for addressing the research question.

The following two chapters comprise the analyses themselves. Chapter Seven begins the analysis by examining the forms of power that are evidenced in the research interviews. This will begin to picture the ways in which the research participants are situated in particular power relationships with specific others, how they relate to particular forms of authority, and how this affects their lives. Chapter Eight will carry these analyses forward, and examine in greater detail how the participants themselves interact with issues of power and subjectivity. It will consider how they relate to themselves as certain types of subject, how they orient in their accounts to the forms of power which operate upon them and the authority to which they are subject, and how they might be acting to resist particular forms of power and particular subject positions.

The final chapter will tie together all of the points made in order to reach a conclusion. Points to be considered here will be whether, given the way in which people experience and interact with power in their lives, there are grounds for challenging the ways in which power operates in the situations being studied, and, if

so, what is to be done as a consequence. This chapter will also critically reflect upon the position taken in the thesis as a whole, and upon the analyses made in particular, identifying any potential problems which might be raised in objection to them. It will also consider how the thesis makes a new contribution to knowledge, and outline why this is important. Finally, it will consider all of the points made in order to arrive at a position to consider what should be done, what action is appropriate in addressing any problems which have been identified.

Some brief points on conventions

Before moving on to examine Foucault's work and thus begin the research in earnest, two points need to be made concerning some conventions which will be used throughout this thesis in order to avoid confusion at a later time.

Firstly, as will probably already have been noticed, first person pronouns, especially the pronoun "we", will be used in setting out and considering the research position. It is more in keeping with the tradition of scientific endeavour that such pronoun use is strictly avoided, and a passive, third-person voice adopted. However, it is for precisely these reasons that the decision to talk about what "we" are doing that this decision was made. Instead of hiding the researcher's agency through 'academic straight-talk' (Kvale, 1992), then, this draws attention to the unavoidable role taken in creating and presenting the research.

Also, a few words should be said about the use of inverted commas. A single inverted comma ('...') will be used to open and close quotations. In addition to this, though, we shall be using double inverted commas ("...") at some points. This is not to indicate a citation, but to draw attention to the problematic nature of some of the terms we shall be using, to flag explicitly their status as representing constructed knowledge which has problematic links to power in the interpretations and actions they render available.

With these points taken care of, we can now move on to deal with the task of examining Foucault's work, and showing how it has led to the forming of the research question which drives this project.

Chapter 2: The Relevance of Michel Foucault

Michel Foucault was arguably the most important intellectual of the latter half of the twentieth century in terms of both the breadth and the magnitude of the impact he has made. It has been said that his works 'represent the most important contemporary effort both to develop a method for the study of human beings and to diagnose the current situation of our society' (Dreyfus & Rabinow, 1982; p.xiii). These works have influenced a multitude of other writers and philosophers. Most particularly, and most significantly for this project, they have been influential in challenging received wisdom across the social sciences - in studies of sociology (e.g. Fox, 1993; Dean, 1994), nursing (e.g. Henderson, 1994), dentistry (e.g. Nettleton, 1991), medicine (e.g. Armstrong, 1993; Jones & Porter, 1994a), health promotion (e.g. Duncan & Cribb, 1996; Coveney, 1998), politics and economics (e.g. Rose & Miller, 1992; Tully, 1999), organisational studies (e.g. Burrell, 1988; Bevir, 1999), special education (e.g. Allan, 1996; Copeland, 1997, 1999), disability studies (e.g. Chadwick, 1996; Hughes & Patterson, 1997) and, not least, psychology (e.g. Henriques et al., 1984; Rose, 1985; Parker, 1992). This has been far from a simple osmosis of ideas from one thinker to others, however. On the contrary, Foucault was a notoriously paradoxical and difficult thinker, and the receptions given to his work reflect this, ranging from unqualified acceptance through cautious application to outright condemnation. Foucault was not a thinker whose works can unproblematically be slotted into existing paradigms; indeed they seem to demand 'special interpretative efforts even for those well equipped to understand them' (Gutting, 1994; p.1).

As we said in the previous chapter, this research sets out, through a series of semi-structured interviews with people living in care accommodation exploring their situation, to address the question of how they experience and interact with issues of power and subjectivity. The importance of an understanding of Foucault's work in undertaking this task cannot be overestimated. He is the central figure in this area, his works make available a whole new way of thinking about issues of power, subjectivity, and forms of self-understanding, and they are central to this thesis – they have influenced the very types of questions which are asked (both in terms of research

questions and interview questions), the assumptions which are made, the evaluation of the literature, the approach to knowledge, the analysis of data, and the conclusions made. It is vital, therefore, to give comprehensive consideration to his works. The purpose of this chapter, then, is to provide an overview of the insights provided in his work, and to show how these affect how we think about “learning difficulties” and care environments and the questions we might ask about power and subjectivity in relation to them. By the end of the chapter, then, we will have clarified firstly how all of this provides a position from which our research question becomes pertinent, and secondly the sorts of thing to which we need to attend in participants’ accounts of their situation which emerge from interviews with them. These considerations will then be drawn out in subsequent chapters with respect to how Foucault’s works fit in with developments in psychology, how they might influence a new approach to discourse analysis suitable for analysing individuals’ accounts of their situation with respect to power and subjectivity, and how they influence our assessment of policies and research surrounding learning difficulties.

This will not necessarily be a straightforward task. Foucault’s thought was varied, unusual, and changing – it changed in its terrain and its tone over his life. His work thus seems to refuse to be considered as a coherent *oeuvre*. Indeed, Foucault explicitly rejected the category of “Author” under whose name a body of texts could be unified into a coherent totality, and expressed a desire to remain effectively anonymous in his work (e.g. Foucault, 1972, 1979a, 1997c). For Foucault, the challenge of thinking lay in ‘the process of developing a position and not solely in defending it’ (Cook, 1993; p.1; see also Foucault, 1980b). Foucault’s “*oeuvre*”, in fact, comprises a number of specific works, each with its own set of problems, tone and application, and it is often difficult to relate any one of his works to any other – he himself hardly ever referred back to his earlier works except to criticise their quality (Gutting, 1994).

With these difficulties in mind, this chapter will attempt to provide the necessary introduction to “Michel Foucault”. It comprises two parts. The first will provide a summary of his works. For the sake of brevity and coherence this part will (not unproblematically, it is admitted) be further broken down into four sections: a

brief overview of Foucault's critical ethos; a section on his early work, in which he studied the history of systems of knowledge and discourse (Foucault, 1972, 1987a, 1965, 1973, 1970); his middle period, in which he turned his attention to the operation and effects of power and subjectification (Foucault, 1977a, 1979b, 1981a, 1982); and, finally, his late period, in which he became concerned with practices of self-formation (Foucault, 1986, 1987b, 1997b, 1997d). The second part will go on to examine some of the criticisms that have been levelled at Foucault's work. It will be concluded that Foucault's work is best seen as providing a number of "tools" for research which are useful in addressing our present study. Subsequent chapters will then detail how this fits in with developments in psychology, the impact of it on policies and service provisions around learning difficulties, and how all of these considerations suggest an approach for addressing the research question of this thesis. Throughout the chapter, also, after each area of Foucault's work has been discussed, its relevance to thinking about learning difficulties and to the research question we are addressing will be considered. These issues will be raised periodically throughout the chapter and again at the end, although they will be dealt with in more detail in subsequent chapters, when a fuller consideration has been given to other work relevant to this thesis.

2.1 Foucault's works

2.1.1 Background: Problematics and the 'History of the Present'

Despite the difficulties with analysing Foucault's corpus as a coherent oeuvre, over the course of his life he did provide clues as to the presence of a general critical outlook which had driven his varying analyses (e.g. Foucault, 1983, 1989c, 1989d, 1997b, 1997d). A number of times he characterised his work as being, in various guises, a series of historical inquiries which constitute the 'history of the present' (e.g. Foucault, 1977b, 1979b, 1989e), and his critical task as being to 'diagnose our present' (Foucault, 1989f). Later on, he was to expand upon this and connect it to a 'history of problems' (Foucault, 1989c). The type of histories that Foucault conducted aim not at understanding the past *in terms of the present*, but proceed from the basis of a set of circumstances in our present to ask 'What is our actuality, what is happening around us, what is our present?' This invokes a critical orientation towards the contingency and specificity of 'games of truth' (Foucault, 1997b) to which we relate as subjects, constitute ourselves and our systems of knowledge, and formulate

problems for our thought. For example, how, why, and in what way madness became a problem for the modern world, and why it became an important one (Foucault, 1989c). This, then, is:

a movement of critical analysis in which one tries to see how the different solutions to a problem have been constructed; but also how these solutions result from a specific form of problematisation

(Foucault, 1989d; p.422)

Allied to this history of problems is the project of discovering the systems of thought and the forms of rationality which are connected with particular problematisations, and of performing an ‘analysis of ourselves’ (Foucault, 1997a) as beings who are historically constituted in relation to them – questioning ‘the relationships between our thought and our practices’ (Foucault, 1988a; p.145-6). An example is the analysis of the conditions and the context in which certain kinds of suffering or behaviour, such as delirium or persecution, become ‘problematized as an illness’ (Foucault, 1989d), as something which has to be cured in a specific type of institution under specific conditions, and of how the subject is constituted in relation to these discourses of mental health and illness:

What are the games of truth by which man proposes to think his own nature when he perceives himself to be mad, when he considers himself to be ill...? [and] when he judges and punishes himself as a criminal?

(Foucault, 1987b; p.7)

This ‘critical ontology of ourselves’ Foucault (1997a) says:

must be considered not... as a theory, a doctrine, nor even as a permanent body of knowledge... it must be conceived as an attitude, an ethos, a philosophical life in which the critique of what we are is at one and the same time the historical analysis of the limits imposed on us and an experiment with the possibility of going beyond them.

(p.319)

Foucault identified three domains of this historical ontology: the domain of truth through which we are constituted as subjects of knowledge, that of power in which we are constituted as subjects acting on others and acted upon in particular regulated ways by others, and that of ethics ‘through which we constitute ourselves as moral agents’ (Foucault, 1997f; 262). These three domains – truth, power and ethics – are irreducible to one another, and none stands in a position of primacy or causality to the others. Foucault, towards the end of his life, conceptualised his work as

concentrating, at different times, on the analysis of each of these domains (Foucault, 1993). The earliest period of his work he characterised as focusing on the domain of truth in which individuals are constituted as subjects and objects of knowledge. It is this period which will be examined first.

2.1.2 Archaeology, Madness and the Human Sciences

Perhaps the easiest way to understand Foucault's thinking during this early period is first to examine his general methodological approach: "archaeology". This is an historical method opposed to traditional histories which examine developments over long periods with the aim of identifying 'the progress of consciousness, or the teleology of reason, or the evolution of human thought' (Foucault, 1972; p.8). Discontinuities and ruptures rather than progress and evolution become key concepts for archaeology. The purpose (simply put) is to examine these ruptures, to search for the processes by which scientific disciplines are demarcated and gain a function of truth, and the ways in which disciplines, objects, concepts, and the enunciations and "reasonable" statements which can be made in relation to them undergo transformations and appear and disappear from the discursive field at particular times.

A central question posed by archaeology is that of the formation of objects – how particular objects come to take a place in a particular system of knowledge or discourse of truth. Foucault takes the example of psychopathological discourse to illustrate this. The objects with which psychopathology deals, he observes, are very numerous, they are 'mostly very new, but also very precarious, subject to change and, in some cases, to rapid disappearance' (ibid.; p.40). Is it possible, he wondered, to discover the rules to which such appearances and disappearances are subject, and the system by which these objects are 'juxtaposed and placed in succession to form the fragmented field... of psychopathology?' (ibid.; p.41).

The solution to these questions lies in mapping the emergences of these objects and discourses, the means by which a field such as psychopathology defines and delimits its domain so that it can speak about its objects, and the means by which its objects are differentiated and specified. This still leaves a problem, however, since it must be stressed that there are no 'objects, fully formed and armed, that the

discourse of psychopathology has then merely to list, classify, name' (ibid.; p.42). It would be wrong to see 'discourses as a place where previously established objects are laid one after another like words on a page' (ibid.; p.42-3).

The project is not, for instance, to reconstitute what madness itself might be, 'in that form in which it first presented itself to some primitive, fundamental... experience' (ibid.; p.47) and was then twisted by the play of discourses. The question is not to neutralise discourse, to discover what is behind it. Foucault, rather, wanted to dispense with "things" conceived as somehow exterior to discourse, and instead examine how objects emerged and were organised, selected, transformed, and put into demarcated fields in discourse. For example, this represents the difference between attempting to uncover the "truth" of criminality-as-pathology that was lying in wait (outside of discourse) for its discovery by medicine or psychiatry and its incorporation into their fields, and asking *how* criminality, at a certain time and subject to certain rules and certain orderings, could become an object of medical or psychiatric expertise.

For Foucault, then, discourse is not 'a mere intersection of things and words' (ibid.; p.48), but is subject to rules and practices which define the ordering of objects. This reveals a new and different task:

that consists of not – of no longer – treating discourses as groups of signs (signifying elements referring to contents or representations) but as *practices that systematically form the objects of which they speak*'

(ibid.; p.49; emphasis added)

Thus, it is possible to see how Foucault's early investigations examined the discursive formation of objects and of fields of true discourse surrounding them, the disciplines that can apprehend and examine them, and the rules for the production of true statements concerning them. In his earliest books, Foucault (1987a) analysed how certain forms of deviant behaviour became, at a particular time, characterisable as "mental illness," constructed and amenable to study by the field of psychology, and how it could be demonstrated that, at different times, what it meant to be "mad" and to talk of "madness" was qualitatively different to what it means in the modern period, that it was informed by different conceptions and was constituted as a problem in very

different ways (Foucault, 1965). One of the points raised by this analysis is that it is not correct to view the modern conception as “the truth” which has refuted the false conceptions of a less advanced age. Both the modern psychiatric conception of madness and the definition of it in the Classical Age are productions. The truth of the former did not supplant the latter and allow us to see its naïveté – both are the result of apprehending a particular phenomenon in a specific system of knowledge which existed at the time. There is no teleology in these historical analyses – the attempt is made to maintain the same critical distance from our present knowledge as we would from that of an age that we have conceptually left behind.

This leads us to perhaps the most difficult work of Foucault’s early period, *The Order of Things* (Foucault, 1970). This work is concerned with the emergence of the sciences which take the human being as their subject and object of knowledge. In it ‘Foucault goes as far as it is possible to go in arguing that discourse maketh the man, not man the discourse’ (Sturrock, 1998; p.68). In this book, Foucault (1970) argues that ‘man [*sic*] is neither the oldest nor the most constant problem that has been posed for human knowledge’ (p.386). “Man,” and the knowledge that we have of “him,” belong to a production which emerged with the human sciences which took “him” as their object. To understand the conditions of this emergence, we have to analyse the *episteme* of those human sciences – the manner in which things are understood, ordered and arranged so that a science of them becomes possible. The human sciences, then, are to be seen not as deciphering reality, but *representing* it in a way which makes their enterprise possible. These epistemes, these ‘ordering[s] of things’ (*ibid.*), constitute the very basis of a particular science or philosophy, its conditions of possibility. Our conception of “man” is linked to this ordering, such that Foucault claims that a different ordering of knowledge would lead this figure of “man” which we understand today to disappear ‘like a face drawn in sand at the edge of the sea’ (*ibid.*; p.387).

For Foucault, then, the existence of the human subject as a possible object of knowledge is not taken for granted as the *a priori* basis of a possible science. Rather, the process by which s/he is constituted as such is recognised as a contingent production of a historically-situated ‘will to knowledge’ (Foucault, 1997e) which can

be exposed by use of the “archaeological” method. Importantly for our research, this leads us to the realisation that “learning difficulties” were not ‘lying in wait’ (Foucault, 1972) outside of discourse for their apprehension by those disciplines which were destined to discover them, to decipher them, and know their truth. Foucault’s work here incites us to recognise “learning difficulties” not as an essential “condition” about which we can unproblematically amass knowledge, but as an object constituted by discourses, the shifts and ruptures of which have led to our current understanding. The way in which aspects of “mental ability” are constituted as a particular type of problem attached to specific forms of knowledge give rise to what we understand as “learning difficulties,” and the “person with learning difficulties” is, then, him/herself realised as a knowable subject through these discourses.

This unsettling of the concept of an essential human subject imbued with the capacity to know and decipher the world, and the emphasis on the importance of a regulated, contingent and ordered discourse constituting “reasonable” statements, leads to an inevitable collision with questions of determinism and agency. In response to the accusation that his insistence on discursive formations constituting the domain of what is reasonably sayable equates to a form of linguistic determinism in which individuals are mere puppets of discourse, Foucault responds that the effects of discourse of which he writes ‘are not so much limitations imposed on the initiative of subjects as the field in which that initiative is articulated’ (Foucault, 1972; p.209).

This problem of freedom, agency, autonomy (one might, prematurely, say “power” here), knowledge and discourse is an important one, and one with which Foucault was to become increasingly concerned. After having invested so much time in “archaeological” analysis, Foucault began to wonder about, and even to criticise, his earlier work. He began to believe that he had conflated two important concepts and therefore proposed an inadequate response (Foucault, 1989b). These two concepts were the facts of discourse and the mechanisms of power (see, for example, Foucault, 1981b). Foucault began to move toward the second of his domains of historical analysis, and asked of his earlier work, ‘what else was it that I was talking about... but power?’ (Foucault, 1980a; p.115). He thus turned his attention away from analysing the conditions of possibility of particular systems of knowledge, and began a series of

works arguing that such systems of knowledge and discourse have an essential and dynamic link with the operation of power. It is to this body of work that we now turn.

2.1.3 Genealogy, power and knowledge

Introduction to power

Foucault radically redefines what is meant by power, and in this redefinition lies the key to connecting it to the questions of knowledge with which he was earlier interested. Foucault contrasts his conception of power with traditional conceptions of it. He argues that it is a limited view that sees, on the one side of power, a law, and an apparatus for its enforcement, which merely lays down prohibitions, and, on the other side, a subject whose only choices are to obey or to face the consequences of disobedience. Similarly limited is the conception of a particular individual or group owning the entire apparatus of power – Power with a capital ‘P’ (Foucault, 1983, 1989g) – such that they can wield it, according to their whims, over a powerless and oppressed group. It is Foucault’s aim to break free of this representation, to ‘construct an analytics of power that no longer takes law as a model and a code’ (Foucault, 1981a; p.90) or bases itself on the concept of a sovereign atop a pyramid of power. He argues, in contrast, that power would be very fragile if it only repressed, ‘if it worked only through the mode of censorship, exclusion, blockage and repression’ (Foucault, 1980c; p.59). Power also has a productive function. It might be conceptualised as an entire ‘productive network’ (Foucault, 1980a) running through society. In order to understand this apparent oxymoron of “productive power”, we need to understand how, for Foucault, systems of knowledge are dynamically and intrinsically linked with relations of power.

As has been evident, the study of systems of knowledge which produce “true” discourse is central to Foucault’s work, and he began to realise that the accumulation of knowledge cannot be dissociated from mechanisms of power (Foucault, 1991a). In order to understand this, it is necessary to abandon a whole way of thinking which imagines that knowledge can exist only where power is suspended, ‘that knowledge can only develop outside its injunctions... and its interests’ (Foucault, 1979b: 27). Rather, power and knowledge are mutually co-constitutive; they ‘directly imply one another’ such that:

there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge which does not presuppose and constitute at the same time power relations

(ibid.; p.27)

Systems of knowledge make themselves available to, and become implicit in, power relations. This power-knowledge determines and constitutes what is attended to, what is desirable to be done, how people and fields of objects are to be understood, related to, organised and controlled. Thus, for example, the knowledge that is gathered of human behaviour can be understood in terms of, and distributed around, a norm or an ideal of desirability. It therefore makes possible power relations which centre around monitoring and assessing a population, and aim at identifying, disciplining and correcting deviant individuals within it. Similarly, a power whose aim is to normalise or discipline produces and makes useful systems of knowledge which are useful in attaining this objective. There is thus a constant and reciprocal articulation 'of power on knowledge and of knowledge on power' (Foucault, 1989h; p.51). Systems of knowledge constitute power relations, 'and the exercise of power itself creates and causes to emerge new objects of knowledge' (ibid.; p.51).

These "power relations" are relations between people, which always take place in a particular context. An important term to understand here is "*dispositif*" (usually translated, somewhat unsatisfactorily, as "apparatus"). This term picks out:

a thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions.

(Foucault, 1980d; 194)

It also includes the systems of relations that can be established between these elements, and their objective. This whole range of elements, applications and effects of power-knowledge constitutes the context in which human relations take place. All societies both *produce and limit* the ways in which interactions and relationships operate and by which they strive to act upon the conduct of others, and these are intricately tied up with systems of knowledge which define and give properties to objects, practices, individuals, psychological characteristics, "society" and so on.

Power produces more than knowledge and systems of social apparatus for its application, however. Foucault (1980c) notes that it doesn't 'obey the Hegelian form of the dialectic' (p.56), in that there is not a vital and original will belonging to a 'sovereign, founding subject' (Foucault, 1988c), which stands opposite its antithesis of a power which constrains and limits it. Power produces knowledge, desire and forms of relations, but it also produces subjects. It 'produces the very form of the subject, it produces what makes up the subject' (Foucault, 1989i; p.158). None of these things is any longer to be seen as the production of a presupposed knowing subject. The individual is not some 'elementary nucleus' (Foucault, 1980f) onto which power fastens. It is, instead:

one of the prime effects of power that certain bodies, certain gestures, certain discourses, certain desires, come to be identified and constituted as individuals

(ibid.; p.98)

The individual does not stand face-to-face with power, it is already one of its effects. Power produces the identities to which people are tied and by which they understand themselves, it produces the positions from which subjects act with respect to themselves and others (Foucault, 1982). Power thus 'brings into play relations between individuals... [it] designates relationships' (ibid.; p.217). In terms of relative subject positions which define people, the systems of social apparatus to which they relate, and the production and limitation of the ways in which people act upon one another's conduct, power reaches 'right down into the depths of society' (Foucault, 1979b; p.27), and defines 'numerous points of confrontation and struggle' (ibid.; p.27). All relations take place in the context of these forms of power-knowledge. 'Every human relation is [therefore] to some degree a power relation' (Foucault, 1988b; p.168).

In modern societies, therefore, power 'becomes a machinery that no one owns' (Foucault, 1980e; p.156). However, this is far from saying that everyone thus occupies the same position in this "machinery" of power – in fact, 'certain positions preponderate and permit an effect of supremacy to be produced' (ibid.; p.156). For this reason, Foucault (1980g) chose the military terms "tactics" and "strategy" to discuss the characteristics of power relations. Systems of power-knowledge make available "tactics" which can be organised and directed in the service of a dominant

strategy for directing a particular style of conduct in a particular way. Thus subjugation, subservience or disadvantage may well be effects of power. However, whilst it is important to recognise that power, in its operations and effects, can tend towards these forms, they must not be taken as the initial point of analysis, the centre around which power is distributed and exercised (Foucault, 1980b, 1981a). Similarly, refusing to proceed from the initial question ‘Who then has power and what has he in mind?’ (Foucault, 1980f; p.97) does not preclude the realisation that certain strategies to which power is amenable can have advantageous effects for one group and deleterious effects for another – it merely recognises that no group presides over and controls the whole apparatus of power. Power relations make available tactics which can act for or against the dominant strategies into which they coalesce – innumerable points of confrontation and resistance are immanent with them.

Resistance is also a key concept in this re-figuring of power. Power relations generally take the form of an ‘open, more-or-less co-ordinated (in the event, no doubt, ill-co-ordinated) cluster of relations’ (Foucault, 1980d; p.199) in which, although there is no outside, one is not trapped (Foucault, 1980b). There thus needs to be a distinction made between “relations of power” and “states of domination” – both of which are not synonymous in Foucault’s thinking. Relations of power are said to exist precisely to the extent that they represent the possibility of a strategic confrontation and struggle against those modes of action which attempt to direct one’s conduct (Foucault, 1997b). States of domination, in which there is no chance of resistance and in which one’s conduct can be forcefully and absolutely controlled, are no longer power relations. Power relations act upon acting subjects. In contrast, violence acts directly and destructively upon things; it forces, breaks or destroys them. This is not to say that power relations never use violence in their operation, merely that it should not be taken as the basic principle of the nature of power (Foucault, 1982). Power relations contain within them the possibility of forms of resistance – ‘there are no relations of power without resistances’ (Foucault, 1980b; p.142). Even power which is co-ordinated into an almost hegemonic rigidity is apt to provoke (often violent) resistances. Resistance emerges from those very points from which power emerges. Discourses are tactically ‘polyvalent’ (Foucault, 1981a) – those same discourses and systems of knowledge which are tactically amenable to a dominant strategy which

aims to govern a particular mode of conduct can also be tactically appropriated against that very strategy. So, whilst it may not be possible to stand outside of a system of power/knowledge which designates one's very interactions and relations, it is possible to resist a particular strategy of power relations that determines one's conduct in a particular manner (Foucault, 1982; see Simons, 1995 for an elaboration of this). At the same time, however, it must be realised 'in a great many cases, power relations are fixed in such a way that they are perpetually asymmetrical' (Foucault, 1997b; p.292), and in such cases there is only an 'extremely limited' margin for action, freedom or resistance.

Foucault conducted two important studies (*Discipline and Punish*, and *The History of Sexuality Volume One*) examining the forms that power relations have taken, at particular times, in relation to specific forms of knowledge and rationality. These are important works for illustrating Foucault's concept of power, and for highlighting the nature of specific forms of power which began to emerge in modern societies.

Foucault termed his methodology for these projects "genealogy." This is a 'meticulous and patiently documentary' analysis (Foucault, 1977a) which, moving away from archaeology's focus on the history of thought and true statements, centres on the history of practices and institutions. It undermines traditional grand narratives of a 'linear development' of practices which can be traced from an origin and reconstructed through history, and recognises that the truth by which our practices, our institutions and our selves have been constituted itself has a history. Foucault's (1979b) first genealogical study, *Discipline and Punish*, took as its object of study the practices – discipline – and institutions – prisons – which emerged in industrial societies as part of an economy of power which took as its aim the correction of deviant behaviour in the social body.

Discipline and Surveillance

The study opens by juxtaposing descriptions of two very different styles of punishment: a gruesomely-portrayed public torture, and a time-table of activities for prisoners. Less than a century separates the two accounts. Foucault notes that the

differences between them are not just in the accepted mode or method of punishment, but that 'they each define a certain penal style' (Foucault, 1979b; p.7), and the move from one to the other took place in the context of a redistribution of the 'entire economy of punishment' (ibid.; p.7). Foucault rejected the simple assumption which has often been made that the disappearance of the public spectacle of torture was part of a 'process of humanization' in punishment, a series of quantitative changes (less pain, more kindness, less cruelty, more humanity). In fact, there is a change in objective of the punitive operation. The penalty which had addressed itself to the body and its pains began to lay hold of something else. It was replaced by a punishment that acts in depth on 'the thoughts, the will, the inclinations' (ibid.; p.16) - the "soul".

In this emerging economy, the substance of what was punishable changed. Passions, maladjustments, effects of environment or heredity all entered into consideration. Aggressivity became punishable and not just aggression, perversions and not just rape, drives and desires and not just murders, and so on. What emerges is '*knowledge of the criminal*, one's estimation of him, what is known about the relations between him, his past and his crime, and what might be expected of him in the future' (ibid.; p.18: emphasis added). Thus medicine, criminology and psychiatry come to have a place in the courts. Penalties aimed not only to punish an offence, but to alter criminal tendencies, to supervise and neutralise the dangerousness within the criminal (Foucault, 1979b, 1988d). The soul of the condemned is judged as well as the crime itself. Offences become inscribed in a 'field of objects susceptible of scientific knowledge' (Foucault, 1979b; p.18), and punishment comes to have a hold not only over offences, but also over individuals - what they are and what they may be. It is no longer sufficient simply to establish whether a punishable act has been committed, it must be ascertained not only *what* the act is and *who* committed it, but *where* in him/her it originated, what its causal processes were (Foucault, 1988d). Assessment, diagnosis, and prognosis enter into judgement. A sentence carries with it 'an assessment of normality and a technical prescription for a possible normalization' (Foucault, 1979b; p.21). Through changes in punishment, one can map '*a whole new system of truth*' (ibid.; p.23; emphasis added) consisting of recently created objects, a

new corpus of knowledge, based around the normality or deviance which resides within people's psyche.

A new economy of power emerged, in which the body was at issue (in respect to its liberty, confinement, circulation, etc.) even if it was no longer to be physically harmed. The body becomes:

directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it... force it to carry out tasks, to perform ceremonies, to emit signs
(ibid.; p.25)

A new corpus of knowledge centres around the body, which is more than a knowledge of its functioning; it is that which allows it to be appropriated and invested in power relations in particular ways. The criminal was no longer identified as the enemy of the sovereign, but as a 'dangerous individual' (Foucault, 1988d). So, what also emerges is the need to *know* the criminal as an individual according to certain criteria – the scientific objectification of knowledge of individuals enters into consideration. Power thus began to aim no longer simply at shaping or training the body, but at placing it in a machinery of power which would produce "docile" and "useful" bodies.

Discipline began to concern itself with the distribution of bodies in space and time. The ideal was to distribute bodies in spaces that designated their activity, made them useful, and made it possible to fix and locate them in a system. Rhythms of behaviour became important – certain activities to take place according to a set cycle, with each moment made useful, and the actions of bodies in a controlled timetable made into a new form of knowledge. This power which exerts a hold on the body and aims to make it useful and docile, Foucault (1979b) terms 'bio-power'. Bio-power prescribes movements of bodies, it imposes exercises on them, and it arranges "tactics" for their use. The schema for this form of power came to be projected over the whole social body.

As well as exerting a hold of power over bodies, discipline also "makes" individuals. 'It is the specific technique of a power which regards individuals both as object and as instruments of its exercise' (ibid.; p.170). It achieves this through a perpetual observation, a continued surveillance to which discipline can be linked;

through a system of normalising judgement that measures individuals according to a rule of proper conduct and desirable abilities, it makes individuals specifically knowable by ranking them against the totality and operates punishments for deviance and rewards for good performance; and through the production of classifications, categories, and averages against which individuals can be examined and be thus made into a subject of normalising power. It is the whole and the individual's place within it which becomes important.

Foucault argues that these forms of power began to operate not only in the prison, but that disciplinary and carceral systems extended into the whole social body. Schools, hospitals, army barracks, asylums, workshops, and so on all functioned in similar ways, using similar disciplinary techniques. This is because the forms of power-knowledge Foucault analysed did not just construct prisons, they turned everyone into individualised and potentially punishable subjects who were the objects of particular forms of power and knowledge across the social body. This system made it possible to instigate a 'universal reign of the normative' in which each individual 'subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements' (ibid.; p.304).

Discipline and Punish, then, illustrates the principles for Foucault's analytics of power. It shows that the systems of knowledge that exist around human beings, that bring certain aspects of them into being, are dynamically linked to forms of power that make them useful, which through them take a hold of these aspects. It shows how certain *dispositifs* arise in the application of this power, how they provide means of exercising it. It shows how, through the operation of this power-knowledge nexus, subjects are created, and knowledge about them is called forth and marshalled. It highlights the relationships between knowledge and practice which allow people to be thought of as normal, criminal or delinquent, as having criminality within them; how these relationships lead to the body being seized by power in particular mechanisms and techniques for observing, measuring and normalising its conduct; and how people are led to relate to themselves and others as beings of particular sorts, with particular natures, and amenable to specific power relations.

Foucault's (1981a, 1986, 1987b) next major project was a series of books on sexuality. Our attention now turns to the first of these.

Sexuality and confession

Foucault (1981a) began here by questioning the popular discourse about sex in Western culture, one which believes that sex was in a state of happy freedom until the Victorian period, when it suddenly became taboo and underwent a thorough repression from which we are still struggling to escape. Why, Foucault wondered, have we problematised our sexuality in this way? Why is it that we still believe that we are paying the price for an earlier age which condemned sex to silence such that the demand for sexual freedom becomes an honourable political cause? He does not ask "why have we been repressed for so long?" but 'why do we say, with so much passion and so much resentment against our recent past, and against ourselves, that we are repressed?' (ibid.; p.8).

Foucault does not counter this discourse of repression by constructing diametrically opposed arguments which show it to be mistaken. He does not make the counter-claim that sex has never been prohibited or masked. Rather, he aims to put this "repressive hypothesis" back into 'a general economy of discourses on sex in modern societies' (ibid.; p.11). The object, in short, is to 'define the regime of power-knowledge that sustains the discourse on human sexuality... the way in which sex is "put into words" (ibid.; p.11) and subject to 'polymorphous techniques of power'. Foucault argues that, far from being characterised primarily by repression, sex was put into discourse in the Victorian period more than at any time previously. Instances of discursive production may have as one of their functions the administering of silences, and techniques of power sometimes have effects of prohibition, but what is important to note is that there has been an *incitement to discourse* around sex which has, among other effects, constituted what one might call a science of sexuality.

Foucault identifies, then, not repression but a 'veritable discursive explosion' around sex which began in the seventeenth century. There was a proliferation of incitements to speak about sex, and of agencies to hear it spoken about. Sex was transformed into a discourse whose continued examination and telling became a

general rule for everyone. The boundaries of what could be said about sex were enlarged. Sex became discursively transformed, not merely to be condemned or tolerated, but as something to be managed and administered. Sexuality was problematised such that it became an object of analysis and a target of intervention. Through this problematisation was formed 'a whole grid of observations regarding sex' (ibid.; p.26) around which knowledge could be gathered and interventions planned.

There were numerous centres around which discourses of sexuality were produced: medicine, with its nervous disorders; psychiatry, whose initial concerns were with excess, masturbation and frustration; criminal justice, which defined indecencies, perversions and types of abnormal behaviour as crimes of varying sorts. Rather, then, than there being a uniform concern to hide sex, or a prudishness of language around it, what characterises the last three centuries is:

the wide dispersion of devices that were invented for speaking about it, for having it be spoken about, for inducing it to speak of itself, for listening, recording, transcribing, and redistributing what is said about it.

(ibid.; p.34)

These discourses and systems of knowledge, by virtue of their fixing sexualities, imposing an incitement to discourse around them, and defining problems and abnormalities, made sex amenable to operations of power. Sexuality entered into the realm of scientific discourse which aimed to speak its truth, allowing the power to manage the sexuality of the population to be grounded in "truth." This "truth" of sexuality becomes something that everyone is obliged to seek out and recognise in themselves. The confession marks the heart of these 'procedures of individualisation by power' (ibid.; p.58) around sex. The act of confessing the truth of one's sexuality involves recognising and relating to oneself as if one were a sexual subject of a particular sort. Actions, thoughts, desires, all are given a function of truth which one must interrogate and recognise in oneself. One is thus tied to a sexual subjectivity which is linked to norms of scientific regularity. Sex is examined, confessed, interpreted, medicalised. Instead of a refusal to recognise sex, then, we can identify the *'operation of an entire machinery for producing true discourses concerning it'*

(ibid.; p.69; emphasis added), for placing it in an ordered system of knowledge, connected to an obligation to tell the truth about it, and linked with strategies of power which manage, administer and correct it.

Sexuality is not a stubborn drive, a natural force which is simply constrained by power. As Foucault has said, power is not merely repressive even where it may have prohibitive functions. Power is productive. In this case, it can be seen that sexuality as we recognise it is created in regimes of power-knowledge which invest it with a meaning and a truth. In this operation, individuals are also created as sexual subjects, obliged to examine and recognise the truth, and possible problems, of their own sexualities, and tied to this truth by the act of confession. Sexuality, in short, becomes a 'dense transfer point for relations of power' (ibid.; p.103).

Summary and Implications

In Foucault's thinking, power and knowledge form a knot which cannot be untied. This knot designates relationships which allow, to varying extents and in varying contexts, one to act on the actions of others or to resist one's action being acted upon. It brings into being the very categories of action and aspects of self upon which power has a hold, the modes of operation which power can take and the social apparatus (*dispositifs*) for its operation. It constitutes subject positions by which people are tied to an identity or "truth" about themselves and from which people relate to themselves and others in particular ways. Forms of power-knowledge thus permeate the whole social body.

This has enormous relevance for the way learning difficulties and care institutions are understood – and thus for this research and the questions it poses. These points tie into the research questions posed by this project. Again, these ask what forms of power individuals living in community care accommodation experience, how they relate to themselves as subjects in relation to it, and how this constitutes problems for them. As we have said, we shall address these questions through a series of semi-structured interviews with people living in community care accommodation designed to explore their relationships to their environment, other people and themselves, and to draw out of these interviews the forms of power that

affect people, the forms of subjectivity imposed upon them, and their own interactions and relationships to these issues.

What we have seen in this chapter so far clarifies how we might examine these issues in people's accounts of their lives in care. These points illustrate what we mean when we talk about "power". We can see how it is important to attend to how people in care accommodation are affected by power as a *productive system*, as something which constitutes them as individuals objectified by particular discourses of knowledge and thus created as subjects amenable to particular forms of organisation. This is an important deviation from conventional accounts of power that see it as a wholly repressive mechanism constraining the agency of an essential subject, and a whole new set of questions thus become possible.

The systems of knowledge and power around learning difficulty can now be questioned. It becomes possible to question how power positions people as subjects around whom a series of observations, judgements, decisions, imperatives, prohibitions, and relationships with others become possible; how they become amenable to particular institutional interventions; how certain forms of behaviour become appropriate or proscribed and their conduct directed and acted upon in line with particular ideals. It leads us to question how the forms of knowledge that are brought into being about people – observing them and gaining of knowledge of their characteristics and abilities – are linked to particular ways that they are thought about, and led to think about themselves. It influences us to examine the forms of social apparatus (*dispositifs*) – institutions, regulations, laws, administrative measures, moral propositions, etc. – by which decisions about people are made, to which they relate in particular ways, and in the context of which they have particular relationships. It encourages us to interrogate the existence of 'systems of differentiation' (Foucault, 1982) which permit people to act on the actions of others in certain ways – differentiations in status or privilege, and the 'dividing practices' which conceptually divide people from one another in terms of the categories they inhabit and the ways this links to ways of acting upon people's conduct and having their own conduct acted upon. It is also important to consider how people relate to one another as mentally competent or "subnormal", how they are tied to and obliged to recognise in

themselves a “truth” and an identity relating to having “learning difficulties”, and the consequences this has for them in terms of what it costs for them to tell the truth about themselves in relation to it (Foucault, 1989j). In short, we are asking how power creates people in care as subjects to be understood in certain ways, amenable to certain forms of organisation, and invested in certain types of relationship with others.

All of these are issues with which our research is thus concerned. We are not, though, of course, analysing the same sorts of texts that Foucault did. Where he examined historical texts to examine the emergence of certain forms of knowledge and their links to power, we are looking at individuals’ accounts of their lives which emerge from interviews with them. Therefore, whilst we can see the significance of Foucault’s work on power/knowledge for the questions we are asking, we are not looking for a “Foucauldian method” that we can duplicate. We are looking, rather, to discover, from how people talk about their situation, the forms of power that affect them. The exact forms that power might take in a specific situation cannot be known in advance. Foucault (1991a) points out that his analyses were of specific and local phenomena. We cannot use his specific findings about the forms of power in, say, the emergence of prisons, as a starting point for analysing care environments. Rather, his theorisations about power as a productive system linked to knowledge and forms of subjectification form a starting point from which to examine individuals’ accounts of their lives in care. Effects of power, as Foucault says, are everywhere, but we are interested here in how they operate in relation to a specific group of people in a specific situation. The points covered here show what sorts of thing might be looked for in people’s accounts when we talk about examining power and subjectivity. We are led to ask how people’s accounts of their lives embody certain subject positions, how they are positioned as subjects, how and according to what rationality they are situated in relationships with others that constitute power, how aspects of their conduct become amenable to certain types of direction, how judgements, decisions and interventions into their lives are made available with respect to them, and so on. This considers a lot more than would an approach based around conventional notions of power as a merely repressive force which coerces and forces people.

Also important in our research, however, is the manner in which people relate to themselves as subjects. It is these relationships of self to self – ‘ethical’ relationships (e.g. Foucault, 1987b, 1997f) – to which Foucault turned his attention in his final years.

2.1.4 Governmentality, ethics and “technologies of the self”

Towards the end of his life, Foucault again criticised his earlier work. He looked back on it and claimed that he had placed too much emphasis on questions of dominatory forms of power that control and shape people’s conduct, and not enough on ‘the interaction between oneself and others, and... the mode of action that an individual exercises upon himself’ (Foucault, 1997d; p.225). His work on governmentality (Foucault, 1988a, 1991b) charts the move towards the final corner of the ‘Foucaultian triangle’ (Dean, 1994), ethics.

Foucault identified, in the eighteenth century, a movement away from an ‘art of government’ and towards a ‘political science.’ This move constitutes a complex political economy of knowledge about the population and concerns itself no longer with government as the link between state or sovereign and territory, but with the economics, demographics, productivity, health, and well-being of the population (Foucault, 1991b). In this way, the “population” as we understand it is brought into being as an object of forms of knowledge (mortality rates, birth rates, employment levels, rates of disease, levels of education and literacy, domestic products, and so on) and a target for forms of government. Foucault identified here a ‘historical change in the relations between power and individuals’ (Foucault, 1988a; p.156). Government began to deal with individuals not just as subjects of law, but as ‘working, trading, living beings,’ and people were led to recognise themselves as a society, as ‘part of a social entity.’

Intervention into people’s lives began to aim to maximise the happiness, strength and productivity of the collectivity. Foucault (1982) referred to this as ‘pastoral power,’ in which the well-being of the population in the state replaces the concern for spiritual salvation that existed in the Christian pastorate. The officials of this form of power multiplied so that institutions such as the family became as much

tied up in its operation as the medical profession or the police. It is important to recognise, however, that these proliferating “officials” of governance were complemented by “self-government,” the way in which people relate to themselves in an *active* fashion. When people are governed in this sense, they are not forced or coerced, rather it is a matter of their aligning their activities and practices with the ends with which government - with the very broad meaning given to it here - is concerned.

These processes, by which individuals constitute themselves as moral agents, were the focus of concern for the last of Foucault’s (1986, 1987b) published books. In these works, he began to wonder how ‘the development of diverse fields of knowledge... the establishment of a set of rules and norms’ (Foucault, 1987b; p.3), with which he had earlier been concerned in their links with power, could be linked to ‘changes in the way individuals were led to assign meaning and value to their conduct’ (ibid.; p.4) in a moral sense. Basically, he asked how it is that individuals come to recognise themselves as subjects of a “sexuality,” how an “experience” through which individuals recognise themselves as “sexual” subjects is constituted. He therefore aimed to carry out:

[a] history of the experience of sexuality, where experience is understood as the correlation between fields of knowledge, types of normativity, and forms of subjectivity in a particular culture.

(ibid.; p.4)

Foucault (1981a) had already outlined the importance of breaking with a tradition that sees sexuality as a constant, natural drive which has been manifested in history by the different forms of repression to which it is subject. This tradition must also be rejected in order to speak about sexuality as an historical experience. To speak of sexuality in this way requires the analysis of three inter-relating axes that constitute it:

(1) the formation of sciences (*savoirs*) that refer to it, (2) the systems of power that regulate its practice, (3) the forms within which individuals are able, are obliged, to recognise themselves as subjects of this sexuality.

(Foucault, 1987b; p.4)

The tools for analysing the first two axes had been developed in Foucault's earlier work. The problem remained, however, of how to study 'the modes according to which individuals are given to recognise themselves as sexual subjects' (ibid.; p.5). A new genealogy was needed for this, one which would 'look for the forms and modalities of the relation to self by which the individual constitutes and recognises himself *qua* subject' (ibid.; p.6) – to study the games of truth which surround the relation of self to self and with the forming of oneself as a subject.

This is not the same thing as looking for a history of interdictions which have shaped the experience of sexuality by defining its limits. The experience of sexuality is linked to an ethical concern which is not 'always directly tied to a system of interdictions' (ibid.; p.10). The question is much broader than that: 'the interdiction is one thing, the moral problematization is another' (ibid.; p.10). The question that guided Foucault's inquiry into sexuality, then, was, 'how, why, and in what forms was sexuality constituted as a moral domain?' (ibid.; p.10). Why was there an ethical concern? Why were there these series of "problematizations" of what one is and what one does in relation to sexuality?

Foucault (1987b; 1993; 1997b; 1997d) links these problematisations to forms of practice which he calls 'arts of existence,' 'techniques of the self,' or 'technologies of the self'. These terms define:

those intentional and voluntary actions by which men not only set themselves rules of conduct, but also seek to transform themselves... and to make their life into an *oeuvre* that carries certain values and meets certain stylistic criteria.

(Foucault, 1987b; p.10-11)

Studying these practices is a matter of analysing:

the *problematizations* through which being offers itself to be... thought - and the *practices* on the basis of which these problematizations are formed.

(ibid.; p.11; original emphasis)

For this, Foucault argued that a whole redefinition of the field of inquiry was called for. Instead of searching out the basic interdictions and prohibitions that surrounded sexual austerity throughout the ages, he believed it was necessary

to locate the areas of experience and the forms in which sexual behavior was problematised, becoming an object of concern, an element for reflection, and a material for stylization.

(ibid.; p.24)

An initial problem with this study is setting out the objects one is studying. In this case, there is a concern with “morality,” which is somewhat ambiguous. “Morality” refers to ‘a set of values and rules of action’ (ibid.; p.25), imposed by various agencies, that individuals are expected or encouraged to follow. Such rules can be ‘set forth in a coherent doctrine’ (ibid.; p.25) or they can be ‘transmitted in a diffuse manner’ such that they do not constitute so much a ‘systematic ensemble’ as a ‘complex interplay of elements that counterbalance and correct one another’ (ibid.; p.25). This sense of the term, Foucault designates as a “moral code.” However, this is not the only meaning that is possible of “morality” - it also refers to the actual behaviour of individuals in relation to a moral code, ‘the manner in which they comply more or less fully with a standard of conduct’ (ibid.; p.25), the way in which people conduct themselves in reference to system of prescriptions and interdictions which operates in their culture. This Foucault calls “the morality of behaviours.”

In addition to these concerns, however there is another crucial one: ‘the manner in which one ought to form oneself as an ethical subject’ (ibid.; p.26) acting in reference to a code. In reference to a code which concerns itself with certain actions, there are different ways ‘to “conduct oneself” morally,’ to become an *ethical* subject. Foucault (1986; 1987b; 1993; 1997d; 1997f) identifies four dimensions to this ethical conduct.

Firstly, there is ‘the determination of ethical substance’ (Foucault, 1987b; p.26) – the aspects of oneself which are concerned with a particular moral conduct (Foucault, 1997f). For example, moral conduct could take hold of desires, feelings, or particular behaviours or practices. Secondly, there is the ‘mode of subjectification’ (Foucault, 1987b; p.27) - the ways in which people are ‘incited to recognise their moral obligations’ (Foucault, 1997f; p.264). Does one identify with a set of ethical actions because, for example, one is a member of a certain group, because one believes in a certain spiritual or religious tradition, because of incitements of law, or

because it is identified as the right way to live? The third consideration is the ‘forms of elaboration, of ethical work’ (Foucault, 1987b; p.27) – ‘the means by which we can change ourselves’ (Foucault, 1997f; p.265) in order to become ethical subjects. What is required to transform oneself? Is it through learning, by renouncing pleasures, through deciphering and mastering one’s actions? Finally, there is the ‘telos’ of this action - the aim of ethical work, the ‘kind of being to which we aspire when we behave in a moral way’ (Foucault, 1997f; p.265). What is aimed for? Mastery of the self, leaving behind a beautiful existence, liberty, immortality?

So, *moral* actions refer to a “moral code,” which calls for the forming of oneself as an *ethical* subject, and this self-formation in turn relies on “modes of subjectivation” or “practices of the self.” These elements can never entirely be dissociated. The emphasis may be on different aspects at different times and in different places – in one form, the observation of the moral code may be the most important element, in others, elements of the code may be relatively flexible, with the emphasis instead on the style of ethical formation, the practices of the self, the style of the relationship one has with oneself. Foucault notes that moral codes around sexuality in the West, from antiquity to the modern day, tend to revolve around a very limited number of simple principles – the codifications and interdictions are relatively stable. On the other hand, he argues, ‘there is a whole rich and complex field of historicity’ (Foucault, 1987b; p.32) in the way in which individuals are compelled to recognise themselves as *ethical* subjects of sexual conduct. His project in the latter volumes of the *History of Sexuality*, then, involved analysing a number of “prescriptive texts” (those that aim to suggest rules of conduct, that offer rules, opinions and advice on how to behave “as one should”, that allow individuals to question their own conduct, to observe and shape it) in order to trace how these forms of ethical subjectivation have been defined and transformed at different times.

This emphasis on modes of self-formation and the activity of individuals in their own subjectification represented a significant move for Foucault, one which was no longer subject to criticisms which had dogged his earlier work that he was proposing ‘the “hyperdetermination” of the subject’ (Dean, 1994), and which could take account of ‘the diversity of processes of self-formation’ (Dean, 1994; p.155).

Foucault (1997d) believed that his concept of “governmentality” linked his concern for practices of domination and power with his concern with self-formation. Dean (1994) highlights the importance of this as the contact point between practices which treat people as particular types of subjects, authorities which aim to shape their conduct, and techniques of self-government in which individuals seek to know, understand and act upon themselves. He re-reads some of Foucault’s earlier works in the context of his later ones to argue that the modern self-governing subject (with choices and rights) and the “docile and useful” individual sought by disciplinary practices ‘are reciprocal conditions of one another’ (ibid.; p.157). In order to analyse the formation of subjects, Dean (1994) argues, we need an account of how authorities seek to direct individuals’ conduct allied with an account of the ways in which individuals act upon themselves. He proposes that the values of welfare and care which are central to modern societies are bound to a difficult relationship that exists ‘between the individualising and totalising dimensions of government’ (ibid.; p.162) that act to construct human beings both as ‘autonomous agents’ and as ‘clients to be administered.’ In modern societies, he says, the free individual is ‘constituted by... governmental techniques as both a self-governing citizen and an *object* of fostering, welfare and *care*’ (ibid.; p.166; emphasis added). He goes on to argue that such techniques “swarm” the social body of modern societies, and are present in an intensified form in institutions which observe and aim to shape the conduct or make-up of their subjects.

The concept of governmentality has featured centrally in the work of a number of other theorists, notably Rose (e.g. 1990; 1992; 1996), Nettleton (1994) and Petersen (1994). Rose (e.g. 1990) has been expressly concerned with the proliferation of “expert” authorities on the human “soul” and its governance in the twentieth century. These “experts,” through the “psy-” disciplines, produce systems of knowledge about human beings and their psychological make-up, their psyches. Rose argues that:

psychology has... participated in reshaping the practices of those who exercise authority over others... It has invented what one might call the therapies of normality... the pedagogies of self-fulfilment... which translate the enigmatic desires and dissatisfactions of the individual into precise ways of inspecting oneself, accounting for oneself, and working upon oneself in order to realize one’s potential, gain happiness, and exercise one’s autonomy... enabling humans to live as free individuals by subordinating themselves to a form of therapeutic authority: to live as an autonomous individual, you must learn

new techniques for understanding and practising upon yourself... through these transformations, we have “invented ourselves”

(Rose, 1996; p.17)

These forms of “expert” knowledge and authority therefore come to constitute “technologies of the self” in that they shape how individuals think about, understand, and act upon themselves. ‘Individuals come to construe, decipher and act upon themselves’ (Rose, 1992; p.144) in relation to what is desirable or undesirable according to these knowledges and technologies. This is a process into which individuals themselves are recruited, in which they actively participate.

So, whilst there is an important aspect of individual agency and an active self-constitution implied here, these “practices of the self” by which people observe, act upon and shape their own conduct ‘are nevertheless not something invented by the individual’ (Foucault, 1997b; p.291), they are ‘models’ which exist in a culture and which are suggested, proposed and imposed upon individuals. It is not a matter of one’s own ‘pure creative energies’ (Bevir, 1999) allowing one to “make” oneself in a way which involves unfettered autonomy, but of the constitution of a field of practices through which one’s agency and initiative are articulated (see Foucault, 1972).

This is well illustrated by a number of writings on the subject of health promotion (Nettleton, 1994; Petersen, 1994; Coveney, 1998). Coveney (1998), for example, argues that modern forms of health promotion can be seen as ‘a form of government which is *productive* in the sense that it *produces* modern subjects: it defines empirically what it *is* to be healthy’ (p.462), and it “supervises” the proper routes to health in a manner which establishes individuals’ relationships to themselves as beings with a particular form of freedom, particular sets of choices, and particular indexes of action to be performed upon themselves. In this mode of government, individuals are led to make “informed” choices about, for example, their diets – choices informed by expert knowledge and consciousness-raising of “problems” around certain issues. What is thus required is ‘a self-reflective, self-regulating individual with the correct concern for themselves’ (ibid.; p. 464) - an individual who will “self-problematise” and respond to this effectively. Particular forms of freedom and choice-making which are highly valued in the West are thus bound from their

inception with the language of expertise. Nettleton (1994) points out also that this is not to say that forms of power connected to expertise mould people into rigid and unchanging forms which can be confidently predicted. Foucault's theories of government and ethics, indeed, explicitly allow for the possibility of resistance to those resources which constitute "practices of the self," and for a range of reactions to them which is not narrowly constrained by a moral code – these governmental technologies are multiple and heterogeneous in any case, and not unified and monolithic (Dean, 1994). These "practices" or "technologies" bring into being ways of thinking about, relating to and modifying one's self, they constitute the very self that one thinks in particular ways, but they do not systematically *control* people's self-relationship or their conduct.

Once again, it is clear that Foucault's thinking has enormous relevance for the study of learning difficulties and for the asking of our research question. We have already seen, then, how the work covered so far alters conventional notions of "power" and influences us to ask new questions. It influences us to question how people with learning difficulties become objects of specific systems of knowledge relating to mental capacities, and how a field of possibility emerges against which certain ways of understanding, organising, assessing and acting upon them exist, what sort of relationships they are situated in, what sorts of subject positions they are led to, and so on. These domains of truth and power relate to the parts of our research question which ask what forms of power people in community care accommodation experience. However, also important is that part of the research question which asks how people in this situation relate to themselves, and how these factors might constitute problems with which they engage. As Dean (1994) points out, it is important to be able to account not only for how individuals' conduct is directed in particular regulated ways, but also, allied to this, to account for how individuals understand and act upon themselves and their own conduct. Indeed, this is an important domain for the concerns of psychology, centring as it does around individuals' own interactions with a set of forces which act upon them. It is here that Foucault's critical ontology of ethics and technologies of the self has an important influence.

Here, then, we have the resources to question the ways in which people deemed to have learning difficulties are incited to constitute themselves as beings with certain rights, responsibilities and needs, how they might draw upon heterogeneous ethical technologies in self-formation and self-accounting, how they align themselves with or resist moral injunctions and prescriptions, how their “condition” is coextensive with certain “ways to live” and how this is dealt with, and so on. Again, we should say that these are not concerns which only have an effect on people with learning difficulties. These are issues which affect everyone; there is no “non-position” or place of ultimate freedom in which certain privileged people exist outside of the play of forces which constitute forms of power/knowledge and forms of ethical technology which allow them to relate to themselves in certain ways and to perform action upon their own lives and conduct in line with certain ideals. Again, though, we are interested specifically in how these factors are at work in the specific situation of community care accommodation and how the people living in it interact with them.

This final piece in the Foucauldian jigsaw allows us to realise that people are not passive objects, moulded and controlled by power and institutions, but that they actively interact with forms of power with aim to control their conduct (although this is not to say that they will be ultimately successful in escaping power), and display their own agency in processes of relating to themselves as beings of a certain sort (although this is not to say that the technologies they use in this are of their own making). The important points for our research with people with learning difficulties and their experience of community care, then, are the strategies and technologies which weigh upon them and attach certain costs to telling the truth about themselves as “people with learning difficulties” (Foucault, 1983, 1989j, 1997b), and the parts they themselves play in accepting or resisting these processes, how they draw upon particular technologies in relating to themselves as particular types of being and attaching meaning, value and a moral weight to their own lives and conduct.

2.1.5 Summary

Foucault’s thinking invites a radical departure from traditional categories and assumptions, and it leads us to ask novel questions about power and subjectivity. In the context of learning difficulties, it turns much of the work that has been done on its

head – as will be seen more clearly in the following chapters. The very notion of “learning difficulties” itself becomes problematic. The person “with difficulties” comes to be recognised not as an unproblematic and pre-existing entity, but as realised through the discourses of medicine, psychology and social administration – as Dyson (1987a) points out, for instance, these discourses individualise specific “problems” and draw attention away from the role of societal factors in their creation. The institutions and forms of care and social provision which exist for “people with learning difficulties” are no longer seen simply as attempts to find the best solution to a social or individual problem. Instead, the very forms of problematisation of a “mental deficiency” are themselves questioned in their links with particular forms of knowledge and power. The manner in which people are put into institutions, have their conduct examined and managed, and are led to understand themselves as “mentally disabled” in particular ways, all become the object of a critical analysis which unsettles the naturalness of that which defines us as subjects (Foucault, 1982, 1983), and which unsettles our ‘ready assumptions about the naturalness of our... institutions’ (Bevir, 1999; p.356).

In relation to the specific set of questions which drive this research – What forms of power do individuals living in community care accommodation for adults with learning difficulties experience as acting upon them? How do they relate to themselves as subjects in relation to it? How does this constitute problems for them in their lives? – we have seen how Foucault’s three domains of critical ontology (truth, power, ethics) intersect with them, and provide a philosophical underpinning for addressing them. However, we have also said that we are examining individuals’ accounts of their own lives in care institutions, and not the same sorts of text as Foucault did in his analyses, and that we are therefore not looking for a “Foucauldian methodology” which we can transpose to psychology. We will need, then, to consider the ideas seen here alongside developments in discourse analysis and psychology, and to devise an approach for performing an analysis of individuals’ accounts suitable for addressing our research question.

Before we can undertake this, however, we must first consider a number of objections which have been raised with Foucault’s work, and to consider how these

might affect our application of them. It has already been commented that, despite their widespread application, Foucault's works have by no means been unconditionally accepted by everyone in the social sciences. Numerous problems with his theories have been suggested, and many people see them as not merely inaccurate, but actively dangerous. In devising an application of these ideas for this thesis, then, it is necessary to examine and engage with these criticisms.

2.2 Foucault's critics and the implications they raise

The sense in which Foucault's work functions as criticism has long been a source of puzzlement to his readers... His apparently neutral accounts of techniques of power lead to complaints that he is normatively confused or that he deprives himself of any basis for criticism of the social phenomena he describes.

(Patton, 1989: 260)

Although the criticisms which have been made of Foucault's work have been many and varied, the most cogent and telling ones (and the ones most relevant to this thesis) can be considered under two broad headings: those which claim that Foucault's work lacks any normative basis for evaluating social structures and practices, and those which argue that there exists in his corpus such a degree of confusion as to whether the individual is determined by power or has the potential to escape all such determination that it is fatally inconsistent. Each of these will be considered briefly here. It will be argued that, although it is possible to find fault with Foucault's work, it is also possible, and, in fact, more constructive, to make a reading of it which extends the promise of radical and trenchant critical study.

Foucault's style in his written works is one of the initial causes of criticism. Habermas (1986), for instance, argues that Foucault's writing style embodies 'the almost serene scientific reserve of the scholar striving for objectivity' (p.103) which does not sit easily with a politically motivated study. Taylor (1989) similarly finds difficulty with it, arguing that it 'merely obfuscates... [It] has the effect of making the position look deeper and less challengeable than it really is' (p.277). These objections to a perceived neutral writing-style, however, are just the tip of an iceberg of a whole series of criticisms about the lack of a clear normative framework in Foucault's work. Fraser (1989), for instance, takes Foucault to task for failing to ask the question of

what makes power legitimate or illegitimate. She argues that there is no route from such a 'suspension of the question of the legitimacy' (ibid.; p.28) of power to the sort of engaged critiques he seems to want to carry out. This, she claims, leaves Foucault no grounds for believing that struggle is preferable to submission or for arguing *why* domination ought to be resisted. 'Only with the introduction of normative notions of some kind,' (ibid.; p.29) she says, could Foucault begin to deal with these issues.

Others have made similar complaints. Habermas (1987), for instance, criticises Foucault for abstaining 'from the question of whether some discourse and power formations could be more legitimate than others' (p.282), claiming that this position robs him of any reason for resisting 'this all-pervasive power circulating in the bloodstream of... modern society' (p.284). Taylor (1986) similarly argues that Foucault seems concerned to bring particular 'evils' to light, but always distances himself from the proposal of anything which could – or should – be done to overcome them. Haber (1994) thus contends that Foucault's project, which prevaricates on the issue of justifying objection or resistance, cannot be incorporated in any way into an oppositional programme which could promote effective change of social structures or practices, nor can it be a catalyst for resistance.

In considering the impact of these criticisms, it must be recognised that Foucault's position was indeed nihilistic *in the sense that he refused to create supreme values* (Glücksmann, 1992). In fact, he once commented that he believed that the existence of any form of universal morality to which everyone must submit would be 'catastrophic' (Foucault, 1988e). Consequently, he consistently refused to elaborate any philosophical justification for resistance or to formulate a programme of what needs to be done (Foucault, 1977c, 1981c, 1988f, 1989k, 1991a). Whilst this has been a source of consternation and condemnation from some readers, others have invited us to consider this problem differently. Simons (1995), for example, agrees that one does not have to be particularly selective in one's reading of Foucault to portray him as a thinker who evades any question of what can or should be done in the face of systems of power. He contends, though, that this is not the fatal problem that some critics make it out to be. Indeed, he claims that problems arise precisely when philosophy *is* charged with 'the task of determining which practices of power and resistance are

legitimate' (Simons, 1995; p.115). What happens, for instance, to those people who are unable to articulate philosophically their reasons for resistance? When such an ideal is seen as a prerequisite for challenging social systems, those who are unable or hesitant to engage with it are degraded and marginalised (see Dyson, 1987a).

Certainly it appears that Foucault was aware of difficulties such as this. He refused to write in a polemical style because he believed it to be ineffectual (Foucault, 1977d, 1997b), and, more importantly, he refused to propose a programme of action or to state explicitly what must be resisted because he believed that there are inherent dangers when an intellectual presumes to undertake such a task:

I'm not convinced that intellectuals - starting from their bookish, academic, and erudite investigations - can point to the essential problems of the society in which they live.
(Foucault, 1991a; p.151)

On the contrary, he believed there is, in fact, a certain indignity in intellectuals and academics presuming to speak for others (Foucault, 1977e), as well as the danger that whatever programme they propose might potentially itself become an instrument of repression (Foucault, 1988f). Consequently, Foucault's project did not merely stop short of proposing programmes of action because of a flaw in his thinking, its *conscious aim* was to bring it about that certain people, particularly people whose task it is to administer or manage institutions:

no longer know what to do, so that acts, gestures, discourses, which up until then had seemed to go without saying become problematic, difficult... *This effect is intentional*.
(Foucault, 1989k; p.285; emphasis added)

He intended for his works actively to 'shut the mouths of prophets and legislators: all those who speak *for* others and *above* others' (Foucault, 1991a; p.159; original emphasis) without himself speaking for people in proposing what needs to be done on their behalf.

In point of fact, Foucault did tend to make some sorts of normative judgements about forms of power. He preferred 'agonic' (cited in Simons, 1995) forms of power - those that are flexible enough to allow for creative and continued resistance, and which contain as little domination as possible. Thus, although Foucault does say that power must not be understood as being necessarily something which is bad in itself,

he also makes it clear that it is always 'dangerous' (Foucault, 1997f). This means that there is always something to do, and that Foucault's position leads therefore 'not to apathy but to a hyper- and pessimistic activism' (ibid.; p.256). Simons (1995) has developed this position using the metaphor (adapted from Milan Kundera) of "poles" of lightness and heaviness in Foucault's work. He identifies two different 'moods' in Foucault's work. In his 'oppositional mood,' Foucault is 'a prophet of entrapment' who seems to indicate that power is insurmountably constraining and that we cannot escape our subjection. In his 'affirmative mood,' on the other hand, he seems more disposed towards theorising an escape from all limitations through the power of self-formation. On the whole (but not always), he says, 'Foucault resists the magnetism of these two poles, riding the tension by adopting unstable positions between them' (ibid.; p.3).

In Foucault's work, then, we can see a tension between totally constraining limits and totally limitless freedom. Some limitations are necessary, since they define what we are and what we can do. In terms of subjectification, for instance, 'the subject is indebted to limits... for the possibility of being anyone at all' (ibid.; p.4), for having an identity and the capacity to act as a person. Life without limits would thus be 'unbearably light,' as there would be nothing to define us as subjects of any sort. On the other hand, though, is 'unbearable heaviness,' in which people are very rigidly subjected with no possibility of self-definition. Foucault's 'middle course,' Simons argues, sees the subject as 'neither totally subjected nor entirely self-defining' (ibid.; p.4). Simons thus contends that it is possible to see in Foucault's work an engaged political concern which, whilst it does not hold out the possibility of a world devoid of power, aims to work with the limits that both define and constrain us 'to prevent the solidification of strategic relations into patterns of domination by maintaining the openness of agonistic relations' (ibid.; p.4).

This, however, is not the universal principle that those who condemn Foucault as a nihilist seem to want. It does not follow logically from his philosophical postulates, nor does it provide a general rule for making confident, consistent and absolute normative decisions about any and all social systems and practices. For Foucault, these are not problems to be solved by a universal philosophical or logical

principle which must be invoked in order to justify resistance; they are problems ‘for all those on whom power is exercised to their detriment’ (Foucault, 1977e; p.216), for all those who find their situation in some way ‘intolerable’. So, just as Foucault (1989k) says that ‘the problem of the prisons isn’t one for the “social workers” but one for the prisoners’ (p.285), we can see that the problem of learning difficulties is not one for social scientists or philosophers, but one for those deemed to have learning difficulties. The problem is in what they struggle with, in what they find “intolerable,” and the role of the academic is not to elucidate the universal principle which will justify what they should be resisting, but to work with them on their problems.

We can thus see Foucault’s work – and that which draws upon it – as searching for the fragility of systems of thought and foundational categories around which power coalesces, and as collaborating *with* those who struggle with such systems rather than formulating a programme *for* them. Connected to this is Foucault’s (1981a) assertion that power is tolerated ‘only on the condition that it mask a substantial part of itself... [that] its success is proportional to its ability to hide its own mechanisms’ (p.86). His dispassionate analyses of the characteristics of power, then, can perhaps better be seen as attempts to unmask its mechanisms and operations, and this can then be seen as itself a political act that by its very nature weakens the foundations upon which power bases itself (Foucault, 1989k, 1991a).

Our task in this thesis, then, must not be to make *judgements* about people’s situations and what *should be done* to, for or by them, but to bring to light the ways that they experience power and subjectification acting upon them, and how they interact with this. This is a form of analysis which *problematizes* without imposing solutions upon people. That is, it aims to bring to light issues of power, subjectivity and ethics – and the problems that people experience with them – which were previously unseen, to bring them onto the agenda as issues to be considered in the situations being examined, and to make ways of acting upon and conceptualising people which previously had seemed to be natural, unproblematic and fixed in advance become instead objects for critical thought (see Foucault, 1991a). Through this process, it may be hoped that room may be found to work through the problems facing people *with* them, and for them to work through them themselves. It is for this

reason that it is important to undertake an analysis of power and subjectivity from the point-of-view of those affected by these forces, in order to formulate an idea of what problems they themselves might be experiencing. This, then, is not merely an avoidance of issues of critically-motivated decisions stemming from a theoretical inability to make them, but a conscious, politically-motivated aim which recognises the need to problematise issues of power and subjectivity without imposing new ones upon people through a temptation to speak *for* them about their situation.

Also to be considered here are those criticisms of Foucault which claim that his thinking was fatally inconsistent, contradictory or flawed. Particularly vocal on this point has been Nicholas Fox (1997, 1998). He picks up on some of the issues detailed above to argue that there is a glaring inconsistency between Foucault's 'ontology of the body' and his 'ontology of the self' (Fox, 1997, 1998). In analysing the ontology of the body as a target for forms of bio-power, Fox claims that Foucault characterises power as essentially determining, as constraining and limiting by acting upon the body. On the other hand, he says, when Foucault turns to an ontology of the self, he seems to take the opposite point of view, and emphasises the manner in which individuals are no longer characterised as 'docile bodies,' but as living, reflexive beings capable of taking an active role in their own self-formation. Fox (1997, 1998) sees this as undermining Foucault's earlier position, and he claims that where an over-emphasis on determinism permeated his earlier work, an over-emphasis on agency pervades his later studies. Much has been made of the reading of determinism in Foucault's middle-period writings. Habermas (1987) for instance objects that Foucault 'raises "power" to a basic transcendental-historicist concept' (p.254) which cannot, in fact, explain as much about society and human interactions as it would like to believe (see also Taylor, 1986). Similarly, Fox (1997) argues that this is a model which 'cannot analyse the conditions under which resistance to power becomes possible, why some people resist and others do not' (p.41).

In response to these concerns, it should be noted that Foucault (1993, 1997d) was aware that some of his middle-period writings could be read as overly deterministic. Towards the end of his life, he looked back on his work as comprising a critical ontology of three modes by which people become subjects – truth, power and

ethics. Although he was occasionally critical of his earlier work, he also appeared to re-categorise parts of it to fit into this framework (e.g. Foucault, 1989c, 1989d, 1989j, 1993, 1997f). So, although it is possible to read a selection of Foucault's works as representing a deterministic or essential picture of power – as, for example, Wickham (1986) has done – this is perhaps too hastily dismissive. The possibility also exists of recognising that Foucault developed his position as he pushed different ways of thinking to their limits (Dreyfus & Rabinow, 1982). For instance, he came to believe that power was not his '*fundamental problem*' (Foucault, 1997b; emphasis added), but that it merely served well as an instrument for analysing 'the relationship between the subject and truth' (ibid.; p.290) in particular situations. Basically, this point boils down to the fact that 'Foucault can be read either generously or in a way which is niggardly' (Rochlitz, in Armstrong, 1992; p.344). There are some compelling factors in support of a generous reading. Firstly is the fact that Foucault never intended his works to be seen as 'dogmatic' assertions that are to be taken or left *en bloc*' (Foucault, 1989k; p.275). He was explicitly opposed to the idea that his name would represent a heading under which all of his works could be understood. He intended, rather, for his works 'to be taken as "propositions", "game openings" where those who may be interested are invited to join in' (ibid.; p.275). So, instead of being concerned to be faithful to "Foucault" or, by careful reading, to discern the "real" Foucault who will provide the "correct" interpretation of his *oeuvre*, his works can more productively be seen as 'tool-kits' or 'gadgets' which one is free to transform and to use in different ways (Foucault, 1980b, 1980g, 1989h, 1989i). If it is then commented that one is being unfaithful to "Foucault", 'that is of absolutely no interest' (Foucault, 1989h; p.54) so long as the work one does functions, so long as it proves useful in opening up a new perspective on a particular area (Foucault, 1977e, 1989m).

Hence, we have been developing a position based upon Foucault's three domains of critical ontology which will be useful in examining how people's accounts of their situation in community care accommodation illustrate how they are experiencing and interacting with forces of truth, power and ethics in their lives. Despite the availability of negative readings of Foucault, we have identified the potential for a productive use of his work in a critical study of power and subjectivity. This is not by any means a simple matter of duplicating Foucault's methods, or of

remaining “faithful” to his work. The task that faces us is that of assessing how the issues which Foucault raises can be incorporated into a form of psychological discourse analysis suitable for working with individuals’ own accounts of their situation in addressing our specific research questions. In some ways, then, it could be said that as well as “using” Foucault, this thesis also aims to move beyond his work, and of finding ways of productively using it in another form of study. First, however, we shall summarise the position taken in this chapter.

2.3 Conclusion

Foucault’s vast corpus of work provides a number of “tools” for potential analyses of learning difficulties and the social situations surrounding it. Possible studies could, for instance, centre around an archaeology of the shifting systems of knowledge which have constituted learning difficulties in different discursive fields, and the forms of problematisation which have been connected with these systems. One could perform a genealogical analysis of the emergence and development of institutions which have confined people, and of the ideals which transformed the economy of power around them. One could study prescriptive texts to analyse how different forms of problematisation of learning difficulty have been connected to moral imperatives and ethical technologies, and so on. The study in this thesis, however, is interested specifically in the ways that individuals deemed to have learning difficulties who have experienced life in institutions or special accommodation talk about their own situations. This thesis is not concerned with doing “Foucauldian research”, but with finding, within Foucault’s work, a set of ideas that will be useful in addressing our research question in relation to how people themselves talk about their lives in care accommodation.

We have seen, then, that Foucault’s work can be seen as comprising three domains of critical ontology which tie in with the concerns of our research question, and begin to clarify what we are looking for in people’s accounts of their situation in care, what we mean when we talk of “power” and “subjectivity” and people’s relationships to them.

We saw, then, how Foucault's critical ontologies of truth and power intersect to show the importance of attending to power as a *productive system*. We are asking questions not about a wholly repressive mechanism which suppresses an essential, free subjectivity, but about how power/knowledge objectifies people and positions them as subjects of whom certain forms of power take hold. We are led to ask how people's accounts of their lives embody certain subject positions, how they are positioned as subjects, how and according to what rationality they are situated in relationships with others which constitute power, how specific aspects of their conduct become amenable to direction, how forms of observation and judgements, decisions and interventions into their lives are made available with respect to them, and so on – in short, how people are constituted as subjects amenable to certain forms of organisation and certain relationships. These points relate to our asking what forms of power people experience as acting upon them. Foucault's ethical domain of analysis influences us to attend also to how individuals actively take up positions in relation to these issues, how they recognise themselves as certain types of subjects. This leads us to examine the concepts of self-hood that people draw upon in relating to their situation, the ways that they relate to themselves, assign meaning and value to their conduct, and how they direct their conduct in line with particular ideals. This ties in with research questions which ask how people *relate to themselves* as subjects, and how they might experience problems thrown up by their situation.

Power, for Foucault, is everywhere: there is no essential subject existing outside of forms of power/knowledge, and there are no forms of self-relationships separate from those technologies which bring concepts of self-hood and ethical ideals into being. Everyone, and every human relationship exists in relation to forms of power/knowledge, subjectivity, and ethical technologies. We are interested, however, in how these factors operate specifically in the situation of community care, and with how the people living in care experience and interact with them – the purpose of the interviews to be carried out is to explore these issues with them, and to draw out the salient points in the analysis. Our emphasis is on how people themselves understand and relate to these issues and these situations.

We are interested, then, in how the accounts of people living in care accommodation, gleaned through an interview process designed to explore their relationships to their environment, other people and themselves, indicate how they are situated in particular power relationships, how they are objectified by particular discourses which make them amenable to certain operations of power, how they are led to relate to themselves as subjects of varying sorts, and how they interact with these issues and form relationships to themselves, their conduct and their environment in respect of them. This is an important study in a number of respects. As Foucault argued (1982) institutional situations can present a privileged point for the analysis of power relations, and, as has been argued elsewhere (McNay, 1994), a Foucauldian-style study of institutions *starting from the point-of-view of those who are their subjects* (as opposed to the examination of historical texts which indicate their emergence and ontology) is long overdue, and can be instrumental in beginning to analyse power in a way that overcomes the deterministic tendencies which were highlighted in several criticisms of his work (including his own) by forcing the examination of how people are not only *positioned by* these forces, but also how they are *interacting with them* actively in their lives. Also, as we shall see in subsequent chapters, these ideas lead us to address a previously neglected set of concerns about care accommodation which will allow us to think about it in different ways – they lead us to new set of possible questions concerning the situation of people living in care.

As we have said, this study also recognises the importance of highlighting the problems that people experience in relation to power and subjectivity – the cost they have for them – and of the importance of these problems being worked through with the people involved rather than deciding what their problems are from a more detached position and deciding what needs to be done on their behalf. It is here that the task of unmasking and problematising the operation and effects of forms of power and subjectivity without handing down decisions about them becomes an important one – one that contains the possibility of opening up the room to work through the problems facing people *with* them, and for them to work through them themselves.

We now have a clearer picture of the questions this study will address, and of the issues to which we are called to attend. What remains to be done, then, is to

consider precisely how these realisations can be used by a psychological study, what impact they have on our understanding of what such a study would be like, what it can and cannot achieve, what the methods for data collection and analysis should be, and how this fits in with other developments in research and practice around learning difficulties and in the social sciences in general – how, in short, Foucault’s vast and occasionally problematic corpus of work can be made useful in the study of power and subjectivity in people’s accounts of their own situations. These tasks will be undertaken in due course. Firstly, we shall examine developments in psychology and discourse analysis, consider how Foucault’s works fit in with these, and begin to formulate an approach to interviewing and analysis appropriate for addressing our research question. Following this, we shall turn our attention to literature and policy issues surrounding learning difficulties to assess how this study fits in with developments in this area, and to begin to set out the ways in which it is unique and addresses important, but neglected questions.

Chapter 3: Psychology: Paradigmatic and Methodological Issues

As was clear in the previous chapter, the work of Michel Foucault turns much conventional academic inquiry on its head. Before we consider how this affects our reading of issues surrounding learning difficulties and research methodology, we must consider how this research fits in with psychology. Foucault's work has had a major impact on a number of theories in psychology. This chapter will examine these, and consider how a Foucauldian-influenced approach might be taken further and feed into an approach to analysing discourse.

There are also, however, a number of other (often related) critical forces acting on the discipline which must be considered. The impact of Foucault's work here will be seen as the chapter unfolds, but we must start with an understanding of the contemporary position in psychology. Smith, Harré & Van Langenhove (1995) sum up the current position of psychology in the following quotation:

Psychology is in a state of flux. There appears to be an unprecedented degree of questioning about the nature of the subject, the boundaries of the discipline and what new ways of conducting psychological enquiry are available... Much of the discussion can be seen to revolve around theoretical and conceptual foundations.

(p.1)

As this suggests, a growing number of voices challenge what might be considered to be the mainstream conceptions of psychology. Psychology traditionally models itself on the natural sciences. There is a history of concerns for achieving ever more accurate operationalisation, quantification, measurement and prediction of mental functioning. As Danziger (1990) states:

Most psychologists have been taught to characterize their own scientific activity in terms of a framework that is derived from nineteenth-century physical science. They see themselves as individual investigators who seek to accumulate facts about some aspect of nature by the use of appropriate hypotheses and techniques. When they describe the historical development of their field they are apt to do so in much the same terms, representing it as a succession of individual contributors who accumulated "findings" on the basis of progressively refined hypotheses and increasingly sophisticated instrumentation.

(p.1-2)

Numerous criticisms of this conceptualisation of psychology have arisen from a variety of philosophical positions. In the midst of the "crisis" (e.g. Parker, 1989a; Parker & Shotter, 1990) in social psychology of the 1970s, for instance, authors such

as Harré (e.g. 1979; Harré & Secord, 1972) and Shotter (e.g. 1975) criticised the reductionist, positivist nature of experimental psychology. They argued that the reduction of aspects of human behaviour and the social world to discretely measurable variables ready for experimental study and statistical analysis was flawed since it set out to study people by treating them as mechanisms whose workings could be discovered rather than as human beings (Harré & Secord, 1972). More recently, criticisms have emerged from a wider-ranging set of “crises” connected with ‘the very character of the conduct of Western intellectual life’ (Parker & Shotter, 1990; p.1). Challenges stemming from speech act theory and analytic philosophy, the sociology of scientific knowledge, conversation analysis, feminism, semiology, postmodernism and post-structuralism (not least Foucauldian post-structuralism), and so on, have challenged not only the conception of human beings in psychology, but also the validity of claims to scientificity, the rhetorical nature of psychological writing, the social effects of psychological research and knowledge, and even the construction and status of knowledge itself.

As a consequence of these challenges, psychology is now commonly talked of as being divided into quantitative and qualitative camps – those who adhere to positivistic, scientific forms of psychology and experimental methods, and those who advocate a more qualitative, interpretative approach. However, setting qualitative methods in diametric opposition to quantitative approaches is a poor way of understanding the complexity of the issues at stake, and loses sight of much of value of the approaches lumped under the label of “qualitative methods” (Banister, Burman, Parker, Taylor & Tindall, 1994). Hiles (1999, 2000) observes that it is common for discussion of different approaches to psychology to conflate considerations of methods of data collection and analytic technique under the heading of “(qualitative) methods” whilst neglecting consideration of paradigmatic assumptions. Quantitative research is not defined merely by the nature of its data. There is more to consider than the process of measurement and statistical analysis, and the same applies to qualitative approaches. This chapter will be more concerned with analytic approaches and paradigmatic assumptions rather than methods for collecting data (which will be rather more straightforward and will be dealt with in the methodology chapter). So,

whilst this research will be positioned broadly within the field of what is often simply described as “qualitative methods”, there is more to consider than this implies.

With these points in mind, the aims of this chapter can be set out. First, a brief account of traditional, natural science-modelled approaches to psychology will be presented. The chapter will then follow the argument of Parker and Shotter (1990) that there are a number of deeply-rooted issues to do with the conduct of the whole of intellectual life which merit consideration, and which problematise the positivistic basis of experimental psychology. These issues will be discussed under the headings of “the logic of scientific inquiry”, “language, representation and psychology’s subject”, and “critical psychology: relativism versus action”. Each of these areas raises serious considerations for how psychological research is to be undertaken, a number of which coincide with considerations which are raised by Foucault’s thinking. The chapter will then detail some of the new approaches emerging from consideration of these issues, assessing the degree to which they address them, how they relate to the points Foucault raises, and how suitable they are for this research. Finally, these issues will be weighed up, and the approach that this research project will take will be described – an approach that will aim to adapt the ways of conducting research which exist in psychology, along with the important issues raised by Foucault’s work, to the specific concerns of the research question which drives this project.

First, our attention turns to the assumptions and practices of “mainstream”, experimental psychology.

3.1 Psychology as an experimental science

Despite the wide degree of questioning of theoretical underpinnings which has been described, and a concern, in the mainstream of psychology, with moving study out of the laboratory and into more “ecologically valid” settings, ‘the same positivistic logic and empiricist impulse which were at the heart of behaviourist experimentation are still central to the way psychological inquiry is conceived and conducted’ (Smith et al., 1995; p.2). Gergen (1992) identifies four key presumptions which underlie this positivistic approach: the belief in a basic subject matter, universal properties, empirical method, and progressive research.

Firstly, there is a belief in an objectively knowable basic subject matter. In experimental psychology, this subject matter is taken to be the human individual, with the belief that each individual is endowed with the cognitive apparatus to perceive and react to the world without the influence of any other actors or social factors (Danziger, 1990). Edwards and Potter (1992) call his idea that individuals' cognitive processes play the central role in shaping their perceptions and actions "cognitivism". Social as well as cognitive psychology subscribes to this "cognitivist" view, such that social psychology becomes:

the study of social cognition, of how individuals perceive, categorize, interpret the social world, represent it mentally, make inferences about it, explain it causally, such that the social lives of individuals flow from how they perceive, hypothesize or reason about each other.

(ibid.; p.13)

These ideals led to the analogy of a computer-like processor conceptually defining the matter upon which psychology performs its studies – as if the brain were a processor of information in the head (Bruner, 1990; Harré, 1995; Harré & Stearns, 1995). With this analogy in place, psychology can study particular aspects of this processing mechanism – most notably in social psychology, these centre around notions of 'cognition, attitudes, prejudice and aggression' (Gergen, 1998; p.149) existing as mental paraphernalia inside the head to be isolated and studied in experimental situations. Allied to this conception of individuals as psychology's subject matter is the theory that, through experimental study, universal psychological laws concerning them can be discovered:

[Psychological] theory consists of universal psychological... laws that are logically derived from a few assumptions and definitions concerning the basic nature of the realm being investigated... Moreover, these laws must have been empirically confirmed by means of carefully controlled experimentation. The resulting theory and laws permit precise prediction about events that are remote in space and time

(Richardson & Fowers, 1997; p.267)

This brings us to the issue of how these universal psychological laws are to be discovered, and thus to the third underpinning assumption of psychology that Gergen (1992) discusses – a belief in empirical methods. These methods aim to isolate conceptually the individual from his/her social context such that the researcher can establish 'empirical associations between separate individual and environmental

“variables” and “factors” (Danziger, 1990; p.187). Aspects of human psychology are operationalised into measurable variables – for example, “prejudice” or “attitudes” can be operationalised by having subjects fill in relevant psychological questionnaires, “memory” can be operationalised by measuring recall of words or numbers under particular conditions, “arousal” can (apparently) be operationalised by measuring ‘the delay and persistence of urination’ (Parker, 1989a; p.18), and so on. It is then possible to test hypotheses concerning these variables in a replicable experimental situation, often studying the effect that the manipulation of an independent variable has on an observed dependent variable (Foster & Parker, 1995). The “facts” that are discovered through this experimental process are held to arise independently of interpretative processes (Banister et al., 1994), and so to be objective and uncontaminated by values and generalisable to different subjects and across different situational contexts. Thus, psychological research is imagined to be progressive in that the accumulation of “objective” data about “real” aspects of psychological functioning move psychological knowledge towards an ever-closer correspondence to “the truth” (Parker, 1989a, 1992).

As has been made clear, scientific, positivistic approaches to psychology have been subject to a number of challenges from a number of directions. These criticisms tie in with those crises in intellectual life of which Parker and Shotter (1990) write; crises which cover much of the same terrain with which Foucault was concerned – the status of knowledge; language, representation and discourse; and questions of power, and the constitution of subjectivities and identities. It is to these crises that we now turn.

3.2 Critical Issues

The logic of scientific inquiry

Two key theoretical underpinnings of psychology as a scientific enterprise are the notions of an objectively-knowable reality, and the progress of knowledge towards an ever-closer correspondence to “the truth”. As Parker (1989a) comments, the notion of the progress of knowledge is itself a historically and culturally specific one – ‘there is nothing “true” about it’ (p.12). The fragility of ideas of objective knowledge and progress towards truth is well illustrated by arguments from the philosophy of science,

particularly the work of Karl Popper (1980), Thomas Kuhn (1970), and Paul Feyerabend (1975).

The problem of the definite verification of scientific knowledge has plagued those seeking absolute certainty since David Hume pointed out that just because the sun rose yesterday and this morning does not mean that there is a logical reason to believe that it will *certainly* do so tomorrow. Arguments for knowledge based on the observation of an indefinite number of regularities of a phenomenon are based on induction, and could never result in *logically certain* verifications of scientific laws (Raphael, 1998). Popper (1980) proposed that this problem should be approached in another way. He argued that scientific theories are never inductively proved, and that absolute verification is impossible. He proposed that scientific inquiry should be guided by the principle of 'falsification'. This principle holds that science should proceed not by attempts to verify theories, but to *falsify* them. While theories cannot be verified by any number of observations, Popper argued, they can be falsified or disproved by a single disconfirming observation. Popper therefore believed that hypotheses come first, with the aim of scientific investigation then being to attempt to falsify these hypotheses. Scientists acting in good faith should test their own hypotheses as rigorously as possible and attempt to disprove them. For Popper, scientific theories are precisely those that can potentially be falsified, and the mark of plausibility of theories lies in their ability to withstand repeated attempts to disprove them. As more theories are discarded through disproof, and better theories (those more able to withstand falsification) take their place, scientific theory should, according to Popper, progress towards an ever-closer approximation to reality. Popper (1986) was adamant that the social as well as the natural sciences should follow this method of investigation.

Although extremely influential, Popper's arguments are not without their detractors. Perhaps foremost in note amongst these is Thomas Kuhn. For Kuhn (1970), the problem with notions like falsification is that they fail to acknowledge that scientific investigation takes place against a background set of beliefs and theories, that it works within a particular 'paradigm.' Hypotheses do not simply emerge from nowhere. Rather, the set of possible hypotheses is determined by categories of

thinking that emerge from existing theories. This realisation unsettles the Popperian belief that hypotheses come first, and that increasingly reliable theories emerge from sets of hypotheses which withstand repeated attempts to falsify them. Even more radically, Kuhn argued that there is not necessarily a logical reason for the 'shifts' in paradigms that occur in the sciences from time to time. Conventional belief holds that shifts in perspective in science are due to an accumulation of objective facts which force thinking to adapt and progress to ever-closer approximations to the truth. Contrary to this, Kuhn argued that in practice the success and failure of scientific paradigms is more dependent on argumentation, rhetoric, and political manoeuvrings between competing, partisan camps, to the extent that often the only way a particular paradigm shift can come about is when the old guard, the entrenched defenders of a paradigm, either retire or expire.

These sorts of criticisms of a positivist philosophy of science become even more radical and challenging in the work of Paul Feyerabend. Feyerabend (1975) argued that since no coherent set of methodological rules could come close to explaining the complexity inherent in the history of the sciences, and since any notions of proof or disproof are unavoidably bound up with background assumptions which are themselves not subject to proof, there can be no logical reason to privilege scientific beliefs and assertions over those from other areas, including such derided belief-systems as voodoo. He thus contended that, when it comes to judging knowledge-claims or devising methodological approaches for studying phenomena, 'anything goes,' and that preferences for one style of approach over others is as much dependent on the subjective beliefs and wishes of the practitioners of science as it is on the logical correctness of one set of assumptions. The common lauding of scientific inquiry as a privileged route to knowledge, then, is seen in Feyerabend's account as the result of rhetorical processes which assume and present the scientific method as superior to others without ever actually *proving* that this is so.

These concerns with the elusiveness of objective knowledge, and the presence of unacknowledged subjective judgements, rhetoric and unexamined assumptions in scientific enterprise have important implications for how psychology is to be conceived. They connect with arguments that psychological investigation must be

recognised as ‘very much a social practice’ (Danziger, 1990), and that psychology’s concern with attaining scientific status is a rhetorical one, serving to privilege its judgements – that is, to legitimate the conclusions it puts forward and at the same time to denigrate competing knowledge-claims as unscientific (e.g. Gergen, 1989; Visker, 1995). Parker and Shotter (1990) argue that we must realise the degree to which psychology is ‘textually constituted’:

could it be that our scientifically acquired knowledge of the world and ourselves is not determined by our and the world’s “natures” to anything like the degree we have believed (and hoped) in the past; and that instead our knowledge is influenced by the “ways”, the literary and textual means, we use in formulating our concerns?

(ibid.; p.2)

The abandonment of the idea that psychological texts can unproblematically and objectively present “real” facts which have been “discovered” about the psychological apparatus in people’s heads has led a number of commentators in psychology to perform “deconstructive” analyses of how such texts are organised to produce the rhetorical effect of truthful plausibility. Deconstruction, a term borrowed from literary theory, is used in psychology to denote a critical approach which assumes that psychological properties, categories of persons, and “discoveries” about them are not natural or objectively-obtained “facts”, but are given substance in the organisation of those very texts which discuss them. It aims, therefore, critically to pick apart the discursive formations and textual effects which have produced and made “truthful” psychological “discoveries” and conclusions (see, for example, Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995; Burman, 1998). For example, Stringer (1990) has analysed how social psychology textbooks account for contradictions in the discipline and delineate a definitive field of inquiry with which social psychologists are concerned; Squire (1990) has shown how the coherence and credibility of accounts of psychological discoveries are products of particular narrative styles which engage the reader rather than of the discoveries themselves; Billig (1998) argues that psychological writing should be seen as a literary genre with its own specific conventions, focusing particularly on how the subjects of experiments are presented in ways which allow particular conclusions to be drawn about them; Soyland (1994) has shown that psychological investigations and writings are organised around a set of key metaphors, and that their treatment of the idea of rhetoric, which constructs it as something which can be banished from “good

scientific practice”, is itself a rhetorical device (what he calls the ‘rhetoric of anti-rhetoric’); and so on.

The realisation that the production of psychological texts is not a neutral activity that unproblematically represents objectively-discovered facts, and that scientific inquiry takes place against a background of ill-examined assumptions which are held in place by rhetorical manoeuvrings is a radical and unsettling one for traditional approaches to psychology which view it as a scientific enterprise. We have seen how it leads us to problematise the truth-claims made by the discipline. However, there are more problems that this realisation forces us to consider. If the illusion of “truthfulness” is to be seen as a textual product, and if objective, value- and rhetoric-free, generalisable knowledge is as elusive as has been made out, then we are led to ask what is the nature of reality itself, and what is the status of the terms with which we believe we are referring to that reality? This connects us with another set of those “crises” in modern western intellectual life to which Parker and Shotter (1990) refer, a set of crises which will in turn connect us back to a number of concerns which Foucault raised, and which will further radicalise our conception of what psychology is, and what it can be. This set of crises concerns reality, representation, language, and subjectivity.

Language, Representation and Psychology’s Subject

In order to address the question of reality and representation, we initially return to the philosophy of science; this time to French philosophy of science and the work of Georges Canguilhem (1989). French philosophy of science has long based itself, in contrast to both phenomenology (the philosophy of experience) and logical positivism, on the “philosophy of concept”, which emphasises the role of conceptual interpretation – interpretation which is, unavoidably, based within particular systems of concepts and ways of thinking – in producing and reflecting on knowledge (Foucault, 1989a). For example, Canguilhem (1989) demonstrated that concepts of normality and pathology through which biological and medical science operate are not scientifically determined categories, but value-laden concepts connected to economic and political imperatives that emerge from particular ways of thinking. Changing concepts and ways of thinking are thus involved in the process of producing “true”

ways of doing science. Canguilhem's work influences us to realise that 'error is not eliminated by the muffled force of a truth which gradually emerges from the shadow, but by the formation of a new way of "speaking true"' (Foucault, 1989a; p.15).

Here, then, truth (not just plausibility or the illusion of truthfulness, but "truth" itself) becomes not merely an unobtainable ideal, but a *production* of particular ways of speaking, a function which exists within particular modes of conceptual interpretation. As might be expected, Canguilhem's thought was an important influence on Foucault's concerns with how "discourses of truth" produce subjects, objects, fields of inquiry, and relationships of power (e.g. Foucault 1983; 1989a) – his insight that discourses 'form the objects of which they speak' (Foucault, 1972; p.49) and produce 'effects of truth,' ways of "speaking true" (Foucault, 1980a).

These questions about the role of language and discourse in structuring our perceptions and "constructing" truth and what we think of as reality have important implications for psychology. "Constructionist" approaches in the discipline have prompted the realisation that language cannot be understood as referring to pre-existing entities, that it does not simply mirror objects which already exist in the world, but is involved in the *construction* of reality – of objects of thought, and of categories which are used to interpret them (e.g. Edwards & Potter, 1992; Burr, 1995; Gergen, 1992, 1994, 1999): 'the process of signification itself gives shape to the reality it implicates' (Henriques, Hollway, Urwin, Venn & Walkerdine, 1984; p.99). This thinking challenges the assumption that representations can be judged for their degree of fit with some independent external reality (Parker, 1989a). Constructionist theories are concerned with how what is taken to be real is socially constructed (e.g. Burr, 1995; Sampson, 1998; Cromby & Nightingale, 1999). The idea of a pre-discursive reality is thus made problematic in that a process of social construction does not simply "happen to" a pre-given or ready-made object: 'in order to refer to any extra-discursive object there must inevitably be a prior and hence discursive delimitation of what is taken as an object in the first place' (Sampson, 1998; p.29). Therefore, insofar 'as the extra-discursive is delimited, it is formed by the very discourse from which it seeks to free itself' (Butler, 1993; cited in Sampson, 1998;

p.29). The idea of a world independent of language and discourse is thus itself seen as a function of a particular discourse (Edwards, 1991, 1997).

A number of theories in psychology, therefore, have abandoned the ideal of capturing a “true” or definite meaning, arguing instead that any attempt to move beyond discursive or textual representations to find a true picture of events is doomed, ‘for the study of the outside [of discourse] is a *reading* which is given meaning by a context’ (Parker, 1989a; p.57, original emphasis). The objects with which psychology deals, such as capacities, profiles, attitudes, and so on are no longer seen as ‘things hiding inside the person which a psychologist can then “discover”,’ but as ‘created by the language that is used to describe them’ (Burman & Parker, 1993; p.1). The very categories that we use to understand ourselves are thus not “natural kinds” ‘that exist in a real world outside the framework of our investigative and intellectual practices’ (Danziger, 1990; p.196), but are created in discourse (Burman & Parker, 1993; Parker, 1992, 1997).

There are obvious parallels between the constructionist thinking in psychology which has been described and Foucault’s thinking which sees discourses as forming the objects of which they speak, as bringing aspects of the world into being as “thinkable” in particular ways. Indeed, Foucault has been an important influence on a number of theorists in psychology (e.g. Henriques et al., 1984; Parker, 1989a, 1989b, 1992, 1995, 1999a; Rose, 1985, 1989, 1990, 1996; Sampson, 1990; Richer, 1992; Potter, 1996; Bayer, 1998; Gergen, 1999; etc.). Sampson (1990), for instance, draws on Foucault’s work to argue that psychology produces knowledge which constitutes realities about people and is linked to projects of social management. He contends that Freudian psychoanalysis did not so much uncover the essential inner secrets of the human psyche, as ‘furnish the individual with inner secrets that play a part in justifying certain kinds of social practices designed to manage those secret impulses’ (Sampson, 1990; p.122), and extends this to argue that:

social psychologists have provided their own set of internal personal qualities – attitudes, beliefs, values, personality types... and so forth – which are helpfully understood as discoveries that constitute the shape of personal reality.

(*ibid.*; p.122)

This realisation not only problematises the reality of psychology's referents by drawing attention to their discursive constitution, it also questions the very notion of the individual in the discipline. As has been mentioned, the mainstream of psychology is wedded to the idea of individualism which holds that each individual is a 'potentially autonomous' (Parker, 1990), unitary, bounded entity endowed with the cognitive apparatus to perceive and react to the world without the influence of any other actors, and potentially separable in conceptual terms from social factors. Danziger (1990) refers to this as the 'Robinson Crusoe myth,' positing as it does the possibility of studying an isolated individual whose characteristics exist independently of any social involvement. These issues have been dealt with in depth by Julian Henriques and his co-authors (Henriques et al., 1984, 1998) and Nikolas Rose (1985, 1989, 1990, 1996).

Just as Foucault argued that systems of power-knowledge are productive of individuals and subjectivities, Henriques et al. (1984) argue that:

psychology is productive... It regulates, classifies and administers; it produces those regulative devices which form us as objects of child development, schooling, welfare agencies, medicine, multicultural education, personnel practices, and so forth... it constitutes subjectivities as well as objects.

(p.1)

Henriques et al. (1984) contend that in order to understand this, it is necessary to move beyond the 'reductive account of subjectivity' which psychology adheres to by virtue of its belief in an individual who is conceptually separable from "society". This belief is not "natural", but is itself constructed in particular ways of thinking. The problems involved with this perspective emerge especially clearly when we consider those areas of psychology which attempt to account for processes of socialisation – the ways in which individuals become social, the means by which culture (for example in terms of gender and sex roles) is transmitted to them. Such theories assume the existence of a pre-given individual, conceptualised essentially as an information processing system, and 'the external world, whether it be external objects or people, is seen as information to be processed' (ibid.; p.19). The object of interest for psychology thus becomes those mechanisms which process information from the outside world. However, Henriques et al. (ibid.) point out that:

None of these questions can be addressed while psychology brackets off content into the domain of the social and defines it as outside the boundaries of its theories, to fall within the domain of sociology, for example. In socialization theory it is implicitly assumed that, if they are added together, the ideas of psychology and sociology will produce a full explanation... In fact for psychology they are two different kinds of theoretical objects produced in different discourses, destined to bypass each other.

(ibid.; p.20)

This implicit individual-society dualism means that traditional psychological concepts rely on the notion of a 'core presocial individual' which always ends up being rapidly reduced to the biological. This makes it impossible for such a psychology 'to theorize the individual in a radically social way' (ibid.; p.21). These problems cannot be addressed unless the terms of the individual-society dualism are reconceptualised such that neither one has status of a pre-given category, and we stress 'the relational character of their mutual effects' (ibid.; p.21).

Henriques et al. highlight the importance of Foucault's work in transcending this set of problems. Foucault's approach allows us to deconstruct the 'monolithic, unitary character' of the social domain and link it to a 'multiple and contradictory subject.' It also encourages us to realise that each term of the couple individual-society is the effect of 'a production to be specified, rather than... the pre-given object of the human sciences' (ibid.; p.100), and that social scientific knowledge is connected to practices of administration, and produces our very conceptualisation of the individual – it constitutes individuals in a number of sites, such as the school, the hospital, the workplace, and so on. Foucault's genealogical approach allows the subject to be seen as a production constituted in numerous practices, discourses and modes of subjectivity. It thus becomes important to consider 'the different subject positions and the different power relations played out' in these practices (ibid.; p.117):

The experience of having more or less power in different social practices – that is the experience of contradictions in subjective positionings – can be tied to what is sometimes called "contradictory subject positions". It is not a concept that fits into psychology's notion of the individual. Indeed, it is a key concept in the deconstruction of the psychological notion of the subject. *It cannot be usefully worked on outside an approach which starts not from the unitary subject, or even a power-knowledge couple, but from a triad: power-knowledge-subject.*

(ibid.; p.118; emphasis added)

The possibilities for reconceptualising psychology offered by Foucault's genealogy are further illustrated in the work of Nikolas Rose. Rose is concerned with the role psychological knowledge plays in constituting systems of governmentality

and ethical self-relationships. His thesis is summarised by his contention that all sciences bearing the prefix “psy-” are part of a system that has ‘made it possible to invent programmes for the technical management of the human soul’ (1985; p.137). Taking up Foucault’s concern with how governmentality is connected to systems of knowledge, Rose (1990) contends that the psychological sciences have played a key role in the processes by which ‘the human subject has entered into the webs of government’ (p.8). In keeping with the points discussed above, this does not work by somehow operating on an essential, pre-given individual, but by constituting particular forms of individuality and subjectivity in particular ways: the “psy-” disciplines play ‘a fundamental part in “making up” the kinds of persons that we take ourselves to be’ (Rose, 1996; p.10).

The psychological sciences, Rose argues, have played a central role in ‘providing the devices by which human capacities could be turned into information about which calculations could be made’ and action taken (1989; p.121). The production of knowledge, vocabularies and calculative processes relating to people’s subjectivities and mental capacities goes hand-in-hand with the development of techniques by which action can be taken upon the objects of this calculation. Psychology has not only constituted new forms of knowledge and new means of assessment, it has also ‘made possible a form of rational regulation of individuality’ (ibid.; p.121). Aspects of the individual are created as objects in a system of knowledge through which particular personal attributes become “knowable” and describable such that judgements can be made about them – judgements structured around ‘coincidences and difference from values deemed normal’ (ibid.; p.124). The discourses of the psy-sciences, then, are not merely representations of a pre-existing subjectivity, they are directly constitutive of a field of objects relating to subjectivity and of the knowledge that we have of them (Rose, 1996). Changes in the ways in which knowledge about individuals is produced and accumulated are therefore ‘simultaneously transformations in the cognitive and conceptual universe... [which] make the individual practicable and thinkable’ (Rose, 1989; p.129-130). Psychology has thus also played a role in transforming the practices by which authority can be exercised over people and by which people relate to themselves:

As objects of a certain regime of knowledge, we have become possible subjects for a certain system of power, amenable to being calculated about, having things done to us, and doing things to ourselves in the service of our individuality.

(ibid.; p.130)

To draw attention to the fact that the self, and all that we associate with it, is invented is not the same as saying that we are thus the victims of a collective delusion or deception. There is no ahistorical, transcendental subjectivity hidden beneath the constructions. Rather, this “invention” ‘constitutes our truth’ (Rose, 1996). The lack of a repressed, basic essence of individuality which can be liberated does not, however, lessen the critical impact of this thinking. Indeed, the realisation that our psychological subjectivities, with all their concomitant “abnormalities”, are not “natural” at all but are the products of particular systems of knowledge suggests a novel form of critical inquiry about the nature of the modern self and the values accorded to it, an inquiry which will ‘open up our contemporary regime of the self to critical thought’ (ibid.; p.2), that will aim to:

destabilize and denaturalize that regime of the self which today seems inescapable, to elucidate the burdens imposed, the illusions entailed, the acts of domination and self-mastery that are the counterpart of the capacities and liberties that make up the contemporary individual.

(ibid.; p.2)

This critical move connects us to the final set of “crises” of intellectual life with which we will be dealing – criticism and resistance.

Critical psychology: relativism versus action.

As has been discussed, a key aspect of the move away from positivist, natural science-modelled research in the social sciences has been the abandonment of the idea that research can produce objective knowledge as long as those involved in its production maintain a rigorous commitment to value-neutrality. Hammersley (2000), whilst acknowledging that ‘wilful’ and ‘motivated’ bias does exist, argues that this move has lamentably led to concerns with propaganda and bias taking a more central role in social research than the production of knowledge. Others, however, have argued that any pretence to value-neutrality is disingenuous, that social scientific activity is shaped by social concerns as well as evidence (Dyson, 2000), and that it is neither possible nor desirable for research to be free from any effects (e.g. Parker,

1999b). Far from being value-neutral, research is a social activity which does not merely 'address or discover the objects of its inquiry, but... begins to create them from the first moment of identification of a topic' (Clough & Barton, 1995; p.2). The basic assumptions made about the research participants, the topic to be investigated, and appropriate methodological and ethical approaches affect how research is undertaken, how research participants are treated, what questions are asked, and what conclusions are drawn. It is important to interrogate the effects which the research has, and the extent to which its basic assumptions and conclusions support a status quo in which particular groups are marginalised (e.g. Gillman, Swain & Heyman, 1997; Barton, 1997, 1998; Moore, Beazley & Maelaer, 1998). A good deal of research has been accused of reinforcing unacceptable definitions and concepts of marginal groups, and limits the possibilities for challenging unwanted and stifling social policies and practices, and that new approaches are thus called for (e.g. Lather, 1986; Oliver, 1992; Maguire, 1996; Shakespeare, 1996; Humphries, 1997).

These concerns are mirrored in the development of a "critical psychology" (e.g. Fox & Prilleltensky, 1997a, Parker, 1999c). Psychology's pretensions to value-neutrality have been especially effectively punctured by feminist thinking. Theorists such as Haraway (1989), Hollway (1989) and Nicolson (1995) have argued that psychology is structured and carried out in a way that marginalises and pathologises women. Nicolson (1995) points out that the very ideal of setting out to exclude such considerations as 'social context and the structural/power relations between individuals as inherent bias' (p.123) necessarily reduces scientific psychology to complicity with a patriarchal order. Similar points could be made for a wide range of groups studied by psychology, such as disabled people, mental health patients, minority ethnic or cultural groups, and so on. Prilleltensky (1999) argues that psychologists must 'seek to obtain knowledge that is sensitive to the personal, political, and cultural contexts in which data are gathered and interpreted' (p.103), rather than attempting to rule out such concerns by pursuing "neutral" research. Part of the agenda of a critical psychology must, therefore, be to demonstrate that the choices made in psychological research are never free from values and assumptions, and the question, "Is psychologists' work morally defensible?" must become a central one (Fox & Prilleltensky, 1997b).

Parker (1999c) argues that critical psychology must focus on four key issues. Firstly, it must examine how psychology as a discipline privileges its own accounts and how its dominant accounts operate 'in the service of power.' Secondly, it must study how psychology is culturally and historically constructed, and how alternative varieties of it support or resist the assumptions of, and the inherent power issues within, mainstream accounts. Thirdly, it needs to be aware of how psychology works across society to regulate people and to encourage them to regulate themselves. Finally, it must explore how the knowledge produced by psychology is bound up with everyday assumptions about mental functioning which people use to make sense of themselves. All of these issues have been implicit to some extent in the process of deconstructing the assumptions upon which scientific psychology is based. The third and fourth issues will also strongly tie into the analysis which is to be undertaken of the accounts of our research participants, as will be seen. Before considering an appropriate analytic approach, however, there remains one more critical issue to deal with: the tension between value-relativism and criticism. It is, then, within this broad framework of psychology that this research is situated.

A key problem for those who believe in constructionism is its removal of the foundations not only of the mainstream psychology which they want to resist, but also of any justification for action, change or critique. Burman (1990) thus argues that deconstruction, despite its usefulness in critiquing dominant discourses and relations of power, ultimately fails as a political tool since it is fundamentally proscriptive – it deconstructs not only dominant discourses but also any bases that might be put forward for an oppositional politics. She therefore calls deconstruction a 'sharp and dangerous tool.' This issue of how one 'who espouses social (linguistic) constructionism [can] avoid slipping into relativism' (Harré, 1998; p.xi) is the subject of an important debate in areas of psychology influenced by constructionist thinking (Parker, 1998a; Nightingale & Cromby, 1999). Burr (1998) summarises the key tension in the debate:

Without some notion of truth or reality, how can we justify advocating one view of the world over another, and one way of organizing life over another? Can we avoid moral relativism if we take a relativistic stance as academics? Do we need to take some form of realist stance in order to make these justifications?... If the answer is that we must build

back into our theorizing some notion of a reality which underpins social and psychological phenomena, then what kind of reality is this? What kinds of things do we want to give the status of “real” to and what does this mean?

(p.14)

Opposed to the problem of value-neutrality on the one hand, then, is the danger of reifying particular concepts and practices on the other (Parker, 1998b). Willig (1998, 1999) argues that this fear of slipping into reification means that many discourse analysts, whilst happy to perform deconstructive analyses, stop short of taking or recommending any form of action which might be suggested by such analyses. Parker (1999b) points out, however, that the kind of work we are interesting it doing here cannot be undertaken in good faith without addressing the possibility of developing some form of ‘counter-practice’ or action.

A number of positions are emerging in the social constructionist field which propose frameworks for overcoming these sorts of problems. For example, Edwards, Ashmore and Potter (1995) position relativism as the only possible resolution of this debate, arguing that attempts to introduce realism rely upon using representations and discursive performances as rhetorical devices which, due to their status *as* representations, cannot be proof for a realist position. Opposed to this is a ‘critical realist’ approach (e.g. Willig, 1999), drawing on the writings of Bhaskar to propose that ‘social constructions are grounded within, yet not directly reflective of, social structures’ (p.44) and that, since they are caught up in such material structures, they can evidence ways in which people are disadvantaged by them, and aim to find ways to work through this and to change such structures. Others argue that social constructionism focuses too exclusively on language and must also take account of embodiment (those aspects of the body which exist independently of texts which may inscribe it) and materiality (the physicality around which constructions are formed), and of the person as an experiencing being (e.g. Burr, 1999; Cromby & Nightingale, 1999).

It is, however, not our aim here to “solve” this debate, but merely to be aware of the positions and problems it sets out and to address these issues in relation to this particular piece of research – as Harré (1998) points out, these questions will, in any case, not be solved by resolutions ‘good in all circumstances and for all occasions’

(p.xi), but that they must be dealt with ‘in different ways in different contexts’ (p.xi). It would not be desirable here to get side-tracked into a lengthy debate on these issues. The important task is to examine how these issues are relevant to this thesis, and to examine its position in relation to them.

Potential problems for “Foucauldian” research in carrying out an effective critical analysis were discussed in the previous chapter. The points raised there also have import for the issues we are confronted with here. It has been said, then, that for this research project, which is concerned with the accounts of people living in a particular kind of institution, the impetus for criticism and change is located in what people struggle with, in areas where they experience power as problematic. Of course, this is itself a *reading* of people’s accounts based on a particular interpretative process (which is, in turn, based on a particular philosophical position). As Parker (1999b) points out, social and psychological reality is ‘always already interpreted’ and guided by ‘implicit theories of self and the world,’ and one cannot escape this by merely believing oneself to be accessing an immediate experience of an essential subject or an absolute reality. The theoretical concern here resonates what has been called the ‘psychology of visibility’ (Brown & Pujol with Curt, 1998), in that we are not interested in a “truth” lying outside of discursive formations, but with how regimes of truth, forms of rationality and systems of knowledge themselves bring things into being, make them visible, and constitute them as particular kinds of problems with which people struggle. These factors, however, can be said to be true *for the people who engage with them*.

This realisation is reflected in our concern to examine power in care *from the point of view of those who are its subjects*, of asking in the research questions how people experience power and actively relate to themselves, and how they might experience problems connected to these factors. The critical orientation of the research thus lies in looking for tensions within individuals’ discourse and ways they interact with the issues in question. We are not looking for grand solutions to problems which are then supposed to be taken up by people outside of academia, and we can clearly not, given the points we have gone over, use an academic criterion of

validity or what is “really” happening in order to impose “solutions” upon the very people who are engaging with particular situations.

The readings that are made in this project, then, are not taken unproblematically as a final position for formulating programmes for resistance which people are then to be expected to follow. As has been seen, Foucault’s work teaches us that the power represented by a libertarian academic formulating (albeit in good faith) “what is to be done” is in itself ‘dangerous’ (Foucault, 1991a, 1997f). So, rather than trying to avoid one of the horns of the realism/value-relativism dilemma at the risk of skewering ourselves on the other, we can more productively reconceptualise this problem by undertaking a critically-oriented analysis whose concern becomes what is true *for the people in a specific situation*, what the costs of this truth are (Foucault, 1983, 1989j, 1997b), and the potential of the research to open up the space in which people can work through their own problems around these issues (rather than setting out a programme of action *for* them). Hence, the problems of a relativist position which paralyses any form of action or critique do not apply here. This approach is not the same as the avoidance of action which some writers see as an endemic problem in social constructionist work (e.g. Burr, 1999), but it is still cognisant of the problem Foucault pointed out with work which aims to impose solutions to the problems of other people. Additionally, far from exorcising the experiencing individual from consideration here (cf. Burr, 1999; Cromby & Nightingale, 1999), the manner in which people experience relations of power and forms of subjectivity which may be imposed upon them, and their activity in forming relationships to themselves becomes of central importance. This, however, is not the same as merely pointing out people’s own experience to them, or of unproblematically taking accounts “at face value” (Parker, 1999b) The approach taken here influences what sorts of questions are asked, and it also brings to our attention particular aspects of people’s environment and their situation in power relationships and forms of subjectification which would not be seen in other approaches. We are, then, moving beyond individual accounts to show how they contain evidence of positions relating to power, subjectivity and ethical self-relationships, and further highlighting the ways that people interact with these issues and relate to their situation in ways of which they may not be aware. This is unavoidably an interpretative process, one that recognises

the importance of developing a theory that can productively comprehend accounts and open up new areas to debate (Foucault, 1977e, 1989m) without imposing final solutions on the people involved. As Parker (1992) comments, discourse analysis in this respect should become a form of research in which new critical thought becomes possible and new spaces are made available for ‘manoeuvre and resistance.’

With these issues in mind, we must set out an analytic approach which takes on board the ideas that we have been working with and addresses our research questions. The first step here is to examine those approaches which have emerged in psychology for analysing discourse.

3.3 Responses - Approaches to the Analysis of Discourse

A number of positions have emerged within psychology which, to varying degrees, address the issues outlined above and focus their inquiries on language and discourse. These diverse orientations are roughly unified by a ‘common attention to the significance and structuring effects of language... [and] are associated with interpretative and reflexive styles of analysis’ (Burman & Parker, 1993; p.3), although the conceptions of such “structuring effects” and the styles of analysis vary considerably across each approach. Five of the key approaches will be identified and critically assessed before we go on to formulate an approach which will address the key issues discussed in this and the previous chapter, and which will adequately address the concerns of the research question. First, we will examine the key approach which emerged from the “crisis” (Parker, 1989a) in social psychology in the 1970s.

The “crisis” in psychology and the ethogenic paradigm

Parker and Shotter (1990) write that in the mid-1970s, ‘social psychology appeared to be in the midst of a resolvable crisis’ (p.1). One of the central issues giving rise to this crisis was the conceptualisation of human subjects in psychology. The key complaint was that experimental psychology had at its core ‘the concept of the passive person... [who is a] mere spectator of the reactions which he or she emits when subject to the effect of some environmental contingency’ (Harré, 1995; p.145). This conceptualisation of the “passive person” led authors such as Harré and Secord (1972) to argue that ‘any spontaneity or generative power’ of people is lost, and that a

science based around such a conceptualisation displays ‘the most naïve form of determinism’ (p.31). The ethogenic “new paradigm” which emerged from this crisis therefore aimed to treat human behaviour as meaningful and as involving active agents (Van Langenhove, 1995), and to be ‘both scientific and sensitive to the sense that people construct in their everyday lives’ (Banister et al., 1994; p.93). The routes into, through, and out of this “crisis” have been well documented in Parker (1989a), and so there is little point in a detailed discussion of them being provided here. However, since some important points are raised by them, a brief overview will be helpful before turning attention onto other approaches.

The ethogenic paradigm held that human actions are ‘organised in the expressive context of a culture’ (Parker, 1989a; p.21), which gives them meaning and structures how we think about them. People act, and understand the actions of others, in terms of this expressive order, and hence the social worlds in which people act are ‘held together by “rules”’ (ibid.; p.22). The ethogenic paradigm, therefore, aimed to discover and elaborate the organisation of the social worlds in which people act and which organise meaning for them. The theory was that, just as speakers of a language know whether a sentence is grammatical or not, so social actors know which acts are acceptable, and that, since this “social competence” will be reflected in the descriptions which people give of their understandings of actions and situations, it will be possible to ‘identify the nature of specific actions by using the actor’s accounts’ (Potter & Wetherell, 1987; p.57). The analysis of these accounts will then ‘reveal features of people’s social competence’ (ibid.; p.57). The ethogenic project thus aimed to arrive at a picture of the underlying structure of the social world that people inhabit by piecing together the glimpses of it which are garnered through individuals’ accounts (Banister et al., 1994).

The ethogenic new paradigm, however, failed to address a number of key issues (e.g. Potter & Wetherell, 1987; Parker 1989a; Parker & Shotter, 1990), and it is now ‘all but burnt out’ (Banister et al., 1994). It has been criticised for erroneously seeing social worlds as closed systems and meaning as fixed and static and, perhaps more importantly, for failing to see “ordinary language” itself as a structuring effect

with links to power relations (Parker, 1989a) and for its image of the human individual. On this last point, Parker (1990) comments that:

unfortunately, it was not good enough calling for people to be treated as if they were human beings... when the dominant image of the human being was the traditional individual of liberal western political thought... [which sees people as] potentially undivided beings.

(p.95)

This structuralist-influenced approach is subject to many of the same criticisms which prompted a move beyond structuralism in the 1960s and 1970s. The problems with such structuralist thinking are exposed by returning to our earlier concern with concepts of the individual and the social, and by posing the questions ‘who is the structure for?’ (See, for instance, Easthope, 1988) and ‘where is the subject?’ (See Young, 1981). The free-standing and complete social structure which is posited ‘must correspond to an equally self-sustaining subject’ who is ‘free-standing and transcendental’ in relation to it (Easthope, 1988; p.33). In ethogenics the subject acts meaningfully according to a structured system of social rules, but this conception of the subject is partial and problematic. The subject who “acts meaningfully” and “follows rules” is somehow prior to, and outside of, the structure which is supposed to direct his/her behaviour – the subject is a choosing subject, itself prior to construction and selecting elements from a structure in its “social performance”. This problematic conception is allied to the problem already discussed of a pre-social subject supposed to possess particular sorts of mental apparatus – in this case, the ability to select discursive elements and to make correct choices. This concept accounts for the problems identified by Parker (1989a, 1990), that ethogenics unproblematically reproduces a culturally specific conception of the human subject at its core, and that it cannot account for the problem of power in the constitution of subjects.

Harré, one of the key proponents of the ethogenic paradigm, has more recently espoused a ‘discursive psychology’ (e.g. Harré, 1995; Harré & Stearns, 1995). It is to this, termed here (for reasons that will become clear) “grammatical indexicality”, which we now turn.

Grammatical indexicality

Although the emphasis in Harré's later writings is on "discourse", they still retain a strong degree of structuralist influence (although it is also possible to see an influence from analytic philosophy, especially Wittgenstein, in his work). The psychology which he proposes is 'the study of active people, singly or in groups, using material and symbolic tools to accomplish all sorts of projects according to local standards of correctness' (Harré, 1995; p.144).

Language use is central to the model of psychology proposed. It can, it is argued, even serve 'as a model or analogue for the study of other non-linguistic phenomena' (Harré & Stearns, 1995; p.2). So, for example, in studying the emotions, it is contended that 'emotion displays and feelings are functionally equivalent to those linguistic performances we call "speech acts"' (ibid.; p.2). Thus, non-linguistic phenomena which psychology is interested in studying are believed to be subject to the same semantic and syntactical rules found in (structural) linguistics and, potentially, able to be studied by the means of substituting non-linguistic units for the relevant linguistic ones (Harré, 1995). Language, in this view, also has the function of commenting upon and understanding (making sense of) other things which have been done, said or experienced. For example, 'we use the descriptive terms of an emotion vocabulary of ordinary languages for the classification of locally recognized emotions' (ibid.; p.151). Therefore, 'the taxonomy of emotions that is being employed in a particular culture can be extracted from a study of the way the local vocabulary is used' (ibid.; p.152). By studying this vocabulary, we can arrive at the set of rules which express the local standards of correctness for understanding, feeling, displaying and talking about emotions.

Mülhäusler and Harré (1990) similarly argue that concepts of self depend on the local grammar of 'person-referential terms, particularly pronouns' and that 'to use pronouns correctly, one must deploy one's philosophical theories of what one is as well as one's knowledge of the social relations in which one stands' (p.16). The sorts of people we take ourselves to be, and the ways in which we attribute praise or blame and so on will, therefore, 'depend on the grammar of our language' (ibid.; p.18). Personal pronouns are thus held to be indexical signs tying people, through the

grammar of particular pronoun systems, to the social force and responsibilities of speaking as a person in a particular community (Harré, 1995).

Once again, the problems with this view are clear from the perspective this thesis takes. Despite the use of the term “discourse”, the emphasis here remains on the lexical, rule-governed level of language use. Hence we are back, effectively, with the structuralist distinctions of *langue* and *parole*, competence and performance. Study of, say, emotional performances (*paroles*) is believed to lead us to the underlying governing system (*langue*). The *langue* is, again, a self-contained, complete structure determining what can be said about emotions, how they can be displayed, and so on. The relationship of the individual to this determining structure is as problematic as in ethogenics. The constitution of the individual is again untheorised, as is his/her (presumably innate) ability and desire to perform in a socially and linguistically correct manner. As Foucault, Rose, Parker and others have shown, the constitution of the subject, and of psychological phenomena, social practices, means of self-understanding, and so on, takes place (and is contested) at the discursive level in a multiple and contradictory social domain, in diverse systems of knowledge linked to power, rather than simply at the structural or lexical level in a monolithic system of rules. Harré’s approach leaves no room for theorising the constitution of subjectivities in complex and diverse systems of knowledge linked to power – a constitution which cannot explained merely by appeals to the indexicalities of a grammatical system.

Interpretative repertoires

Discourse analysis as outlined by Potter, Wetherell and Edwards (e.g. Potter & Wetherell, 1987; Edwards & Potter, 1992; Potter, 1996; Edwards, 1997) takes a different view of the definition and functions of discourse. Its concerns are summarised in two key questions: ‘how are descriptions produced so that they will be treated as factual?’ and ‘how are these factual descriptions put together in ways that allow them to perform particular actions?’ (Potter, 1996; p.1). In understanding why these are important questions, we must examine the properties which discourse is held to have in this perspective.

This approach sees discourse in terms of its 'action orientation' or the 'interactional work' that it does (Edwards & Potter, 1992). Descriptions that people give of events are:

examined in the context of their of their occurrence as situated and occasioned constructions whose precise nature makes sense, to participants and analysts alike, in terms of the social actions those descriptions accomplish.

(ibid.; p.2-3)

Discourse is seen as a tool for achieving certain social goals in specific social situations. Potter and Wetherell (1987) distance their approach from concerns with discovering social or linguistic rules which operate in specific situations, in favour of seeing things such as the concept of rules or the understandings that people have of social situations as resources which they use creatively in accomplishing social goals. They contend that people 'use their language to *do* things' (ibid.; p.32; original emphasis), to achieve social goals, which the analyst can read from the context of their talk. People use language 'to *construct* versions of the social world' (ibid.; p.33; original emphasis) and these versions vary according to the goal being pursued. For instance, the use of "factual" accounts is seen not as the reflection of people orienting to unproblematic facts, but as a discursive strategy designed to achieve social goals through the appearance of talk having 'facticity' (Potter, 1996).

The accounts that people build in pursuing social goals are constructed out of 'pre-existing linguistic resources' (Potter & Wetherell, 1987; p.33) from which elements are actively selected. These accounts also construct *reality* in that social interaction is based around people and events which are experienced 'in terms of [the] specific linguistic versions' (ibid.; p.34) built from these resources. These "resources" are given the name 'interpretative repertoires' (ibid.) and taken to be:

broadly discernible clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images... the building-blocks used for manufacturing versions of actions, self and social structures in talk. They are available resources for making evaluations, constructing factual versions and performing particular actions.

(Potter & Wetherell, 1995; p.89)

These repertoires are available for anyone in a society to draw upon, and it is argued that people use different repertoires at different times to suit the needs at hand, the goals pursued, and the particular situational context encountered.

The analyses which this discursive psychology makes centre around issues of the construction of facts and versions of reality in people's everyday talk. The concern is not with "what actually happened" as compared to what is said, but with how accounts are constructed to achieve credibility, to bring about the impression of "telling it like it is" (Edwards & Potter, 1992), and how this is linked to the pursuit of social goals such as managing accountability, attributing blame, making or rebutting accusations, making excuses, achieving the appearance of neutrality, and so on. For example, Edwards and Potter (1992) analyse memory not in terms of its accuracy in recalling "facts", but in terms of its relation to 'communicative actions and interests' (p.16) such that remembering is seen as discursive activity in which, out of the available linguistic resources:

versions of mind, of thought and error, inference and reason, are constructed and implied in order to bolster or undermine versions of events, to accuse or criticize, blame or excuse, and so on.

(p.16)

Although this approach takes account of the construction of aspects of the social world with which people interact in complex systems of discourse, there are still problems that must be addressed. There are two key troublesome areas. First, again, is the problem of the conception and place of the individual subject, and second is the problem of accounting for the 'systematic and coercive nature of discourse' (Parker, 1989a; p.148). These problems inter-link in a fundamental way that hinders this form of discursive psychology in making penetrative or critical analyses. The individual is, again, conceptually separate from, and prior to, the effects that language is supposed to have. At the heart of the theory is an individual with desires and goals who *uses* discourse to accomplish these goals, who *chooses* elements from "interpretative repertoires" and rhetorically constructs utterances. What is missing is any theorisation about how individual subjectivities, or goals and desires, are themselves constituted in particular systems of knowledge. Foucault showed that it is erroneous to assume that the subject is conceptually separable from the processes of its constitution, and that desire and modes of self-understanding are not ontologically essential objects, but are themselves produced in systems of knowledge linked to power. This is not to say that people are *determined* or moulded by power and

subjectifying technologies, but that we must recognise that the positions they speak and act from are inextricably tied up with these forces. This relates to the second problem: that this form of discourse analysis does not locate its analyses in a system of wider discursive and social practices, and is therefore unable to make critical analyses of effects of power (Parker, 1989a, 1997, 1999b). The analysis centres around how discursive work and truth construction are done in particular instances of talk and writing without linking them to any wider system than that of “interpretative repertoires” or rhetorical means of talking that are available for use by anyone. These universally available repertoires cannot account for the effects of truth of particular discursive systems, nor for the fact that truth itself has particular effects in terms of subjectification, self-understanding, power-relations and so on.

Foucault’s writings illustrate this well. It is instructive, for instance, to imagine what his analysis of the emergence of disciplinary power would look like if it was restricted to analysing how the texts he examined drew on particular interpretative repertoires to construct “facticity”. Foucault’s contribution showed that the production of forms of truth and the emergence of systems of knowledge are dynamically linked to power relationships, the constitution of subjectivities, and modes of self-understanding. Subjectivities are not merely worked up moment-by-moment in a particular interaction, but are constituted, ascribed, and contested in relation to systems of knowledge that bring them into being. “Delinquency”, for instance, is not merely one available interpretative repertoire; it is a production of knowledge which constitutes the very way in which we think of subjectivity in relation to deviancy and punishment. Similarly, “learning difficulty” cannot be understood merely as an interpretative repertoire or a piece of rhetoric; it is a production of a particular field of knowledge with links to specific institutions, practices, and interventions into people’s lives, and also to particular forms of subjectivity, to those very subject positions from which people speak and act. The self does not exist, ontologically pure, prior to these constitutions such that it can select from repertoires in the rational pursuit of a particular social goal, but emerges as an object for consideration precisely in such constitutions.

The bringing into being of subjectivities is linked to power not only in the ways it makes available to others for acting upon the individual's conduct or the social and institutional practices that they bring forth, but also as a force of truth within the subject. Foucault's key question here was 'how much does it cost the subject to be able to tell the truth about itself?' (1989j; p.355). To take examples from Foucault's analyses, for instance, how much does it cost the subject as delinquent or mad(wo)man or pervert to be able to tell the truth about itself, to relate to the truth of their "condition" that they are obliged to recognise in themselves, and how do people struggle with this cost? Effects of truth and subjectification, cannot be understood merely in terms of interpretative repertoires, discursive work or social goals. They are part of a wider system of discursive and social practices which cannot be encompassed by theorising them as worked up moment-by-moment in particular instances of talk or writing. Even if a person can draw on competing discourses to resist the operation of *particular forms* of power, there is no *outside* of such constitutive systems in which ontologically pure, choosing subjects exist. The "goals" to which people orient in their discursive activity similarly cannot be conceived outside systems of power/knowledge which constitute specific forms of action as appropriate or desirable in particular situations. Discursive psychology's inability to engage with these realisations is, therefore, from the position taken here, a fatal weakness.

The self that "does" discursive "work" in this theory is, in fact, brought into existence as a self of a particular sort in those very systems which it is supposed to be "using" in doing that work, as are the "goals" or "desires" to which such discursive "work" is oriented. It is not to be doubted that discourse *is* used to accomplish certain things. There are clearly, for instance, frequent points of contention which are argued over and resolved in talk, over such issues as what happened at a particular time, who should be "blamed", whether a particular excuse is considered valid, and so on. However, such thinking cannot be maintained outside of a theory which considers the connection of such discourses both to subjectivities and forms of self-understanding, and to wider systems of knowledge and power which constitute those very ideas of self, blame, excusing, goals, desires, actions, and so on.

There are two other approaches to analysing discourse to consider which, in different ways, resonate with the position we are taking and the questions we are posing: interpretative phenomenological analysis, and post-structuralist discourse analysis.

Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) is an approach to discourse analysis which has at its core the belief that people have a natural propensity for self-reflection, and the consonant aim of tapping into this propensity by encouraging research participants to ‘tell their own story, in their own words, about the topic under investigation’ (Smith, Flowers & Osborn, 1997; p.68). It calls itself “phenomenological” because it is not concerned with producing objective statements about objects or events, but with interpreting the individual’s ‘personal perception or account of an object or event’ (Smith, Jarman & Osborn, 1999; p.218), in order to be able to adopt, as far as possible, an “insider’s perspective” (Conrad, 1987; cited in Smith et al., 1997). It is recognised, however that the researcher cannot unproblematically directly or completely access an individual’s “inner reality”. Such access ‘depends on, and is complicated by, the researcher’s own conceptions’ (Smith et al., 1999; p.219), in fact it is held that these conceptions are actually required in order to make sense of an individual’s personal world ‘through a process of interpretative activity’ (ibid.; p.219).

Smith and his co-authors (Smith et al., 1997, 1999) highlight the importance of distinguishing their approach from discourse analysis as described above. Both discourse analysis and IPA recognise the importance of qualitative analysis and language. However, discourse analysis (or at least the version espoused by Potter, Wetherell, Edwards, and so on) is ‘sceptical of the possibility of mapping verbal reports on to underlying cognitions’ (ibid.; p.70) and concentrates on treating discursive accounts as behaviours in their own right and analysing the work performed in talk. IPA, by contrast, ‘is concerned with cognitions, that is, with understanding what the particular respondent thinks or believes about the topic under discussion’ (ibid.; p.70). Whilst recognising that the thinking of research participants cannot be transparently read from interview transcripts, IPA aims to engage in an analytic

process of building up a picture of what that thinking is like. IPA, then, is based on the premise that people think about things, such as their bodies or social situation, and their relationship to them, and that what they say about them 'in some way relates to those thoughts' (Smith et al., 1997; p.71). Analysis entails identifying themes in transcripts that capture the 'essential quality' (Smith et al., 1999) of people's accounts, and writing them into a narrative account structured around interesting or essential things interpreted from the accounts which the readership needs to know.

This is a useful approach for this research in that, in contrast to those seen earlier, it puts a concern for understanding the experience of research participants on the agenda of discursive research. A central concern of this thesis is with how people themselves experience and understand their situation, how their accounts of their experience evidence relations of power and forms of subjectivity, and how they actively draw upon ethical concepts in relating to themselves and their conduct. Processes in which the individual comes actively to understand him/herself, to act on his/her own conduct, and to resist particular forms of power – process which include an experiential component, an experience of oneself as a self of a particular sort – are central to Foucault's later works which have played a central role in shaping this research. Additionally, the perspective of the individual is important because it allows us to begin to formulate a picture of what problems they are facing in their interactions with power, and what costs are attached to their being tied to a particular identity and subjectivity. When analysing how power affects people in a specific situation, without some notion of how individuals themselves experience and interact with their situation, we risk falling back into an analysis of power which is detached from their concerns, which tends towards a deterministic reading of power, and makes judgements about people's situation for and above them (see McNay, 1994).

However, a major weakness of IPA for this research is that it overlooks the existence of discourses at any level beyond individuals' articulation of them, and thus cannot take account of the constitution of power in the discourses it examines, nor the existence of forms of subjectivity that are implied by them. A crucial point made by Foucault, Rose, Parker, Henriques and his co-authors, and so on, is that the individual does not stand in a dialectical opposition to forces which act merely to constrain its

primal agency; s/he is constituted in those very processes. As Simons (1995) points out, we are indebted to some form of constitution to have an identity, to act as a particular type of being. Desires, goals, identities, power, means of assigning moral value and meaning to behaviour, basically all of those things that we are interested in, are constituted in a complex system of discursive and social practices and systems of knowledge which exist at a wider level than the individual him/herself.

So, the ways that people experience a situation are tied up with the position from which they understand themselves, other people with whom they interact, and their own conduct in terms of what is appropriate, what meaning and value certain forms of conduct have for them, and so on. Whilst we are interested in analysing individuals' accounts of their situation and their experiences, it is crucial to connect this to questions of power, subjectivity and ethics. That is, to question how people's accounts reflect not only their experiences, but issues of power, subjectivity and ethical technologies which inevitably underlie them and against which they take place. We are not seeking to banish any notion of the experiencing individual from our analyses, but to approach this in a way that no longer blurs the issue of the subject's existence in relation to wider discursive and social practices. This is, as we have said, not to be taken as a deterministic stance in which people are mere puppets of wider discursive forces, but more of considering the constitution of the field against which their experience takes place (see Foucault, 1972).

These points bring us onto the last approach to analysing discourse, drawing on post-structuralist (particularly Foucauldian) thinking.

Post-structuralist approaches

The need for an approach in psychology that analyses discourse in relation to the formation of systems of knowledge, and the effects of knowledge in terms of bringing into being power relationships, selves and modes of self-understanding has been argued for throughout this chapter. Writers such as Henriques and his co-authors (Henriques et al., 1984, 1998) and Rose (e.g. 1990, 1996) have, as has been discussed, analysed how psychology as a system of knowledge is linked to projects of social management and techniques of self-formation. Others, notably Parker (e.g. 1992,

1996, 1999a), have considered how discourse analysis might be carried out so that it can take account of the relationship of discourse to subject positions and power.

In line with many of the criticisms made of other approaches, Parker argues that care must be taken not to fall into the trap of assuming an undivided “self” existing “underneath” discourse, and that analysis must connect to wider issues of social relations and recognise that discourse locates people in subject positions, positioning them in relations of power that often pull in different directions (Parker, 1997, 1999a; Burman & Parker, 1993). Whilst arguing that there can be no set method to follow in carrying out discourse analysis, Parker (1992) provides a number of useful criteria for identifying and analysing discourse. He draws on Henriques et al.’s (1984) Foucauldian-derived definition of discourse as a regulated system which delimits ‘the sayable’, without implying a closure. In other words, ‘discourses delimit what can be said, whilst providing the spaces – the concepts, metaphors, analogies – for making new statements’ (Henriques et al., 1984; p.106). Every discourse, in this view, is ‘inscribed in relation to other practices of production of discourse,’ every discourse is locked in ‘an intricate web’ of discursive and material practices (Henriques et al., 1984; p.106).

Amongst the realisations made is the fact that discourses contain subjects, that they make available space for particular types of self, and address people in specific ways. Also important is the recognition that discourses support particular institutions, that they reproduce power relations, and that they have ‘ideological effects’ in producing certain relationships and effects which marginalise or oppress particular groups (Parker, 1992). Discourse analysis is carried out with these points in mind, and involves attempting to discover the objects contained within texts (and how they are constructed), what subjects (with particular rights and responsibilities) they contain and address, and the versions of the social world and social relationships thus presented. Through this process, it is possible to identify the discourses which are structuring the text (Banister et al., 1994; Parker, 1996).

An illustrative example appears in Banister et al. (1994) and Parker (1996). Here, the text to be analysed appears on a tube of children’s toothpaste. By examining

the objects in the text, the subjects that relate to them, and the implied rights and responsibilities of these subjects, the analysis arrives at a picture of the versions of the social world existing in the text that comprise specific networks of relationships, and forms of rationality for people acting in particular ways, and for particular actions which need to be performed upon them or which they are obliged to perform upon themselves. In the example given, this relates to the subject position of “parent” who is addressed in the text on the toothpaste tube, ‘through the index “your child”’ (Banister et al., 1994), and inscribed with certain responsibilities towards their child vis-à-vis dental care, supervision and teaching. Relating to the position of “parent” is that of “professional”, a category of person setting out proper practice and regulating treatment and intake of the toothpaste, and whose advice parents are led to follow. The parent is thus addressed ‘in alliance with the “professional”’. Hence particular versions of the social world, social relationships, and rationalities of action are built up:

The instructions require the reader to behave in a rational way. They are worded in such a way as to presume that the reader is in permanent charge of a child... They call for agreement with the idea that the child develops in a particular way up to a particular point... and they also assume that the reader is willing to consult professionals about the health of the child

(ibid.; p.99)

A number of relationships are brought into being here that map onto discourses identified in the analysis: ‘rationalist’ (in which authority is recognised and its advice acted upon), ‘familial’ (in which “ownership” of a child runs alongside concerns with supervision and care), ‘developmental-educational’ (in which the child progresses through stages, each requiring different forms of parental action, up to a certain age), and ‘medical’ (in which concerns with hygiene are linked to the other concerns). These sorts of analysis can then be extended to consider how the discourses identified operate ‘to naturalize the things they refer to’ (ibid.; p.102-3), how they are connected to institutions, and how they are related to other discourses linked to power.

This style of analysis shares many concerns with the position taken in this thesis. However, there are important issues to be addressed in relation to it. The fundamental issue to be dealt with here is indicated by the type of text (the children’s toothpaste instructions) which has served as an illustration. This is the type of text that

Foucault (1987b) calls 'prescriptive texts,' those that aim to suggest rules of conduct, that offer rules, opinions and advice on how to behave "as one should", and that allow individuals to question their own conduct, to observe and shape it in line with particular ideals. The analysis outlined is particularly effective in analysing such texts, and in identifying the subjects addressed, the versions of the social world brought into being, and the forms of rational action made available in them.

However, this thesis is concerned not with prescriptive texts, but with people's accounts of their experience. As Burman and Parker (1993) point out, different types of text work in different ways – they emerge and are read according to their form and context. It would be misguided to believe that one approach to discourse analysis could be applied to all types of text. Also, we must recognise the importance of understanding how people themselves experience and struggle with the issues and formulating a picture of the problems facing them. Although there is a large degree of overlap between the approach seen here and our own concerns, we must tailor an approach which can address the issues we are concerned with in the specific type of text (individuals' accounts) we are examining. This research is not methodologically oriented, it is problem-oriented, and the analytic approach must be tailored to suit the problem rather than vice-versa.

3.4 Analytic approach – and some problems with discourse analysis

As has been noted, this research cannot use a "Foucauldian" methodology. We are not approaching the same sorts of texts, nor asking the same sorts of questions of them. We are not dealing with prescriptive texts to be analysed in terms of the rationalities, relationships and versions of the social world implied or brought forth. In effect, an approach is needed that moves beyond Foucault's work, which concentrated largely on power in terms of its role in the emergence of institutions of control such as prisons, asylums and hospitals (see Delanty, 1997), and that can study the discourse of individuals in relation to power and subjectivity.

The texts that we are concerned with emerge from a specific context of people's understandings, experiences, self-relationships, actions, resistances, and so on. These texts are co-produced by researcher and participants in the process of

exploring with people their thoughts and experiences. All of the aspects of discourse we are concerned with – the links of knowledge to power, subjectification and subjectivity, resistances, and techniques of the self – emerge in participants' accounts from this context, through a process of interaction with which they are actively engaged. Discursive complexes and systems of power/knowledge do not *determine* people's reactions to particular situations. Discursive productions set out a field of possibility in which people think and act, in which objects for thought emerge, but they do not impose a strict set of limitations which bind understanding and action within a set of narrowly definable parameters. In analysing the accounts people give of their situation, therefore, we are dealing not only with systems of knowledge and discursive productions that set out a field of objects, subjects, problems, actions and so on, but also the way that people experience and interact with these productions. An interpretative framework is called for, then, which can take account not only of discursive complexes and systems of power/knowledge but also of the interaction that people experience with such complexes – the way that they relate to subject positions and relations of power, the ethical work they perform on their own conduct, their concept of their own subjectivity, the manner in which they present themselves as certain types of being, and so on.

The approach to analysing individuals' accounts in this research, then, is in some ways similar to IPA in its aims to explore with people their thoughts and experiences of their lives in care accommodation. It is similar also, however, to the post-structuralist approaches examined (Banister et al., 1994; Parker, 1996), in its attempts to discover, in people's accounts, the versions of the social world which are referenced, in terms of the forms of knowledge that take a hold of people, and the ways that they are positioned by operations of power and subjectification. It is also important to consider how people interact with these forces, how they align or struggle with them, how they draw upon ethical technologies in assigning meaning and value to their lives and their conduct, and how they might experience problems attached to these issues.

In orienting to this approach, we must consider how it fits in with our research questions. Again, these seek to uncover the forms of power that participants

experience as acting upon them, the ways that they relate to themselves as subjects in relation to it, and how they experience problems connected to these issues. As has been noted, these questions tie in with Foucault's three domains of critical ontology – truth, power and ethics – in terms of what is meant by “power” and “subjects” and what issues concerning people's interactions with these factors are to be explored. We have noted especially the importance of the ethical domain in its attention to people's role in governing their own conduct, and to technologies that allow them actively to relate to themselves, and to understand their conduct in terms of its meaning and its value. It is through an engagement with how people themselves experience and relate to their situations that this emerges, and this is something which has not hitherto been attended to in psychology.

In addressing the research questions, then, we need to connect individuals' reports of their experiences of care to an analysis based around Foucault's domains of ontology. As we saw in the previous chapter, these domains influence us to attend to how people's accounts of their lives embody certain subject positions; relationships with others which constitute power; forms of observation, judgements, decisions and interventions into their lives made available with respect to them; and the positions people actively take up in relation to these issues, their recognition of themselves as certain types of subjects.

This leads us to ask a number of questions of the texts produced in the interviews. Firstly, in relation to the domain of truth, we need to draw out how aspects of people's character or abilities in the accounts exist as objects of knowledge, and to examine the consequences of their being rendered knowable according to specific discourses. How do certain characteristics of people exist as things about which judgements can be made? Secondly, in relation to power, we must examine how, connected to this, people are situated in power relationships. This will involve identifying their relationships with other people, and how certain ways of acting and being acted upon become appropriate, and examining the possible judgements, decisions, and interventions which exist around them. Thirdly, in relation to ethics, we seek to identify the discourses and concepts that people draw upon in relating to themselves and their environment. Also, alongside this aspect of the analysis, we will

aim to take all of these issues together to build an overall picture of how people orient towards forms of power and subjectivity and their relationships to themselves and others, and how they might struggle with them. These do not represent separate, or potentially separable, analyses, but are, rather, aspects of this one form of analysis, each of which impacts on the others.

As has been said, these are issues which affect everyone. There is no “non-position” or place of ultimate freedom in which essential agency can have free reign. We are all indebted to forms of constitution in systems of power, subjectivity and ethics for the possibility of acting as a particular type of person, of having a position from which actions and relationships become meaningful. Our task, though, is to identify the workings of these forces and people’s interactions with them in a specific situation – that of people living in community care accommodation. Through this, we can build an account that will address our research questions. The aspects of the analysis based around the domains of truth and power address the first of our research questions: what forms of power do individuals living in community care accommodation for adults with learning difficulties experience as acting upon them? The aspect of analysis based around the domain of ethics is pertinent to the next research question: how do they relate to themselves as subjects in relation to this power? A consideration of these issues together will also allow us to answer the final research question: how do these issues constitute problems for people in their lives?

This reading cannot be made from anything that people say. In order to have suitable texts for analysis, as we have said, we must explore the relevant issues in depth with the people in question, discuss their thoughts and experiences about their lives in care, and their relationships to the care environment. This will be undertaken through semi-structured interviews. More will be said on the subject of interviewing in Chapter Six. Discourse analysis is a notoriously difficult approach to describe methodically (Potter & Wetherell, 1987; Parker, 1992; etc.) – Banister et al. (1994), for instance, comment that an initial stage of analysis is to ‘free associate to the text.’ It is not an approach that lends itself easily to step-by-step descriptions. The significance of the approach may not be totally clear until it is seen “in action” in the analyses themselves. Despite this, also in Chapter Six, the attempt will be made to

provide a description of the process of applying the above analysis so that the approach taken here will be potentially replicable. Our next task, however, is to move on to examine some problems which have been noted with discourse analysis, and to situate this project in relation to them.

Burman and Parker (1993), for instance, outline thirty-two problems with discourse analysis. However, there is not the space to discuss each one of these here. We will, then, focus here on a few of these problems which have the greatest relevance for the points we are seeking to make in our research, and consider how they affect the approach we have taken. Especially relevant to this research are those problems that revolve around the question of the analysis of power. It is said that discourse analysis often neglects social relationships, that it focuses on identifying rhetorical linguistic devices without moving on to a consideration of how social relationships are produced and transformed in language. Related to this is the complaint that discourse analysis often tends towards abstraction to such a degree that the analysis has little significance for the lives of the participants. The analysis undertaken here, however, is interested explicitly in the forms of social relationships revealed in the discourse of its participants, and in how people themselves interact with, resist and utilise particular discursive positions in relation to these relationships in their own lives.

Also, it is argued that discourse analysis has reductionist tendencies in that it tends to reduce its analyses either to 'voluntarism,' in which there is an over-emphasis on the agency of people freely manipulating discourses, or, on the other hand, to a 'mechanistic' explanation that sees discourses as 'tectonic plates' whose clashes leave no room for agency (Burman & Parker, 1993). Even where discourse analysis takes on board some of Foucault's thinking about power, it tends to become trapped in a conception of it as 'an intangible and inescapable condition of subjectivity' (ibid.; p. 168), a viewpoint which tends to usher in a kind of fatalism in which there seems to be no point in challenging the order of things. These problems mirror the problems that we saw in the previous chapter that some critics have highlighted with Foucault's work. We have made the point, though, that power and subjectification do not *determine* people's interactions or conduct, but, rather, constitute forces with which

they interact in particular ways. This, though, is not the same as saying that they do not have any effects. Coupled with this is the realisation that power is not necessarily bad in and of itself, but that it *is* always ‘dangerous’ (Foucault, 1997f), that it can lead to situations in which social relationships and institutional interventions leave little room for manoeuvre and resistance, and that people can thus experience them as problematic. Just because power is everywhere does not mean that it is not possible to resist *particular operations and effects* of power that direct one’s conduct in specific ways (Foucault, 1981a). This, then, should not lead to apathy or fatalism, but to the realisation that, in the face of this “danger”, there is always something to be done, always challenges to be made and positions to be opened up to critique (Foucault, 1997f). This research is oriented to just such a set of goals – to opening up our area of concern to new types of thought.

3.5 Conclusion

In this chapter, we have seen a number of developments in psychology which challenge its status as a natural-science-modelled discipline, and focus attention, in one way or another, on its discursively-constituted nature. This research fits in particularly with the concerns that Parker (1999c) sets out for a ‘critical psychology.’ We saw also that there are a number of orientations to psychology which draw upon the work of Foucault. One of the purposes of this chapter has been to carry this application of Foucault forward, and to apply it to the study of individuals’ accounts of their lives.

Despite the emergence of a variety of discourse analytic approaches in psychology, some of which overlap with our concerns, none exists which can adequately address our research questions. The approach of this research draws upon IPA in its focus on exploring with people their thoughts and experiences about their situation, and also upon forms of post-structuralist analysis demonstrated in Banister et al. (1994) and Parker (1996) in its moving beyond individuals’ accounts to examine the versions of the social world which are referenced in them, and to analyse this in line with Foucault’s three domains of critical ontology – truth, power and ethics. The domain of ethics, which is frequently overlooked in applications of Foucault to the social sciences, is of central importance to a study such as this one. This domain

connects the concern for highlighting the existence of mechanisms of power and forms of subjectification to that of the individual's understanding, interaction, and relationship to them, and it is from such a concern that we can begin to formulate a picture of the problems which are facing people.

One important area remains to be considered before moving on to discuss our methods of data collection and analysis, and to conduct our analyses themselves. This project aims to understand power and people's interactions with it in community care accommodation for people with learning difficulties. We must turn our attention next, then, to the area of learning difficulties itself, and consider what it is taken to mean, what forms of social policy and institutions surround it, and the literature and research related to it. We must begin to situate our research in relation to this field. The following two chapters will undertake this task.

Chapter 4: Learning Difficulties: Perspectives, Issues and Services

The previous chapters detailed the importance of Foucault's work, and showed how it affects our understanding of power and subjectivity, and of contemporary issues in psychology in general and discourse analysis in particular. The next step, then, is to clarify the area in which the research question is specifically situated – the situation of people with learning difficulties living in community care residential accommodation. We must consider what is meant by “learning difficulties”, the policies, interventions and institutions which have emerged around it, how these issues have been addressed in the literature, and how the points we have made affect our understanding of, and approach to, these questions. This undertaking will be the task of this and the following chapter, beginning here by looking at the ways in which “learning difficulty” is conceptualised and the institutions and policies which exist around it.

It is a far from simple task to define once and for all what learning difficulties means, what it refers to, and how it is conceived; it is a confused and contested concept. Although a brief definition was given in Chapter One, it was mentioned there, and emphasised more strongly in Chapter Two, that this was problematic, and that there are a number of issues to be explored which lead us to question fundamentally the basis upon which it exists. This will become clearer in this chapter and the one that follows it.

It has been said that there has, over the last four decades, ‘been a sea change in how we talk about people with mental retardation [or learning difficulties] and a true paradigm shift in how we think about them’ (Edgerton, 1994; p.i). Since the notion of forms of mental deficiency of some sort appeared as a “problem” to be socially engineered, there have been huge changes in how it has been termed, conceived, applied and measured. Debates have raged about what should be done with people who fall the “wrong” side of the “normal-subnormal” divide in intelligence. These debates have covered such issues as whether people deemed to have learning difficulties should be segregated, sterilised, normalised or integrated into the mainstream, whether or not they are qualitatively different from the rest of humanity,

how much care they need, how much input it is appropriate for them to have into the care that they receive and the services they use, to what end care services should be geared (see, for example, Clarke & Clarke, 1991), and so on. Different disciplines and areas of jurisdiction have often held different, and sometimes competing, ideas about how learning difficulty is to be defined and managed (see, for example, Wallace & McLoughlin, 1979), based upon different ways in which it is talked about and understood. Where, not so long ago, segregation was the norm for people labelled “mentally handicapped” (Campaign for the Mentally Handicapped, 1974a), the last two decades have seen a large-scale move to forms of service and care which (ideally at least) avoid, as far as possible, forms of segregation (see, for example, Paterson, 1986).

As, for instance, Gillman, Heyman and Swain (2000) point out, work such as Foucault’s influences us to ask serious questions about the “facts” surrounding learning difficulties and to focus attention upon how it is constructed as a particular phenomenon. As we touched on in the previous chapters, it is no longer appropriate for us to conceive of learning difficulties merely as something which has been “discovered” by psychological and medical sciences; rather, it is important to realise that it is constructed as a specific object in the discourses of these sciences. Allied to this realisation is another one: that the way in which this object is constructed, the way in which “learning difficulties” emerges in particular fields of knowledge as a particular “problem”, is intrinsically linked to the ways in which it affects people, the interventions and power issues that come into being around it, the ways in which people’s become “knowable” and objectified according to new standards of “normality” surrounding abilities and behaviour, and so on. It should be borne in mind, then, that we are not dealing with mere “facts”, but with formations of knowledge which are linked to different ways of objectifying people, rendering them knowable according to certain criteria, problematising their existence in particular ways, and making them amenable to particular interventions into their lives connected to this problematisation. This is not to be interpreted as saying that there is “nothing” behind the concept of learning difficulties, but that the ways that it emerges as an object of thought are linked to the ways that people are taken hold of by particular operations of power and subjectifying technologies.

The aim of this chapter is not to provide a complete history of this area, nor to subject it to a “Foucauldian” analysis as such, but to highlight the main issues pertinent to the social and academic background into which this research fits. Although it should be borne in mind that there are a number of potential problems with the ways in which “learning difficulty” is created an object of thought and the way it is linked through this to certain institutional and social practices, critical comment is largely withheld until the next chapter. This chapter, then, is divided into three parts, each with a distinct purpose. The first part deals with the terms and definitions that have held sway, at different times and in different disciplines, for what will be called here “learning difficulties”. The second part examines conceptual developments which have affected how learning difficulty is thought about, and what is therefore taken to be an appropriate manner of managing it. The third part outlines how these issues have fed into changes in social policy and care provision. The chapter that follows will then proceed critically to review both these developments and the relevant research that has been undertaken in relation to them. The first task, then, is to clarify what is meant by “learning difficulty” and how it is identified.

4.1 Changing Definitions

The attempt to trace the major developments in the field of learning difficulty is somewhat confused by the fact that different names have been used to refer to it at different times, in different places and by different groups. Clearly, the aim of these terms is to indicate some perceived deficit in intellectual ability and performance – a deficit considered (by whatever criteria) to be severe enough to warrant special consideration and intervention by the educational, health and social services. It should be re-emphasised here, before we go onto to examine issues of terminology, that the terms in question should not be seen as unproblematically referring to an essential phenomenon which pre-exists the ways of talking about it which we are examining, but that they are instrumental in constructing a specific “problem” in particular ways – issues which will have an impact on how people deemed to have learning difficulties will become subject to particular interventions into their lives. These issues have been dealt with in different ways in different parts of the world. In this chapter, we will be concentrating on these issues from the perspective of the U.K.

Terms used to refer to learning difficulty

The terms used in this field are remarkably unstable, with names supplanting one another very quickly (Levine & Langness, 1986; Ryan, 1987). Sinason remarks that 'no human group has been forced to change its name so frequently' (1992; p.39) as people with learning difficulties, and she traces the use of more than forty terms for forms of mental deficiency from the fifteenth century to the modern day. She is also somewhat sceptical of the drive to find non-stigmatising terms, arguing that it is 'doing a grave disservice to past pioneers to point contemptuously to their chosen terms' and that 'within another five years the process of euphemism will already be affecting their chosen terms.' (ibid.; p.40). However, others have argued that terms linked to the idea of some form of mental deficiency are 'particularly prone to carry a strong evaluative component' (Shanley, 1986; p.1) and that many previously used terms are now associated with such negative connotations that they are no longer considered suitable for use by professionals. Numerous writers have shown that labels have a dramatic effect both in terms of being damaging to the people who are designated by them (Amans & Darbyshire, 1989; Taylor and Bogdan, 1989; Eayrs, Ellis & Jones, 1993; Harris, 1995; Brechin, 1999), and in terms of how they influence the ways in which labelled individuals are thought about and managed, and what aspects of them are attended to (Wolfensberger & Thomas, 1983; Bogdan & Taylor, 1989).

Anyone surveying the literature relevant to learning difficulties will be struck by the plethora of terms in the field – “mental subnormality”, “mental handicap”, “educationally sub-normal”, “special needs”, “learning disabilities”, and so on. This is indicative of a heterogeneity of forces which have been acting upon learning difficulty as a concept. It is difficult to distil a clear linear progression from one term or definition to another. What was developing with respect to learning difficulty in one field (say, medicine) may not have been directly related to what was happening in another (say, education), and it is unclear what effects developments in one field may have had upon others. Each of these bodies of knowledge has, then, over time, brought a specific phenomenon into being in different ways. However, it is beyond the

scope of this project to trace thoroughly the development of these conceptual objects or to undertake an archaeology of their emergence; what is important is to provide some background for understanding the current situation and to situate this research within it.

For a large part of this century, the statutory term in the U.K. for describing what is now generally called “learning difficulties” was “mental deficiency” or “subnormality” (see Mental Deficiency Act 1913). In 1971, the term “mental handicap” (not to be confused with mental illness) began to be used in government social services reports (e.g. DHSS, 1971), although “subnormality” remained the legal term (Malin, Race & Jones, 1980). Although the terms it replaced did not fade from use altogether, “mental handicap” was, for some time, considered the most suitable term by many (see e.g. CMH, 1974b; Croft, Bicknell & Hollins, 1985; Ryan, 1987; Sinason, 1992).

Some important changes began to take place, also, with a growing tendency to move away from defined categories of handicap, and focus upon an assessment of “needs”. In education, for example, concepts shifted to focus on ‘special educational needs’ (Department of Education and Science, 1978) and on the provisions that were needed. Similarly, in employment practice, ‘special training needs’ (Meager & Honey, 1993) began to be defined rather than specific disabilities. Although these do not relate directly to adults’ general situation (being centred on developmental issues and specific work issues respectively), these moves are indicative of changes that began to take place across the “mental handicap” field – and the idea of “learning difficulties” and its associated “needs” rather than “handicap” began to take hold. Once again new terminology came into general use, both in professional discourse and in the literature. ‘Learning disabilities’ (e.g. Aylward, Davis & Scott, 1992; MENCAP, 1998) or ‘learning difficulties’ (e.g. Segal & Varma, 1991; O’Hara & Sperlinger, 1997) gradually became recognised as the preferred terms, although “mental handicap” is still often used (Sperlinger, 1997; see for example, Social Services Inspectorate, 1992). To avoid possible confusion here, it should also be noted that in other parts of the world, other terms do also frequently appear in the literature (Langness & Levine, 1986; Sinason, 1992; Kavale & Forness, 1995; Sperlinger, 1997; etc.).

Of course, it should be clear from the points that were raised in the previous chapters that we cannot imagine that this variation in terminology merely represents different aspects of the same essential “condition” or the progression of understanding towards its essential truth, but that it reflects instead the *constitution* of this truth, the construction of a particular concept in different bodies of knowledge, each of which has varying effects in terms of the ways in which it takes hold of and objectifies people, and the interventions and social and institutional policies which are brought into being around it.

With these points in mind, the terms “learning difficulties” and “people with learning difficulties” will be used in this study. There are problems with these labels, not least the confusion caused by the fact that learning difficulty can either be specific (referring to dyslexia, for instance) or general (as it replaces terms such as “mental handicap”) (Social Services Inspectorate, 1992). More importantly, writers such as Dyson (1987a), Brechin (1999) and Goodley (2001) raise the point that these labels focus attention on problems which the individual him/herself has (the individual *has* learning difficulties, they are situated within him/her), and fail to draw attention to the epistemological constitution of “learning difficulties” or focus on problems which might exist at a societal level which affect certain people’s lives and create problems *for them*. However, despite this objection, “learning difficulty” does seem the most appropriate term to use since, despite the presence of other extant terms, it has been identified as the label most preferred by “people with learning difficulties” (Amans & Darbyshire, 1989; Simons, 1992; Dawson & Whittaker, 1993; Sutcliffe & Simons, 1993; Harris, 1995), and the one which elicits the most positive responses from the general population in terms of being seen as less stigmatising and not indicating a limiting of basic rights or abilities (Eayrs, Ellis & Jones, 1993).

Definitions of learning difficulty

Now that we have addressed the problem of terminology, the next question to be confronted is that of the definition of what is called “learning difficulty”. It was stated above that the concept of learning difficulties (or whatever other term is used) refers to some perceived deficit in intellectual ability and performance which is

deemed to require special provision and management. This opening definition was deliberately vague, because there is a debate surrounding the question of how learning difficulties are to be defined and identified of similar intensity to that concerning which label is appropriate to refer to them – a government paper went so far as to state that ‘there is no generally accepted definition of mental handicap’ (Department of the Environment Audit Inspectorate, 1983; p.1), and Edgerton (1967) comments that ‘what mental retardation is called... is far less variable than what mental retardation *is*’ (p.2; original emphasis).

As with terminology, conceptions of learning difficulty differ not only over time, but also across the disciplines which seek to govern and manage it (again, we will be focusing here on the U.K. situation). Clarke and Clarke (1991), for instance, note that its description is possible at many different levels (chromosomal, biochemical, skeletal and behavioural, for instance), and that this ‘may serve a number of different functions ranging from research to clinical or educational practice’ (p.22). Ryan (1987) points out, though, that among these disciplines, medicine and medical-based models have been dominant to a much greater extent than warranted by the actual medical needs associated with learning difficulty. This is backed up by Simpson’s (1999) analysis of the treatment of learning difficulty over the last two hundred years. Simpson argues that the discourse surrounding learning difficulty in this time has ‘basically involved the manipulation of three elements (intelligence, behaviour and the organic and functional impairment of the body)’ (ibid.; p.148). He cites Seguin’s studies based on an organic aetiology and a regime of physiological treatment as a watershed in this kind of thinking. Following this came the pathological identification of classifications of ‘idiocy’ (ibid., 1999) and medical experimentation on institutionalised subjects. The next important step came with the establishment of the intelligence test in the then young discipline of psychology. Simpson suggests that Binet, the founder of intelligence testing, saw his project as complementary to medicine, and he extended his research to include the pathological classification of institutional populations. As has been stated, it is not within the scope of this project to undertake an archaeology of “learning difficulty” as an object of thought; however, the work outlined here has had a profound influence on the ways in which current definitions have been brought into being.

It is from these beginnings that the modern treatment of learning difficulty became established, and the IQ scale has occupied a central place. Up until the 1950s, the IQ score was the primary way of assessing what was considered to be a cognitive flaw or an intellectual deficit. Through intelligence testing, the extent and nature of this flaw could be discovered and expressed on a linear scale, and services could be ascribed accordingly. For instance, the British Psychological Society and the World Health Organisation interpreted “subnormality” as being an IQ below 70 (Shanley, 1986). However, problems began to be acknowledged with this approach. People with the same IQ scores, it was argued, might have very different needs and competencies (Aylward, Davis & Scott, 1992), and the IQ test assessed skills so far removed from situations which people with learning difficulties experienced difficulty with in their lives as to be almost meaningless in their application (Clarke & Clarke, 1991). Attention then began to focus on intellectual skills, personal and social competencies and interactions with the environment (Clarke & Clarke, 1991; Egderton, 1994). One of the major alternatives along these lines has been the adaptive behaviour scale. This scale is far less precise than IQ, but takes into account the skills required for day-to-day living, and is therefore considered more appropriate for assessing service needs. The scale consists of two parts. The first part measures specific abilities such as independence in eating, toilet use, cleanliness and dressing, ability to cope with money, and so on. The second part is concerned with maladaptive behaviour such as violence, anti-social or rebellious behaviour, withdrawal, self-abuse, odd mannerisms and sexual aberrance (Shanley, 1986). The resulting measurements are then used, often in conjunction with an IQ score, to make decisions about mental and social competence and requirement for services.

However, the IQ test still retained a central place in identifying learning difficulty. So, for instance, although the DHSS (1971) report *Better Services for the Mentally Handicapped* argued that ‘often mental handicap entails no more than slow and restricted development,’ (p.2), it goes on to say that mental handicap can be identified by a score on the IQ test of below 70 (although it does still distinguish this definition from anything that would determine service needs).

There was soon a shift away from considering psychological deficits and a turn towards consideration of the nature and degree of social, health, educational, legal and environmental supports that people would need (Sperlinger, 1997). The Educational Act 1981 was one of the first indications of this. As has been mentioned, it conceived of specific 'needs' rather than classes of "handicap." Although this document focused specifically upon children in a school environment, this was an early indication that the central point in the area of learning difficulties in general was to become the kind of provision required, not the nature of a specific "handicap". This is not without its complications, however. For instance, it has been commented that ideas of needs which emerged were 'so broad and all encompassing as to be almost meaningless' (Education, Science and Arts Committee, 1987; p.37), and it is not clear whether the intention was to replace the category "mental handicap" (defined by subnormal intellectual functioning) with the much broader "learning difficulty," (as defined in the 1981 Act) or whether "people with a mental handicap" are merely one definite category of people who also happen to fall under the "learning difficulties" banner (Social Services Inspectorate, 1992).

A number of fields concerned with "learning difficulty" began to focus their ideals upon needs for supports and services rather than some deficit determined by low IQ or adaptive behaviour scores. For instance, legal definitions of it, began differ according to their purpose (Sperlinger, 1997; see also the Police and Criminal Evidence Act 1984, and the Mental Health Act 1983), and definitions for nursing became based on the amount of dependence individuals show and the amount of nursing attention they need. On this last score, the West Midlands Regional Health Authority define learning difficulty according to the 'disabilities in day-to-day life' (cited in Ford, 1996; p.57) it causes. This definition distinguishes between "mild", "moderate", "severe" and "profound" difficulties according to the degree of independence in self-care, language skills, mobility and ability to do practical work (Ford, 1996).

So, although there are moves away from conceiving of learning difficulty solely on the basis of some form of mental deficiency indicated by a low score on the IQ test, confusion remains, and people are likely to be defined differently, with

different degrees of difficulty, in different situations. The influence of the IQ test remains strong as well. For instance, MENCAP, the UK's largest charity organisation for people with learning difficulties, and a group responsible for running numerous residential care homes and other schemes, recently defined 'profound,' 'moderate and severe' and 'mild' 'learning disability' as being 'roughly equivalent' to IQ scores of under 20, 50 and 70 respectively (MENCAP, 1998), although there was also a rather vague indication that other 'intellectual abilities and social skills' (p.1) are usually taken into account as well.

Summary

Despite the debates surrounding the area, "learning difficulties" seems to be the most recent and the most appropriate term for use in this area. Although it is not easy to find a consensual definition of what "learning difficulty" is taken to be, it is generally seen to represent an assumed deficit in intellectual and cognitive functioning of a degree that is deemed likely to require some form of special provisions and interventions. There is a trend, though, for definitions to focus less on the identification and measurement of a form of deficit and to look more towards definitions which centre around required provisions in specific areas.

Also, we must note that "learning difficulty" has been brought into being in different ways in different fields and at different times. We are not interested here in assessing the "correctness" of each of these emergences of it as an object of thought, but, rather, to show how it is conceived of, what it is taken to mean. We should also, though, make the point here that these definitions are not "natural" or inevitable, but are the result of a particular social "problem" being apprehended by a particular discipline at a particular time (so, for example, in the field of education, it became defined in terms of "special educational needs" or "educational subnormality"), and that they are linked to fields of possibility for thought about, and action upon, those people who become labelled as having "learning difficulties" – particular definitions which apprehend this as a particular type of "problem" make available a particular set of "solutions", whether they be special educational provision or placing people in institutions so that their lives can be supervised and managed.

So, again we should emphasise that this is a form of knowledge linked to particular operations of power and to particular forms of subjectification – and, similarly, forms of power which aim to “correct” or supervise those with particular “difficulties” rely upon forms of knowledge which allow for their identification and assessment. The diagnosis of someone as “having learning difficulties” is based upon more than the “discovery” of a “condition” within them, but is dynamically connected to the ways in which such “difficulties” emerged in a specific system of knowledge as a “problem” to be dealt with in specific ways. This “condition” is, in effect, constructed by those discourses which speak of it as a specific type of problem. This is an important realisation which influences us to ask questions about the effect this form of objectification has upon people and how they interact with it. As has been made clear, this forms a central part of our research question. In identifying the people with whom we are to conduct our research, then, we are not concerned with what the “reality” of learning difficulties that people “have” is, but with the ways that people who have been deemed to have learning difficulties experience their lives in care with respect to issues of power and subjectivity.

The next issue to address here is that of the concepts and attitudes in this area, including how they have changed over the years, how they fit in with service provisions, and how the points which we have been raising in this and previous chapters influence us to understand them.

4.2 Changing concepts and attitudes

The changes and debates in the terminology and definition of learning difficulty are indicative of the ‘paradigm shift’ in the field which Edgerton writes about (1994; p.i). Voices have been raised which challenge the received wisdom in the field. The ways in which people with learning difficulties are classified and conceived, the attitudes towards them in the academy, social services and amongst the “non-disabled” population, and their treatment by employers, policy makers, researchers, institutions and service providers have all been criticised.

Conceptions of people deemed to have learning difficulties, and attitudes towards them, have changed significantly throughout the ages, according to which

system of knowledge is dominant in understanding them. So, for instance, the non-human “changelings”, sent by fairies or the devil, of the middle ages became, via other mystical or religious conceptions, in the nineteenth century, “idiots”, medically examined and pathologically classified (Ryan, 1987). In recent years, however, there have been vociferous criticisms of the ways in which learning difficulty has come to be understood, with arguments being propounded that systems of classification and professional regulation themselves are marginalising and dis-empowering (e.g. Edgerton, 1986; Oliver, 1993a; Clough & Barton, 1995; Swain, 1995; Simpson, 1998; Gillman, Heyman & Swain, 2000; Goodley, 2001).

Normalisation

The dominant model for understanding the experiences of people with learning difficulties, for almost the last forty years, the normalisation principle. This model has had a major impact on the development of services for people with learning difficulties over the past three decades (Robinson, 1989; Emerson, 1992; Tyne, 1992), and a considerable influence amongst the sector of social scientists and social workers keen to improve the situation of people with learning difficulties (Chappell, 1997, Walmsley, 1997, 2001). The normalisation principle originated in Scandinavia over thirty years ago (Nirje, 1969, 1970; Bank-Mikkelsen, 1969, 1980), when it was said to embody the aim that, in the design and operation of services, people with learning difficulties should enjoy ‘patterns and conditions of everyday living which are as close as possible to the norms and patterns of the mainstream of society’ (Nirje, 1969; p.181). It is now, however, most associated with the reworking of it by Wolf Wolfensberger in North America (Robinson, 1989), who states it, simply, as being the ‘the use of culturally valued means in order to enable, establish and/or maintain valued social roles for people’ (Wolfensberger & Tullman, 1989; p.211).

In Scandinavia in the 1960s, the principle of normalisation was characterised by the drive to make as normal as possible the places in which people with learning difficulties lived, the education they received, the places where they worked and the jobs they did, their leisure time and activities, and their human rights as enshrined in law. It called for a move away from the special treatment which people with learning difficulties received and from seeing them as a special category to be protected and

institutionalised – their everyday lives should be as close as possible to people without learning difficulties (Bank-Mikkelsen, 1980). Hence, the early definitions were based on a model of rights, and of ensuring that people with learning difficulties enjoyed the same rights, freedoms, choices and quality of life as non-disabled people (Emerson, 1992).

In the 1970s and 1980s, Wolfensberger reconceptualised normalisation for a North American context and situated it as a major principle in sociology (Emerson, 1992). Wolfensberger (1972, 1980a, 1980b) argued that the concepts of role expectancy, deviancy and public perception should be central concepts in normalisation theory. This reflects his concern that a number of groups in society (people with learning difficulties especially) have social roles that are devalued. Their role expectancy – the place in society that they are expected to fill and the contribution they are deemed capable of making – reflects negative ways of thinking about them that construct them as deviants. That is, they become negatively valued by ‘that segment of society that constitutes the majority or holds norm-defining power’ (Wolfensberger & Tullman, 1989; p.211), and these negative perceptions affect how they are treated.

Returning to Wolfensberger’s brief statement of the definition of normalisation, it should be noted that he emphasised ‘culturally valued means’ and ‘valued social roles’ (ibid.). Upon these two factors is the normalisation principle predicated. ‘Valued social roles’ is further broken down into ‘social image’ and ‘personal competencies’ (Wolfensberger, 1983). “Personal competencies” refers to such things as being able to access normal community services, being able to integrate with valued social circles, pursuing valued and fulfilling interactions and activities, having normal personal possessions, and so on. “Social image” refers to the appearance of the setting in which people live, the rights and abilities people are credited with, their language and symbols of dress and personal appearance, and so on (ibid.). These factors affect how people are perceived, and the role expectations that are therefore placed upon them, and these role expectations, especially where negative, tend to produce behaviour that reinforces them (Wolfensberger, 1972). Devalued groups tend to be cast into general negative roles such as ‘subhuman, a

menace, an object of dread, a diseased organism, an object of ridicule, an object of pity, an eternal child, and a holy innocent' (ibid.; p.16), and these social expectations have the effect of usually making the devalued individual live up 'or down' (Wolfensberger & Thomas, 1983) to them.

So, the perceptions of people with learning difficulties are argued to have specific effects. As devalued individuals, they tend to be badly treated and accorded less esteem and status than non-disabled people, they often suffer social rejection and are generally treated in ways that tend to diminish their dignity, competence, self-esteem and so on (Wolfensberger & Tullman, 1989). This negative treatment, the argument goes, takes on the form which expresses devalued groups' negative conceptualisation. For instance, the physical fittings in hospitals for people with learning difficulties reflect their conceptualisation as somehow subhuman in that they tend to consist of walls and floors made of indestructible materials, unbreakable glass, heavy-duty furniture, shielded light fittings, soundproofing, televisions in protected recesses, and so on (Wolfensberger, 1972). Similarly, people with learning difficulties may be dressed unsuitably for their age group, reflecting their conceptualisation as eternal children, and they are apt to be given children's toys and even called "boys" or "girls" (Wolfensberger, 1980a). Finally, the manner of this negative treatment has a determinate effect on how people subsequently behave so that, for example, people may actually take on childish mannerisms and speech (Wolfensberger & Tullman, 1989). In 1984, Capitol People First (an advocacy organisation in the United States) coined the term 'The Retarding Environment' (Rosenberg, 1994) to describe exactly such effects. This represents the fact that for most people who live in institutions for learning difficulties, their only role models are other people who 'have learned how to act retarded' (Rosenberg, 1994; p.177; see also Edgerton, 1986; Swain, 1989).

Normalisation therefore calls for the integration of devalued individuals into society so that they can live in normal housing, have normal jobs and education and engage in a positive way with activities which are socially valued – the emphasis is on giving people a positive social role, enhancing their personal competencies so that they can act in a valued way which will not attract contempt, and bolstering their social image so that they are perceived by others as valued individuals with positive

roles (Wolfensberger, 1983; Wolfensberger & Thomas, 1983). 'Culturally valued means' (Wolfensberger & Tullman, 1989) are required to enable this, the aim being:

to obtain services from generic agencies which serve the general public, rather than from speciality agencies which serve only or primarily groups of individuals perceived as deviant.

(Wolfensberger, 1972; p.45)

This includes such things as night-school classes, apprenticeships, on-job training and so on, as opposed to job therapy, invented and unnecessary work, or game-playing. This, it is argued, will help to transfer the appropriate valued images and will, in the treatment of people as valued individuals, elicit competent behaviour, habits, skills and relationships.

Normalisation, then, implies action on three levels. Firstly, on the individual person in eliciting positive and useful behaviour and social competencies, and presenting, labelling and interpreting people in a way which will create positive roles for them – emphasising similarities rather than differences. Secondly, on the level of primary and secondary social systems – that is, using such positively valued systems as schools, work and normal community services, and ensuring that these systems are perceived as valued. Finally, there is action on a societal level, including such things as the entire school system, laws and rights, and combating negative social stereotypes (Wolfensberger & Tullman, 1989). In this respect, normalisation aims to combat the problems of segregation and social rejection experienced by people with learning difficulties and to ensure that they have as normal and as valued a life as is possible.

Normalisation generated considerable debate in the field of learning difficulties (Brown & Smith, 1992a), but it has been taken up enthusiastically by groups campaigning for the rights of people with learning difficulty (e.g. Campaign for the Mentally Handicapped, 1972; King's Fund Centre, 1980), with one of the most influential of such campaigns, the "Ordinary Life" movement, taking up an explicit position on it by stating its goal as being:

to see mentally handicapped people in the mainstream of life, living in ordinary houses in ordinary streets, with the same range of choices as any citizen, and mixing as equals with the other, and mostly not handicapped members of their own community.

(King's Fund Centre, 1980; p.1)

In fact, normalisation has been a major factor in creating changes in thinking about services and in public policy to such an extent that Tyne (1992) comments that ‘there is seldom a post advertised in services for people with learning difficulties that does not claim adherence to normalisation’ (p.44), and Wolfensberger has proposed a systems of measurement by which the quality of services (at least as far as they meet the ideals of normalisation) can be determined and shortcomings identified (Wolfensberger & Thomas, 1983).

Quality of life

Allied to the goals of normalisation and closely linked to concerns that have been raised about the detrimental effects of services on the lives of people with learning difficulties is the concept of “quality of life” (e.g. Landesman, 1986; Goode, 1994a). The way in which people with learning difficulties live their lives, and the quality of their lives have slowly become a central concern (Edgerton, 1994). Simply put, quality of life (QOL) can be said to concern ‘the discrepancy between a person’s achieved and unmet needs and desires’ (Brown, Brown & Bayer, 1994). This involves subjective, perceived and objective assessments of an individual’s life, and it includes the extent to which s/he can exert control over his/her own life. Although it is difficult to come up with a consensual, generally accepted definition of what QOL is (Goode, 1994b), it is generally measured by the filling out of questionnaires which attempt to address all the relevant issues surrounding living and accommodation, activities and leisure, health, family and friends, self-image, work, help received and desired, and general life satisfaction. This is coupled with objective assessments of skill attainment, the environment in which people live, the level of social and physical integration, leisure activities, support systems, and income and material possessions (Brown, Brown & Bayer, 1994). QOL thus becomes another measure by which the suitability of services can be determined which reflects a shift in thinking about learning difficulty.

Summary

There is a trend in concepts, attitudes and ideals surrounding people deemed to have learning difficulties towards aiming to provide them with “normal” lives and

“normal” social roles, and ensuring that they exhibit signs of satisfaction with their lives in their respective environments. Whilst these might be seen as positive goals, it must also be commented that they do not unproblematically address all of the issues which are important in looking at the situation of individuals in special accommodation. It is possible, for instance, to be placed in a “normal” environment with all of the factors supposed to enhance quality of life and yet still leave unaddressed issues of power relationships and subjectivity that position people. Additionally, there is no questioning here of how people themselves relate to ideals like “normality” or being framed as “having learning difficulties”. Without an examination of how people are positioned by, and interact with, these forces, many aspects of people’s lives, which they might experience as problematic, are overlooked. It is necessary, also, to examine the positions which people are speaking from, the power relationships which exist in their environments, and how they are interacting with, challenging or resisting particular positions in which they find themselves. This challenge will be expanded upon in the following chapter, but it should be borne in mind at this point, as we move on to examine the services which surround people with learning difficulties.

4.3 Changing Ideals and Services

In line with the changes in thinking which have been outlined, and allied to the growth of the parents’ movement in learning difficulties, human rights movements, the publicising of scandals from segregated care institutions, and work such as Goffman’s (1968) highlighting the negative effects of institutional living (Tyne, 1992; Sperlinger, 1997), services and provisions for people with learning difficulties have also been undergoing major changes over the last three decades. It is to these changes that our attention must now turn.

Services for people with learning difficulties have reflected the dominant ways of thinking about them at the time. Often, since forms of mental deficiency were identified as social problems, such services have been ‘influenced by moral panics’ (Means & Smith, 1998) about people deemed to be in some way mentally deficient – panics about the effect they would have on the general population, about their role in causing social unrest and crime, and even about the dangers of them damaging the

genetic stock of populations. For a large part of the twentieth century, even, it was thought best that those people with learning difficulties who, for whatever reason, could not be looked after in their own homes should be segregated from the rest of society in hospital-like institutions, or “colonies” as they were often called (DHSS, 1971; p.11) – reflecting the central place a medical governance of learning difficulty held at the time (Wolfensberger, 1980a; Ryan, 1987). These institutions were generally isolated from population centres and usually functioned as closed, self-sufficient communities. This was considered the best environment for people with even very mild learning difficulties to receive care (DHSS, 1971).

Community Care

More recently, however, policy has been determined by a concern with providing “community care.” This term first appeared in the 1954-7 Royal Commission on Mental Illness and Mental Deficiency (Oliver & Barnes, 1998), but the prospect of it can perhaps be traced back to 1913, when the Mental Deficiency Act set out provisions for care to be provided outside of hospitals (Morris, 1993a). More decisive action came in 1961 when the then Minister of Health announced the aim to halve the number of beds in mental hospitals over the 14 years to 1975 (*ibid.*). Since this time, debate has been rife over such issues as how much such aims have to do with cost as opposed to moral considerations, how much community alternatives have benefited users, and even what “community care” actually means (e.g. Beresford, 1993; Collins, 1995, Ward, 1995; Sperlinger, 1997). Numerous writers have commented both on the broad and ambiguous meaning of the term “community care” itself (e.g. Bayley, 1973; DHSS, 1981; Dalley, 1989; Sinason, 1992; Morris, 1993a; Oliver & Barnes, 1998), and its use as a powerful piece of rhetoric (e.g. Potter & Collie, 1989; Pereira, 1997; Means & Smith, 1998):

To the politician, ‘community care’ is a useful piece of rhetoric; the sociologist, it is a stick to beat institutional care with; to the civil servant, it is a cheap alternative to institutional care [...] to the visionary, it is a dream of the new society where people really do care; to social services departments, it a nightmare of heightened public expectation and inadequate resources to meet them.

(Jones, Brown & Bradshaw, 1983; cited in Morris, 1993a; p4)

Nevertheless, community care has been government policy for nearly forty years, with varying degrees of emphasis on state and family or private provision, and

it is difficult to separate out, with any degree of certainty, the cost motivations from the moral justifications (Morris, 1993a). An important turning point came in the early 1970s, with the publication of *Better Services for the Mentally Handicapped* (DHSS, 1971) and the beginning of a wave of reforms (Bogdan & Taylor, 1987).

Better Services for the Mentally Handicapped criticised institutions for their size and isolation, their outdated and unsuitable buildings (with little or outdated sanitation and heating), overcrowding, lack of privacy, poor living standards and understaffing. It set out the following principles for services:

Each handicapped person should live with his [*sic*] own family as long as this does not impose an undue burden on them... if he has to leave home for a foster home, residential home or hospital... links with his own family should normally be maintained... When a handicapped person has to leave his family home... *the substitute home should be as homelike as possible*, even if it is also a hospital. It should provide sympathetic and constant human relationships.

(DHSS, 1971; p.9; emphasis added)

Hence, the tone for community care was set. Although in 1981, a DHSS report noted confusion in the way community care reforms were being implemented, arguing that a definitive description of its aims was elusive and that different objectives had been given prominence at different times and by different groups, the aim of providing a 'homelike' service to go alongside the ideal of moving people out of hospitals where possible had been identified.

Some concrete changes in policy began to take hold around this time. A weakening of the medicalisation of learning difficulties was seen. This is not to say, however, that the implementation of community and integrational policies was regarded as unproblematically positive. The Audit Commission (1986) noted that, fifteen years on from the DHSS's (1971) landmark report, 'care in the community [was] far from being a reality in many places' (p.2) and that there was a danger that private residential care would become entrenched and hamper the move to other forms of community care. Policy makers in general could not agree about what represented good community care (Means & Smith, 1998), and the policy seemed to be in some confusion. Another landmark came as growing pressure for further reforms in community care provision from groups such as MENCAP, and not least from the King's Fund Centre's (1980) adoption of the principles of normalisation to campaign

for change, culminated in the Department of Health commissioning Sir Roy Griffiths (1988) to examine the options for the future of community care.

Griffiths (1988) began by stating that 'if community care means anything, it is that responsibility is placed as near to the individual and his [*sic*] carers as possible' (p.viii). He went on to propose that local authorities should identify individuals' needs and, 'taking full account of personal preferences... design packages of care best suited to enabling the consumer to live as normal a life as possible' (p.1). The ideals set out, then, emphasised consumer choice over care services, and individually designed care which would further the objective of allowing people to live a normal life.

These suggestions were incorporated into the government White Paper *Caring for People* (Department of Health, 1990), and the 1990 NHS and Community Care Act. These documents saw the government set out firm proposals for the future of community care. The aim was taken up to give people the maximum amount of independence and control over their care and to enable them to lead as full and independent lives as possible (*ibid.*). The concept of quality of life was also imported into policy considerations, with the recognition that:

quality of service can perhaps most simply be judged by whether or not it improves a person's quality of life... the fulfilment of a person's potential, personal privacy and dignity.

(Social Services Committee, 1990; p.vi)

Significantly, special priorities were also made for people with learning difficulties, with the recognition that 'the needs of most handicapped people, even those whose handicap is severe, are largely for social rather than health care.' (Department of Health, 1990; p.12). Finally, then, learning difficulty became de-medicalised, and the emphasis, concretely enshrined in policy, turned to needs for support rather than medical pathology, and medical care for people with learning difficulties became normalised – the primary provider of health care for them came to be the GP (Sperlinger, 1997), as it is for the general population.

Another issue which must be discussed with respect to the changing ideals of service provision is empowerment. This is set down as an explicit value (Social

Services Inspectorate, 1992) comprising the ideal that people who use care services are accorded their status as full citizens, exercising the same rights and choices concerning their lives as anyone else would expect. Hence, services should aim to work in a way which accords people value, which ensures that they have the opportunity to make informed choices about their care and the ways in which they spend their time, and that alternatives which are made available to them are the least restrictive of their freedom and individuality as is possible (Social Services Inspectorate, 1992; Beresford, 1993; Means & Smith, 1998). These translate into the proposed means of voice, rights, and the choice of services by which people can be empowered (Means & Smith, 1998). This means that people should be able to exercise choice by leaving services with which they are not happy, that they have a 'voice' over the structure of services which are offered and a role in advising care providers about how to develop empowering practices, and that their 'rights' (to freedom, choice, equality and so on) will be enshrined in the ideals of any service offered (ibid.).

Closely allied to ideals of empowerment is the growing practice of advocacy work for and by people with learning difficulties. Definitions of advocacy revolve around the ideal of speaking on behalf of individuals or groups with disabilities:

Advocacy involves a person(s), either an individual or group with disabilities or their representative, pressing their case with influential others, about situations which affect them directly or, and more usually, trying to prevent proposed changes which will leave them worse off.

(Brandon, 1995; p.1)

To advocate is to speak on behalf of, and to facilitate change for, another person or persons.

(O'Brien & Sang, 1984; cited in Crawley, 1990; p.95)

Advocacy means to speak and act, persuasively or forcefully, on behalf of someone's rights and interests, whether these are your own or someone else's.

(Clare, 1990; p.9)

Three distinct types of advocacy have been defined: citizen, legal and self advocacy (Williams & Shoultz, 1982; Clare, 1990; Brandon, 1995; Garner & Sandow, 1995). Citizen advocacy is the 'voluntary involvement of a member of the public in the life of a disabled person' (Clare, 1990; p.9) with a view to speaking out on their behalf and representing them in situations in which they find it difficult to represent

themselves. Legal advocacy involves a volunteer helping a person with learning difficulties with his/her legal and financial affairs to guard against possible exploitation. Self-advocacy is perhaps the most important of the three. Ward (1995) cites it as the most important recent development in the lives of people with learning difficulties. The aims and definitions of self-advocacy vary subtly depending on the source, but they all centre, to a greater or lesser extent, on an ideal of helping people with learning difficulties to have a useful voice in their own affairs (Campaign for the Mentally Handicapped, 1984; Kennedy & Killis, 1986; Amans & Darbyshire, 1989; Crawley, 1983, 1990; Simons, 1992; Dowson & Whittaker, 1993; Sutcliffe & Simons, 1993). Self-advocacy is about people with learning difficulties being able to express their thoughts and 'speak from the real experience of their daily lives' (Williams & Schoultz, 1982; p.95). Hence, Flynn and Ward (1991) define the self-advocacy movement as:

an international and changing network of individuals and groups who have acquired voices through the negotiations of their daily lives and their introduction of non-disabled people to a picture of the world in which they want to live.

(p.130)

The act of speaking up for oneself, then, aims to accomplish a number of goals based around improving people's lives. These include representing the interests of people with learning difficulties, expressing one's thoughts and problems, teaching others to listen to people with learning difficulties, simply having a safe environment in which to talk to people freely, self-development (increasing one's confidence and communication skills), involvement in a new and supportive social network and receiving support, discussing community living, improving services, talking over problems and finding solutions, and instigating wider changes such as changes in labels (Simons, 1992; Flynn & Ward, 1991; Sutcliffe & Simons, 1993; Sanderson, 1995).

Advocacy also involves being taught to make decisions, knowing one's rights, identifying causes of suffering or unhappiness, learning the appropriate channels for taking action or making complaints, taking a role in monitoring and evaluating services and even challenging the philosophies by which services are run (Williams & Shoultz, 1982; Wertheimer, 1987; Flynn & Ward, 1991; Brandon, 1995). These goals

are pursued in a number of self-advocacy groups around the U.K. and in other countries. These groups vary in their nature from being totally autonomous, a division of a professional organisation such as MENCAP, based in service systems such as day care centres, or in coalition with groups for other disabled people (Crawley, 1990).

The New Services

So, community care policy, having evolved alongside changing conceptions and pressure from advocacy groups, and despite initial confusions, came to represent the ideal of a normal life for people with learning difficulties – one in which they can control the care services they receive, and in which they have the opportunity to live in normal residential settings, integrated into the community in a way which improves their quality of life. This is backed up by the normalisation of service provision – educational authorities looking after education, social services for social care and support, and GPs for health care. The question which must now be asked, then, is: what actual effects have this policy change had on existing services, what new services are available, and how far are the ideals set out realised? This research is, as we have said many times, based around the experiences of people living in community care residential accommodation. We need, then, to have a clearer picture of what this means.

The process of closing the old long-stay, ‘cradle-to-grave’ (Bicknell, 1985) hospitals has been underway for some time. Emerson & Hatton (1994) write that between 1980 and 1993, 26,000 people were moved out of mental handicap hospitals. There have, however, been debates concerning what is the most suitable alternative to hospital services. ‘Initial developments focused on the establishment of purpose built 20-24 place “locally-based hospital” or “community” units to serve a defined geographical area’ (Emerson & Hatton, 1994; p.3). In line with the developing ideals of community care, however, this focus shifted to providing staff support where appropriate to people living in smaller groups in housing that is as ordinary as possible, and to placing the user of the service at the very centre of the planning and organisation of care (Brown & Wistow, 1990; Emerson & Hatton, 1994; Jahoda & Cattermole, 1995).

The main provisions of residential care for those not living in their own homes are now hostels, group homes and supported housing, although, as stated in *Caring for People* (Department of Health, 1990), it is still considered policy that some of those designated as more severely disabled, or as having health difficulties, will be housed in nursing homes or hospitals. As a rule, community residential care institutions tend to use ordinary housing which is in normal streets and therefore appears an integrated part of the local community – the ideal is that such housing should be seen more as a home than an institution (Means & Smith, 1998). Hostels generally consist of single bedrooms and communal dining, lounge, toilet and bathing facilities; usually there is a small number of staff, some of whom live in (Malin, Race & Jones, 1980; Paterson, 1986). Supported living aims to separate housing from support and to allow service users to choose where they want to live and with whom (if anybody), to hold their own lease, control their own money and decide their level of support. The emphasis is on informal support and building relationships rather than a supervisory style of care (Kinsella & Ward, 1993; Ward, 1995) – usually realised by setting aside a row of adjacent homes for people with learning difficulties with supervision for the group by a separately-housed warden (Paterson, 1986). Group homes, or residential homes, tend to be houses in suburban streets with live-in staff, where the residents are involved in a kind of semi-communal living. Newer group homes tend to be small in size, generally housing less than six residents (Sinson, 1995), but many older homes still in use are often much larger, with sometimes in excess of twenty residents (Sinson, 1993). These are only general characteristics, as homes differ widely in their actual properties (Emerson & Hatton, 1994; Sinson, 1995; Means & Smith, 1998). This shift in residential provision is backed up by ancillary services such as supported employment, in which workshops and transitional employment schemes aim to gear people with learning difficulties towards work, with the aim that they will be able to progress to “normal” employment over time (Beyer, 1995).

It should be said at this stage that this research will concentrate on exploring issues of power and subjectivity specifically in community care group homes. That is, in those homes, in the community, which are nominally for people with learning difficulties, have live-in staff, and in which a group of residents are involved in a kind

of semi-communal living. The research participants are selected on the basis of their having recent experience of living in such a home (i.e. either currently living in one, or having lived in one a year or less before the interview took place). Whilst this covers only one type of community care accommodation, then, it does provide a definable situation to examine, and a definable group with whom to conduct research. Given the variations which we have seen in the way that learning difficulties is conceptualised and treated, this is important in lending coherence to the research.

Also important to consider is the literature which evaluates the success of the new community care services. Since this research is concerned with finding new ways to understand people's experiences and interactions with power and subjectivity in care accommodation, it is important to be aware of existing literature which deals with these places in order to situate our research in relation to it.

The Success of the New Services

The new residential and support services for people with learning difficulties are built on ideals of empowering people to make choices in their lives, about their care and about where they live, and to live as normal and fulfilled lives as possible. As Bogdan and Taylor (1987) point out, it would take a cynical outlook indeed to imagine that conditions have not improved considerably for people with learning difficulties over the last thirty years since the major reforms began, but, even so, many of the positive aims and the hopes that people held for care and services have not been effectively achieved (Bogdan & Taylor, 1987; Ward, 1989, 1993; Booth, Simons & Booth, 1990; People First, 1993; Emerson & Hatton, 1994; Collins, 1995; Means & Smith, 1998).

The first thing to note is that, although many people have successfully moved out of hospitals and into the community, this move has often been poorly managed, ill-co-ordinated and under-funded (Ward, 1995), with a large number of people facing difficulty in moving out (Collins, 1995), and provision often being poorly managed and funded, or even unavailable for some of those who do (Beresford, 1993; Ward, 1995). Emerson and Hatton's (1994) review of research into the nature of community-based care concluded that, in general, people moving from long-stay hospitals to

smaller community care units could expect an improvement in a number of areas of their lives. Amongst these is an improved material standard of living, a higher degree of reported satisfaction with life, more opportunities to use their skills and to develop new ones, spending less time engaged in stereotyped behaviour, having more choice in their daily routine, and having more contacts with other people. However, they also pointed out that there are still problems. Not least that the research has concluded that people in community care are still relatively very poor, generally have only limited choice over major life decisions such as who they are to live with and who they will receive support from, and have more limited everyday choice than their non-disabled counterparts (Emerson & Hatton, 1994).

Perhaps the major problem that has been identified is that institutional trends and institutional philosophy still tends to permeate community care housing provision (Collins, 1995; Ward, 1995; Means & Smith, 1998), limiting the independence that residents might otherwise enjoy (Sinson, 1995), and Emerson and Hatton (1994) comment that 'community-based services vary widely in terms of their quality' (p.iii) even to the extent that sometimes life in them is little different from life in a hospital. Booth, Simons and Booth (1990), for instance, argue that many of the criticisms which led to the drive to close mental handicap hospitals are also relevant for most hostels in which people with learning difficulties live, and these also apply in some ways to other forms of residential care (Bogdan & Taylor, 1987; Ward, 1995; Means & Smith, 1998).

This set of criticisms, then, focuses on how well the goals associated with community care have been achieved. As Walmsley (2001) argues, there is a general tendency for work into this area explicitly or implicitly to take on the ideals of normalisation in evaluating and criticising community care services. As we have seen throughout this thesis so far, this piece of research draws upon thinking which allows us to ask more complex questions about the care environment and people's relationships and experiences in respect of it. In the following chapter, we will go on to draw out some problems with the position of normalisation, and begin to illustrate how this research will go beyond it.

4.4 Conclusion

The 'sea change' in learning difficulties which Edgerton (1994) mentions has encompassed terminology, definitions, concepts, ideals for services, and services themselves. In general, there has been a move away from viewing learning difficulty as a quantifiable "handicap" or individual pathology requiring management and provision in special and often segregated services. The principle of normalisation, emphasising the aim of creating as a normal a life as possible, has been the major stimulus for change. The emphasis in learning difficulty has thus come to centre on what can be achieved if people are given the opportunity to live a normal, community-based and valued life rather a segregated, isolated and service-managed one. Changes in conceptions of disability and learning difficulty have been contemporaneous with changes in how people are treated by the available services. Services have changed to emphasise integration rather than segregation, and moves from large, isolated hospitals to smaller, ordinary housing in the community have been underway for some years. Concerns have been raised that the move out of hospitals is too slow, too poorly funded or supported, or that new services do not do enough to move away from an institutional philosophy. On the whole, however, the aims and ideals of the new philosophies and services have been welcomed and supported even if their implementation has not, and the ideals of normalisation are generally seen as an evaluative yardstick for evaluating the success of these services (Walmsley, 2001).

It has also been pointed out, however, that "learning difficulty" is not something whose "true" nature has been "discovered", but, rather, that it is a concept which is brought into being in specific fields of knowledge which create it as a problem in specific ways, identifiable through specific tests, and amenable to specific interventions. So, the ways in which this concept emerges as an object of knowledge are linked to specific ways in which people are defined as "having learning difficulties" – something which has an impact not only upon the social and institutional interventions to which they become amenable, but also on the types of power relationships in which they are situated with specific others, and on how they understand and relate to themselves as particular kinds of being.

The basic purpose of this chapter, then, has been to set out the current position which exists in terms of how learning difficulties are generally thought about, and the care services which exist around them. We have thus identified the specific situation around which this research is carried out – community care group homes situated in community settings with live-in staff. We also began to hint here at some limitations and problems with the ideals by which such homes are generally evaluated. That is, it was commented that the ideals of normalisation and QOL overlook much of importance with respect to these environments in which people live. Whilst it cannot be seen as a *negative* move that services take on the ideals of voice, rights and empowerment with respect to service users, it must also be said that, as a consequence of this focus, there is much that is not engaged with in terms of the points we have been engaging with in the previous chapters – in terms of how particular concepts objectify people as particular types of being, situate them in particular relationships with others and make particular interventions into their lives and means of assessing their conduct appropriate in relation to them. These points will be carried forward into the next chapter, where the implications of these positions will be more thoroughly critically assessed, and related to the writings and research which exist around them. We will then be able to see more clearly why the research question which drives this research is an important one to ask, and what it can add to the current position.

Chapter 5: Learning Difficulties, Services and Research: Critical Evaluation

The previous chapter highlighted a major change in the ways in which learning difficulty has been talked about, identified, conceived and managed. Long-stay hospitals are no longer the default provision for people with learning difficulty. Instead, criticisms of existing care and changing concepts of learning difficulty have led to the ideal of providing services for people in community settings (e.g. Dalley, 1989; Morris, 1993b; Ward, 1995; Emerson & Hatton, 1994; Means & Smith, 1998). These moves have largely been welcomed, and criticism has tended to focus on how far ideals of promoting voice, independence, choice and empowerment in care have been realised. However, the point was also made that these changes reflect different ways in which “learning difficulty” has existed as an object of knowledge, and that the ways in which it is brought into being in this respect are linked to a variety of other issues, such as what interventions become possible, how it becomes a technology through which people can become objectified, and how it makes available interventions into people’s lives which constitute specific power relationships. This chapter sets out to provide an alternative position – one that interrogates the relevant developments from the perspective we have been setting out. The purpose of the first part of the chapter, then, will be to question the ideals which normalisation and the new forms of care are based upon, and to set out the reasons that a new analysis of care settings working from the position we are setting up is timely in this area. The second part outlines the development of a “social model of disability”, a framework for understanding disability which aims to focus on how people are “disabled” by social factors rather than on a particular impairment residing within the individual. Here, we will also assess the implications this model has had for research in disability studies generally, critically examine how issues of identity, subjectivity and labelling have been researched in disability and learning difficulty, and detail the significance all of this has for the study to be undertaken.

5.1 New Service Ideals: Deconstruction and Critique

It is possible to identify a shortcoming in ideals and services and in the literature which has grown up around them in three main areas. Firstly, we saw a frequent emphasis given to issues of “voice” and “empowerment” in ideals for, and

criticisms of, care organisation. Such a position is in danger of missing much of import if it merely reflects a neo-liberal conception of power. Without a consideration of how “voice” reflects people’s situation in power relationships and how it comes from a particular subjected position, we end up with a position which merely assumes that if one is able to express one’s dissatisfactions, then power imbalances can be redressed and the speaker empowered. Secondly, this concern indicates, and is backed up by, a notion of a pre-given, coherent, bounded subject with particular properties which exist around ideals of normalisation. This brings us onto the third point that, since the ideals of normalisation hold sway, and despite the professed concern for “empowerment”, there is very little research about how people living in care experience power, how power affects them.

“Voice” and “empowerment”

The emphasis on “voice” and “empowerment” is evident both in service ideals, which aim to give users “a say” or “a choice” in their care, but also in criticisms of care services in the literature. Such criticisms tend to centre wholly around the success or failure of services to “empower” their users or to centre care around them (e.g. Dalley, 1989; Beresford, 1993; Morris, 1993b; Sinson, 1995; Means & Smith, 1998), the failure to provide a means for service users to make their voice heard (e.g. Simons, 1995; Ward, 1995), or even the need for attempts to locate and interpret a “voice” for this purpose in non-verbal behaviour (e.g. Crimmins, 1994; Myers, 1995). Indeed, the whole purpose of advocacy is to help people to have a “voice”, or to have someone to “speak out” on their behalf. This position reflects the modern ideal of “voice” being taken to provide a privileged access to, or expression of, the “self”, with the presence of a voice taken to represent a total, ‘living presence’, and therefore the expression of an authentic self, in a particular situation (Derrida, 1976). As Derrida (1976) points out, this is a traditional orientation to language, meaning, truth and self which has characterised Western thinking since antiquity. This orientation, though, has been challenged by deconstructive and post-structuralist thinking, such that Derrida sees it to be ‘the master illusion of Western thought’ (Sampson, 1989).

The traditional position as regards “voice” is also characterised by Habermas’ (1984) notion of an ‘ideal speech community,’ in which communication is respectful, and agreement unforced, between people of equal standing. According to this conception, then, concrete social situations can be measured for how closely they approximate to this ideal situation. The aim of approaching the ideal thus becomes embodied in administrative and political legislation which aims to minimise those factors which detract from it – notably in protecting or expressing people’s ‘rights’ (as can be seen in, for example, Williams & Schoultz, 1982; Campaign for the Mentally Handicapped, 1984; Brandon, 1995). This can quite clearly be seen in the attempts to find a non-derogatory (and therefore non-disempowering) label and to move away from a conception of learning difficulty governed by medical judgements and focusing on a pathological condition, towards one which emphasises abilities and similarities, rather than differences which might place people with learning difficulty in a powerless position. It can be seen in the shift towards normalisation which aims to put individuals in “normal” positions, moving towards the ideal community in which they will have an equal footing, equal status, and an equal voice with non-disabled people, at which point, presumably, their special problems will disappear. It can be seen in policies and services which embody these ideals and find ways of “giving a say” to people, or “empowering” them by changing services’ structures to redress power imbalances.

This type of thinking is criticised by Nikolas Rose (1996), who, as we have seen, draws on Foucault to challenge conventional notions of freedom as equating to the unconstrained expression of an autonomous self:

human beings must interpret their past, and dream their future, as outcomes of personal choices made or choices still to make yet within a narrow range of possibilities whose restrictions are hard to discern because they form the horizon of what is thinkable. Their choices are, in turn, seen as realization of the attributes of the choosing self – expressions of personality – and reflect back upon the individual who has made them. The practice of freedom appears only as the possibility of the maximum self-fulfilment of the active and autonomous individual.

(p.17)

Rose thus argues that conceptualising freedom based on notions such as those discussed here – of freedom from restrictions on expressing the authentic, autonomous self – means that people are not merely free to choose, but they are ‘obliged to be free’

(Rose, 1990, 1996) in understanding and recognising themselves as selves of a particular type and acting accordingly. This type of thinking, which, explicitly or implicitly, holds the full presence of the person, as identified by their voice, to be its goal, permeates the area discussed so far.

Foucault's work gives some useful critical inputs into this area. In stark contrast to Habermas' ideal of a perfect speech community, Foucault (1980f) contends that 'power is always "already there", that one is never outside it' (p.141). He therefore believes that Habermas' position is utopian:

The idea that there could exist a state of communication that would allow games of truth to circulate freely, without any constraints or coercive effects, seems utopian to me. This is precisely a failure to see that power relations are not something that is bad in itself, that we have to break free of. I do not believe that society can exist without power relations... The problem, then, is not to try to dissolve them in the utopia of completely transparent communication but to acquire the rules of law, the management techniques, and also the morality, the *ethos*, the practice of the self, that will allow us to play these games with as little domination as possible.

(Foucault, 1998; p.298)

For Foucault, the "voice" of the individual which is prized so highly in the discourses of modern care practices must itself come from a subjected position, a position which exists in a specific orientation to particular relations of power and particular ethical technologies. Additionally, power is not something which exists in such a way that it can be easily "given" to an oppressed group. It does not exist in packages that can be handed over, taken or exchanged as necessary; it exists in relations between people, in social structures, and in systems of knowledge – often in very subtle ways. The ideal, then, is not to put one's faith in "transparent communication", but to undertake an analytics of power, knowledge and subjectivity in a particular situation – an analytics which will include the issue of how "voices" are themselves indications and expressions of subjected identities and relations of power. This issue of power will be returned to shortly, but there are other aspects of the discourses around care and normalisation to consider first.

Individuals and Socialisation

Alongside these issues of voice and empowerment in the ideals around care goes the notion of a pre-given individual with a particular 'potential' (see, for

example, Social Services Committee, 1990) which is also mirrored in the possibility of attaining 'valued social roles' (Wolfensberger, 1983) or a particular level of quality of life (Goode, 1994a). Inherent in this thinking is the idea that every person has a particular potential within him/her, and that often this potential is hampered by oppressive social conditions. Hence the idea that changing the relevant social conditions can allow individuals to realise their innate potential, take on their rightful, valued place in society, or be evaluated as enjoying an acceptable quality of life. Here, it is not the idea of individual potential *per se*, nor the examining of social influences which is the problem, but it is the manner in which these factors are conceptualised and presented. Another point for critique is opened up by this realisation. Firstly, there is the question of the theory of the individual subject. This requires one to situate the thinking that is being discussed here in the context of 'individual-society dualism' (Henriques et al., 1984). As we have seen already, Henriques et al. (1984) comment with respect to approaches to developmental psychology that, despite the forcing of the study of individuals up against the social world in this area:

the terms of individual-society dualism are themselves retained in the way in which the problem of social formations is posed. Whether they are used implicitly or explicitly, this retention inevitably constrains the theorizing of their relationship... The two entities are still thought of as antithetical, as exclusive (though interacting), as separable and even pulling in opposite directions.

(p.14-15)

Something similar might be said about the line of thinking which has led to the development of services in learning difficulties and in the literature which evaluates them. There is here also a conceptual distinction between the individual and the forces of socialisation. Socialisation is a conceptually separable force to that of the potential of the individual, and the former can enable or prevent the latter being fulfilled. As we have seen, this is a problematic conception which misses the insights which Foucault's work provides us with in relation to issues of power and subjectivity. In Wolfensberger's normalisation theory, there is a definite conceptual division between individual and society. Social conditions determine the individual's self-concept and behaviour, and the presentation of the individual in turn determines the social responses to him/her and thus the conditions which s/he will experience. Hence the need for normalisation to break this cycle and lead to a positive presentation of individuals and a consequent ameliorating of their social circumstances – the

replacement of a negative cycle with a positive one. At first glance, this might not seem such a problematic position, and the presence of individuals' innate properties in the theory may not be immediately obvious. However, when this is examined more closely, problems do begin to emerge. For instance, as a result of confusions arising from the relative status of individual and society in the theory, Wolfensberger (1980a) has been forced into a position of situating normalisation squarely within a notion of individual potential:

Overzealous proponents [of normalisation] are commonly guilty of the assumption that handicapped people are not handicapped, that retarded people are not retarded, and that every handicapped person could do and be almost anything if only provided sufficient role expectancy and opportunity.

(p.97)

Implicit in normalisation theory, then, is the notion of a pre-given individual with specific potentialities which is socially formed primarily in relation to specific social structures. The making of this point should not be misinterpreted as our taking on the extreme (and untenable) position that nothing that could be described as "handicap" or "disability" exists, nor should we wish to deny the presence of disabling effects stemming from social situations. However, the way in which this problem is posed leaves the process of internalisation or socialisation untheorised, and the question of what is internalised – aspects of the social domain – and how we know what is internalised unanswered (cf. Henriques et al., 1984; pp. 14-22). Hence we come to a particular paradox upon closer examination of the theories involved. The notion of a pre-given subject with certain potentialities is implicit but unstated. However, the hidden nature of this subject leads to possible conclusions that must be co-opted because of their unviability, namely that socialisation and role expectancy have an all-encompassing effect to the extent that any disability is conceptually non-existent. Attempts to resolve this problem then rely on asserting the existence of the subject-with-potentials which exists prior to socialisation. The existence of this subject, however, is so problematic for the theory that, to circumvent the possibility of it gaining precedence over the social, it is even reasserted in an implicit way, by means of a statement of what the theory cannot claim rather than an explicit picture of the subject which is to be socialised. This has parallels to the problems Henriques et al. (1984) note in their study of theories of subjectivities which are predicated upon either the assumed properties of a pre-given biological entity or some aspect of the social:

Whilst we should avoid founding a theory of subjectivity on a taken-for-granted biological origin, we cannot construct a position which altogether denies biology any effects. (p.21)

Similarly, normalisation theory becomes stuck between its own constructions of the individual and the social – whose constructed nature it is then unable to acknowledge. This situation can persist because:

certain norms have become so much part of our common-sense view of reality that we have been able to forget that they are the result of a production: that they have become naturalized as indisputably biological or social.

(ibid.; p.22)

Therefore, the construction of disability or difference in normalisation theory is not acknowledged as such – it is taken to be an indisputable part of reality. For instance, Szivos (1992) points out that, in normalisation theory, ‘nowhere is disability spoken of as something which could be valued or accepted in its own right... it is rooted in a hostility to and denial of “differentness”,’ (p.126) and hence its application can trap people in an eternal cycle of “passing” as normal or dealing with stigma. Despite its professed concern with social problems of disability, then, normalisation cannot offer a contested production on which to base its aims. It therefore ends up essentialising a negative conception of difference as its key problem, set up in opposition to the desired goal of normality, which it is then unable to move beyond. This is a consequence of the theory’s inability to attend to its own constructed positions stemming from its difficulty with the problems relating to individual-society dualism which we have been discussing.

Another taken-for-granted production upon which normalisation, and the ideals for care which draw upon it, founders is that of a *unified* self, and the contradictions this creates for the notion of ‘roles’ in normalisation. Again, the work of Henriques et al. (1984) is important in understanding the significance of this. Roles are a central concept in normalisation, having a key influence on individuals’ attitudes, self-concept, self-esteem, personality and behaviour, and thus shaping societal responses to them. Henriques et al. (1984), however, note that role theory reproduces the same type of dualism that has been discussed already, but it shifts its terrain so that ‘the external has been welded onto the internal’ (p.23). It assumes the

existence of an internal, individual, fixed, core personality or self which takes on roles and responds accordingly. These roles can be added, removed or altered according to particular circumstances – in this case by intervention and the application of normalisation goals. Hence, “individual” and “social” have been transposed into “personality” (or “self”) and “roles” (ibid.). Thus, similar problems can be noted. Again, there are assumed and untheorised properties attached to a unitary social influence (the “role”) and to a unitary core essence (the “self”). Again also, the process of interaction is unproblematised – what exactly *are* these unitary roles, and how can they be so easily conceptually separated from other social factors? What is the process by which they are taken up to affect a core self in a particular way? As long as these problems, raised by a theory which is situated within an under-theorised dualistic framework, are unacknowledged, a coherent social theory of individuals will remain elusive (cf. Henriques et al., 1984; pp.23-5, on Mead and Harré).

Here, we follow Henriques et al. (1984) in arguing that the work of Foucault is key for overcoming many of the problems with this type of social theory. His writings, they claim, ‘help deconstruct the monolithic, unitary character of power and the social domain which has characterised... social theory’ (ibid.; p.92). The problem of the notion of a unified subject existing prior to social influences or “subjectification” and its constitution by the social is certainly a recurring theme in Foucault’s work (e.g. 1979b, 1981a, 1982). It has been identified as a problem of special significance in his work by several writers (e.g. Butler, 1990; Dean, 1994; Sawicki, 1994; Ransom, 1998). John Ransom (1998), for instance, orients Foucault’s work in opposition to ‘vitalist’ readings of power which rely upon a notion of an essential or vital “nature” which is *constrained* by forms of power. Ransom (1998) points out that Foucault’s work is radical and makes available so many trenchant insights precisely because it moves beyond such a conception. As has been discussed, in Foucault’s work, the notion of a prior, essential subject is anathema – it makes no sense to posit a social theory on a notion of a core self as conceptually separate from, and having primacy over, those forms of power/knowledge which constitute it.

The individual... is not the *vis-à-vis* of power; it is... one of its prime effects. The individual is an effect of power, and at the same time, or precisely to the extent which it is that effect, it is the element of its articulation.

(Foucault, 1980f; p.98)

It must be remembered that power does not act against the essence of a pre-given subject, silencing its authentic voice and negating its potentials. Power is not just repressive and prohibitory, it is also productive. It produces the very subjected positions from which people act and speak, the relationships in which they are situated with others, interventions which become applicable to them, and so on. So, instead of basing a theory, implicitly or explicitly, on the notion of a transcendental subject:

One has to dispense with the constituent subject, to get rid of the subject itself, that's to say, to arrive at an analysis which can account for the constitution of the subject... which can account for the constitution of knowledges, discourses, domains of objects, etc., without having to make reference to a subject which is either transcendental in relation to the field of event or runs in its empty sameness throughout the course of history.

(Foucault, 1980a; p.117)

Again, then, an analysis is indicated which will be able to move beyond these conceptions, take account of the constituted nature of the subject, and hence analyse how individuals are situated in a nexus of power relations which constitute their subjectivity as well as weighing on their conduct. It is, as we have seen, just such an analysis which our research undertakes with respect to people's lives in community care accommodation.

To summarise, then, we have seen here how the notion of voice and empowerment are problematic if they do not take into consideration the position with respect to power and subjectivity that "voice" originates from. Normalisation, for all its endeavour to be a truly social theory of the individual pits social influence against the individual and roles against the core self. It makes the attempt to take other things than voice into account, but, because it is not alert to its own exclusions, it ends up in a theoretical quagmire and fails to transcend these problems, becoming stuck on a problematic notion of difference. It too, ends up implicitly based on an idea of a pre-given subject or, more specifically, a core subject-with-potentials (although this is an idea which endangers the theory to the extent that it cannot be forcefully stated). Foucault's contribution to critical theory enables us to become aware of these dilemmas and to begin to construct an analysis that can move beyond them, and it is such an analysis that we aim to undertake in this research.

There is something, however, which must be stated here lest any misunderstandings arise. The deconstructive moves which have been made here around notions of “voice”, “empowerment”, normalisation and their effects on care should not be taken to undermine the contributions that these ideals have made to the lives of people with learning difficulties. This is not intended as a criticism of self-advocacy nor of movements to de-institutionalise care provision and provide a “normal” alternative. Given how the situation surrounding care has changed since such movements came into being, it would be somewhat crass to imagine that they do not comprise an important input into the debate around care service provision. The aim, rather, has been to show how a particular conception of individuality, or selfhood, and social influences limits the ways in which provision is examined and assessed. Just as Parker et al. (1995) point out that the choosing of ‘friendly euphemisms’ for “learning difficulties” will not in itself overcome the ‘traditional oppositions that constitute the field of psychopathology’ (p.2), so an ideal based around “voice” or simple notions of empowerment or normalisation will not in itself be enough to overcome all of the negative effects of power in a care environment.

What we are drawing attention to most importantly, then, is a gap in the literature in this area. The main point is that the theories we have been looking at leave no room for analysing the ways in which forms of power and subjectivity are constituted in specific systems of knowledge. It must be recognised in order to carry out an analysis of these issues that the positions people speak from are positions which exist in relation to particular aspects of human life which are brought into being in such systems. These include ideals of “normality” and “difference” themselves – “normality” is not a neutral and essential term, but is itself a reflection of particular ways in which the human subject becomes thinkable in relation to specific ideals (such as intellectual ability). As such, any analysis must take into account how “normality” and “difference” themselves constitute specific ideals to which people relate in specific ways. The goal, then, is to carry the ideals which gave rise to the movements discussed forward, and to demonstrate that it is possible to formulate an approach which successfully transcends these problems, and hence to provide a new form of critique.

Power in Care Settings

This new approach which drives our research, then, is one which incorporates the work of Foucault to examine the workings of power in more depth. Power and empowerment are much thornier and more complex issues than indicated by critiques which centre around how far care lives up to normalisation criteria or confers independence, or how successful self-advocacy groups are at giving people a voice and empowering choice (e.g. Crawley, 1990; Flynn & Ward, 1991; Stalker, 1997). As has been pointed out in this chapter and others, Foucault's work takes into account how power functions as a disciplinary and normalising force in social apparatuses, how the conduct of individuals is governed by a complex and heterogeneous set of forces, how particular subject positions are brought into being in relation to these forces, and *how the individual him/herself is an effect of power*.

Given this concern, there are two researchers whose work merits closer attention – Erving Goffman and Richard Servian. Goffman (1968) is perhaps most renowned for his work detailing the social situation of people living in ‘total institutions.’ His work in this area was one of the major inputs into the scandals around institutional living which led to pressure to find an alternative. He defined a ‘total institution’ as:

a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.

(Goffman, 1968; p.11)

He concentrated predominantly on mental hospitals, and aimed to demonstrate the various ways in which such institutions administer the lives of their inmates, how inmates are treated by the staff, and the strategies with which they respond in order to survive. The potential similarities such a study might have with the research undertaken here are obvious. Therefore, a number of points of divergence will be identified. The first is, of course, that whilst (as has been detailed in the critical literature) many community care services persist with institutional models and philosophies in some ways, few could be described as ‘total’ institutions, since typically, work (where performed) is done elsewhere (often a day centre), provisions for leisure are usually made outside the care setting, and restrictions on entering and

leaving the physical setting of care are generally less restricted. Additionally, Goffman's work is based on participant observation rather than the accounts of individuals, and tends to be based on highly visible observations.

The most significant difference, however, is the very fact that Goffman's work in this area divides into an analysis of administration of lives (in which he includes such things as discipline, organised activities, communal mealtimes, 'mortification' of the self-identity which existed prior to incarceration, and so on) and inmates responses to them (such as taking on particular new self-identities to replaced the 'mortified' one, orienting oneself to the institution in a certain way to make life more bearable, partaking in an unusual inmate world with its own codes of conduct and rituals, 'working the system,' gaining and guarding petty privileges, demeaning oneself to staff for such privileges, and so on). It is not, of course, unreasonable to assert that individuals respond to new situations in a variety of ways, and the analysis Goffman makes of how self-identities change upon entering an institution are informative. However, the area we are seeking to examine in this research has a different focus. Goffman's research was not about power and subjectivity as we have been conceptualising them. As has been said, Goffman's research focused on how people react to severely constraining forces inside 'total institutions.' The points we have been making, however, show that issues of power, identity and subjectivity are often embodied in quite subtle ways which would be missed by this sort of analysis. Power does not just exist where it is explicitly observable, it is not an issue only in the face of clearly constraining forces, nor is it limited to the type found in 'total institutions.' Given the insights we have gained from Foucault's work, it is possible to see that power not only constrains people and forces them to adopt certain 'strategies' in the face of it, but also how it is productive of particular forms of relationships, and of particular subjectivities and modes of self-understanding. These are issues which Goffman's study does not make room for, and awareness of them allows the study of these factors in a variety of settings, and for examination of the more subtle ways that they work outside of 'total' institutions.

Also significant is the work of Richard Servian (1996). Servian has recognised the importance of a Foucauldian approach for studying power in community care. He

carried out a study looking at different perceptions of power from the point of view of care users, managers and carers, using a Foucault-influenced conception of power as one part of his analysis – the ‘fourth dimension’ of power. He took the important step of recognising all of the people in his study as able, in some ways, to take an active part in the relations of power which they experience, arguing that power is not necessarily oppressive. He was also rightly sceptical of ‘grand solutions’ or administrative answers to issues of empowerment.

Servian’s project is timely in attempting to apply some of Foucault’s ideas to a study of power in care. However, there are a number of problems with his approach. Despite his professed interest in how Foucault reconceptualises power, and how people are produced as subjects by systems of power, he seems badly to misunderstand much of what Foucault had to say. This is illustrated when he outlines what he conceives of as a problem with Foucault’s view of power, ‘with people tending to be seen as victims, their actions heavily determined by some, mainly invisible outside interest, rather than being seen as active participants’ (Servian, 1996; p.21). As has been pointed out in an earlier chapter, readings of Foucault which tend to see determinism in some of his middle-period writings are not that uncommon – indeed Foucault (1993) himself has hinted that perhaps he occasionally concentrated too much on restrictive aspects of power in that period. However, as Ransom (1998) has pointed out, such a reading loses many of the most trenchant of Foucault’s insights, and we have seen in earlier chapters the importance of Foucault’s ethical work in understanding how people relate to themselves, assign meaning and value to their conduct, and direct their conduct in line with certain ideals. However, empowerment, as defined for Servian’s (1996) study simply means ‘that through having power individuals can at least partly meet their own “needs”’ (p.7).

This conception informs Servian’s whole approach. So, he asks questions such as ‘what needs must be met for people to be empowered?’, and judges empowerment insofar as it represents ‘moves toward autonomy’ (ibid.; p.8). As a consequence of this, Servian’s study focuses on the explicit perceptions of power which individuals have – how they ‘*perceive* their power position, their *use* of power, and how they perceive power affecting them’ (ibid.; p.33; emphasis added). There is a tension here

between, on the one hand, seeing power as 'insidious,' and, on the other, locating an analysis of power in the declared perceptions of individuals and in their explicit attempts to assert some form of power. Clearly, since Foucault's reconceptualisation of power is complex and rather esoteric, studying how people report that they perceive power will not be likely to generate information consistent with a Foucauldian approach.

It is these problems that lead Servian to limited conclusions. For instance, he claims that empowerment (or positive uses of power) for care users can be seen in 'individual assertion... challenging behaviour... [and] membership of advisory groups' (ibid.; p.39), whilst negative or disempowering aspects of power are 'individual assertion (-ve response)... challenging behaviour (-ve response)... [and] non-participation in groups' (ibid.; p.39). Further, he claims that users can be empowered by 'enabling workers [and] some group meetings' (ibid.; p.41) and disempowered by 'workers not listening... [and] petty rules in residential and day support' (ibid.; p.41). He concludes that the Foucauldian conception of power sheds light mainly on disciplinary power – how 'ideological influences cast a climate of fear over the ability of all stakeholders to challenge the status quo' (ibid.; p.46) – and that carers and managers are more powerful than care users. Servian's misunderstanding of some of the main aspects of Foucault's work is compounded here by his lack of a method for applying a Foucauldian analysis. Despite his stated interest in 'what kind of subject is produced' (Digeser, 1992; cited in Servian, 1996; p.20), examination of this is missing from his study, and he concludes merely that power restrains people and produces a 'climate of fear' which prevents them from challenging the status quo.

Despite Servian's recognition of Foucault as important to a study of power in a care setting, his missing of Foucault's key points mean that he is only able to draw limited and rather simple conclusions. His analyses centre around simple and explicit aspects of power. Thus, he is able to analyse power only as it constrains and limits, as it prevents people from meeting their own needs, and instils in them a fear of challenging the status quo. This, however, is precisely the limited conception of power which Foucault challenged. Hence, Servian's method finds no room for an analysis of subjectivities, of how people become subjects of institutions and systems of

knowledge, how people are deemed to have certain identities and how they engage with or resist them, and hence how their interactions with institutions, other people and themselves, in a variety of often subtle ways, embody and reflect issues of power and resistance. It is just this sort of analysis that our research undertakes, adapting, as we have seen, Foucault's three domains of critical ontology to discover how the accounts that people give of their relationships to care environments evidence their interactions with these issues. This is not the same as examining how people *perceive* power, as in Servian's study, but analysing how their accounts of their situation both implicitly and explicitly reflect the specific relationships they are placed in, the forms of institutional organisation they are subject to, the subjectivities they are led to recognise to recognise in themselves, and so on.

Summary

The dominant ways of understanding learning difficulties and care services lead to a limited critique. There is no analysis of power in care settings that successfully moves beyond conventional notions of power and empowerment or analyses how individuals themselves are effects of power, how they are subjectified, and how they interact with these forces. An analysis based on a careful and rigorous application of Foucault's ideas to community care is therefore overdue in this area. It is this gap that our research seeks to fill.

There still, however, remain some points to consider which were not dealt with above. Normalisation theory, for instance, has been criticised by others in various ways. Robinson (1989) contends that normalisation inherently discriminates against people who cannot achieve normal living and does nothing to alleviate their situation. Brown and Smith (1992b) and Ferns (1992) argue that it needs to consider issues of ethnicity and gender and what "difference" means in this context. A number of authors have also questioned the implicit conformity to "normal" cultural ideals in normalisation and contended that, to overcome this problem, the theory needs to become situated within a challenge to the structure of services, the role of professionals, the presence of disabling barriers, and the very process of stigmatising difference (e.g. Ryan, 1987; Brown & Smith, 1989; Szivos, 1992; Brown & Walmsley, 1997; Chappell, 1997; Walmsley, 1997; Simpson, 1998). Similarly,

Goodley (1997, 1998) and Aspis (1997) have called for the understanding and appraisal of self-advocacy to take place in a wider framework than that of structural inadequacies stifling voice and choice. They argue for the consideration of legal and political issues (Aspis, 1997), conceptualisations of learning difficulty as a social issue (Goodley, 1997), and how advisors' conceptual orientation to learning difficulty influences their interactions with advocates (Goodley, 1998). However, despite these emerging voices (of which more will be seen shortly), Walmsley (2001) contends that research and thinking in this area continues to be dominated by the ideals of normalisation, especially by its concerns to provide valued social roles. These comments do, though, begin to orient normalisation and its ideals more in line with what has been called the 'social model of disability' (e.g. Oliver, 1986, 1989; Makin, 1995; Finkelstein & Stuart, 1996; Albrecht, 1997). This model has been an important development in the field of disability both in changing its conceptualisation and influencing research. It is therefore to this model and the research and thinking which has emerged from it that our attention must now turn.

5.2 The social model of disability and related research

There have recently been numerous voices raised in protest at the way that disabled people are treated in modern society, and the excluded and marginal place they occupy within it. Arguments have been put forward that disabled people have been systematically subjected to discrimination, prejudice and exclusion from full participation in society (e.g. Finkelstein, 1980; Stone, 1984; Barnes, 1990, 1997a; Morris, 1991, 1993b; Albrecht, 1992; Oliver & Campbell, 1996; Davis, 1997a; Means & Smith, 1998). There now exists a growing multitude of voices which challenge both the material and social aspects of this marginalisation and oppression and the conceptual basis upon which it rests. Disabled writers and academics have themselves begun to question the very ways in which disability is conceived, and to challenge the positivist theories which dominate its treatment in the medical sciences (e.g. Shakespeare & Watson, 1997; Oliver, 1998; Oliver & Barnes, 1998).

Oliver (1990) argues that the way in which disability is conceived will determine how attitudes and behaviour are oriented towards it, and this represents a problem since the dominant meanings surrounding disability are ones of tragedy and

of disabled people as victims. This is what he calls the ‘personal tragedy theory’ of disability (Oliver, 1986, 1990, 1996), and it is one of the main underpinnings of the ‘individual model’ from which most understandings of disability arise. The individual model sees the problems of disability as residing wholly in the individual and as resulting from physical or mental limitations. This perspective has been overwhelmingly historically dominant and has shaped the ways that disability is seen by psychology and medicine.

The individual model relies on definitions of disability, such as that by the World Health Organisation, which are based on disease-like conceptions. Such definitions draw on the notion of “normal” function or activity and define disability as a deviation from that, as an inability to perform normally in some way as the result of a limiting impairment (Oliver, 1990; Abberley, 1997). Implicit in this definition are connotations of deficit, deficiency, imperfection or deviation from a desired norm (Abberley, 1997). Hence, medical interventions in the lives disabled people tend to propose treatments for the “handicap” or the individual’s “problem” without any real consideration of how these interventions affect the economy or quality of life of the individual involved – rehabilitation is ruthlessly pursued (French, 1993; Oliver, 1996). Oliver (1990) claims that this is a direct result of the tendency to view disability as an individual problem:

As long as the environment consists of social roles that are considered to be normal, the inability of the individual to live up to the requirements of these roles put him or her in a disadvantaged position and thus creates a handicap. In this way the medical approach is conserved since changes must be brought to bear on the individual rather than the environment.

(p.4)

Thus, medical and social services are based upon individualised and medicalised conceptions of disability and are designed by non-disabled people, giving disabled people little or no control over processes which affect their lives (Oliver, 1990; Abberley, 1993).

In contrast to this perspective is the “social model” of disability, which rejects the individualising assumptions outlined above, and instead argues that the problems of disability need to be located in society. The structure of society as it discriminates

against disabled people – whether in poor access to buildings, inadequate housing, poor services, social or employment discrimination, inadequate public transport, segregationist policies in education, and so on – is highlighted as the central issue. To reflect this, the Union of the Physically Impaired Against Segregation have proposed a modified definition of impairment and disability to counter the individual-modelled ones which have dominated understanding previously:

Impairment: lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and

Disability: the disadvantage or restriction of activity caused by a contemporary social structure organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression.

(UPIAS, 1976, cited in Swain & Cameron, 1999; p.69)

The causes of disability thus become located in forms of social organisation and the social origins of impairment (both as a concept and in respect of their being caused by disadvantaged social conditions). This has led a number of writers to challenge how disability is conceived and represented, how it is researched, and how it is dealt with in legal and social policy (e.g. Gunn, 1989; Finkelstein & French, 1993; Oliver, 1993b; Zarb, 1992, 1997; Barton, 1997; Bruggemann & Fredal, 1999).

Research based on the social model tends to focus on how the environment disables people by limiting their choices or mobility, or situating them in a disadvantaged or disempowered position (e.g. Barnes, 1990; French, 1993), how disabled people are negatively represented in the media and charity publicity (e.g. Barnes, 1992; Hevey, 1992, 1993; Shakespeare, 1994, 1999; Philpot, 1995; Vlachou, 1995; Pointon & Davies, 1997), how social policy proceeds from particular individualised conceptions of disability (Campbell & Oliver, 1996; Davis, 1997b; Oliver & Barnes, 1998), and how disability is socially and discursively produced, and the issues this raises for identity (e.g. Liggett, 1988; Casling, 1993; Marks, 1994; Chadwick, 1996; Davis, 1997a; Corker & French, 1999a; Hughes, 1999).

One thing which is strikingly obvious when reviewing the social model literature is that considerations of learning difficulty are generally conspicuously absent. Oliver (1990) notes that the emphasis in the social model is on social

restriction rather than medical or social scientific categories and hence there is no reason why learning difficulties should not be included. Despite this, however, the emphasis is almost universally on “the body” or notions of “able-bodiedness” as opposed to impairment – with learning difficulties usually left out (Goodley, 1997; Walmsley, 2001). So, whilst the emphasis in most areas of disability has shifted to focus on the social conditions which disable people, learning difficulties still tends to be regarded primarily as a function of physiological impairments (Chappell, 1998; Chappell, Goodley & Lawthom, 2000; Gillman, et al., 2000; Goodley, 2001). It has been suggested that this lack is due to the general neglect of learning difficulties in sociological (Chappell, 1997; Walmsley, 1997) and psychological (Hatton, Hastings & Vetere, 1999) research generally. However, there have been moves towards conceptualising learning difficulties as a social and cultural phenomenon (e.g. Edgerton, 1986; Langness & Levine, 1986; Chappell, 1997; Walmsley, 1997; Goodley, 2001) which fits in with the social model. These points will be explored below.

Research

The main area of research to be considered here are those that draw upon the social model, criticise it, or aim to move beyond both it and normalisation – and especially that which uses Foucault to do so.

The very conception of the social model of disability has been challenged by a number of writers for squaring its emphasis exclusively on social causes of disability, such that the individual, and his/her body, is banished from the theory (see, for example, Crow, 1992; Shakespeare, 1992; Parker, 1993; Read, 1998; Corker & French, 1999b; Marks, 1999; Williams, 1999). Read (1998), for instance, argues that the social model is theoretically dubious and leads to overstated conclusions, and that, although it has been useful in challenging a number of oppressive practices based on the pathologisation of disabled people, it is not able to provide ‘a full and adequate explanation of the experience of disability’ (Read, 1998; p.288; see also Low, 1993, 1996; Bury, 1996; Crow 1996; Williams, 1996). Read (1998) contends, then, that the focus of the social model exclusively on external factors is simplistic and reductionist, and does not give credit to ‘the complexity of the relationships and interactions

between individuals and the social structures within they find themselves' (p.288), and that it disregards those disabled people who 'perceive their impairments as very significant and not in every respect, overwhelmingly positive aspects of their personal experience' (p.289). Despite the undoubted use over the years of harsh treatments being endured by disabled people in the name of a narrow conception of normality, it does not follow, she contends, that the body and impairments should be totally removed from discussion.

In a similar vein, Marks (1999) has redefined disability as 'the complex relationship between the environment, body and psyche, which serves to exclude certain people from being full participants in interpersonal, social, cultural, economic and political affairs' (p. 611), and she argues that medicine addresses an observable pathology as the subject of its inquiry and practice rather than the person. Drawing on Foucault, she argues that 'the medical gaze... constitutes the patient as a docile and passive body, rather than a reflexive subject' (Marks, 1999; p.612), but, she says, the social model also has little interest in subjective experience as it banishes concern for the individual from its discourse. In response to these kinds of problems, Goodley (2001) has called for an approach which recognises the nature of impairment (not just disability) as social and not as representing "facts" about a definitely identifiable shortcoming within an individual. Such an approach would also realise that the manner in which impairments are brought into being make available particular ways of conceptualising and labelling people's behaviour and introduce the possibility of extending diagnoses into diverse areas of people's lives and conduct. Such an approach must, Goodley (2001) argues, also take a critical approach to the 'discursive and material formations' upon which ideas of normality, abnormality and impairment are founded. This, then, represents an approach which has at its core markedly similar concerns to those which have shaped our discussion of these areas thus far. We have, though, taken here a greater interest in Foucauldian ideas relating to power and subjectivity in formulating the questions which drive the research, and this brings us onto our next consideration – how Foucault's work is beginning to have an impact in the area of disability in general and learning difficulties specifically.

A number of writers have recognised the importance of Foucault for transcending the problems with conceptions of disability which we have been discussing (e.g. Copeland, 1997, 1999; Hogan, 1999; Priestley, 1999; Reindal, 1999) – although many of these uses are quite superficial and do not resolve much. There are a few, however, which merit closer attention. Hughes and Paterson (1997), for example, draw heavily upon Foucault's ideas about the body and the objectifying gaze to argue that the social model's banishment of the individual and the body from its theorising makes the error of ceding the body to medical discourse. They cite Foucault to indicate how the body is a problematic site for the inscription and contestation of power and knowledge. The exclusive emphasis on social influences therefore 'consigns the bodily aspects of disability to a reactionary and oppressive discursive space' (Hughes & Paterson, 1997; p.328). They conclude that the body must be recognised as constituted by bio-power, and that this must be a central consideration for if we are to challenge the right of medical discourse to name and pathologise bodies into particular genera and determine status and needs accordingly.

Foucault is also invoked as a source of solutions to shortcomings in disability theories by Liggett (1988) and Chadwick (1996). Chadwick (1996) uses Foucault's work on power/knowledge and governmentality to suggest how disability, and especially disability discrimination, might better be understood. He argues that the question of what constitutes disability – especially in terms of deciding where discrimination begins and ends – is itself a question of governance. The systems of knowledge surrounding disability identify it as something to be governed in a particular way. The place of disability in systems of discourse determines who has the right to make professional pronouncements on it, what are acceptable ways of understanding and socially managing it, and what then will count as an individual or social problem. Chadwick (1996) uses this as a springboard to argue that the social model does not go far enough in its assertions, and that Foucault's work should be used to examine how power/knowledge reaches deep within people and shapes identities and the meanings attached to them, and thus to help people to question the dominant meanings around disability and find space to change how disability is governed. Liggett (1988) similarly draws upon Foucault's ideas to argue that labels of disability, and the systems of knowledge they represent, 'participate in the

maintenance of relations of dominance' (Liggett, 1988; p.265) and should be studied accordingly. She contends that, just as Foucault has shown how delinquents are encouraged to discipline themselves, so we should ask how the opposition between disability and normality functions to create people as disabled. She therefore calls for a Foucauldian-style 'interpretative approach to the politics of disability' (p.273) which would focus on the practices that manage identities and attempt to understand the systems of knowledge that produce disability, with the aim of helping people to upset conventional notions of what it means to be disabled.

Specifically in relation to learning difficulties, Gillman, Swain and Heyman (1997) make a similar argument in contending that the 'tyranny of professional discourses' (p.675) leads to the privileging of information which acts to pathologise people, to the detriment of information which would be more useful to the individual him/herself. This objectification of people in professional discourses is useful for controlling and managing people, and, therefore, concerned professionals would better serve people with learning difficulties by 'critically evaluating and deconstructing their assessment and intervention models and procedures' (p.691). Although not explicitly drawing on Foucault, Dyson (1987b) illustrates something along these lines in performing an analysis of doctor-parent interactions which suggest that assessments of children's educational needs have functions different from those explicitly stated, and that they serve not so much to identify and meet "needs", but to justify decisions which have already been made by professionals about these needs, and thus to justify particular forms of intervention which have already been ascribed. Gillman et al. (2000) also make the point that forms of diagnosis attached to learning difficulties bring forth particular forms of pathology which are not "natural", but are connected to the forms of objectification connected to the diagnosis, and that this has consequences in terms of constructing 'careers as patients and cases' which people become tied to as a result.

This research has gone some way to illustrating what is to be gained from a Foucauldian approach to disability. However, there is still much work to be done. There is little indication in these studies, for example, of what a Foucauldian study would look like, what it would be based on, and how it would be carried out. It is not

indicated how the body might be examined as a site of power, how the process of people upsetting conventional notions of disability would take place, nor how the relationships that people have to systems of power/knowledge might be studied. Whilst these studies discuss power and knowledge as regards understandings and representations of disability, how individuals themselves actually experience and relate to these systems and how they constitute subjectivities which people might recognise or contest is omitted. Furthermore, all of these studies focus on discursive relationships and general conceptions of disability in systems of knowledge. Whilst these are important issues, the analysis of power from the point-of-view of those who experience it is omitted. So, nothing is asked about how social apparatuses act to manage people with learning difficulties, how they actually govern the individuals in them, and how subjectivities are formed and contested in the context of them. This is an aspect of Foucault's philosophy which is so central, that it is even said to characterise his whole *oeuvre* (Deleuze, 1992), and so clearly its omission is an oversight which merits consideration.

Allan (1996, 1998) has used a Foucauldian analysis in the context of children with "special needs" attending mainstream schools. She proposes that a research strategy based around several of Foucault's concepts can move understanding beyond simplistic notions of integration and examine the discourses of special educational needs according to which children are included or excluded from the mainstream. The aim of her analysis is to 'help us to understand the experiences of children with SEN [special educational needs] in mainstream schools, by developing an analytical framework which allows the informal and formal discourses which have constructed children with SEN to speak' (Allan, 1996; p.231). Allan (1998) recognises that, although Foucault was generally 'something of a global theorist,' a Foucauldian analysis of institutions starting from an internal standpoint – one that can account for what actually happens – is long overdue. She thus undertakes an analysis of the situation of children with special educational needs in mainstream classrooms. Her analysis examines how mainstream pupils, from how they talk about SEN pupils, exercise a regime of 'mini-governmentality' (ibid.) around their SEN peers, how they are involved in the production of informal discourses which construct SEN in the classroom, and how they thus come to act as kinds of 'gatekeepers' to inclusion in

schools. She also goes on to analyse SEN pupils' 'technologies of the self' (ibid.), arguing that pupils frequently transgress out of the identities that others construct for them.

Aside from the fact that it is examining a different situation, Allan's research here shares many concerns with our own. However, there are key differences. For Allan, evidence of power in educational settings with SEN pupils is evidenced by how mainstream pupils seem to be governing their inclusion and engaging in pedagogic strategies towards them in this respect, and SEN pupils are said to be engaging in technologies of the self when they transgress out of the identities which mainstream pupils and teachers construct for them. Our research, however, is concerned with how people themselves experience and relate to power and subjectivity. We are not examining power in relation to people in care homes through how other people talk about them and construct them in informal discourses, but, as we have said, with how what they themselves say about their situation and their relationship to the care environment indicates the forms of knowledge which are constructing them, the differential relationships in which they are situated, the forms of intervention and action to which they become amenable, the subject positions to which they are tied, the ethical technologies which they draw upon in relating to themselves and assigning meaning and value to their conduct, and how they interact with these issues in particular ways. It is people's own experiences of power and subjectivity in which we are interested, and this can only be properly examined through their own accounts, rather than the accounts of other people with respect to them. It is through this sort of analysis that we can begin to formulate a picture of people's experience of power, and of the problems that might be facing in respect of it. This is not to say that Allan's analyses are somehow incorrect or inappropriate, merely that our own, whilst sharing a number of general concerns, has a different focus.

5.3 Conclusion

We have seen in this chapter that there are numerous aspects of power which the ideals of community care leave no room to consider. We do not wish to undermine the positive steps that have been made in terms of moving away from isolated and oppressive hospital-like institutions, but the mistake must not be made that we can

conclude that power is no longer an issue, nor that the new ideals eradicate the workings of power and all potential problems attached to it. Conventional considerations of empowerment are limited in that they are implicitly based on a troublesome and untheorised conception of an authentic self potentially uncontaminated by power and able to realise itself fully in an empowered voice. An important realisation here is that someone's "voice" is not only to be seen as a laudable end in its own right, but *also* as signifying or articulating a subjected relationship to systems of power. Additionally, the normalisation principle which has had such a major effect is based on reasoning which is stuck between problematic constructions of the individual and the social, and ends up problematising difference and thus missing much of potential significance.

Criticisms of community care provision for people with learning difficulties are, as has been shown, widespread, but they tend to be based around an acceptance of these new ideals, centring as they do around limited conceptions of voice and empowerment, lack of choice or control over the packages of care offered or the staff involved, the lack of progress towards the implementation of normalisation goals, quality of life, adequate funding or integration (see Walmsley, 2001). From a Foucauldian perspective, power cannot be so simply conceptualised, nor can its effects be so simply negated. Despite an important move by Servian (1996) in recognising the potential importance of a Foucault-influenced analysis in producing a deeper understanding of power in care settings, there is no research which actually applies his ideas satisfactorily to this task. We have argued, then, that research is called for which will examine how power works not just by weighing on people as a repressive, prohibitory force determining their conduct, but also how it is productive of relationships between people, interventions which become possible into people's lives, the constitution of particular subjectivities, and the formation of technologies which lead people to form particular self-relationships and to understand their own conduct in specific ways. It is precisely this gap that this thesis aims to fill in the context of residential community care settings.

This research seeks to fill this gap through adapting Foucault's work to address the question: 'What forms of power do individuals living in community care

accommodation for adults with learning difficulties experience as acting upon them? How do they relate to themselves as subjects in relation to it? How does this constitute problems for them in their lives?’ As we have seen throughout this thesis so far, this is a question that aims to discover more about power than that allowed for in the rather limited, conventional conceptions of it which are commonly held. It is thus influenced by Foucault’s work, conceived as three domains of critical analysis, in its aims to undertake a deeper examination of power and subjectivity, and individuals’ interactions and experiences with them. It has also been argued that it is important to undertake such an analysis from the point-of-view of those people who are affected by power, and that in so doing, it is possible to build up a picture of the problems and costs that they attached to particular forms of power and subjectivity without falling into the trap of reconstituting power by making decisions about their situation for them.

As we saw, then, this will involve a process of exploring people’s experiences and thoughts relating to their situation in care through conducting semi-structured interviews with them. Although there are a number of different groups whose experiences of care it would be important to address (e.g. those still in large, isolated hospitals, those in sheltered housing, those in hostels, those who use day centres, those who have home-care, and so on), this study focuses specifically on those people who have had recent experience (i.e. still being there, or having left no more than one year prior to the interview) of living in community care residential group homes – those situated in community settings, shared with other residents, and with live-in staff. Given the problems with identifying an essential common feature of “people with learning difficulties” or of different types of care environment, this is important in lending a degree of coherence to the investigation, and in providing an identifiable situation to be investigated.

The analysis itself, as we said in Chapter Three, is a form of discourse analysis situated broadly within a critical psychological framework. Although the work to be done has broad similarities to existing forms of discourse analysis (IPA and post-structuralist analysis), none of these is entirely suited to addressing our research question. This research is thus also closely connected to the question of how

psychology can accommodate a Foucauldian approach to people's accounts of their situations. The analysis we need to undertake asks a number of questions of the accounts it examines – questions influenced by Foucault's three domains of analysis. We need to examine, then, how certain aspects of people exist as things about which judgements can be made; how they are thus made into subjects of certain forms of action which become appropriate with respect to them; how, related to this, they are situated in differential relationships with others; how they recognise their being tied to a particular subjective identity connected to particular rights and imperatives; how certain aspects of their conduct are directed according to certain forms of rationality; how they draw upon specific discourses and concepts in relating to themselves and their environment, and how this allows them to assign meaning and value to their conduct; and, finally, how people interact with these issues, and how they might experience certain aspects of them as problematic.

This form of analysis, then, moves beyond the simplistic and problematic conceptions of voice, empowerment and normalisation upon which examinations and evaluations of care services generally rely. By recognising that the individual subject is always already an effect of specific power relations, that power cannot be identified merely by seeking out ways in which people have their essential agency repressed and constrained, and that even concepts of "normality" themselves are not natural and neutral categories, but the result of specific forms of knowledge making the human individual thinkable in particular ways, this approach holds the promise of enabling a new, and deeper understanding of how power and subjectivity affect people, and how they themselves relate to this.

The social model of disability has shifted the emphasis somewhat onto disabling social forces and structures. However, this still leaves some important questions unasked and the problem emerges that the individual is conceptually banished from the theory. We saw also, however, a number of perspectives emerging around disability in general and learning difficulties in particular which recognise the nature of impairment as brought into being in specific forms of knowledge, and which note the importance of Foucault's work in countering such problems. This research, then, aims to add to this growing awareness, and to take it forward by applying

Foucault's ideas to a study of how people experience power in care accommodation, how they take on or resist subjective positions and what they are deemed to be in relation to institutions, other people, and themselves.

In the following chapter, we will clarify the methodological approach through which we will address the research question, and how analytic techniques we have set out will be applied.

Chapter 6: Methodology

This chapter will deal with the issues surrounding the collection and analysis of data. The broad analytic approach that this research takes towards its data has already been outlined in Chapters Two and Three. The method of collecting the data themselves is rather more straightforward, using, as we have said, fairly conventional semi-structured interviews to explore, with people who live in community care residential accommodation, their experiences of and interactions with their care environment. More will be said on this in due course.

In this chapter, then, first we will detail what interviewing involves, the reasons for its use as a method for data collection, the particular approach to interviewing that this research takes. Secondly, we will consider the process of analysis itself – how we move from an interview transcript to an analytical reading. We shall then move on to detail the method itself – how these concerns were actually applied in the research process. Finally, we shall consider the research approach in relation to ethical issues, and their relationship to research goals.

Before considering the methodology, however, it will be helpful first to restate the research question in light of the developments outlined in the previous chapters. The research question emerged from a concern with power in institutional settings, specifically in institutions for people with learning difficulties. The research questions we began with, then, were:

- What forms of power do individuals living in community care accommodation for adults with learning difficulties experience as acting upon them?
- How do they relate to themselves as subjects in relation to it?
- How does this constitute problems for them in their lives?

We have argued that Foucault's work is important in engaging with these questions. It allows us to move beyond the limited, conventional notions of power which are commonly held, and to connect a concern with power to a concern with

forms of subjectivity and self-relationship. This opens up considerations of how people exist as objects of knowledge, how “learning difficulty” itself emerges in people’s accounts as a particular object of knowledge, how particular interventions come into being around this, and how individuals are incited to recognise themselves in particular ways. Allied to this are concerns with the direction of people’s conduct – how systems of knowledge and the formation of problems lead to particular strategies, operations and effects of power (in terms of, for instance, discipline, punishment, reward, institutional structures, relative positions of authority, justifications for particular interventions, and so on) and of resistance. Finally, this links to questions of the individual’s relationship to these issues, how they go about “telling the truth” about themselves or resist particular “truths”, how they relate to themselves and to their position in an institution, how they problematise and act upon their own conduct or resist such problematisation and the actions that others perform upon them, the systems of knowledge and forms of discourse employed in doing this, and the problems that they experience with these issues.

The investigation to be undertaken in addressing this research question explores, via semi-structured interviews with the research participants, their thoughts and experiences around their lives in care accommodation. The analysis, then, examines the versions of the social world produced in the accounts, looking for the ways that people are affected by and interact with forms of power and subjectivity, and how they actively relate to themselves as certain types of being. The interviews will be conducted with people who have had recent experience of living in community care residential homes for people with learning difficulties. This type of research is important because it attempts to draw out a reading of the problems that residents of care homes themselves might be experiencing with respect to power and subjectivity, and engages with what they talk about as affecting their lives, rather than making a reading of these issues over and above them, and detached from their concerns.

The key questions that remain are how people are approached to take part in the research, how the data are to be collected, how the analysis is to be performed, how ethical issues are to be dealt with, and what is hoped to be gained from the

research. We will begin addressing these questions by considering the key issues around the collection of data in qualitative interviewing.

6.1 Data collection and discourse analysis

Given the nature of the research question and its concern with individual's accounts of their situation and the exploration of the issues surrounding this situation with them, interviewing the relevant people is the most appropriate method for collecting data. Other forms of data collection (such as participant observation) are possible, but exploring the salient points with people who experience life in care is an important activity in forming an understanding of what the important issues for them are, rather than making such decisions from a more detached perspective. This also forces attention onto questions of how people themselves interact with these issues, avoiding the impression that they are mere passive by-products of discursive forces. However, our concerns do not end here. There are a number of ways of conducting interviews, each appropriate to particular paradigmatic traditions and amenable to particular forms of analytic interpretation. Two extreme positions are, on the one hand, structured quantitative interviews, and, on the other hand, approaches which are supposedly totally unstructured (Holstein & Gubrium, 1997; Fontana & Frey, 1998). Structured interviews tend to have a function similar to formal, quantitative questionnaires but with perhaps a little more leeway to vary the exact wording of questions (Jones, 1985). They thus limit the flexibility needed to explore the complexity of the themes raised by the research, and impose a rigid framework both on the interaction between researcher and participant and on the potential research findings (Mishler, 1986; Smith, 1995). Structured interviews, therefore, are most appropriate to research projects which are hypothesis-driven and aim at collecting information that can support or disprove this hypothesis. At the other, extreme, Douglas (1985) argues that interviews should be creative, totally free of concerns about how they *should* be carried out, and geared towards allowing the situation develop naturally so that participants can express themselves freely and completely. Others, though, point out that claims to a totally unstructured approach are disingenuous since they cannot acknowledge prior expectations and agendas which always underlie and structure any research project (Banister et al., 1994; Fontana & Frey, 1998). Between these two extreme positions, however, there is 'an abyss of

practice and therefore theory about the purpose and nature of the qualitative interview' (Jones, 1985; p.45).

Also important to consider is the nature of the relationship between the researcher and the subjects of the research's inquiries. Issues here include who sets the agenda and decides the goals of the research – and how rigidly these are fixed in place – and how issues of power dynamics are dealt with in research situations. There are both epistemological and ethical components to this set of considerations. We will deal firstly with the epistemological considerations that centre on the conception of the interview as a means of obtaining information about the lives of research "subjects".

Traditional forms of social science research interview are based upon the ideal that researchers can, by asking the right questions in the right way, access the required information about the lives of "their subjects" (Mishler, 1986). In this view, those whose lives are investigated are seen as passive subjects or vessels containing facts or details of their experience to which the researcher desires access. Traditionally, the interaction between the researcher and his or her "subjects" is seen as a problematic source of error, misdirection or interference with the information that is desired. Interviews are seen as tools for extracting the required information; tools which need to be carefully controlled so as to maintain the flow of valid and reliable information from the "subject" to the researcher with the minimum of distortion (Holstein & Gubrium, 1997). Such a view is not consonant with the philosophical position which has been laid out in this thesis. As Mishler (1986, 1999) comments, interviewing is a form of discourse between researcher and participant(s) in which they jointly construct meaning, and interview responses (of both interviewer and participant) exist in relation to the specific contextual situation of the interview. Holstein and Gubrium (1997) similarly argue that an interview is a social encounter in which meaning is constructed, and that far from merely being a means of obtaining information, it is a site for its production. *They thus contend that 'both parties to the interview are necessarily and ineluctably active... Respondents are not so much repositories of knowledge... as they are constructors of knowledge in collaboration with interviewers'* (ibid.; p.114; original emphasis). Interviewing is thus an 'active' process, in which the

researcher must be aware of both his or her own and his or her participants' 'constitutive contributions to the production of interview data' (ibid.; p.114).

Heron (1996) and Reason (1994a, 1994b) have outlined how the inherent separation of those being researched from the researcher and from the research process in traditional interviewing is not only alienating to these research "subjects", but is based upon the erroneous assumption that the social sciences have the potential to access the 'one pure truth' (Reason, 1994b) about people's lives and experiences which lies hidden within them. Heron (1996) points out that going into research with rigidly defined categories and theoretical constructs which are used to carry out research *on* people with the aim of obtaining the "right sort" of responses, and then fitting them to these categories is both academically naive and ethically unacceptable. As Jones (1985) comments:

if the topics of relevance and significance to the researchers have no relevance or significance to their respondents, then the researchers should think seriously about the quality of the data they are getting.

(p.47)

This point is even more salient when, as with this research, a central concern is with what the participants are themselves experience as problematic in their lives. We cannot know in advance what the significant and structuring effects of power, knowledge and subjectivity will be in any given situation. If we could, this sort of interviewing would be redundant in any case. Hence, as Reason (1994a) suggests, this research is centred around the ideal of the participants exploring the topics which are of significance to their lives with the researcher rather than about the researcher forcing a pre-determined interview rationale onto their interaction.

With this in mind, an interview approach is indicated that acknowledges that the framework set out in advance by the researcher may not represent issues which are of most importance to the participants, and which is therefore flexible enough to allow exploration of themes and topics of significance to the respondents. However, the interviewer him/herself has an active role in the production of the interview data. It should not be forgotten that there is still a research agenda, and research questions to be addressed, and that the interviews take place in this context. Therefore, whilst the

importance of allowing for the exploration of themes which may not have been in the researcher's plans before the interviews began is acknowledged, this should not be taken as implying the opposite, namely that participants should be encouraged to 'ramble in any direction they choose' (Jones, 1985: 47).

In relation to arguments such as these, Denzin and Lincoln (1998) argue that the qualitative researcher is best seen as a *bricoleur* who adapts tools and practices to suit each specific research situation rather than having them set out in advance. Also, in psychology, a number of discourse theorists have commented that there can be no set methods for conducting interviews or analysing the texts produced, and even that doing so is more akin to riding a bicycle than following a set of detailed instructions (e.g. Potter & Wetherell, 1987; Burman & Parker, 1993; Parker, 1992; 1999). Potter and Wetherell (1987) for instance remark that there is thus 'no *method* to discourse analysis in the way we traditionally think of experimental methods' (p.175). Similarly, Parker (1999a) argues that 'any retreat to set "methods" will end up restricting our understanding of the complexity and multiplicity of meaning' (p.2) and that therefore we need not a 'discourse analytic machine which we could use... to shred all varieties of text', but 'ways of reading' which may prove useful for a particular set of texts, and which can be modified where required. In sum, discourse analysis is more concerned with *interpretation* rather than rigid "steps" to analysis.

Because of this methodological flexibility, guidelines for "how to do" discourse analysis invariably go little further than identifying the manner in which discourse is conceived and approached in a particular study, and providing basic examples of how "themes" or "discourses" emerge from the reading of texts (e.g. Potter & Wetherell, 1987; Parker, 1992; Smith et al., 1999). Discourse analysis is thus seen as an intuitive activity shaped by the conceptions of discourse, knowledge, individuals, society, power, and so on held by the researcher. It is thus important to be self-reflexive towards the interpretations made, and the process that gave rise to them. It would be an error to argue that data could merely "speak for themselves". The role of the researcher in producing particular readings is thus also an important issue for critical reflection (Fontana & Frey, 1998). Consequently, it is not a straightforward task to set out the method for the production of our analyses. This will be attempted as

far as possible, however, in order that this sort of study might be replicable by other analysts. This is not the same as laying out a rigid methodology that discourse analysis must follow, but detailing the approach taken by this research so that it is clear (or as clear as possible) how our analyses emerge.

With these points in mind, we move on to detail the way that this specific study proceeds in addressing its research question.

6.2 Method

As has been said, this research conducts semi-structured interviews with people with recent experience of living in community care residential homes for people with learning difficulties. Here, “community care residential homes” are, as seen in Chapter Four, those homes existing specifically for housing people with learning difficulties which are located in community settings (all of the homes in question were in what could be described as “suburban” settings), house a group of residents (homes ranged in size from four residents in one case to slightly over twenty in another), and have staff on the premises twenty-four hours per day. “Recent experience” is defined to include those living in such accommodation at the time of the interview, and those who had left up to a year before the interview took place.

Twenty-two interviews were conducted, the first in June 1998 and the last in June 2000. The interviewer was a male research student, aged twenty-two at the time of the first interview, and twenty-four at the time of the last. The length of the interviews depended upon the wishes of the participants, how much information they seemed willing to share, at what length they discussed relevant issues, how many questions they themselves wanted to ask, and how the conversation was flowing. The shortest interview lasted around ten minutes and the longest around one hundred minutes, with the majority lasting somewhere between twenty-five and forty-five minutes. Depending on the wishes of the participants, interviews took place either at their place of accommodation, at the day centre which they attended, in unused rooms at a community centre, or, in one case, at the end of a self-advocacy meeting in the presence of an advocacy worker. Interviews were usually conducted on a one-to-one basis with no others present, except in a few cases in which participants requested

otherwise. In one case, two support workers were present, in another a care worker was present for a part of the interview, and in another, a group of participants requested to be interviewed together rather than individually and to have their advocacy group worker present also.

The interview sample included seventeen men and seven women. The age range was from early-twenties to mid-sixties, with the majority of participants in an age range between mid-thirties and mid-fifties. All participants were living in special accommodation for people with learning difficulties, or had left such accommodation in the last two years. The majority were still living in residential care homes, two in sheltered accommodation, and three were, at the time of the interview, living independently. All except one of the sample was based in the Midlands of England – in either Leicestershire, Nottinghamshire or Derbyshire – and one was based in an outlying borough of Greater London. The only criterion for including people in the sample was that they had recent experience of living in community care residential accommodation for people deemed to have learning difficulties. Of course, an (initially unforeseen) auxiliary criterion was that they also had to be capable of verbal communication in order to be able to take part in an oral interview. By chance, all of the participants approached were white. The difficulty involved in finding, and negotiating access to suitable people dictated that it was a convenience sample, based around those people I could locate, negotiate access to, and agree an interview time with who fitted the sample's criteria. This difficulty is illustrated by the fact that I was turned down flat in my request to be allowed to meet and talk to residents by seven homes in the East and West Midlands area, I was repeatedly stood up for meetings with staff at three others, and much of the contact information I received from support groups and city and county councils was either inaccurate or out-of-date. However, at no time were any restrictions placed upon me by the staff of the homes through whom access was, of necessity, initially negotiated. For reference, Appendix I lists the age, gender and accommodation situation of each of the participants – none of whose real name has been used, of course.

Contact was made with participants either through staff at their place of accommodation, staff at their local Mencap office, their advocacy workers, or, in two

cases, through friends of theirs who spoken to in other interviews who offered to get into contact with them for me. I introduced myself to them as a researcher from a local university who was interested in talking to people about their experiences of living in community care accommodation. In all cases, the effort was made to talk informally with the participants before the interviewing began. In most cases, this was achieved by having a separate first meeting which would not consist of an interview, at which researcher, participants and, where appropriate, care workers, could talk about the research project, one another's situation and interests, any problems that participants might have with the interviews, and so on. These meetings aimed to ensure that participants understood what the interviews would entail, that they had the chance to ask any questions they wanted to about the research, that they willingly consented to having their responses recorded on tape, that they understood that their accounts would be treated in confidence, that they were not under any pressure to consent to be interviewed even where care staff had made the introduction between us, and that we could arrange a time for the interview convenient for the participants (rather than a time which a care worker thought might be convenient). In some cases, a preliminary meeting was not possible, either because of the commitments of the participants, or the times when I could get to see them. In these cases, time was made for a pre-interview talk during which all of the above points could be covered. Also, immediately before the interviews began, participants were assured that they would be under no pressure to answer any questions or to discuss any issues about which they felt uncomfortable, that they were free to stop the interview at any time should they wish, and that they would have the chance to request the audio tape be erased at any time if they were unhappy with the interview. The assurance was given, also, that the tapes would be transcribed so as to protect the anonymity of the participants, and that at no time would anyone else have access to any factors that could identify them. The attempt was made at all times, from initial contact and throughout the course of the interviews to remain aware of, and sensitive to, ethical issues. Also, the offer was made to make available copies of the transcripts to participants after they were typed-up. However, only three participants wished to have a copy. The interview transcripts are not included in this thesis because, although participants are not identified by their real names, a good deal of the information given is of a sensitive and strongly personal nature, and would not be appropriate for inclusion in a publicly-available document.

Two participants specifically expressed reservations about the nature of what they were saying in the interview because, as one commented, 'some of it's not very nice,' although when assured after the interview that the transcripts would not be made publicly available, and anonymity would be preserved in any case, they said that that they were happy for me to use the interviews. All of the transcripts will therefore be made available for academic examination purposes only.

The interviews themselves were conducted around a set of broad topics which aimed to encourage the participants to talk about their lives in care in relation to the concerns of the research question. These key topics concern how the participants relate to the institution(s) in which they live or used to live, how they think about their own care, their designation as having learning difficulties, their own conception of their care needs, how they relate to the staff and other people in the homes, how their conduct is directed and to what ends, the reasons for them being in a certain institution, and so on. In line with the points made above, however, there was a high degree of flexibility in the interviews. The aim, then, was not to obtain a final and succinct answer to a fixed set of questions, but, in recognition of the interactional nature of the interview situation (Mishler, 1986, 1999; Holstein & Gubrium, 1997), to *explore* the topics with the participants. Some areas, therefore, may have led to tangential discussions about other fecund issues, whilst others may have been relatively barren areas for exploration. The interviews were conducted in such a manner that this process of exploration could proceed fruitfully, whilst still being directed around areas which were, firstly, of significance to the participants and, secondly (and equally importantly), pertinent to the research question.

The key themes considered important for discussion are listed in Appendix II as a set of stock questions. As has been stressed, these were not treated as a script to be repeated verbatim in interviews, but as little more than an *aide-mémoire* for the interviewer to suggest possible fruitful topics for discussion or to reinitiate discussion should the interview run out of direction or stall. Room was left, also, for the discussion of areas raised by the participants or for manoeuvring around the topics in order to initiate productive discourse.

Once completed, the interviews were transcribed by the researcher in full from the audio cassettes. Since we are interested in this research in the discursive level of language and its connection with systems of power, knowledge and self-definition rather than with, say, the analysis of the structure of conversations, a fairly simple set of transcription conventions have been used. For reference, these can be found in Appendix III. The analysis and interpretation of the interviews is inductive in nature, since, although a definite research question is in place, along with a set of beliefs about the nature of discourse, power, knowledge and subjectivity, the research revolves around investigating a set of phenomena in an exploratory manner rather than testing a pre-existing hypothesis. The analysis thus proceeds through close readings of the transcript texts, with the aim of drawing out of them points pertinent to the problems being studied and then piecing these points together into an account which addresses the research question.

Although we have said that it is notoriously difficult to describe discourse analysis in terms of a step-by-step approach, it is possible to draw out a number of points that guide and structure the analysis, which will provide insights into how the readings are made. We saw in Chapter Three that Foucault's three domains of critical analysis influence us to ask a number of questions of the texts we are examining, and these allow us to draw out an analysis which will address our research questions. Firstly, in relation to the domain of truth, we aim to draw out how certain aspects of people (aspects of their personalities, characteristics, abilities, needs, and so on) exist as things about which judgements and decisions can be made. This will entail highlighting in the transcripts instances where these aspects of individuals' physical or psychological make-up are referred to, and examining the types of judgements that they make available (do people become "subnormal", "gifted", "criminal", "perverse", and so on).

Secondly, we aim to link this to questions of power. This involves examining how people are situated in differential relationships with others. Each time a specific relationship with others is mentioned, it will be highlighted and its characteristics noted – the relative rights to speak and to make certain decisions implied in it, the

forms of action which are appropriate for one person in relation to the other, the ways that people act to direct one another's conduct.

Thirdly, in relation to ethics, we will examine the discourses and concepts of selfhood that people use in relating to themselves and others. That is, identifying the discourses which people draw upon in actively recognising themselves as certain types of being, in referring to themselves as individuals, and through which they recognise ideals by which they direct their own conduct, and assign a moral force to their lives, their actions, and the ways that their conduct is directed in power relationships. These will also be highlighted in the transcripts, and examined for how they fit in with the other aspects of the accounts that we are drawing out.

These aspects of analysis tie in with Foucault's domains of inquiry into subjectivity – truth, power and ethics. The inquiries into truth and power connect to the first of our research questions, about the forms of power that participants experience as acting upon them. The aspect of analysis based around the domain of ethics ties into the second research question, that asking how participants relate to themselves as subjects. A consideration of all of these issues allows us also to address the third question: How do these issues constitute problems for participants?

The analysis proceeded, as Smith et al. (1999) suggest, through careful, repeated readings of the transcripts based around the analytical framework set out above. As these readings were made, notes were written in the margins of the transcripts regarding aspects of the account that appeared to relate to the research questions. As further accounts were read and re-read, and other aspects began emerging for consideration, these notes were returned to, and re-examined against the transcript text in the context of these emerging ideas. These notes were written into a summary for each of the interviews organised around the key issues they contained pertinent to the questions asked of them. These issues were then organised under theme titles – brief descriptions that summarise the essential qualities of what participants said about the issues relevant to the research questions. The interview summaries and the theme titles they contain were then checked back against the transcripts to ensure that they were fair representations of what was said rather than

the imposition of pre-existing ideas. In order further to minimise the danger of imposing purely idiosyncratic interpretations upon the interviews, four of the interview transcripts were examined jointly by the researcher and two of the project supervisors, and the emerging analytical findings were discussed.

It should also be noted here that this analysis is not exhaustive in the sense of analysing *everything* that was said in the interviews. It is unavoidable that the focus of the research will leave much of potential interest unexplored. Even some points that might be thought to relate to issues of power or subjectivity will not be picked up on. This is because the research aims to look specifically at questions of power and subjectivity *with respect to the situation of living in a care home*. There will, of course, be other possible instances of power relationships and other aspects of subjectivity that are relevant to people's lives – extra-institutional issues of power that exist beyond this specific situation. These will likewise not be drawn out, as the research focuses on these issues specifically as they exist with respect to the relevant institutions.

6.3 Ethics, interviewing and research goals

We need to consider how our research ties in not only with epistemological concerns, but also with ethical ones. A careful balance must be struck which ensures that the research can address its research agenda without presenting an unwanted intrusion into people's lives, treating them as little more than passive "subjects", producing information which supports an oppressive status quo (Stalker, 1998), or, we could add, making grand pronouncements on their behalf of what they need to do or what needs to be done on their behalf. Swain, Heyman and Gilman (1998) argue that this cannot be achieved merely by a superficial appeal to an existing code of ethics, since no code, whether based around ideals of furthering knowledge or more pragmatic goals such as action research can fully cover all the ethical issues which crop up in research. They thus contend that ethical considerations can never be said to have been "solved" once and for all, and that the only way to deal with them is through a 'continuous process of decision-making' (Swain et al., 1998) throughout the research process from the initial proposal through to the final write-up.

There are two areas to consider here. Firstly, how the research treats those who have agreed to participate in it (including attention to the implications of participants' status as people with learning difficulties upon ethical considerations), and secondly how it will be used, how its conclusions will affect the situation of the participants, and others in similar situations. We shall deal with these questions separately, beginning with the former.

First to consider here are issues of informed consent, and ensuring confidentiality. It is important to ensure that participants understand what the research is about, why they are being asked to participate in it, what will be done with the tapes and transcripts of the interviews, who will see their accounts, and that, given these questions, they willingly consent to being involved – only then can they be said to give *informed* consent. It is likewise important for the researcher to safeguard the confidentiality of his or her participants, and for the participants to feel comfortable that this is being done. It must also be made clear in advance that participants should feel free to refuse to discuss issues they are uncomfortable with, or even to end the interview if they so wish. The researcher should then proceed with a genuine sensitivity to the wishes of the participants so that s/he can remain alert for instances in which participants are uneasy about raising any of their own concerns, or times when they may feel uncomfortable, coerced or pressurised to discuss a particular issue or to continue the interview beyond a time with which they are comfortable.

These issues take on an added significance when conducting research with people with learning difficulties (see, for instance, Minkes, 1995; Rolph, 1998; Kiernan, 1999; Chappell, 2000). As Stalker (1998) points out, there has been little consideration given to the implications of including people with learning difficulties in research, and that there may be barriers to their full participation created by pre-existing attitudes and social structures. Kiernan (1999), for instance, argues that, when conducting research with disadvantaged groups such as people with learning difficulties, the traditional role of researcher as “expert” is amplified, and this can lead participants having a strong impression that something specific is required of them, thus distorting their accounts of their situation. Similarly, Chappell (2000) comments that there is an increased danger in these situations of the researcher assuming a

dominant role in the research process, and McCarthy (1998) points out that such one-sidedness in the interview situation may discourage participants from themselves taking an active part in the research. As we saw above, these issues were taken on board in this research situation, and the attempt was made to address them as fully as possible, with attention paid to the possible difficulties raised by imbalances of power in the interviewing process.

This brings us onto the consideration of the effects conducting research has on the participants. It is important not only that research should not harm participants in any way, but also that they do not experience it as an oppressive or uncomfortable process. Sieber (1993) argues, however, that it is also important to go beyond these concerns and consider *politics*, which she defines as ‘the methods and strategies used to gain a position of power and control’ (p.14) in the research process. Significant for this project, Murphy and Clare (1997) comment that, whilst it is recognised as no longer acceptable to assume that people with learning difficulties are incapable of making informed decisions about their own lives, it is still common for them to be faced with relatively powerful “experts” in a number of situations which can thus be intimidating for them and lead them to acquiesce, to comply with particular requests or instructions, or to be misled by those assuming an expert role. Similarly, others have pointed out that academic and social research tends to be structured in such a way that researchers enter the situation with the mantle of an “expert”, presumed to possess the requisite knowledge and skills to carry out effective research, and the person being researched is thus positioned as an *object* of that investigation, with no control over the research process, and subject to oppressive categories such as “idiots” or “mentally retarded” which position them as viable subjects for a particular research project (Oliver, 1992; Clough & Barton, 1995; Swain, 1995; Riddell, Wilkinson & Baron, 1998; Stalker, 1998).

Research must thus be seen as a social process, and one that its subjects can experience as oppressive (Clough & Barton, 1995). As Mishler (1986) points out, ‘in the mainstream tradition the interviewer-interviewee relationship is marked by a striking asymmetry of power’ (p.117) characterised by researchers being attentive to their own problems with interviewing, namely with making arguments for the

reliability and validity of their research, and neglecting the problems of their participants, which centre around the effort to make sense of what is happening. Traditional styles of interviewing, he argues, hinder this process by presenting participants with 'a predetermined scheme' of topics, definitions, and categories for response and evaluation' which are determined by researchers, who then 'determine the adequacy and appropriateness' of the responses given.

This has the effect, Mishler (1986) argues, of robbing participants of 'their right to "name" their world' (p.122), and hence represents an unacceptable research situation. There is also, of course, the related issue that the findings put forward by a researcher who imposes a rigid categorical framework on the responses of his or her participants will themselves represent another technology of power with respect to the participants' situation, in that they will comprise knowledge "discovered" about them which can be used in deciding how their situation should be dealt with by relatively powerful others. This issue of speaking *above* others and *for* others is one which, as has been stated, Foucault's work (e.g. 1977e, 1988f, 1991a, 1989k) leads us to recognise as a "dangerous" one.

We have seen that writers such as Heron (1996) and Reason (1994a, 1994b) find the traditional process of doing research *on* passive "subjects" problematic, but this has been discussed in the light of epistemological questions. Clearly, though, there is also an ethical component to this work. Indeed, Reason (1994b) argues that concern for power and powerlessness in research situations is of much more important consideration than epistemological or methodological concerns. Reason (1994a, 1994b) and Heron (1996), among others, have thus argued for a style of research that is *co-operative*, in which participants are involved in the research as "co-researchers". In contrast to other approaches, this aims to do 'research *with* other people, who are invited to be full co-inquirers with the initiating researcher and become involved in operational decision-making' (Heron, 1996: 9). In this form of inquiry, 'co-researchers' are involved in the research from the initial process of finding an area for inquiry, through deciding the set of procedures that should be used to investigate it and the application of these procedures, right up to the drawing of conclusions (Reason, 1994a, 1994b; Heron, 1996).

These arguments reinforce the reasons for our using a flexible semi-structured interview approach. Since it is recognised as problematic for a researcher to assume that a prior set of categories or questions can cover all that is relevant about a particular issue for research participants, or for them rigidly to *control* the research process, a high degree of flexibility is required so that the participants themselves can raise issues they want to discuss, and so that the researcher can intuitively guide the interviews towards issues which are important to participants rather than those which they may seem reluctant to go into (whilst also aiming to remain relevant to the research question). This flexibility also extends to allowing participants to control the interview situation in terms of ending the interview if they want to, encouraging them to raise any queries they might have about the research, ensuring that they do not feel pressured into addressing issues about which they are uncomfortable, and allowing the interview to take, as far as possible, the form of a conversation in which both sides feel comfortable and in which the traditional role of the researcher as relatively powerful expert is dissolved (Fontana & Frey, 1998).

Although in this research participants were not involved in operational decision-making, nor with identifying the research question or the tools used to address it, the effort has been made (as we saw above) to undertake the interviewing process in a “co-operative” spirit, with less emphasis placed upon the prior assumptions of the researcher, and more upon the ideal of allowing the interview to proceed through exploring with participants topics which are of significance to them, rather than simply repeating a pre-determined set of interview questions.

This leads us to consider what the effects of the research will (hopefully) be. Here the concept of “emancipatory research” has been proposed by a number of researchers in disability studies (e.g. Zarb, 1992, 1997; Oliver, 1997; Barton, 1998). Similarly to “co-operative inquiry”, central questions here revolve around issues of who initiates and controls research and decides how it will be carried out, the opportunities for those being researched to criticise and influence the research direction, what is to be done with the products of the research, and so on (Zarb, 1992, 1997; Rodgers, 1999). The ideal situation, as with “co-operative” research, is one in

which those groups thought worthy of being researched (such as people with learning difficulties) themselves control the research process, decide who should be involved with it and how it should be carried out, and use its conclusions for themselves (Zarb, 1992). This research can not make grand “emancipatory” claims in this respect. However, if we break down the concept of “emancipation”, we can begin to address this issue more closely. First, then, we have the question of emancipation as it refers to the idea that through the very process of taking part in the research, the participants might experience new possibilities for action, and gain resources for their resistances (Mishler, 1986). There is clearly at least the potential for this in an interview situation which proceeds with the ideal of being centred around the issues which are significant to research participants themselves, and of exploring the significance of these issues with them. On the strength of comments made by participants, staff members, and advocacy group leaders at the end of a number of interviews, it could be said that this is not an unrealistic hope.

Also, there is the issue of “emancipation” as a research goal in the sense of the research’s ability to ‘explain a social order in such a way that it becomes itself the catalyst which leads to the transformation of this social order’ (Fay, 1993; p.33). This, of course, fits back into the ideals outlined for a “critical psychology” in Chapter Three. On this score, Oliver (1997) argues that the real issue of relevance is not whether a particular set of prospective criteria has been fulfilled, but the role a piece of research has in actually aiding a process of emancipation:

Inevitably this means that research can only be judged emancipatory after the event; one cannot “do” emancipatory research... one can only engage as a researcher with those seeking to emancipate themselves.

(p.25)

This ideal of engaging *with* people who are “seeking to emancipate themselves” is one which, as has been made clear already, this research addresses. Arguments about the *effects* that the research will have on the “transformation” of a social order, however, are more difficult to address. Oliver’s argument, as summarised above, echoes arguments already raised that research should be judged by its effects (Parker, 1989a) and that its truth is ‘in the future’ (Foucault, 1989m). It also bears similarity to Foucault’s argument (e.g. 1977e, 1980b, 1989k, 1989l, 1989m, 1991a) that research

serves an ethical purpose if it provides openings for new ways of thinking about current situations, if it allows others to join in debating an issue in a new way, or if it provides “tools” or “gadgets” which people can use in their struggles. Whilst this holds out the hope for a productive use of the research findings, it is an area which is somewhat more difficult to justify confidently, since the research findings have not been put to *any* use at the time of writing up this thesis.

Rather than setting out dogmatic assertions of what *should* be done, the hope is that this research will bring to light issues with which people struggle but which they may not have had the chance to discuss or to attempt to resolve, and to highlight aspects of power, knowledge and forms of practice which act to their detriment, and with which they grapple in their lives. This echoes Foucault’s (1991a) desire for effective criticism to ‘shut the mouths of prophets and legislators: all those who speak *for* others and *above* others’ (p.159; original emphasis). The question of *what is to be done* is thus recognised as one which should not – *must not* – be definitely and finally answered in an academic research project. So, as has been stated, this thesis aims, through its analyses, to *problematise* a whole new set of considerations. This is not the same as making definite judgements about certain aspects of people’s lives as “bad”, but, through highlighting them, through unmasking power and people’s experiences of problems with it, to make that which previously seemed to go without saying, to be beyond the scope of critique, become subject to critical thought in those very places in which it exists. Indeed, these issues have already been discussed in the context of the ideals of a “critical” psychology which is concerned with how people are regulated across society in systems of power (Parker, 1999b). The solutions to these problems, however, are recognised as ones for people with learning difficulties themselves (cf. Foucault, 1989k, 1991a). It is to be hoped, then, that this research will prove useful in feeding back into the debates which people with learning difficulties are starting to experience and to partake in, and, through problematising these issues, to further the cause of them being given the opportunities to find their own solutions to them.

6.4 Issues of validity

It is traditional in research in both the natural and social sciences to give consideration to the ways in the findings made are both internally and externally valid

and reliable. Here “internal validity” considers how the research findings actually correspond to the reality they are attempting to measure, how they conform to an independent reality which is “out there”, waiting to be studied. “External validity” relates to criteria by which research findings are considered to be generalisable (for instance, through the use of the “correct” sampling procedures), the extent to which other researchers are capable of replicating the findings, hence making the research *reliable*, free of any distortion brought in by the researcher, and therefore objective (Heron, 1996). Clearly, given the points we have made in this thesis regarding the problematisation of objective knowledge and the recognition of the findings of psychology as textually constituted mean that these points do not relate simply to this sort of research (Banister et al., 1994; Yardley, 2000). As we have seen, research is no longer, in the viewpoints upon which this thesis draws, considered as merely neutrally discovering or describing the objects of its enquiry. Rather, we must recognise that the assumptions made about the subjects of research, the topic to be investigated, and appropriate methodological approaches directly affect the entire research process, including what conclusions will be available.

Banister et al. (1994) thus point out that we must be sensitive to issues of indexicality, inconcludability and reflexivity. Indexicality relates to the fact that even if an approach could be exactly replicated, ‘the change in the research, informants, and meanings of the research tool over time’ (ibid.; p.11) would make it nevertheless a different piece of work. Inconcludability deals with the fact that there is unavoidably a gap between anything that we try to represent and the representation itself, that research findings can never represent a set of facts independent of the external world. Reflexivity engages with the issue that our theories and our way of approaching a problem unavoidably affect the explanations we give. These points, which are ‘methodological horrors’ (ibid.) to more traditional research can be transformed into ‘methodological virtues’ if we remain open to them, and are self-reflexive about what has been done in research, the methods used, and the availability of possible alternative interpretations. By moving away from conventional notions of validity and reliability, and actually focusing on, and remaining open to, the contingency and specificity of our readings, we can approach these “problems” in a constructive way. Being aware of the importance of exploring issues around the research with the people

involved, and giving them the space to express their thoughts in the research situation, as we have aimed to do here through approaching research with people as a process of negotiating meanings rather than imposing a rigid structure for gaining and classifying responses, is thus an important aspect of good qualitative research.

The aim, then, is not to achieve the validity of a force of truth by claiming a demonstrable degree of fit with some form of reality which exists in its absolute uniformity prior to its delimitation as an object for thought. Our concern, rather, is with how particular aspects of people and of the world are *brought into being in specific systems of knowledge*, and how this makes available particular power relationships, subject positions, and technologies for relating to oneself. We then take the perspective that these forces are real *for the people who talk about them*, and that we should explore this area with them. We are, though, still making here a reading of this situation made available by a particular theoretical position – as Parker (1999b) points out, it must be recognised that social and psychological reality is ‘always already interpreted,’ that it is always guided by ‘implicit theories of self and the world’ (p.33), and one cannot escape this merely by believing oneself to be accessing either an immediate, pre-theorised, felt experience of research participants or an absolute reality.

The position presented in this thesis must not be the final word on this area. We are not making untenable assertions to be speaking from a position which can claim to be the only possible “truth”. However, this does not mean that we cannot make any judgements or conclusions based on our readings (centred in this case around what people appear to struggle with and what they find problematic), merely that these should be seen as openings in a position that is to be developed, in which those concerned can join in, rather than the final word, the absolute answer or the one “solution” to “what is to be done”. We are not seeking to make overbearing final pronouncements, but to open up a particular issue in such a way as to begin to develop a position which will end up being useful to people in working through their problems.

With these points in mind, we can now move on to the analyses of the accounts produced in the interviews, and to discussion of the points they raise.

Chapter 7: Analysis of Interviews – Forms of Power/Knowledge

7.1 Introduction

A number of things must be asked of the accounts produced in the research interviews in addressing our research questions. The questions that drive our inquiry, we should remember, ask what forms of power individuals living in community care accommodation experience, how they relate to themselves as subjects in relation to this, and how this constitutes problems for them.

These questions tie in with Foucault's three domains of critical analysis – truth, power and ethics. An analytic approach which attends to the issues raised by Foucault's work, and which draws upon developments in psychological discourse analysis, has therefore been outlined. The analysis focuses on issues raised by these three aspects of Foucault's work. This involves searching out the objects of knowledge that exist in the accounts (aspects of individuals that are made knowable, and the judgements about them that they make available); the forms of power discussed (the existence of imperatives or prohibitions on conduct, the nature of relationships with specific others, and so on); and the discourses and concepts (the ethical technologies) that people draw on in relating to and governing themselves and assigning meaning and value to their own conduct. The final task is then to consider how these issues are discussed in participants' accounts, and what this reveals about power relationships, subjectivity, and participants' orientation to these issues, including any problems they might experience around them.

A number of themes were drawn out of the interviews. These are issues relating to the questions that our research seeks to address which occurred repeatedly in participants' interviews. They emerged from a reading of the interviews which paid attention to highlighting aspects of participants' discussions which related to the research questions. The focus in producing these readings, then, was shaped by the analytic approach that has been outlined. This is an approach that aims to highlight those aspects of accounts pertinent to the research questions – i.e. looking for how people are objectified, how they are situated in power relationships and subjective identities, and how they relate to themselves as certain types of being. The themes that

emerged from reading the interviews with this focus are summarised in Table 1, below.

Table 1: List of themes read from interviews

Themes	Examples (Name and interview number)	Occurred in interview numbers*:
Assessment of abilities by others	'the doctors [...] called you backwards, because you were backwards' (Anne; II).	II, IV, VI, VII, XIV, XVII, XIX
Negative implications of applied labels	'I was called 'mentally handicapped.' And I didn't know what that meant, and I asked somebody, and they said 'because you're thick.' And it's not' (Wendy, XIV).	II, XII, XIII, XIV, XVI, XIX
Decisions about living arrangements made by others	'A Doctor S__ sent me here' (Mike, VI).	I, V, VI, VII, XII, XIII, XIV, XV, XVI, XVII, XVIII, XIX
Lack of information about assessment/why care accommodation is deemed necessary	'I went to Mencap and they called you "learning disabilities," [...] But I don't know why' (Trevor, XVII).	IV, VI, VII, VIII, XIV, XVII, XVIII, XIX
Limitations on behaviour	'You can't do what you want in this place.' (Mark, IV).	I, II, IV, V, VI, VII, XI, XII, XIII, XIV, XV, XVII, XVIII
Imperatives on behaviour: having to perform certain tasks/ behave in certain ways	'You're supposed to be a good boy and be quiet' (Paul, XIII)	I, II, III, IV, V, VI, VII, VIII, XI, XII, XIII, XIV, XV, XVI, XVII, XVIII, XIX
Reprimands and punishments	'They stop you going out to the pub if you're naughty.' (Ernie, VIII)	I, III, VI, VIII, XI, XII, XIII, XIV, XV, XVI, XVII, XVIII
Lack of choice, means to express opinions, and/or input into the organisation of one's life	'You never have any choice when you're in a residential home.' (Liz, I)	I, IV, VI, VIII, XI, XII, XIII, XIV, XV, XVII, XVIII, XIX
Assertion of rights to choice, equality and self-expression	'I see myself that I ought to be treated like you do. Because we're in a wheelchair it doesn't mean you can't get what people like yourself.' (Steve, XII).	I, II, VI, XI, XII, XIII, XIV, XV, XVI, XVII, XIX
Ability to think and act independently/speak up for oneself	'I'm a very independent woman, and I, I like people to respect that' (Mary, XVI).	I, II, VI, VII, XI, XII, XIII, XIV, XV, XVI, XVII, XIX
Dependence on the home/need to be cared for	'If I had my own flat, [...] I think people would take advantage of me' (Peter, XI).	II, VI, XI, XVI, XVII
Disagreement with/resistance to aspects of life in care	'I didn't like the decision of going to bed at such-and-such a time [...] people were being bullies' (Ron, XV).	I, II, III, IV, V, VI, VII, VIII, XI, XII, XIII, XIV, XV, XVI, XVII, XVIII, XIX

* Although twenty-two interviews were conducted in total, only seventeen were used in the analysis. As mentioned in Chapter Six, three interviews (numbers IX, XX and XXII) were, because of participants' profound speech impairments and high levels of background noise, beyond the ability of the researcher to transcribe in full; one (number X) was very short in length, having been terminated because of the participant's apparent reluctance to take part; and one, a group interview (number XXI), failed to cover the relevant topics.

This theme table provides the means to connect the analytic points that will be made in addressing our research questions to the corpus of interview data as a whole. It demonstrates the robustness of the findings drawn from the data. That is, it can be seen that the themes drawn out as relevant to this research consistently recur across a number of interviews – they are not merely isolated or unique occurrences. Nearly all of the themes occur in more than two-thirds of the interviews transcribed. In those instances where this is not the case, attention will be paid to the reasons behind this, and explanations given at appropriate times in the analysis.

As has been said, these themes emerged from a reading of the transcripts based around Foucault's three domains of critical ontology. That is, looking for how people are objectified, how they are situated in power relationships, and how they recognise themselves as subjects in ethical terms. Of course, the themes presented in the tables are not pre-existing in terms of being "out there", ready for the data to be slotted into. Rather, they emerged from a reading of the transcripts influenced by specific research questions and a specific analytic focus. Therefore, the list of themes drawn out is not exhaustive in the sense of covering everything that could be read from the interviews. Indeed, in the process of reading through the interview transcripts, some other possible themes were identified. For instance, other themes could have been titled 'narratives of achievement,' in which participants relate past examples of their ability to cope with certain situations or to undertake certain tasks such as cooking, shopping or cleaning; 'comparison to others,' in which they contrast themselves favourably to others in terms of being more able, intelligent or aware; or 'monetary concerns,' in which they talk about limitations placed upon them by their lack of money. As was mentioned in Chapter Six, while themes such as these might be argued to be relevant to understanding the situation of people living in community care, they are not immediately relevant to the questions this research seeks to address. For instance, the theme of complaints about lack of money connects to questions of power at a societal level, and to the situation of people with learning difficulties in general, but it is not an issue of immediate relevance to questions of how people become defined as subjects of care homes, or of the inter-personal power relationships they experience within them, which is what this research is interested in. So, a number of potential themes like these are not included in the analysis because they do not connect directly

to questions of objectification, power and subjectivity *within care institutions*. The themes that are examined in this chapter and the one that follows, then, are ones that connect directly to these questions, although this is not to say, of course, that such an analysis exhausts all the possible issues that could be drawn out. Also, of course, a different analytic approach that searched out different things from the interviews would yield other possible themes which this inquiry has not drawn out due to its specific focus.

The emergence of these categories, then, is driven by the data themselves and the questions that we are asking of them. In relation to this, the themes can be further sub-divided into three categories, each connecting to one of the three domains of objectification, power and ethics. In presenting these themes, we must be wary of merely imposing a structure on the analysis that reflects a Foucauldian agenda. This structure to the analysis, however, is intended to enable the exploration of the issues relevant to the research questions that drive this thesis, and it has been carefully checked back against the transcripts many times to ensure that the analyses arising from it are not misrepresentative. Approaching the analysis in this way will allow us more easily to construct a coherent account of the emerging issues (see Table 2, next page).

In order to address our research questions, however, we need to move beyond a simple elaboration of the themes that emerge from a reading of the transcripts. We also need to consider how these themes imply specific positions in power relationships that participants occupy, the subject positions that are at stake, and the ways that participants actively orient towards these positions. As has been said, we must consider not only these themes by themselves, but also *how* participants talk about them, the language that they use in doing so, the discursive positions that they draw upon, and the power relations, subject positions and ethical activity thus implied. An illustrative, and central, point here lies in the ways that participants reference themselves in relation to their situation in care.

Table 2: Organisation of themes read from interviews

Themes relating to objectification	Assessment of abilities by others
	Negative implications of applied labels
	Decisions about living arrangements made by others
	Lack of information about assessment/why care accommodation is deemed necessary
Themes relating to power	Limitations on behaviour
	Imperatives on behaviour: having to perform certain tasks/behave in certain ways
	Reprimands and punishments
	Lack of choice, means to express opinions, and/or input into the organisation of one's life
Themes relating to ethics	Assertion of rights to choice and self-expression
	Ability to think and act independently/speak up for oneself
	Dependence on the home/needing to be cared for
	Disagreement with/ resistance to aspects of life in care

There was a strong tendency in the interviews for the participants to discuss limitations placed upon their conduct, imperatives that they recognise as acting upon their behaviour, ways that they lack choice in their lives, and/or reprimands and punishments connected to these issues (i.e. the themes relating to questions of power), through the use of the pronoun “you”. That is, they talk about things that *you* cannot do, ways that *you* are expected to behave, decisions that are made for *you* by other people, and ways that *you* can be punished in *your* situation. Here, the pronoun “you” is clearly used to reference some sort of generic care subject. It is obviously not meant to index merely each participant him/herself, nor just particular other residents of their homes. Equally, it does not include reference to people who are not in care homes in a specific position. It does not include, for instance, the interviewer or the staff in the home, but only a particular category of people to which the participants themselves belong. “You”, when used in this sort of context, indicates a particular form of subject

existing in particular relationships to other people, to forms of subjectivity, to moral imperatives, and so on. It refers here, then, to *anyone* in a *particular position* with respect to particular institutions – to a generalised subject of particular forms of power relationships. By delimiting what “you” can and cannot do in specific situations, then, participants are describing aspects of power relationships to which *anyone* who is a resident in a care home is subject. It is not “I” or “we” who are talked about as existing within a particular set of rules and as subject to particular forms of authority, but “you”. “You”, in effect, is replacing the seldom-used third-person pronoun “one”, and refers to *anyone* who is a member of a certain category of people. It acts in these cases as an explicit framing of a form of subject positioning framed by the situation of living in care, and inherent in it is the implication that things may be different elsewhere.

In every interview except one, participants used this way of talking about limitation, imperatives, lack of choice or voice, or punishments. The one exception (Interview XVI, Mary) seems to occur because of the very positive way that the participant in question discusses her home – this will be encountered in the following chapter. This is not to say that the other participants *never* use the first person in describing limitations, imperatives, (lack of) choice, or punishments, but that alongside the occasional use of the first-person there is, throughout the interviews, the formulation of these issues in terms of a general subject position, referenced through the pronoun “you”. The mistake should not be made of believing that this is presented as a rigid discursive rule that could be used in a predictive manner, but it is significant because it is a concrete exposition of participants’ recognition of a specific position with a set of rules, prohibitions, imperatives, and existing in a specific relationship to certain other people.

There is more, then, to be considered with respect to the use of pronouns than merely syntactic or grammatical factors. In one of the few studies into the significance of pronoun use which attempts to connect it to ‘macro-social factors,’ Mülhäusler and Harré (1990) point out that it is important to recognise the processes by which ‘reference is made to spatial, temporal, social or personal aspects of a situation’ (p.13) and to examine how the use of pronouns reflects how the individual is tied to

particular types of agency and responsibility. As was pointed out in Chapter Three, however, Mülhäusler and Harré's approach is flawed by its lack of attention to factors beyond indexical aspects of language use – that is, beyond considerations of how particular pronoun systems act to focus attention on particular aspects of interpersonal relationships and thus linguistically create particular forms of individual agency, responsibility and social roles. It is important to connect the questions raised by this use of pronouns in participants' accounts to issues of power, knowledge and subjectivity which exist at a wider, discursive, level than that determined by the indexicality of individual linguistic units. The importance of this can only be fully understood if it is tied into questions about power and subjectivity. It is just such an understanding that our analyses aim to provide in relation to the different ways that participants discuss their situation in care accommodation.

The significance of issues such as this – of the themes that emerge from our reading of the interviews, and the ways that participants discuss them – will be elaborated in this and the following chapter through an extensive discussion of the major salient issues, illustrated by key examples from the transcripts. There are, it is to be admitted, potential problems with this approach, not least that treating the transcripts as means of illustrating general points that occur across a number of accounts inevitably loses something of their individual specificity – especially since the space available allows the use of only a few key examples for each set of issues. However, this is a necessary step in order fully to draw out the significance of what is said in the interviews. The use of fairly long illustrative examples from the transcripts to analyse key areas of interest will allow us to show how the themes that have been drawn out are discussed by participants *in the context in which they occur* – to illustrate *how* they are talked about, and thus to shed light on participants' orientations to their situation. This would not be possible, for example, through the use of a greater number of shorter, and thus more decontextualised excerpts from the interviews.

This approach, then, makes it possible to connect the analyses made to the breadth of what was said by different participants, to demonstrate the robustness of the findings that are presented, and also, through in-depth examination of key examples, to go into the detail necessary to gain an appreciation of the significance the

issues discussed have for the participants in terms of their experiences of power and subjectivity. Although there will, unavoidably, be areas of individual specificity which will be overlooked by this approach, care will be taken to ensure that the generalisations made concerning the themes and the ways that they are discussed – and the examples used to illustrate this – represent fairly the interviews that they are claimed to apply to, with any significant individual differences discussed. This will allow us to address our research questions by building up a picture of the forms of power that participants experience, how they relate to them, and the problems they face relating to them.

This chapter will deal with issues relating to our first research question, that asking what forms of power people in care experience. This will involve consideration of the themes concerning objectification and power, and individuals' orientations towards them. The other two research questions, those focusing on how participants relate to themselves as subjects and what problems they might experience with issues of power and subjectivity, will involve examining participants' overall orientations to their situation in care, considering also how they draw upon ethical issues and actively take up positions in relation to their environment and the power relations and subject positions associated with it. Since this is a large area to consider, it will be dealt with in a separate chapter.

In this chapter, then, we will deal firstly with participants' discussions of the themes relating to our concerns with objectification and knowledge. In a number of interviews, it can be seen that participants are aware of processes of objectification which make available specific ways of thinking about them, and of decisions being made by others about their needs and thus where they are to live, although they themselves are seemingly not aware of how or why these assessments take place. We will then move on to consider power, where the issues are a little more complex, and centre, firstly, around conceptual divisions and differential relationships between participants and the staff, such that participants are answerable to staff for their actions and conduct, and amenable to punishments and reprimands from them; and, secondly, around the existence of a subject position connected to these relationships in

which participants are led to recognise themselves as subject to a set of prohibitions and imperatives on their conduct.

7.2 Objectification

As has been outlined, this area of analysis (which ties in with Foucault's first domain of analysis, truth) is concerned with how the research participants are made into "objects" of observation and assessment – objects of which power can take hold. The themes drawn out of the interviews as relevant to this area were 'assessment of abilities by others,' 'negative implications of applied labels,' 'decisions about living arrangements made by others,' and 'lack of information about assessment/why care is deemed necessary.' As can be seen from Table 1, this set of themes was the least commonly occurring of those drawn out. Only the theme 'decisions about living arrangements made by others' (twelve instances) was identified in more than half of the interviews. This is perhaps to be expected given the relatively sensitive nature of conversation about labelling and assessment. Only in eight or less interviews did participants discuss issues relating to the other themes in this set – i.e. talk about the situation of being deemed to have learning difficulties. Other participants either ignored attempts to steer the interviews onto the relevant areas (lapsing into long silences before the conversation resumed in another direction), responded that they did not know anything about them, or quickly changed the subject. However, it is perhaps significant to note that fourteen of the seventeen total interviews contained at least one of these themes.

Assessment of abilities by others and negative implications of applied labels

Amongst those participants who talked about issues relating to being labelled as "having learning difficulties", two recurring themes were noted. These were awareness of forms of observation and assessment by which a specific, but usually vaguely-referenced, group of people make assessments of their abilities, and that of negative implications of being labelled as having some form of learning difficulty (such as being assumed to be mentally deficient, incapable of independent thought, or having unpleasant lay-labels applied). These two themes occurred in seven and six interviews respectively, and can be seen clearly in the following interview extract. This is from an interview with a woman who was living in a variety of residential

homes from a young age until one year previous to the interview, when she began living on her own. It is from a part of the conversation about the homes she had lived in.

Extract 1: Interview XIV - Wendy

I: So, how many different places have you been in?

Wendy: I've been A__, W__, um, (1) B__ P__, er, (1) I've been in B__ O__, um, C__.

I: Were they, um, residential homes?

Wendy: Yes.

I: You've been in a few different places then? Um, what do you think are the main differences between them?

Wendy: Well, there isn't so many differences is there? I mean, they're all, (1) they're all like (1) the only place that I've, er, liked living, that was the W__, because they gave you, er, your own choices.

I: Where are you now?

Wendy: I'm living independently.

I: So, how long have you been doing that for?

Wendy: A year now.

I: You prefer that, do you?

Wendy: Yes.

[...]

I: Um, do you remember when you first heard the term 'learning difficulties'? Do you remember when you first heard it, when someone first said it to you?

Wendy: Well, er, I was called 'mentally handicapped.' And I didn't know what that meant, and I asked somebody, and they said 'because you're thick.' And it's not, it's not because you're thick, it's just because you've just got a learning disability. (1) I mean, I've had all these tests, and they've just found out that I've got dyspraxia (1) which is a word blindness. (1) It's not because I'm thick, it's because, it's because I've, it's a bit like dyslexia, but it's not dyslexic. It affects your co-ordination and whatever.

I: Right. And you found that out quite recently?

Wendy: Mmm.

I: What, um, before you moved out of the residential -

Wendy: Yes.

In this extract, then, there are aspects of herself which Wendy talks about as knowable by particular people and subject to certain judgements. These aspects of her make-up are concerned specifically with her mental "abilities" or "disabilities". Wendy's comments also demonstrate the significance of becoming known as "mentally handicapped". It can be seen that membership of this category is dependent upon observation and assessment by individuals deemed to be qualified to know individuals in terms of normality and deviance with respect to mental capacities. This group is referenced through the vague pronoun "they", which Wendy uses in talking about how she became defined in different ways. This happened in most of the interviews in which this theme occurred. In only two out of the seven cases in which this theme emerged (Liz, Interview II; Mark, Interview IV), where the referent 'doctor(s)' was used, did any participants make any more specific reference. This

theme, then, as shown by Wendy's comments, begins to hint at how participants are rendered "knowable" by specific forms of observation and measurement such that they can be objectified as "handicapped" in some way. It is clearly implicit, of course, that people only exist as members of such a category according to the outcomes of processes of observation and the judgements of the relevant groups.

The second theme, that concerning negative implications of being deemed to have learning difficulties, is also illustrated in the extract from Wendy's interview. Being labelled "mentally handicapped" clearly has negative connotations of which she is aware, such as being assumed to be "thick" – and other participants also talked about ways that they are aware of being negatively thought of or treated connected to these labels. It is clear from what Wendy says that once she has been labelled as "mentally handicapped", this enables other people (not just those "qualified" to make such a diagnosis) to make judgements about her, and to apply other labels, such as "thick" (which is clearly not a "professional" label) to her. The process of being objectified as having some form of mental "disability", then, means that negative judgements and lay-labels can follow.

It is also significant to note that Wendy disputes the application of these labels, and focuses on alternatives to them by talking about a specific learning disability. Being someone who has 'a [specific] learning disability' such as dyspraxia, then, is presented as a different case to that of being "mentally handicapped". As Wendy makes clear, it is not the same as being "thick" and it is clearly not constructed as a "problem" in the same way in that it does not require the same forms of intervention to deal with it. Significantly, she does not dispute the label of "dyspraxia" as she does the others – indeed, she expressly uses it as in preference to them. Being known as having dyspraxia, then, as Wendy makes clear, does not leave her open to negative lay judgements or labels, and it is not a problem which requires her to live in special accommodation or to receive the same level of care and supervision as would being "mentally handicapped". Although, as others did, Wendy comments that she did not know what being labelled 'mentally handicapped' meant (this will be seen below), her position is unique amongst the participants here in that she is aware of an alternative label being made available to her which does not carry the same negative implications.

Whilst others were aware of negative implications of these judgements and labels, Wendy is effectively involved in a kind of negotiation with the different labels available to her. She is, though, aware of the issues surrounding the problem of being objectified in particular ways and being created as a member of a problematic category of people.

This extract, then, illustrates what emerged in a number of accounts – participants’ awareness of being somehow assessed and objectified in terms of their abilities, and of the existence of negative ways of thinking about them connected to this – such as being thought of, or labelled, as “thick”.

Decisions about living arrangements made by others

Although, as commented, relatively few interviews (although still almost half) contained the above themes, a greater number showed participants’ awareness of decisions about their living arrangements being made by others. The following extract illustrates this theme. It is from an interview with someone who had moved from a residential home into his own home shortly before the interview took place.

Extract 2: Interview XV - Ron

I: Um, to start, um, perhaps you could talk about how you came to, er, how you ended up in care in the first place, a hospital or a hostel or whatever?

Ron: Well, I used to live at home, right, and (1) when I was at home, I used to live with my mum and dad, and I used to (2) at the time, we were moving from B__ to B__ Road, and on B__ Road, we (1), I was at a club one night [...] We went to the club and my dad told me, he said, ‘Oh, we’ve got some bad news’, and they told me, they said my mum’d just went in an ambulance, and she was going to hospital. In the ambulance, she was, (1) by the time she got to the hospital, she’d died. [...] and (1) then we were moving house, and then my dad died, and then my auntie died, and then somebody came to tell us, um, ‘Mr. G__, you’re going to have to be put in, er, B__ home.’ So I went to B__ some years ago, and (1) um, (4)

I: Did you have any choice about where you went or what happened?

Ron: Well, [...] I’d just found out that my mother had died of a heart attack. Then I went to B__, for a trial period then they made the decision that, (1) when was it? (1) Er, that I was supposed to stay in there permanently.

[...]

I: Where are you living now?

Ron: I live in S__. You see, what’s happened is, a year ago I was walking up the centre of town and this guy with, um, (1) got me against the wall and he took my keys (1) I turned to P__ S__ and we had a meeting and (1) then, I saw some B__ branch officers and they talked to me, and afterwards I said, ‘Oh, I’ll take the house on, living in S__’ So, it’s alright.

I: Is that like a residential home?

Ron: No, I live on my own.

Although Ron mentions specifically neither those aspects of himself which are objects of knowledge and judgement, nor the existence of processes of assessment and

labelling, these issues are implicit in his account (and in others like it, in which this theme emerged whilst the previous two did not). It can be seen how the ‘trial period’ in the care home which Ron underwent on the death of his guardians is connected to the decision that he was not capable of living on his own, and that he therefore required special accommodation in which he was to be permanently placed. There is again a vaguely-referenced group of people who are responsible for making decisions about his accommodation needs. Implicit in this decision also, of course, is that it involves Ron being conceptually divided from “normal” people – those who do not require the specific interventions to which he is subject. People, about whom such decisions regarding accommodation and care needs are made, are clearly a conceptually distinct category of people, with implicit “problems” which need to be dealt with in special institutional apparatuses in which they are situated.

Lack of information about assessment/why care accommodation is deemed necessary

The following extract again illustrates the theme of decisions about living arrangements being made by others, and also the fourth theme connected to objectification: that of participants lacking information about the assessments that they are subject to, or why decisions about their care needs are made. This extract is from an interview with a woman in her fifties living in a community care home.

Extract 3: Interview VII - Jean

Jean: I'd like to see if it was possible to get a flat. At some time.

I: A flat of your own?

Jean: A flat of my own, yes.

[...]

I: So, um, why do you think it is that you live here as opposed to anywhere else?

Jean: Er, (2) I don't know why I live here. (1) I still have to go to the hospital at G__ every year, to see how I'm going on. (2)

I: Um, so why do you think you've been sent to live here yourself?

Jean: Sent to live here? No, I haven't. I haven't got any idea. (2)

I: Um, do you think you'd have no problems managing on your own?

Jean: No, I wouldn't have any problems. I know that. Er, (4) I really wanted to go back to my house, but they said I couldn't go back. (2)

I: Why was that?

Jean: Er, (2) they said I didn't take care of myself.

I: How did you feel about that?

Jean: Er, (1) I thought that I looked after myself. (2) Yes.

I: So, what do you think made people say that? Did they give you some reasons?

Jean: No, they didn't. (2)

I: Do you have any idea why, er, what it was?

Jean: No. (6)

Again, in this account, it is possible to see the process of observation and assessment of particular abilities, as Jean talks about going to the hospital every year for assessment. It is her abilities to live on her own and to look after herself that Jean talks about as being subject to assessment. Also, connected to this assessment of her abilities is the judgement that, being unable to look after herself, she must live in a special institution. In fact, Jean explicitly expresses a wish that is in direct conflict with the situation she has been placed in as a result of this assessment, and she actively disagrees with the judgements of her abilities which have been made. However, the fact that she is brought into being through processes of observation and assessment as a person with particular problems, means that she becomes subject to forms of intervention designed to manage such problems regardless of her own assessments of her abilities.

What also emerges here is the fact that Jean claims not to know *why* she was sent to live in her care home, nor why she is deemed incapable of looking after herself. This is the fourth theme connected to objectification that has been drawn out – ‘lack of information about assessment/why care is deemed necessary.’ As can be seen from Table 1 this is a theme which occurs only in a relatively small number of the interviews (although again still almost half). As with the first two themes discussed, this is perhaps to be expected. Again, this is a somewhat sensitive issue, and many participants either changed the subject or responded to questions on this area with silence. Significantly, no participants responded that they did know why they were subject to assessment or why decisions about their living in care were made, and none indicated that they had any knowledge about how they were assessed, or how decisions about them were made. Amongst those who did talk about this, what emerged from their interviews, as can be seen in Jean’s account above, was that, whilst they may be aware of processes of assessment and observation to which they are subject, or of decisions about their need for special accommodation being made by other people, they do not seem to know why or how such decisions and assessments exist.

As has been said, although some of the individual themes connected to objectification appeared in only a relatively small number of interviews, fourteen of

the seventeen interviews analysed contained at least one of them. Overall, then, this first set of themes begins to indicate how participants exist as things which can be assessed, about which knowledge can be gathered, and by which judgements about them can be made. This process centres around participants' perceived abilities to take care of themselves, and their needs for special accommodation. However, participants who talk about these issues do not seem to be aware of the intricacies of this process by which they are objectified and assessed, merely of the fact that it takes place, and the consequences attached to it. So, for instance, Wendy commented that although she was deemed to be "mentally handicapped", she did not know what this meant, and Jean said that she had no idea why she was sent to live in her residential home in the first place. Even in those cases where participants did not explicitly say that they did not know much about these processes, none indicated that they actually did have knowledge of them. For instance, Ron just mentions the decision that was made after the death of his guardians, and after a 'trial period,' that he was to stay permanently in a residential home.

Despite the vagueness with which the participants talk about this, though, and the lack of knowledge they seem to have about it, it is clear, amongst those who discuss this area at least, that they *are* aware of their somehow being assessed according to criteria centred around their abilities to take care of themselves and/or of being subject to other people's decisions about their living arrangements. In a number of cases, also, participants talk about implications of these decisions and assessments in terms of being negatively perceived or labelled. For instance, Wendy specifically talks about other, connected, judgements which also become available in relation to her – being susceptible to lay-labels such as 'thick.' Implicit, but not explicitly articulated, in these accounts is the presence of a specific system of knowledge which takes as its objects those characteristics and abilities of individuals relating to their abilities to take care of themselves or live independently, and of their needs for an institutional system of care. This thus creates people as members of a specific category implicitly divided from "normal" others – those who do not need institutional care and supervision.

Perhaps it will be objected that these points are somewhat mundane or even incorrect, that it is obvious that people's situation as being placed in special accommodation is dependent upon their being identified as members of a specific category, that it is merely a matter of identifying someone as having learning difficulties, determining the severity of this "condition" and treating it accordingly. However, the points of which a Foucauldian approach makes us aware include that of realising that, whilst it would not be correct to say that learning difficulty is constructed to the extent that there is "nothing" behind it, the manner in which it is understood and conceived as a particular problem amenable to particular forms of social and institutional intervention is dependent upon its *construction* in specific systems of knowledge. These systems of knowledge are, it should be emphasised, not "natural" ways of looking at the world that reflect problems which are "real" in the sense of being pre-conceptual. They are, rather, dependent on particular historically and culturally specific ways of thinking, of dissecting, arranging and understanding the world in a way that actually constructs objects of thought, which brings things into being as objects upon which thought can operate. "Learning difficulties" or "mental handicap" thus refers to something that is brought into being as an object for thought in these systems of knowledge. The significance of this can be seen in the accounts presented here as well. For instance, both Wendy and Ron have been effectively re-classified, and the judgements about them changed. Ron reports being told, on his initial assessment after his parents' death, that he was to stay permanently in residential care, but years later, after a meeting with the appropriate people, he was to move into his own home. Wendy was initially (and puzzlingly, for her) categorised as someone with "mental handicap", but a later assessment "discovered" a different "condition", dyspraxia, which, as she demonstrates, carries with it different judgements (no longer being called "thick") and does not require care in residential accommodation. Therefore, it is an important step in our examination to make the point that learning difficulties as it is understood is not dependent upon an essential characteristic or deficiency existing within people which has only to be discovered, but is constructed as an object of thought, as a particular problem, in systems of knowledge, and, as we have seen, is connected to a set of judgements which can be made about individuals as deemed to require special institutional care and supervision.

This, then, represents the first of the aspects of our analysis. We can begin to see already issues of how the forms of knowledge highlighted are connected to forms of power, to forms of action, direction and intervention into people's lives. That is, we have seen that a number of the accounts indicate that participants are subject to a set of decisions regarding their lives made by a specific group (usually vaguely referenced as "they"). This is a relationship of power, in which a group of people can be observed, assessed, judged, and acted upon according to knowledge of them which is gathered by specific others. This is made clearer when it is considered that, although the participants are aware of certain observations and judgements being made about them with certain consequences, they do not seem to be aware of the reasoning behind this, of why judgements about them are made, how they are assessed and labelled, and so on. This leads us onto the second aspect of the analysis, that which centres specifically around questions of power and subjectification in people's accounts.

7.2 Power and subjectification

Inherent in the analyses made above was a concern with how participants, by virtue of their being objectified, assessed by experts, and constructed as members of a particular category, become divided from "normal" others, both conceptually and in terms of the judgements, interventions and institutional apparatuses which exist around them. Our next area of consideration is around power and subjectification. As we said when outlining our analytic approach in Chapter Six, this involves attending to two inter-related points in the accounts we are examining. The first of these involves picking out the relationships which are talked about in the accounts and examining their characteristics – the rights to make certain decisions implied in them, the forms of action that one individual or group can legitimately perform upon another, the ways that people act to direct one another's conduct, and so on. The second, and connected, point is that of uncovering the subject positions in the accounts. This involves examining how people reference themselves and others in the accounts, and examining how, and according to what rationality, they are positioned in relation to particular rights, obligations, duties, prohibitions, appropriate forms of action, rewards, punishments and particular forms of identity which they are obliged to recognise, and how they are amenable to certain forms of action and certain

interventions into their lives and to certain prohibitions and imperatives which they recognise themselves and others as subject to.

Four themes were identified in the accounts which bear upon this area of analysis: 'limitations on behaviour,' 'imperatives on behaviour: having to perform certain tasks/ behave in certain ways,' 'lack of choice, means to express opinions, and/or input into the organisation of one's life,' and 'reprimands and punishments.' As is evident from Table 1, this group of themes occur far more frequently in the interviews than the group of themes connected to objectification. Every interview contained at least one of these themes, and almost half (eight) contained all of them.

Limitations on behaviour

The first theme, 'limitations on behaviour,' involved participants talking about things which they, as care residents, could not do, prohibitions to which they are subject, such as not being able to go out when they choose, to make their own meals, to smoke or drink when they want to, to stay up to watch television, or just generally lacking freedom and being subject to rules. This theme is illustrated in the following extract, from an interview with a woman in her sixties living in a residential home:

Extract 4: Interview II - Anne

Anne: There's nothing. It's just, there's nothing you can do. I wish I could do a bit more. I really do wish I could do a bit more. But, you can't (1) I should love to go and cook. When there's a staff short in the kitchen I love to go in the kitchen, but you cannot do that. Because of a different, it's a different kitchen. It's all, it's a modern gas stove in there you can't possibly do that, 'cause that's what they get paid for. They get paid for that. It's like the officer in charge says 'We get paid for, we employ them so they get paid for things like that.' That's what this home's for, for me to learn. (4).

[...]

Anne: I love J__, I really can spoil J__. I can spoil them all, but you cannot do that. It's someone's birthday the weekend, and I feel, if I like anyone, I feel as though I want to go out and buy them something, but you cannot do that. I did well, I've done at the time, but you cannot do that; it's not your place, it's the staff's place to go out and buy things. For instance, you can't buy a cake, a birthday cake or things like that.

[...]

Anne: Sometimes if, sometimes there's anything I want thrown, I have to have the staff's permission, yes. (1) Because I know this ain't my home to do things like that. You see, you cannot, cannot, (1) you cannot throw anything out what's good without the staff's permission. You've got to ask the staff. Whoever's in charge, you've got to ask them if it's okay for you to throw things out, and otherwise, (1) you see, I want a, I want a calendar putting up like I said before, I've got to ask P__'s permission, because there's so many pictures in my room (1) so many pictures, er, a swan what I did, there's so many things that really filled my room up, that I thought that if I had a calendar, it would you know, (1) brighten the room up a bit. (2) [...] I don't know 'til I ask, 'til I ask the person who's in the (1) who's in charge of the home; I've got to ask permission. (1) In your own home it's different. I mean, you can do as you like in your

own home, but you cannot do as you like in this home. So, only as far as you can go. If you want anything, you have to ask for it. (1) If you want to go out anywhere, you have to ask to go out. Same with my hair; I have to ask permission if I want to have my hair cut. And they make an appointment for me to have my hair cut. Next Friday, I believe. I'm going to have my hair cut next Friday. I can't say 'Oh, I'm going out to have my hair cut.' It don't work that way; you have to ask. In these sorts of homes you have to ask permission to do things like this.

In this extract Anne makes it clear that the situation of being a resident of a care home carries with it a set of limitations to which residents, as distinct from the staff, are subject. Anne expresses a wish to do more things around the home, but then talks about residents' relationship to the home as reasons why she cannot do them, why there are limitations on her behaviour. She makes it clear, for instance, that only the staff of the home may buy presents for any of the residents, and that other residents may not, and that residents must have permission to throw things out, to hang calendars in their rooms, or even to go out or to have their hair cut. Anne makes explicit here what is only implicit in other accounts, that she occupies a 'place' in the home, as distinct from the staff's 'place,' which imposes limitations on her conduct. Inherent in this 'place' is a specific relationship which residents have with the staff, and with the institutional environment. There is a division in the forms of behaviour appropriate, and on the rights to make certain decisions and to act in certain ways in these relationships. Anne firmly delimits what the place of residents such as herself is, and the bounds of what she may legitimately do. It is because of her position with respect to the home that she is subject to these limitations. This involves a clear demarcation between staff and residents, in that the staff are presented as those who administer the lives of residents, and the residents, in turn, are subject to this sort of administration.

This is clearly a power relationship in which the definition of someone as requiring care is consonant with particular ways of them having their conduct directed and their lives administered by specific others who are conceptually distinct from them and in positions of authority with respect to them. Certain people in these relationships are in a subordinate position to certain others, and this imposes limitations upon what they can legitimately do. Anne makes this clear by, at the end of this first part of the extract, emphasising that she is in the home 'to learn,' the implication being that this sort of relationship to her environment places her in a position of being subject to particular rules, to a particular relationship to the staff in

which they can set limitations on what she can do, and in which she must seek permission to do particular things. It is perhaps easy to imagine that there might be reasons for some of these rules (for instance, accidents could happen in the kitchen, they may damage the décor whilst putting up a calendar). It is not our place, however, to judge the legitimacy of each rule, however, but to highlight how these sorts of things have a place in, and constitute, a general economy of power.

The manner in which the pronoun “you” is used is central in Anne’s discussion of these power relationships, and is indicative of her position as a certain type of subject. The phrases ‘*you cannot* do that,’ ‘*you can’t* possibly do that,’ and ‘it’s not *your* place’ are strongly stressed throughout the extract. As discussed in the introduction to this chapter, “you” is used in this sort of context in all but one of the interviews. There is one other exception with this theme. One participant’s interview (Interview VII, Jean) contained this theme but not this way of talking about it. When asked whether there are things that she can’t do but would like to, this participant merely responded ‘cooking and cleaning [...] the staff do it’. Whilst this still indicates a power relationship in which other people are in a position to do things that Jean herself would like to do, and thus to deny her the opportunity to do them, she does not talk about this directly. With this exception, all other participants who discussed these issues talked about things that, in their position, “you” cannot do, and/or ways that “you” are limited.

As has been said, this way of talking is significant because it is a clear indication of a particular form of subject existing in power relationships with other people, and of the recognition of appropriate ways to act within these relationships. It refers, then, to *anyone* in a *particular position*, to a generalised subject of particular forms of power relationships. By delimiting what “you” can and cannot do in specific situations, then, participants describe aspects of power relationships to which *anyone* who is a resident in a home like theirs is subject. Hence, Anne contends, ‘*you cannot possibly* do’ things such as cook in the kitchen, buy presents for residents, or throw things away without permission, and other participants talk in a similar way about being subject to rule, about not being able to do as they want, to go out, to stay up late, to drink or smoke when they want, and so on.

This use of pronominal forms ascribes the reasons for participants' place in certain power relationships, to their membership of a specific category of people – those who live in homes like theirs – as Anne explicitly states. If we substitute “you” for a first-person pronoun – “I” or “we” – this effect no longer holds. “You”, as a substitute for “one” in its broadest sense, can be said to refer to ‘people in general’ (Freyne, 1990), but in more specific cases, it is used to mean ‘any reasonable being in the same position’ (Rees, 1988; cited in Freyne, 1990). In this way, participants' accounts of these issues are tied not to individual responsibility, but to a particular situation in which “any reasonable being” would be impelled to react in particular ways, and to accept certain limitations, prohibitions and forms of authority – with the consonant implication that things might be different in other situations. It cannot be, for example, that just one person or group is subject to an arbitrary and unjust authority which places limits upon their activities, but, rather, that these limits placed upon “you” exist for anyone in “your” position. “You” thus references a specific subject position connected to particular rules and limitations which stretch beyond the situation of one person or group, and are thus naturalised when they are talked about – that is, made to appear to some degree unchallengeable and beyond the individual's control. In talking about these sorts of issues, then, participants tend to reference a *subject position* which is determined by their definition as a particular type of person. Membership of this category of people has consonant with it a set of relationships to others and to oneself in which one's conduct is directed in particular ways.

It might be objected that rather too much is being made here of what is, in fact, an insignificant issue. It must be realised, however, that the act of referencing one's specific situation with an indefinite pronoun has implications for individual responsibility in relation to this situation. In effect, the individual's role is ‘defocalized’ (Mülhäusler & Harré, 1990), and instead there is presented an indication of what ‘any reasonable being’ (Freyne, 1990) would undergo in the same situation – the situation of being a member of a specific category of people. Indeed, this category only exists in relationship to particular forms of power/knowledge and subjectivity. It would not be possible to talk about one's position in terms of the prohibitions to which one is subject in this way were it not for the existence of specific forms of

power relationship and subjectivity existing around this category which marks them out from others – and thus there is implicit within this talk the realisation that things might be different for other people in other situations.

This point is emphasised in the example above by the way that Anne uses the pronoun “I” in her account when she is talking about things that she would like to do (such as helping in the kitchen or putting up a calendar in her room), but then switches to using “you” again when she outlines the prohibitions and imperatives to which she and her co-residents are subject. Again, this is something that is consistent throughout the accounts. For example, Anne says, ‘I love J __, I can really spoil J __. I can spoil them all, but you cannot do that,’ or ‘When there’s a staff short, I love to go in the kitchen, but you cannot do that [...] you can’t possibly do that.’ There is a tension here between the individual with certain desires and wishes, and the group to which the individual belongs and which is subject to specific prohibitions. Anne is not merely talking about these categories in an abstract sense; she is detailing what it is like for her as a member of such a category. She is showing how she is subject to a set of rules and limitations *just like everyone else* in her position. She is effectively saying, ‘it is not just *me* who has to do these things, but this is what *you* [anyone] have to do *in this position*.’

The way that this theme is discussed in participants’ accounts, then, indicates a division between “you” as a care resident, subject to specific rules and prohibitions relating to “your” constitution as a care subject, and the staff as a conceptually distinct group of people divided in terms of power relationships from “you” and having a form of authority over “you”. This results in the sort of position in which people become aware that it is not “your” place to do certain things. As has been said, participants, in talking this way, essentially recognise themselves as members of a category of people (indexed by the pronoun “you”) who occupy a particular subject position.

This subject position involves, as has been pointed out, a division from relatively powerful others who are in positions of authority, but it is also connected to particular ideals which people recognise as acting upon their own conduct in terms of what they cannot legitimately do. This involves the recognition of a particular set of

limitations which go along with one's ("your") position as a specific subject. It should be reiterated here also that, as can be seen in Anne's extract, participants are not merely talking about these categories in an abstract sense, but about what it is like for them to be members of these categories. This needs to be understood not only as it relates to participants recognising themselves as subjects occupying a particular place in power relationships in which their conduct is subject to prohibitions which are laid out by others, but also from the perspective of their understanding and acting upon their own conduct in line with particular ideals of what is and is not appropriate or allowed.

Imperatives on behaviour

To continue the investigation of this area, we now turn our attention to the second theme identified in connection with issues of power that participants experience – 'imperatives on behaviour: having to perform certain tasks/ behave in certain ways.' The following extract, from an interview with a woman in her mid-thirties living in a residential home, illustrates this theme:

Extract 5: Interview XIX - Paula

I: Right. So what was the typical day stuff you were telling me about? You said that you went to that place 'til three-thirty, er -

Paula: It's from nine o'clock to three o'clock (3) and then I come back home (1) do my house jobs and then relax (1) in the evening.

I: Right. What sort of house jobs?

Paula: Er, (1) you have to get the kitchen clean, the sitting room clean, (1) and the landing and bathroom.

I: Does someone check if you've done them?

Paula: Um (2) I can't think what else you have to do (1) oh yes, clean our bedrooms and do our washing, do our own ironing and general tidy up.

I: And that's, er, do you have to do that before you can relax in the evening?

Paula: Yes.

I: Does someone, does someone come and check that you've done it?

Paula: Um, sometimes they do, sometimes they don't.

I: So if you haven't done it before you can relax?

Paula: Um, (1) well, if you don't want to do it, you don't have to do it, (2) but you do have to do it [laughs].

This theme is closely related to the previous one, being another illustration of ways that the conduct of participants is directed within particular power relationships. This theme occurred in all of the accounts examined, and involved participants talking about having to get up, go to bed or eat when they are told to, having certain chores to do, having to go to certain places at certain times (such as college or day centres), or

generally having to 'be good,' 'behave' (e.g. Interview III, Larry; Interview VIII, Val) or 'do what you're told' (Interview XII, Steve; Interview XVII, Trevor).

In this extract, Paula talks about things that she has to do in the home, tasks that she is expected to perform: in this case cleaning the home when she gets in from her day centre. So, she says, when she comes in, she has to clean the house before she can relax in the evening, and the staff of her home will sometimes check to make sure that this is done. As noted with the previous theme, this implies a division in terms of power between residents of the home and the staff who run it. Again, this discussion indicates a power relationship in which being a resident of the home is consonant with the direction of one's conduct by the staff, and it implies a position of authority that the staff have with respect to residents. So, certain tasks or expectations of behaviour are imposed on the residents by staff which they then recognise themselves as having to perform, and the staff are also in a position to ensure satisfactory conduct or performance of these tasks. Again, it might be noted that reasons might exist for this set of imperatives – for instance, with reference to this example, there is the potential problem of living in unsanitary conditions if the house is not kept clean, and ensuring that cleaning is done by residents might be seen as a means of fostering independence. However, it should be reiterated that it is not our place to judge the legitimacy or otherwise of each aspect of power relationships that participants discuss, merely to bring them to light and to explore their implications.

It should also be noted that Paula uses the pronoun "you" here in referencing a generic subject of particular power relationships – 'you have to get the kitchen clean,' 'you do have to do it.' In a similar move to that noted in Anne's account, it is not "I" who has to do particular things, but "you", and this contrasts to Paula's talk about herself ('I come back home [...] you have to get the kitchen clean'). This way of referencing their situation through specific pronominal forms occurred with respect to this theme in all of the participants' interviews apart from the one noted in the introduction (Interview XVI, Mary). With this one exception, all participants discussed things that "you", as a person in their situation, have to do, things that "you" are told to do, and/or ways that "you" have to be "good" or "behave". So, in the example being examined here, Paula references imperatives that act upon her conduct

through a generalised subject position. In doing this, she is effectively recognising herself as a subject who exists in a particular relationship to specific others with authority over her – the staff of the home who check to see that she has performed her jobs satisfactorily. Within this relationship there is a division in that there are things that “you”, as a resident of the home, have to do, and other people, the staff, who are in a position to ensure that these things are done. The description of what “you” have to do in this account, then, is an indication of how Paula is a member of a specific category of people who exist in power relationships with relatively powerful others, of the ways in which she is aware of her conduct being observed and directed within these power relationships, and of imperatives that she recognises herself as subject to. Again, there is implicitly a specific “place” in the home that Paula recognises herself as occupying, and therefore there are things that she recognises that, in her position, “you” have to do certain things as set out by the staff.

There is again a clear division in terms of power, then, between those who are defined as subjects of care, whose conduct is directed and administered, and those whose place it is to perform this administration. Again, as was the case with all but one of the participants, Paula references her situation as having to behave in certain ways in terms of a general category of people occupying a particular position in relationships with relatively powerful others who impose imperatives upon their conduct, and in which she recognises her conduct as subject to these imperatives. This represents a model of behaviour which she recognises as acting upon her conduct, a way of conducting herself that she is led to follow. That is, she recognises that, in her position, “you” have to keep the house clean, and the staff will check to see that “you” have done this. Similarly, other participants recognised that, in their homes, “you” have to be good, behave, go to the day centre, and so on. Again also, there is implicit in this type of talk the idea that these situations and imperatives are specific to people in this position – it does not apply to the staff in the same way, for instance, nor to people not in these sorts of homes – and that things might therefore be different in other situations.

Lack of choice/means to express opinions/ input in the organisation of one's life

The next theme to emerge from the analysis of the interviews was that of participants lacking choice in their homes, the means to express themselves, and/or to have an input into the organisation of their homes and their lives. This theme again connects closely to the other themes concerning power that have been encountered so far. That is, it is clear that the issue of choice, self-expression and input into the running of one's life will be affected by power relationships in which one's conduct is directed, limited, and made subject to specific imperatives laid down by others. This theme also emerged clearly in its own right in twelve participants' accounts (see Table One). What emerged in these accounts was that there are ways that the participants in question lack choice, that people do not listen to them, that they do not have the opportunity to express their own opinions, and/or that a number of decisions that affect them are made by other people without their input (such as when they are to have a bath, how the home is to be decorated, how much beer they can drink in a day, or who they are to share a room with).

This theme was discussed in two distinct ways by the participants. In six of the twelve interviews, it was discussed explicitly as a function of participants' positions in their homes (i.e. in terms of ways that "you" lack choice, or of decisions that are made for "you" by others in the homes), and in the other six, it emerged through participants talking about things that they would like to have more choice or say in. The former case is illustrated in the following extract, from an interview with a woman in her fifties who had moved out of a residential home and into her own home shortly before the interview took place.

Extract 6: Interview I - Liz

I: Could you reflect on the experiences you had in care? How people decided what needs you had and how they were to be met? What sort of role did you have in it?

Liz: Not a lot, really. There were a lot of us in care so it was very difficult to get everyone's needs met, but obviously, they did the best they could. Um, (1) I suppose that they could have done more to prepare you for independent living, which is what I wanted to do. So (2) but when I first went there you were more or less told you were got up at seven, you had breakfast at eight, nine to twelve, you (1) and so on. There was never a choice. And if you wanted to go out afterwards, you had to ask permission. You never have any choice when you're in a residential home.

The discussion in this extract is typical of the way that this theme emerged in the six interviews where it was explicitly stated (Interviews I, XII, XIII, XIV, XV,

XVII). There is an explicit connection here between “you” being told what you must do or what “you” can do (in this case, being told when to get up, eat breakfast, or having to ask for permission to go out) and the assessment that “you” lack choice in the home. It is clear from the outset in this extract that Liz conceptualises herself as not having had much of a role in her care or the decisions made about her life in the home that she lived in – her first response to being asked what sort of role she had in these decisions, is ‘not a lot, really.’ She then goes on to talk about things that she was told she had to do and ends her response by summarising, ‘you never have any choice when you’re in a residential home.’

Again, this is a formulation of the relevant issues in terms of a general position of being a care resident. The participants who talked in this way are relating what it is like to be a member of this category of people in terms of being subject to prohibitions and imperatives, and thus lacking choice or input with respect to their own lives. Along with the situation of being positioned in power relationships in which other people are able to set out prohibitions and/or imperatives on their conduct, these participants also comment that there are thus ways that “you” lack choice or a say in the home, or that there are certain decisions that “you” cannot make, but are made for “you” by the staff. This points up another aspect of the division in terms of power relationships between participants and the staff in their homes which have emerged in the themes examined thus far. Here, a number of participants’ accounts indicate how they recognise themselves as subject to the decisions of other people, and as lacking an input into decisions which affect them in their homes, explicitly connected to their position as residents of these homes and their situation as subject to the authority and decisions of the staff. Again, this exposition of these issues of participants lacking choice in their lives, by tying in to their situation as specific subjects, implicitly demonstrates their awareness that this is a specific characteristic of their situation, and that things might therefore be different elsewhere. Indeed, in these six interviews, this is made explicit, as the participants clearly link their lack of choice or input into decisions to the homes that they live in, as can be seen in the example above when Liz says that ‘you never have any choice *when you’re in a residential home.*’

This theme also emerged in a less clearly stated manner in six other interviews (Interviews IV, VI, VIII, XI, XVIII and XIX). In these accounts, participants responded to questions about how much say or choice they thought they had in their homes by talking about things that they would like more choice in without framing their responses explicitly as statements about how people in their position lack choice or input into their lives. This is typified by the following extract, from an interview with a man in his early twenties living in a residential home.

Extract 7: Interview IV - Mark

I: Are there any things about living in a home that you think perhaps you don't get much say in?

Mark: Yeah.

I: Could you tell me about that a bit?

Mark: Well, you see B__, who just went past?

I: Yeah.

Mark: Well, I have to share a bedroom with him, (1) and I said to one of the staff that he's poorly. (1) He is, he's poorly. They took him down the doctors. He wakes me up at four o'clock in the morning, three o'clock in the morning, (1) and I don't want that.

I: I see, so you feel like you want your own room.

Mark: Oh yeah.

I: Have you ever put this forward to anyone?

Mark: No. (1) If he does it again, I might put it forward.

I: What do you think will happen.

Mark: I haven't said nothing yet. I might if he does it again. I need my sleep. When I'm doing work, I need my sleep.

I: So, you feel like you can't really say these things?

Mark: Yeah (3)

In this extract, the issue of choice arises more implicitly than in the previous one. Here, Mark responds to the question about things he doesn't get a say in by talking about an example of something that was decided for him that he would like to be changed – the fact that he does not have his own bedroom. He mentions that this is especially problematic for him because it deprives him of sleep but that he has not said anything about it to anyone in the home, and he confirms that he feels like he can't really say these things. This was typical of the six interviews that discussed choice and expression of opinions in this way. In all of them, participants respond to similar inquiries about choice by talking about things that they would like to have had some more input in – for example, deciding when they can have a beer, how the home was done out, or just making a general assertion that they would like more say the running of their homes in general, or more opportunity to express themselves.

So, although these accounts do not make the explicit connection between one's position in specific power relationships in residential homes and lack of choice or self-expression, this is clearly another indication of participants' situation in these sorts of relationships. Despite it not being explicitly framed in these accounts, there are clear indications of differential relationships in which there is a distinction in terms of power between the participants and those who run their homes. It is implicit in these accounts that there is a division between people who are in a position to make decisions about the running of the homes or the lives of the residents, and the residents themselves, who thus lack choice or the means to express their opinions with respect to these decisions. Although in these cases it was not as explicitly stated, it is clear that the participants who talked in this way are still aware of ways that their position in their homes limits their choices and the amount of expression they have in the running of their lives and makes them subject to the decisions or judgements of other people.

In both of the ways that this theme emerged, then, there is an indication that participants are aware of being in a position in their homes in which they do not have a choice about a number of things or are not able express themselves with relation to how the homes are run. Implicitly or explicitly, depending upon the accounts, this awareness is related to participants' situation in differential power relationships in the home in which other people set out imperatives and prohibitions on their behaviour or make decisions for them, and they themselves are aware of being in a position in which they have decisions made for them and their lives organised in specific ways.

Punishments and reprimands

The final theme to be discussed concerning power was that of punishments and reprimands. In twelve of the interviews that were analysed, participants talked about being subject to reprimands or punishments in their homes if they do not behave appropriately. These ranged from getting a telling-off, being sent to their room, being stopped from going out, or having certain forms of care withdrawn to being given drugs or injections to quieten them down. The following extract, from an interview with a male participant in his early fifties living in a residential home illustrates this.

Extract 8: Interview III - Larry

I: So, um, I suppose that when you're in a residential home, you have to behave in a certain way?

Larry: Yeah (1)

I: So, could you tell me something about that?

Larry: Yeah, you have to be good here. If you don't, you get in trouble (1) you always get in trouble (1)

[...]

I: How do you think things have changed now?

Larry: Well, I'm thinking now. You see the television now?

I: Yeah.

Larry: Well, you know the lead? They say I'm cutting the leads off, and I'm not.

I: I see (1)

Larry: It's always me in here. No-one else. (2) They know it's not me doing it. (3)

Again, this discussion relates back to previous themes, with the ideal of “being good” clearly involving conducting oneself in line with a particular set of imperatives that act upon Larry’s conduct. In such cases, notions of “being good” indicate how the behaviour of participants is directed and observed by members of staff at their homes, and how residents of these sorts of homes are subjects of this authority. Again here, Larry talks about how “you” have to behave and “you” always get into trouble. This correlates to a subject position in which his conduct becomes subject to judgements according to standards of “good” and “bad”. Again, it is a situation which demonstrates a definite division in roles and subject positions between residents of the home and the staff. On the one hand, there are those whose lives are observed and judged according to particular standards. On the other, there are those who are subject to such judgements. What also emerges here is that particular sanctions can be handed down in respect of them. There are indications here of imperatives and prohibitions (“be good”, do not break the rules) existing in relation to individuals’ places in the homes and connected to their relationships with the staff. Also an aspect of the power relationship between residents and staff revealed by this theme is the power to impose punishments, such that Larry comments that he can ‘get into trouble’ for not behaving. Getting ‘into trouble’ clearly implies that other people (clearly the staff of the home, although Larry only references them as ‘they’) are in a position to make judgements about his conduct and to reprimand or punish him in accordance with this.

Note the air of resentful victimisation in Larry’s account, where he laments ‘it’s always me here.’ It is easy to imagine a reading that would interpret this from a pathological basis, and position Larry as being petulant or childish because of his

“disability”. However, this would overlook the important point that what he says here indicates a specific situation in which other people are in a position to observe and judge his behaviour, and to impose punishments in relation to it. It is immaterial here whether or not Larry is actually engaging in the behaviour which he is denying, and whether or not *we* would view sanctions based upon such behaviour as appropriate. The aim of the analysis here is to draw out the basis upon which power relationships exist in this situation and to highlight their characteristics. Whether (and how) this process then relates to critical judgements about these relationships is a point which we shall deal with later, in the final chapter. The fact that in this extract Larry is protesting about and struggling with the ways in which he comes to be a subject of these power relationships is itself significant in this respect. More will be said about this issue of struggle and the way that participants might experience problems with the ways that they are positioned in their home in the next chapter.

In previous themes, then, there have been seen effects of particular power relationships in which there is a division in participants’ homes between those whose lives are to be administered and supervised (the residents), and those whose role it is to perform this administration and supervision (the staff). Finally, we have seen how people tend to talk about their situation in terms of a general subject position from which they relate to themselves, their environment and their conduct. This extract, and the others in which this theme emerged, also shows how participants are positioned as members of a group which is subject to particular types of sanction. These points about reprimands and the threat of particular sanctions being brought to bear upon participants bring up another important issue connected with the sort of power relationships that we are interested in – the existence of some form of disciplinary apparatus in the homes.

The way that Larry talks about punishments or discipline in his account, however, are rather vague, being about ‘getting into trouble.’ Other participants were more specific in their discussion of these factors, relating the types of discipline that they are subject to – be it being told off, or having certain sanctions imposed upon them. The following extract, from an interview with a man who has been living in a residential home for a number of years, makes this clear.

Extract 9: Interview XVIII - Ernie

I: Um, do you feel that when you're in care, you're expected to behave in=

Ernie: =Oh yeah, you do, yeah. You have to, yeah.

I: What sort of ways?

Ernie: You're not to clout anybody or anything like that. Or swear or anything like that.

I: Anything else you can think of?

Ernie: You're not to hurt anybody neither. Oh yes, you have to behave yourself.

I: I suppose you don't always behave yourself, er, how is that put to you, the way you're supposed to behave?

Ernie: They stop you going out to the pub if you're naughty.

I: Is that the same for everyone, is it?

Ernie: Yeah, it is, yeah. D__ S__ couldn't go out to his mum and dad's for the weekend because he couldn't behave himself. I get my beers, my beer night knocked off.

I: How do you feel about that?

Ernie: Not very nice.

Here, Ernie talks about specific penalties that can be applied to him if he doesn't conform to the rules that are imposed on his behaviour in the home. The existence of forms of punishment or specific sanctions for non-compliance with the rules imposed by the homes is again another aspect of the power relationships to which people in his home are subject. This shows the means by which power relations can have a hold on individuals, in terms of forms of discipline connected to the ideals by which their lives are brought into being as amenable to particular forms of administration and subject to particular imperatives and prohibitions.

In this example, behaviour which does not fit in with the ways that people in Ernie's position are supposed to behave results in punishments being imposed. In this case, these punishments centre around placing further temporary prohibitions on people's actions, such that activities such as going to the pub or visiting one's parents are actions which can be proscribed at the discretion of the staff as a form of punishment. The transgressions which Ernie mentions specifically – hitting other residents or swearing – may not themselves seem particularly controversial; it is not difficult to see why such things *would* be proscribed. Again, however, the point here is that, regardless of the specific infractions mentioned, Ernie's comments illustrate how a particular group of people – those deemed to have learning difficulties and living in residential homes – occupy a specific place in power relationships with relatively powerful others, and it adds to our analysis an illustration of the connection to these power relationships of forms of discipline. It is not our place here to judge the legitimacy or otherwise of specific rules or prohibitions, but to highlight the particular

forms and operations of power in a specific situation, to connect the points made in participants accounts to the existence of a general economy of power and to forms of subjectivity. We shall see more about individuals' own interactions and struggles with these issues in the next chapter.

In the above two extracts, there is again the use of the pronoun "you" when Larry and Ernie are talking about how they and their co-residents are subject to punishments for proscribed forms of behaviour, with Ernie only switching to the first-person when he is detailing the ways in which he personally is punished. Once again, then, there is this tendency to defocalise personal agency and focus instead on the position of a general subject when talking about discipline which was evident in every interview except one (Mary's, as mentioned before) which contained this theme. It is possible to speculate here that the position of being an individual who is subject to the authority of others in his/her daily life such that s/he can have punishments imposed upon him/her is one with which people do not want to identify personally, and that the accounts therefore focus attention on a general subject, on how "any reasonable being" in this situation would react rather than (until the end, when Ernie makes explicit comparison with another's situation) focusing on one's own personal position.

Whether this is consciously done or not, as with previous themes, the fact that it is possible to reference a general subject in these sorts of situations tells us more about the position of people like Larry and Ernie in specific power relationships – they are conceptually divided from people with authority over them, and become subjects of a form of authority which imposes certain restrictions and imperatives on their conduct, and, as these extracts show, this also creates them as punishable beings. It is clear, of course, that not everybody is subject to forms of punishment like the ones Ernie talks about. The ways in which people become subjects of particular forms of disciplinary intervention are dependent upon their place in particular systems of power/knowledge, they are dependent upon people being brought into being as punishable in particular ways. In the examples here, it can be seen that the ways that participants are created as punishable subjects is related to their position with care institutions, and the ways in which they are divided in these institutions from members of staff who have a form of authority over them and whose role it is to

administer their lives. It is through this situation that people become susceptible to the forms of punishment that Larry and Ernie talk about. It may initially seem unusual to find that groups of adults are subject to this form of observation and the punishments that go with it, but this situation fits in with the ways in which a particular group of people exists within specific systems of power and knowledge.

These points about discipline and punishment are further illustrated in the following example, another extract from Ron's interview.

Extract 10: Interview XV – Ron

Ron: They punish you. You went to bed. I didn't like the decision of going to bed at (1) such-and-such a time, and I think people like ourselves and other people, they shouldn't, um, (1) people were being bullies and (1) and making threats and telling what time to go to bed.

[...]

And I thought some of the bad decisions that they made were (1) er, (2) it's, er, if you're naughty in the pub or you can't (1) you can't go out when you want and, er, you're not allowed to (1) you're not allowed to do whatever you want. (1) And you're in the poor book, and they shout at you if you're not in time for things (1) I should have said to Mrs. P__, 'I'm not taking them,' because it just a (1) just as I got in at about ten o'clock, Mr. P__ is on in the morning, and he got me into trouble. S__ K__, and he was picking bottles up and smashing them and I said (1) I got angry with him, and I said, 'I'm,' and I said to him, 'S__, you shouldn't have done that.' And I said, 'It wasn't my fault, it was S__' But they wouldn't, they wouldn't listen to me. (1) They would *not* listen. J__ M__ was a friend of mine, and I thought at times he was the worst (1) worst body, and I didn't like him, and (1) and, (1) he kicked me, and (1) I didn't like them saying, 'Oh, you shouldn't do this, you shouldn't do that, you're in the poor book.' If you did 'owt wrong, you had to (2) they told you what time to have a bath, er, (1) what else did they tell you? Who washes your hair (2) I didn't like that decision. They were washing your hair, they washed your clothes

[...]

I didn't like the punishments. I didn't like being put in the poor book. Because I was half an hour late coming in for tea.

In this extract, it is again clear how people living in homes like Ron's are subject to forms of power that supervise their lives, that impose imperatives upon their movements and their conduct such that they are expected to be in certain places at certain times, and to submit to a regime around which their lives are run. In this case, deviations from this bring punishments such as being sent to bed, being shouted at, or having one's name put in the 'poor book.' Again, there is the formulation of this situation as being consonant with "you" position in the home. Again there is the indication of a set of power relationships which come into being between "you" as a resident of the home and specific authority figures. This leads to people being created not only as subjects of particular forms of intervention into their lives, but also, as mentioned with respect to the previous two examples, as punishable beings. It is

within these sorts of power relationships which the situations that Ron talks about – of the staff ‘being bullies’ and imposing unfair or unmerited punishments upon residents – are able to exist. The structure of the power relationships between these two groups of people shapes the kinds of interactions they can have and the types of action available to each group. So, the staff react to the residents as individuals to be supervised and controlled, and punished if they are ‘naughty.’ It can be seen from Ron’s comments that these aspects of supervision and control extend into almost every aspect of their lives from their physical movements in particular spaces at specified times (bed times, dinner times, bath times, and so on) to deciding who will wash their hair and their clothes. Deviation from any of these routines then becomes a punishable act.

There is another important set of points to make regarding the situation of participants that comes to light in the last two extracts. Comments such as ‘I should have said to Mrs. P __, “I’m not taking them”,’ or ‘I didn’t like that decision,’ by Ron and, indeed the whole tone of his extract, indicate that he is aware of the limiting nature of the power relationships in which he and his co-residents are situated. This brings us onto another issue that has not yet been examined – resistance in the face of power relationships. It is one of the effects of the forms of power/knowledge that we have been examining that people are led to form particular relationships to their environment, specific others, and to their own lives and conduct – to understand themselves in terms of what they can and can’t do, and ways that they can be punished in their homes. However, this does not equate to some form of determinism in which systems of power/knowledge rigidly determine how people act and understand themselves such that they are mere puppets of deterministic forces.

Foucault’s later works were concerned specifically with the manner in which people, through particular ethical technologies, *actively* relate to themselves in various ways. As has been stressed throughout this thesis, it is not a logical consequence of the realisation that there is a dynamic inter-relationship between power, knowledge and the formation of subjectivities that people have only a passive role in a deterministic web of discursive constructions which shapes their subjectivity. These systems of knowledge, rather, constitute the background against which certain

relationships of power and relationships to oneself take place, they create the conditions in which certain relationships become possible, but they do not *determine* the actual nature of these relationships. There is, as we begin to see in this chapter, a complex interplay of forces at work in the manner that people relate to themselves in the context of the institutions in which they live, the power relationships in which they are situated, and the ways that they are positioned as specific types of subjects. Also to be considered are individuals' resistances to the forms of power/knowledge which operate upon them and position them as subjects. This is illustrated in Ron's comments seen above, and other examples exist in Wendy's and Jean's comments about decisions made about their abilities and needs. Wendy was engaged in a form of negotiation with the forms of knowledge available about her in terms of resisting the judgements made available by her being assessed as "mentally handicapped" in favour of her assessment as having dyspraxia, and Jean explicitly disagreed with the judgements made available by the assessment that she is not able to take care of herself.

It is this set of concerns around how people relate to themselves and actively interact with forms of power and specific institutions which is significant in addressing the second and third of our research questions – those seeking to discover how people come to relate to themselves as subjects, and what problems they might experience with the forms of power and subjectivity that go with their position as residents of community care homes. We shall turn our attention to these issues in the next chapter. First, however, it will be helpful to recap the main points we have made, and to summarise what the analysis shows so far with respect to forms of power/knowledge in participants accounts.

7.3 Conclusion

This chapter has aimed to address the first of the research questions posed by this thesis – what forms of power do people living in community care homes experience? This corresponded to the first two aspects of our analysis – objectification, and power and subjectivity – and to Foucault's critical analytical domains of truth and power respectively. The addressing of this question involved firstly, examining the aspects of people that exist as objects of knowledge about which

assessments and judgements can be made, and secondly, examining the relationships that people talk about in their accounts and the manner in which they reference themselves as certain types of subjects.

The first themes drawn out by the analysis in this chapter were that a number of participants' accounts showed awareness of the assessment of their abilities being carried out by other people, and/or of negative implications, such as being thought of as less able than other people or "thick", that go along with being deemed to have learning difficulties. More accounts showed that other participants, whilst not explicitly talking about the assessment of their abilities, were aware of decisions about where they were to live – i.e. in care accommodation – being made by other people (usually referenced only as 'they' or 'them'). Additionally, there seemed to be a lack of awareness of exactly how or why these assessments and decisions were made. None of the participants indicated that they knew much about this issue, and a number of them explicitly said in their accounts that they did not know the reasons behind the assessments that were carried out, the labels that were applied to them, or the decisions that were made about their living needs.

Although not all of these themes emerged in a high proportion of the accounts (the first two emerged in only seven and six interviews respectively), a considerable majority of the interviews analysed (fifteen out of seventeen) contained at least one of them, and, despite the sensitive nature of these issues, only two interviews did not discuss them at all. The existence of this set of themes as a whole indicates a processes of objectification through which people can become rendered knowable as specific types of individual with needs for care and institutional living. It is also important to realise that implied within these themes (considered singly or severally) is the existence of a specific system of knowledge which takes as its object a conception of the abilities of participants to take care of themselves or live independently, or of their needs for care. There is an indication here that people can thus be created as members of a specific category implicitly divided from others – those who do not need institutional care or are not labelled as "having learning difficulties". This form of objectification is also revealed in its links to power in terms of a specific group of people (usually referred to merely as 'they,' or sometimes as

'doctors' or 'social services') being empowered to observe and assess the abilities of participants, and to make judgements and decisions about their lives; and the lack of participants' own involvement in these processes is also explicitly highlighted in a number of accounts.

The next area of analysis relating to the first research question focused explicitly on power relations and forms of subjectivity. The themes identified here concerned limitations and prohibitions on behaviour, imperatives on behaviour, lack of choice or input into the decisions made in the home, and reprimands and punishments. These themes occurred very frequently in the interviews – every account contained at least two of them, and every participant discussed the second one, imperatives to which they are subject in their homes. These themes revealed firstly that many participants were aware of limitations acting on their conduct. They discussed things which they cannot do in their homes, such as going out when they want to, buying presents for other residents, and so on. Also, every participant talked about imperatives on their conduct – having to be certain places at certain times, having to perform certain tasks, or having to “behave” or “be good”. In all but one case, participants talked about these limitations and/or imperatives in terms of a general position of being a resident of their homes – i.e. they talked about what “you” cannot do or have to do in their situation. This indicates the existence of a subject position applicable to participants, as well as a division in terms of power in the relationships between participants and the staff who run their homes. The staff, then, are in a position of authority with respect to the participants from which they can set out prohibitions on their behaviour, or impose imperatives on their conduct. Also, it is indicated in what they say that participants are aware of occupying a specific subject position from which they are obliged to behave in certain ways, to conduct their own behaviour in line with ideals set out by those in positions of authority.

Connected to these issues was the theme of lack of choice or input into the decisions made in the home. Six of the twelve participants who discussed this related it to their situation as residents of the homes – i.e. talking about ways that “you” lack choice or means to self-expression in those homes. In the other six accounts, this was strongly implied, as participants talked about things that they would like more say in,

but were aware of not being able to exert any choice over. Finally, there was the theme of reprimands and punishments which occurred in twelve accounts. Here, participants talked about ways that they could be sanctioned or punished in their homes for behaviour that did not fit in with that laid down by the staff. Such sanctions included being told off, having one's name put in a disciplinary book, being sent to bed, being prevented from going out, and so on. Again, in all but one case, this was presented as connected to the general position of being a resident in these sorts of homes rather than to participant's individual situation – it was “you” who were told off, sent to “your” room, and so on. This was another illustration of the possible nature of power relationships in the context of community residential homes. Here, there was evidence of participants, as residents of these homes, being created as punishable beings, as subject to the authority of staff in terms of being assessed in their conduct and having sanctions applied to them in respect of it.

Overall, in relation to the question of forms of power that participants experience, then, these themes indicate a division in terms of power between people deemed to have learning difficulties on the one hand, and those who assess their abilities or care needs or those who run their residential homes on the other. Initially, we saw evidence in many of the accounts that specific, usually vaguely-referenced individuals assess participants' abilities and care needs and/or make decisions about their accommodation arrangements. Also, within these forms of special accommodation, there is a division in which participants become subject to forms of authority which observe, limit and direct their conduct in their homes, organise their lives such that they perceive themselves as lacking choice, and punish deviant conduct. These points demonstrate the existence of power relationships in which the participants occupy a subordinate position to the staff of their homes such that they can have limitations placed on what they may legitimately do, be required to behave in certain ways or perform certain tasks, and be reprimanded or punished in various ways.

These issues affect not only the relationships individuals have with others and the forms of authority and discipline to which they become subject, but also the ways in which they are led to understand themselves as subjects of forms of authority,

specific prohibitions and imperatives – as people who occupy a specific subject position. That is, participants talked in ways that illustrated their awareness of being obliged to direct their own conduct in line with the prohibitions and ideals, in discussing ways that “you” have to behave, or things that “you” cannot do in their situation.

All of this is not to say that power should be expected to operate in exactly the same way in every care home, nor that everybody will react to the forms of subjectivity it imposes in the same way. Rather than claiming to uncover a rigid and unchanging nature to the workings of power (as some form of essential monolithic structure) that is uniform in all forms of care accommodation, the point of the analysis so far has been to highlight the basic forms that power relationships and modes of subjectivity *can* take in these situations, to draw attention to what is *possible* in relation to operations of power in care institutions. Power is not being presented as a monolithic, deterministic force in which people are absolutely trapped and in which their conduct is absolutely determined. There is room for variation in the exact form that certain relationships take, and for people practising forms of resistance to specific operations of power. This has been hinted at already in, for example, the way that Wendy disputes some of the labels applied to her, the way that Jean challenges the decision that she cannot look after herself, and the way that Ron contests his relationships to the people who run his home and the related limitations that acted upon his conduct.

Thus far, then, we have dealt with the first two aspects of our analysis – those concerned with truth and power – and addressed specifically the first of our research questions by highlighting the forms that power takes in participants’ lives. The next chapter connects these points to the last aspect of the analysis, centred around Foucault’s domain of ethics, and thus addresses our remaining two research questions, which are concerned with how participants relate to themselves as particular types of individuals and assign meaning and value to their own conduct, and with highlighting any problems that they might experience in interacting with issues of power and subjectivity.

Chapter 8: Analysis of Interviews: Ethics, Subjectivity and Resistance

The previous chapter demonstrated the existence of power relationships that direct participants' conduct in line with ideals of supervising and managing their lives, and that people are led to form relationships to themselves as beings who are subject to this supervision and management. However, it would be a mistake to imagine that these factors control people's conduct absolutely or determine the exact form of self-relationships that they form. The question then arises that if power does not *determine* the ways that people conduct themselves, or lead people rigidly to form definite relationships to themselves and their environment, then we are perhaps lead to ask what exactly *are* the effects of power/knowledge and subjectivity significant to this investigation?

It was mentioned in Chapter Two that Foucault emphasised that power is not a deterministic force, and that systems of knowledge by which people are objectified do not merely constrain some form of basic agency, but actually create the field of possibility against which that agency takes place, and bring into being particular styles of relationships between people, particular interventions and institutional structures to which they become amenable, and so on. We cannot adequately examine these issues without considering how individuals themselves experience and interact with them. This brings us on to the last aspect of this analysis (which corresponds to Foucault's critical domain of ethics): examining the ways that people relate to themselves and direct their own conduct. This involves considering not only how people are tied by forces of subjectification to a particular identity and made subject to certain forms of intervention and action into their lives, but also how they draw upon particular discourses and concepts in relating to these interventions, assigning a moral force to their lives and those of others, and attaching meaning and value to their conduct.

This involves drawing out the discourses that participants articulate in relating to themselves and their conduct, to moral imperatives, and to forms of power that act upon them. We must examine not only how they talk about themselves being positioned as subjects in power relationships and attached to certain prohibitions and imperatives through their differential relationships with others, but also how they

recognise *themselves* as certain types of being. We need to uncover the concepts of self-hood that people draw upon – what type of individual they relate to themselves as, with what rights, imperatives, obligations, duties, abilities, and so on. Connected to this is the question of how these discourses and concepts of self-hood fit in with how people assign meaning and value to their lives and their conduct, direct their conduct in line with certain goals and ideals, and relate to the ways that their conduct is directed in power relationships. We must also consider how people might experience problems with forms of power, knowledge and subjectification which act upon them. This will complete our analysis, allowing us to form a picture of how participants experience power in community care homes, how they relate to themselves as subjects, and how these issues might constitute problems for them.

As can be seen from Table 2 in the previous chapter, four themes were identified in the interviews that relate specifically to this aspect of the analysis. However, this chapter will not proceed, as the previous one did, with a theme-by-theme analysis. The questions addressed in this chapter concern the overall orientation that participants take towards their situation, how they relate to it, and what problems it poses for them. Therefore, rather than dealing with the themes themselves one-by-one, this chapter will be organised in terms of the general positions that people take towards their lives in care. The previous chapter moved beyond a traditional thematic analysis in recognising the importance of looking closely at *how* participants talked about the issues from which the themes were drawn, and attending to the language they use in doing so. This chapter will move further beyond a consideration of the basic themes that emerged from the analysis to consider how people are, at a wider level, relating to themselves as certain types of being, to their environment and other people within it, and to forms of power and subjectification that act upon them. These considerations are too complex to be elaborated merely by searching out and discussing common themes that might be identified across the accounts.

In this chapter, then, the accounts analysed are divided into three groups – those which express clear dissatisfaction with aspects of their lives in care, those which express support for such accommodation or identification with its aims, and those which take a somewhat ambivalent line somewhere between the two. This

division can be seen in Table 3, below. These categories have emerged from a particular reading of the accounts, and they are used here to enable us more easily to explore the issues with which this chapter is concerned. They did not exist prior to the data, such that the accounts were interpreted so as to fit them into a ready-made analytic template, nor are they claimed to represent an unproblematic, “natural” organisation of the interviews. Rather, they emerged from a process of exploring the research question in the account transcripts, and exist here as a means of lending coherence and comprehensibility to the analysis, and to provide a useful framework around which to present it. The attempt will be made also to attend to the individual specificity of the accounts, and to deal with the differences that might have emerged between accounts that are subsumed under the same analytical category.

Table 3: Oppositional, Ambivalent and Positive Accounts

	Interview numbers
Oppositional accounts	I, XII, XIII, XIV, XV, XVII
Ambivalent accounts	III, IV, V, VI, VII, VIII, XVIII
Positive accounts	II, XI, XVI, XIX

Attention will be focused first upon the accounts of those participants who exhibit a strong degree of dissatisfaction with their situation. Evidence here indicates that, in understanding and relating to themselves, people draw upon other concepts than those which differentiate them from the “normal” and construct them as potential subjects for care and supervision. This leads to consideration of how people resist the ways in which they are defined and their conduct is directed in particular power relationships. Next, we look at accounts exhibiting a somewhat ambivalent position to participants’ situation. Finally, we move on to participants who, in their accounts, identify with and support the way that they are positioned in their lives in care and take a positive attitude towards it. Through an exploration of each of these (imposed) categories of accounts, we will begin to build up a picture of the interactions people have with the forms of power/knowledge which position them as subjects and direct

their conduct, and begin to see how these forces and individuals' active formation of self-relationships is played out, and thus obtain a clearer picture of how people are affected by power and subjectivity in the situation we are studying.

8.1 Oppositional Accounts

As can be seen from Table 1 and Table 3, each of the accounts classed as "oppositional" contained three of the themes identified as relating to ethics: assertion of rights, ability to speak up for oneself, and disagreement with aspects of life in care (one of these accounts also contained the theme of dependence on the home, as will be seen later). However, as has been indicated, there is more to consider about how participants relate to themselves and to the forms of power and subjectivity that act upon them than indicated by the identification of these themes, and different accounts contained subtly different ways of relating to the relevant issues. This chapter is organised not around a broad thematic analysis, as the previous one was. Because of the focus on individuals' own overall orientations to issues of power and subjectivity, and how they take up positions in relation to them, the analysis here involved looking specifically for differences in the ways that individuals (even those subsumed under the same category describing their orientation to their lives in care) relate to and discuss their situation. In this respect, three different ways of relating to and discussing their situation were noted amongst participants identified as "oppositional" in their orientation to their lives in care. Accordingly, the analysis of these accounts will be further subdivided into three subsections, each dealing with one particular "oppositional" way of discussing these issues that emerged in one or more of the interviews. The first of these (represented in one interview) is a clear claim for the participant's rights to equality of treatment and self-expression, and a presentation of criticisms of some of the ways that these rights are often not upheld for people in care. The (three) interviews in the second subsection put forward a clear outline of rights existing as general ethical ideals that lead people to relate to themselves as self-expressing subjects and to behave accordingly. Finally, the accounts in the third subsection (comprising two interviews) implicitly contained similar ethical ideals to those in the second subsection, but these were not explicitly stated. These participants, rather, were more concerned to illustrate negative aspects of their lives in care – things that they found unacceptable, or unfair.

Claiming one's rights - Interview XII (Steve)

This first extract to be considered here is from an interview with a male in his mid-sixties who had recently moved out of a large care home into a small, supported-living home with three other residents.

Extract 1: Interview XII - Steve

I: Yeah. so, um, I was told when I phoned here that this was a place for people with learning difficulties. Is that right?

Steve: Yes.

I: Um, do you remember when you first heard the term. 'learning difficulties'? When someone first said it to you.

Steve: Ah, yes (1) I didn't know about this 'til I come here, because everything's been changed. In the olden days, you got put down as 'mental' and 'daft,' and all sorts. But I think things have changed which I didn't know about 'til I got here. And the government bought all (1) the government brought all this out.

I: Mmm.

Steve: And it's getting better for people like me. It's getting a lot better. Where in the olden (1) in the olden days, it was horrible what you were called, like mental, daft, all that.

I: But, you knew (1) did you think =

Steve: = No, not in them days, but when I got here, yes, I did, because people told me.

I: So, you never heard anything else before?

Steve: All you heard was that you were mental, daft, and everything else.

I: So, did that affect you, did it make you think, (1) how did you think about that? Did it make you think that =

Steve: = No, because (1) when I got here, the people told me about what it was (1) what it is now. I was told everything about, everything about, you know, being brought here. Now, if people call you a name, it's evil. (1) It wasn't evil to call anybody.

I: So, how, how did you feel to hear these new words? To =

Steve: = What, do they make it better?

I: Yeah.

Steve: I was pleased. (1) Because I feel that I ought to be treated like you.

I: What? I'm sorry, could you =

Steve: = I see myself that I ought to be treated like you do. Because we're in wheelchair it doesn't mean we can't get what people like yourself. And that's one of things I'm (1) that's one of the things I don't like, you know, showing people up.

I: I know a there are, er (1) a lot of people speak up, speak up now =

Steve: = Yes, but what (1) I mean, you've come here to talk to me.

I: Mmm.

Steve: But I would ask you, how are you going to talk to people who can't talk?

I: Mmm. Yeah, well, you can only really talk like this with people who can =

Steve: = Yes, and and but if you go to talk to a person who (1) who can't talk, you've got to (1) you're putting words in that person's mouth. It's not (1) it's coming from you, and not from him, or her. To me that's wrong.

I: Yes, yeah. So, what sort of things do you think it's important to say? Um, for people, er, in these (1) in these, er, self-advocacy groups, what do you think are the important things for them to say?

Steve: It's important not that it's you that says it, it's important that they say it, what you want to know. (3) I mean, you can't say (1) you can't say anything when people don't know what you're on about. (2) I mean, you've come here, and I can talk. But if you'd come here to see somebody who can't talk you've got to pick someone easier. (2) And, you know, like M__, or A__, or S__ or K__, that wouldn't help you, but in my case I know all about that, but if people didn't know that I could talk and you'd come here, you'd have a big problem, wouldn't you. (3) But I don't know how you could do that by yourself. I mean, you talk to me now, but you there are some

people who've got a lot of problems. (2) It's going to help you to get what you want to do if you not only talk to me, you've got to talk to people who, you know, (1) who've got problems more than what I have.

I: Yes, yeah, you think people need to learn to listen?

Steve: Yes. I mean, I know what you want now and I know that I can listen, but some people can't listen.

I: Yeah, yeah.

Steve: And to me, (1) that's one of the things that ought to be looked at.

I: Yeah. (2)

Steve: There're a lot of them. I'm sure you, I'm sure that before you finish, I think you've got to go around (1) and find about a bit more, more about what you want to do. You can't only put down what I think, you've got to get a lot of people. Is that what you want?

I: Yes.

Steve: I mean, I can tell you about S__, but some people might tell you about somewhere else.

I: Yes, well, I think you're right, that it is important. Perhaps a lot of people don't realise that it's important to listen?

Steve: Yes, but that's (1) can they listen, that's the trouble. I mean, you will get some people what can't (2)

I: Is that something that you think self-advocacy groups can do? To teach people how to listen?

Steve: Well, yes. There's only two ways you can do that. You can get a person who, who (1) you can get a person who can talk and tell that person what they want to know. I think, I've been going to these meetings, and I've seen what I didn't like. People, you know, putting words into people's mouths. I think that's wrong.

This extract starts off in a similar vein to that which was seen in the very first extract, from Wendy's interview. Again, there is a concern to resist particular forms of objectification which make available negative lay-labelling. Steve shows that he is aware that certain ways of thinking about "learning difficulties" make available negative lay labels (labels that are not "professional", such as "mental" or "daft") which can become applied to him. He makes a distinction between 'the olden days' (or 'them days'), when it 'wasn't evil' to use negative labels, and 'now,' when it is no longer acceptable. He talks about this change as an improvement from what was 'horrible,' and talks about this issue in relation to his rights to be treated normally. So, after discussing how the ways in which people can be talked about has changed, Steve expresses support for the newer developments because, he says, he feels he ought to be treated like anyone else (using the example of myself as someone who is not conceptually differentiated from others in the way that people in his situation are). This extract, then, illustrates the themes of assertion of rights to choice, equality and self-expression (when he asserts that people like himself should be treated equally with others), ability to think and independently (when he talks about being able to speak about his situation, and voice disagreement with what he saw at advocacy meetings, for instance), and disagreement with aspects of life in care (when he talks about what happened in his home, 'in them days' in terms of being called names).

However, as has been said, what is more important than highlighting the existence of these themes is to consider *how*, overall, Steve orients to his position of having lived in care, and being defined as a subject of care.

Steve draws upon a set of discourses which is somewhat at odds with what was seen in the previous chapter regarding how people relate to themselves as subjects conceptually divided from “normal” others, subject to care intervention into their lives and to imperatives and prohibitions which act upon them. He draws upon a discourse which constructs people with learning difficulties as individuals meriting the same treatment as anyone else. It is this ethical technology – a form of knowledge through which people understand themselves and form relationships to their own lives and their own conduct – which is informing the position which Steve is taking here.

The theme of assertion to rights of equality, voice and so on emerges in this account as Steve sets up a contrast between a particular form of subjectification on the one hand and his own beliefs about himself and his rights (and those of people in similar situations) on the other. As we have seen before, Steve talks about membership of a specific objectified category of people (what happens to “you” when you are in his position) and begins to mention negative effects of being so objectified (being called “mental” or “daft”, not being listened to). He then explicitly contrasts this with a statement of his own beliefs in relation to this position (‘I ought to be treated like you’). There is a contrast here between a form of subjectification in which people are treated negatively as a result of being objectified as “having learning difficulties”, and Steve’s own beliefs in relation to this, concerned with rights to equality of treatment and being heard. This mirrors the contrast between the ‘olden days’ and more recent times. ‘In them days,’ Steve says, ‘all you heard was that you were mental, daft, and everything else,’ and he talks about his own more recent experience (“I”) of finding out about newer developments, and his own beliefs and opinions in relation to these issues. The old days, then, were ‘horrible’ for Steve, but things are ‘getting better.’ He connects this to a statement of the way he believes people in his situation should be treated: ‘I see myself that I ought to be treated like you do. Because we’re in wheelchair it doesn’t mean we can’t get what people like yourself.’ It was observed in the previous chapter that participants relate to themselves

as care subjects who recognise prohibitions and imperatives which their subjectivity imposes upon them and which set them apart from others. Here, Steve contests the idea that people deemed to have learning difficulties should receive treatment any different to that received by others, and presents a morally desirable alternative – that people ‘ought’ to have equal treatment. This alternative relies upon a particular conception of person-hood which places importance on the individual’s rights to equality and fair treatment, and makes possible judgements about power and individual action based upon these ideals.

The contrasts in the account, between ‘the olden days’ and recent times, between negative labelling and the assertion of rights of equal treatment, and between the setting out of a specific form of subjectification and Steve’s own contrasting beliefs, represent a form of struggle in which Steve is engaging – the struggle to relate to himself, and to be seen by others, as a person with rights to normal treatment, and not to be treated any differently because of any disabilities he might be perceived to have. There are conflicts between Steve’s contentions about the need for equality of treatment and his experience of being labelled and treated in a negative way.

He expands upon these ideals and, interestingly, connects them to the specific situation of interviewing people. In fact, he subverts the structure of a traditional interview situation, and begins intently questioning the interviewer. His concerns in doing this connect with his assertions about the need for equal treatment for people who are deemed to have particular “disabilities”. After voicing his opinion that he should not be treated any differently to other people, he turns the tables on the interviewer to some extent by challenging the ideal of carrying out these sorts of interviews. His concerns here centre around issues of voice and the right to be heard – another aspect of the concept of person-hood upon which he draws in his account. We discussed in Chapter Five the way that voice is a common yet problematic concept in evaluating issues of power in care settings. Here, however, it is used as a resource for resisting negative forms of objectification and power relationships based upon them. Steve turns issues of power around by positioning them as dependent upon the ability of people to hear the voices of people with ‘a lot of problems,’ and as related to the tendency of people to respond to this by ‘putting words into people’s mouths.’ He

even identifies this as a problem which occurs with self-advocacy groups. This also leads to a potential problem which Steve sees with this research: that if it does not involve collecting the voices of a wide range of people from different circumstances, then it will not make any valid findings: ‘before you finish, I think you’ve got to go around and find out a bit more, more about what you want to do. You can’t only put down what I think, you’ve got to get a lot of people.’

There are two important, inter-related points to what has been discussed so far regarding Steve’s account: the struggle to be identified as an individual with rights to equal treatment with others, and the act of drawing upon particular ethical technologies in forming a relationship to himself as such an individual, and thus contesting negative forms of objectification and resisting particular imposed subjectivities and operations of power. This illustrates that the manner in which participants relate to themselves cannot be understood merely by reference to one particular set of discourses relating to one particular mode of objectification or form of power. Steve is clearly not passively “constructed” by one specific discourse, operation of power or mode of subjectification. On the contrary, his account indicates that the social world that he is immersed in is complex and contradictory, and that he plays an active role in his self-relationships. The different discourses that bring people into being as objects of thought and as particular subjects can be seen in the conflicts and contrasts in Steve’s account. He is aware of different discourses which construct both him as an individual with a specific pathology which leads to him being treated differently from others and not being listened to *and* as an individual with rights to equality of treatment and self-expression.

Steve highlights a number of problems that go along with the objectification of people in his position as individuals who are somehow different from “normal” others and treated as such, and he struggles to resist these discourses and the forms of power that go with them. He talks about his experience of these forms of knowledge and power acting upon him to his detriment in the past (‘the olden days’) – although he does this indirectly, through the third-person – and then goes on to draw upon a “liberal” set of ethical ideals to make a case for the treatment of people who, like

himself, have been deemed to have learning difficulties to be treated equally with everyone else.

This is an ongoing process of struggle, though, rather than something which can be solved once and for all. Resisting negative forms of objectification is not the same as existing *outside* of systems of power/knowledge. Steve is playing through this struggle in his account, both implicitly and explicitly. This can be seen, for instance, in the way that he sets up contrasts when talking about his life between ‘the olden days’ and more recent times, which is mirrored by a shift in pronominal forms that indicates a concern for establishing a form of self-relationship as a capable individual with rights to self-expression. Again, he takes the position of either deflecting from his own agency by referencing a general subject (“you”, in contrast to him switching to “I” when expressing his opposition to this) or focusing his attention on people who are less capable of self-expression than himself (those who have ‘more problems’), and implicitly reasserting his own abilities by contrast. Thus, the theme of ability to speak up for oneself emerges here also, as Steve says that he is capable of speaking up about his situation and his rights, whilst some other people with ‘more problems’ might not be able to. This struggle around power and subjectivity can be seen explicitly in the extract as a whole: it would not be necessary for Steve to spend so much time contesting negative forms of objectification if he were not affected by them. People do not generally spend time voicing their resistance to these sorts of issues if they do not perceive themselves to be affected by them in some way. Steve experiences particular forms of power and subjectification as troublesome, as having a high cost for him, and he thus draws upon other ideals of self-understanding available to him in acting to resist them.

The type of resistance that Steve is performing in this extract is quite general in that it centres upon the manner in which people are objectified by discourses which circulate at a cultural level rather than the specific ways in which power operates upon him in the home that he lived in. This resistance is very relevant to the situation being examined in this chapter, though, as it relates closely to the relationship that Steve forms to himself as subject of care and to the power relations in the homes in which he has lived – in terms of the rights he has to equal treatment, the unacceptability of

certain operations of power, the opposition to subject positions which situate him as a passive subject, and so on. Elsewhere in Steve's account, and in other participants' accounts, there were illustrations of processes of struggle with a wider variety of forces of power and subjectification that act upon participants in their homes (forces which were seen in evidence in the previous chapter).

Rights as ethical ideals - Interviews I, XIII and XIV (Liz, Paul and Wendy)

A similar ethical position to that which Steve shows in his account is present in three other accounts of the six that show an oppositional orientation to care homes. These three accounts (Interview numbers I, Liz; XIII, Paul; and XIV, Wendy) were slightly different to Steve's, however, in that they contained an explicit assertion of rights presented in terms of a general ethical position – that is, talking about rights that “you” are entitled to – and this connects to a set of ethical imperatives which provide ideals for understanding and relating to the care environment – illustrated by the assertion that “you” have to speak “your” mind or stand up for “yourself” in a care home. In these accounts, such ethical technologies are presented in direct opposition to forms of power and subjectification that position people as care subjects, direct their conduct, situate them in a subordinate position in power relationships with staff, and so on. The following extract, from an interview with a man who has been living in care accommodation of different sorts for almost his entire life, is illustrative of how these issues occur in these three accounts.

Extract 2: Interview XIII - Paul

I: Can you tell me a bit about how you came to be in care in the first place?

Paul: I was put in care when I was eighteen months old.

I: What sort of place was that?

Paul: It was the F__ [a large, long-stay hospital in the midlands of England].

I: Oh, the F, right. So, you were there from the age of eighteen months until =

Paul: = ten. Then at ten years, I went to S__, then G__ Y__.

I: What's that, is that -

Paul: That was just the same as the F__.

I: And now, you're =

Paul: = Well, I'm starting to know things better. (1) I think I started to know things better when I started to have a voice when I was ten years old.

I: Right. When you got a voice?

Paul: You know, I could voice my opinions.

I: Yeah. What sort of things did you say?

Paul: Oh, some horrible things.

I: Oh, did you?

Paul: Well, yeah, I, I speak my mind. I can't help it. If they (1) the managers don't like you to speak your mind. (1) It's not heard of where they're concerned. You know.

I: What sort of thing happened about that?

Paul: Well, you got a fair deal. You know, you got a fair deal, (1) you'd get them to help you, you know. (1) You know what I mean?

I: Yes.

Paul: They, they, they helped you when (1) you lose a lot, you don't (1) you don't win anything. (1) You don't win anything. Now, get this, we just upgraded our house about a year ago, two years ago now, (1) and they didn't even put a bath in suitable for me.

I: Really?

Paul: And I'm having to go T__ on __ Rd. for a bath.

I: Oh, just to have a bath?

Paul: We're getting it done now, but I've been still fighting for it, innit? It's not even put in yet.

I: Do you have to do a lot of fighting?

Paul: You do, yes. You have to fight for what you believe (1) what you believe is right, but (1) you're (1) you're just a bad boy, aren't you, because you're not being quiet.

I: Yeah. So, you think you're supposed to be, er, supposed to be a good boy all the time, then?

Paul: You're supposed to be a good boy and be quiet, aren't you?

I: Mmm. So, what sort of things, I mean, what's being good, like =

Paul: = Eh?

I: I mean, um, =

Paul: = I know, but you're supposed to just take what they give you, and say no. But I still don't do it. I won't do it, because I believe there should be a voice. (1) We've got a voice and we should be able to use it.

I: When you do, do you think people listen very well?

Paul: No, they don't listen. (1) They don't listen because it involves money.

I: Right. You think that's the main thing, do you, money?

Paul: Eh?

I: That's the main thing, you think?

Paul: Well, that (1) er, that's, some people are ignorant. (1) Some people are ignorant. They just don't want to listen to you, (1) just do what they think is right, but they're, they're never right. They're always wrong.

I: So, do you think in a lot of ways you didn't have much choice in, you know, what to do and =

Paul: = In the olden days, no, you didn't. (1) But, you've, now you've got a voice, you've got a voice to hear you. You've got to voice your opinions.

[...]

I: Er, (1) you know, um, what you were saying about, you know, speaking your mind and that, do you ever have it like, er, does anyone ever give you any reasons like, why things are the way are, you know, why they've got worse?

Paul: Well, they say it's the government, but I don't believe it's all the government. (1) There's a lot of red tape. (2) But managers don't come and see you, do they? Managers just sit in the office with a pen and paper, that's all they do, and they get good money for that. They never come round and see any of the people, you never see a manager around.

I: Um, so, (2) so, what sort of, er, thinking about um, choice a bit, um (1) where do you think like, you have choice and your choice might be limited in certain areas. What do you think about that?

Paul: Well, if you've got any complaints, you can put them to your manager, can't you? You've got no choice, you've got your home manager, that's all. (1) But she, er, her hands are tied. She only can say to you, she can only, er, she can only, er, say what she thinks, (1) but her hands are tied, and her neck's on the line, isn't it? (2) You get where I'm coming from?

[...]

I: So, er, what happens, when you voice your complaints and that, what sorts of things happen?

Paul: The complaints procedure. You go through a complaints procedure, and you have to see your manager and everybody.

I: What sorts of things happen then?

Paul: They don't really. You never win. I've never won one yet. You keep trying, but you don't win. You don't win any, because they always seem to have the answer before you get there. (1) Really, it's not worth it sometimes, and you think 'why do you bother?' But you have to, to show them you're not afraid, so, (1) you're not afraid to show them.

I: Do you think if you didn't it would be worse?

Paul: Yes.

I: Is that something that's changed?

Paul: Change has got worse. Change is not as easy now as it used to be.

I: Er, I mean, how do you reckon, er, I know a lot of people who've been in places like the F__, er, the big hospitals, who were, you know, very unhappy with, er, with those places because of the treatment they got. I mean, is that =

Paul: = It's not the treatment you get. You, you get told, you get told that you raise your voice too much. You know, not, er I've not had bad tr-, I've not been treated badly, (1) but I just think it's not what it used to be.

I: Mmm. So, what, what sort of things would you change if you could pick some things which you could =

Paul: = If I had my way, I'd pick all my own staff. I mean, that's another thing: we're not allowed to pick our staff (1) and it's the staff that's looking after you. That's not care, to me, that's dictation.

I: Do you think you're dictated to in a lot of ways?

Paul: Oh yes. (2) Oh a lot. Although they don't dictate to me as much, because I won't take it, (1) and I don't. Believe me, I don't, I will not take it.

I: So, in that way, speaking up makes a difference?

Paul: Yeah, but I just think we should be involved in picking our staff. (1) Because the thing with the staff is they don't want, they just come for the money. (2) That's my opinion. (2) That's why the care's not so good now.

[...]

I: But is there one major thing that you think people should be more aware of about people living =

Paul: = Yeah, well, it could happen to anybody, couldn't it? It's not a thing, it's, it's an illness. It's an illness, isn't it? It's got to be an illness, so you can't really (1) you can't really label anybody, because that could be you. It could happen to anybody. You know, that's what people have got to be aware of.

Paul references two contradictory positions to which he relates in different ways. On the one hand, he says, "you" must speak your mind, make your voice and opinions heard, stick up for yourself, and 'fight for what you believe' in the face of limitations imposed by relatively powerful others and institutional interventions. Also, on the other hand, "you" are supposed to be 'a good boy,' quietly fit in with the running of the institution, and take what is given to you without comment. Again, this extract contains evidence of three of the themes identified as connected to ethics – as do Liz's and Wendy's accounts also. These themes are the same ones that emerged in Steve's interview – assertion of rights to choice, equality and self-expression (e.g. 'there should be a voice'), ability to think and act independently (e.g. 'I speak my mind'), and disagreement with aspects of life in care (e.g. 'they're always wrong'). Again, however, what is most important to consider is how these issues fit into an overall orientation that the three participants mentioned above take towards their situation of living in care – and this is subtly different to Steve's account.

In the example provided by Extract 2, it can be seen that Paul is referencing not only a subject position in which "you" must behave and be a good care subject,

but also a specific ethical discourse with which he actively identifies. He does this also through the third-person as a generic position connected to imperatives such as speaking “your” mind, and refusing to take certain limitations. This was common to the three accounts that were identified above as discussing these issues in this way. This is how the theme of assertion of rights to equality, voice and self-expression emerged in these three accounts – as a general ethical position through which everyone (“you”) has these rights, and as tied to imperatives to claim these rights for “yourself”. There is a moral force imparted to these imperatives, since they are things that “you” (or any reasonable being, not just Paul himself) are obliged to recognise and act upon. Paul draws upon this position as an impetus for challenging the ways that people in his home are subjectified, as a device for making moral judgements about power that operates upon him, and showing why these things *should* be challenged. The same phenomenon is also evident in Liz’s and Wendy’s interviews – in each of these three interviews, the participants state that “you” must speak your mind and to stick up for yourself. There are certain ways in which being a care subject problematically clashes with this.

The theme of ability to think independently and speak up for oneself also emerged in these accounts, as the set of issues connected to rights were discussed broadly in the context of ‘voice.’ Paul, Liz and Wendy emphasise their ability to voice their own opinions. Thus, Paul says that he has said ‘some horrible things’ in making himself heard because he ‘can’t help’ speaking his mind. In line with the ethical position he references, he presents himself as an individual who has his own opinions and is able to voice them. This process of speaking up is presented as in some way in defiance of what is expected of people in his situation. So, Paul says, ‘I speak my mind. I can’t help it. [...] The managers don’t like you to speak your mind.’ Here, as has been seen many times now, Paul shifts in his use of pronouns, from referencing himself specifically (in the first-person) when stating how he speaks his mind, to referencing a general subject (in the third-person) when talking about how this is in conflict with what is expected by the managers of his home, with the impositions of a particular subject position. A little later in the extract, also, he expands upon this and comments that ‘You have to fight for what you believe, what you believe is right, but you’re, you’re just a bad boy, aren’t you, because you’re not being quiet’ and ‘you’re

supposed to be a good boy and be quiet, aren't you?' The shifting of pronominal forms in this way, and the framing of ways that "you" have to fight or struggle in care, was also something that was noted in Liz's and Wendy's interviews as well as Paul's.

These three participants recognise, then, certain imperatives and prohibitions to which an individual, as a member of a specific category of people (those who live in care accommodation), becomes subject. These prohibitions and imperatives clash with a set of ethical ideals of having rights to voice and equality, and with a set of ethical imperatives which oblige people to claim these rights for themselves. Paul, Liz and Wendy draw upon these ethical technologies in resisting the way they are positioned as care subjects – to a degree. For example, Paul says that if "you" speak up for yourself (as opposed to merely passively accepting limiting aspects of the care environment), 'you got a fair deal,' and then comments 'but you're supposed to just take what they give you, and say no. But I still don't do it. I won't do it, because I believe there should be a voice. We've got a voice and we should be able to use it.' Like Steve, Paul places the responsibility for the position in which people in care accommodation find themselves upon the shoulders of those who refuse to listen, those who are 'ignorant' and 'just do what they think is right.'

Again, there is here the explicit comparison of what is expected of participants *as subjects of care* with the ways that they actually behave and what they believe is right, relating to points that are made about voice and people being listened to. Notice the shift in pronominal forms in Paul's account as he does this, from a general third-person detailing the imperatives of a particular subject position ('you're supposed to just take what they give you') to the first-person to show how he himself rejects and resists these impositions ('but I won't do it'). Paul uses the first-person in his account in connection to showing how he acts in relation to his alignment with the position of "liberal" subjectivity. Again, this point was common to the other interviews identified as similar to Paul's in this respect (i.e. Liz and Wendy). Each of these three participants referenced both a subjectified position and a "liberal" ethical position in the third-person. That is, they talk about these as general positions existing beyond themselves and connected to wide-reaching imperatives and prohibitions. They also juxtapose this with the use of the first-person to show how they themselves act *in line*

with the one form and *in resistance* to the other. So, Paul comments that “you” have to speak your mind, so “I” do, *but* “you’re” supposed to be quiet and to take what’s given, but “I” won’t do it. The significance of this can be seen further if the opposite case is imagined for an instant: “You have to speak your mind and show them you’re not afraid, but I won’t do that, because then you’re being bad”. This hypothetical counter-example illustrates how these questions of self-referencing highlight important issues about how Paul relates to these positions and the relationships, actions, interventions, and self-understandings they make available.

It is not totally correct, however, to talk about the position of being a care subject and the position informed by what we have called “liberal” ethical technologies – those that relate to ideals of equality, voice, autonomy, self-expression, rights, and so on – as though they were totally separable and totally foreign to each other, each having a definite and knowable effect in constructing people as subjects of particular sorts. What we are observing here, rather is participants drawing upon a *particular set of ideals relating to self-understanding and self-conduct* which clash with certain aspects of being positioned as a subject of care and supervision. It is, perhaps, more accurate to say that there are elements of being constituted as a “liberal subject” which make available certain ethical technologies that allow people to understand themselves as beings with certain rights and abilities. Similarly, there are elements of being constituted as a “care subject” which position people in particular relationships, and with particular forms of subjectivity, which clash with this somewhat. Although our terminology may be somewhat contentious here, it will be more convenient if we refer to these positions as they occur in people’s accounts as “liberal subjectivity” and “care subjectivity”, as long as the points raised here are borne in mind when such reference is made. The participants seen so far in this chapter, then, draw upon ideals relating to self-conduct in resisting what they experience as problematic about the forms of power and subjectification which operate upon them.

Related to this is the way that Paul puts forward a definition of learning difficulties as ‘an illness’ which ‘could happen to anybody,’ and therefore should not carry negative labels or lead to different treatment. All through his account, Paul

challenges both the definition of people with learning difficulties as needing special treatment and the position of a “good” care subject, defined as someone who allows their lives to be managed by staff members without complaint – ‘you’re supposed to be a good boy and be quiet [...] you’re supposed to just take what they give you.’ He presents the imperatives of speaking up for oneself and making one’s voice heard that are consonant with a liberal ethical position (although this term is used advisedly and not totally unproblematically), illustrates how this clashes with being a subject of care, and aligns himself with the former and resists and challenges the forms of objectification and power relationships connected to the latter.

This type of resistance does not mean that participants can *escape* from forces of power and subjectification such that they no longer have any effects. On the contrary, this is a process of *struggle*, in which they engage with the ways that they are positioned as particular types of subjects and with the commensurate ways that power acts to direct their conduct and position them in differential relationships. This is evident in what Paul says about having to *fight* a lot, and in the way that he identifies with a certain set of imperatives around ideals of speaking up for “yourself” and making “your” voice heard, and shows how this clashes with the position of being a care subject. This is also seen in a number of other ways in the extract from Paul’s interview. For instance, after saying that speaking up gets “you” a ‘fair deal,’ he contradicts this by remarking that ‘you lose a lot, you don’t, you don’t win anything.’ Similarly, he complains about the attitude taken by managers of the home, stating that they ‘just sit in the office with a pen and paper [...] they never come around and see any of the people,’ and he comments that if someone has any complaints, ‘you can put them to your manager [...] You’ve got no choice, you’ve got your home manager, that’s all. [...] but you don’t win. You don’t win any because they always seem to have the answer before you get there.’ Paul talks about the position of being a care subject here not only in terms of a position connected to imperatives and prohibitions which can be resisted, but in terms of what “you” have to *put up with* when “you” are in this situation, ways in which “you” *do not succeed* in resisting particular forms of power. Again, this also emerged in Liz’s and Wendy’s interviews. Whilst saying that “you” have to ‘show’ people what “you” are capable of, or ‘battle’ for “your” rights, they also made comments about things that “you” had to put with – e.g. ‘you had to go

with the flow,’ ‘you knew if you said anything, you would just get told [...] it was just the norm.’

Despite their resistance to many aspects of their positions in care and the subjectification this entails, then, these participants are still subject to many of the aspects of power we have discussed. Most prominent here is being placed in power relationships in which they are conceptually divided from relatively powerful others who make decisions about the environment in which they live, and upon whom they are reliant if they want to voice their opinions or to see any changes in any aspect of their environment. There is thus a complex and contested set of issues surrounding subjectivity, forms of self-understanding, and relationships of power.

To summarise, in three of the six accounts that showed an oppositional orientation towards life in care (as illustrated in Paul’s account), there was the juxtaposition of two contradictory positions relating to subjectivity and ethics – “liberal subjectivity” and subjectification to a care regime – both referenced as general positions connected to particular imperatives and limitations (i.e. talked about in terms of what “you” are obliged to do or the ways that “you” are expected to behave or “should” behave in each instance). Alongside this was participants’ identification of themselves as people who speak up for themselves and make their voices and opinions heard. This is presented explicitly as being in defiance of what is expected of individuals in the position of being a care subject. So, Paul presents how “you” (as a subject of a care home) are expected to behave and then counters this by making it clear that *he* (“I”) refuses to do so. He draws upon “liberal” ethical ideals in doing this: ‘*you’re* expected to just take what they give you and say no. But *I* still don’t do it. I won’t do it, because I believe there should be a voice’.

This is an ongoing struggle. Although Paul refuses to believe that he should be a ‘good boy,’ and despite his assertions that he has a voice which must be heard, and that the staff don’t ‘dictate’ as much to him as to others because he ‘will not take it,’ there are still limitations acting upon him which clash with these ideals. Paul’s account is torn between talking about challenges and forms of resistance in the face of subjectification and power relationships on the one hand, and about the negative

effects that this power and subjectification have on the other. This is perhaps to be expected – as has been commented, there would be little point discussing one’s objections to particular forms of power in this context if they did not affect one’s life in some way. So, although he challenges the way that people with learning difficulties are objectified and subjectified in forms of power/knowledge, and illustrates his resistance to this, Paul still comments that there are things that “you”, as a member of a particular group of people (those living in care) have to do or put up with – ‘you don’t win,’ ‘you’ve got no choice,’ etc. This situation cannot be understood by reference just to power or resistance alone, but only as a dynamic interaction of forces of power, subjectification, ethics (the active process of forming relationships to oneself as a certain type of being) and resistance.

Negative aspects of life in care – Interviews XV and XVII (Roger and Trevor)

Another, somewhat different, example of someone taking up a position centred around challenges to the operations of power that they experience is seen in the next extract, from an interview with a man in his late forties who has lived in a residential home for most of his life.

Extract 3: Interview XVII – Trevor

I: What do you think has changed?

Trevor: Nothing much. (?) I’m in my forties, late forties now, forty-six, forty-seven, I can’t remember how much I am now, but (1) I mean, I’m getting really on now, I mean, (1) I can’t get a choice to get married, I can’t get a choice to have a girlfriend, I can’t get a choice of where I live, I can’t get a choice of where I work, I can’t get a choice of going to the day centre, I can’t meet people in the day centres. I can’t meet anybody (2).

I: So you don’t get much say in things?

Trevor: You don’t get much say in your life at all, no. (?) It’s all very good to [mocking tone] “be in a nice home,” but then you get bored, you get fed up, you get nervous, you get breakdowns and all sorts. Yeah.

I: So do you think you’d prefer to live independently?

Trevor: I’d like to live independently if I could, but I can’t do much on my own now, because I’m getting really old now. (I’ve known as much) since I was a kid, wanting things, but I’m getting very old now.

[...]

I: Do people try and have, have a say, to have choices and =

Trevor: = No, nobody has a say, because nobody says anything, because they make you feel disabled, mentally handicapped, and stuff like that, and learning disabilities, stuff like that, it means they don’t get a say in where they want to live or nothing. I mean a lot of them are dying in places, I mean, I mean, you don’t get a choice or whether you’re buried or cremated or what you want done when you’re dead. Nothing. You don’t get a choice in anything these days.

I: So, um, do you not feel that anyone would listen if you did complain?

Trevor: I don’t know if anybody would listen or not, I mean I wouldn’t know.

I: So what about the staff? Do you think if you, if you said anything to them it would change anything?

Trevor: Pardon?

I: Do you think if you said anything to the staff it would change anything?

Trevor: I don't know, because you don't know what to say to staff (when they tell you, er, there've been) wedding books, funeral books and all sorts, I mean, they just throw them away, they don't keep them very often. That's the trouble, they just throw them away, and you can't afford to get, get buried because it's too expensive. I mean, how was I supposed to know that? They've got all my money. I mean, you've got no next-of-kin or nothing when you're in them homes. [...] I mean, I mean, it's alright living in a residential home, I mean you get looked after and that, but you don't learn anything, you, you, (1) they open doors for you and that, and you don't know what to do half the time. All you do is go to college and come back, have your meals, and you're, you're not doing anything really, I mean, not really, it's not much, (1) I mean if you want to, you're not really (using) your mind much. When you got, I mean, I can't make my bed, I can't wash my clothes, I mean that's what you can't do because it's all done for you. You can't do anything like that, and I get really depressed and all nervous because (1) my washing's not done or my bed's not made or whatever. (1) It's really depressing. (2) If you just change to make your bed, you can't because you've been in homes too many times, and you can't wash your clothes because you didn't like to, you don't know how to work the washing machine, I mean you don't know how to do anything these days, I mean it's terrible.

[...]

I: What about, um, rules in the home, rules about behaviour and that?

Trevor: Oh, I don't know about rules and (1) I don't know about rules because there's people with depression and (1) I mean a lot of people suffer from depression. I mean, one person got hit because they got depressed and (1) they were, I mean it's nervous, something with the mind, I mean I don't blame themselves, I think it's something wrong with the management with drugs and injections and things going on. All their lives, it's not doing them any good at all.

I: So who decides things like that?

Trevor: The staff do, they decide if you've got to take drugs or not. You've got to either take them or they put your name down in the book. Then you could be in the hospital or go to the doctors or the psychiatrists or whatever. And that's not fair.

I: So what do you think about the way staff =

Trevor: = Terrible. It's terrible when you have to take drugs all the time and injections and stuff, because (she just want to give me) injections, I said, 'What are the injections for?' 'To make you better.' I said, 'You're not making me better at all. I've been ill since 1970, I'm not better at all.'

I: So why do you think they do things like that?

Trevor: I don't know, it's just their way of doings things. (2) They don't seem to care much now like they used to. The social workers are bad enough not opening their mouths all the time and sticking up for residential nurses and stuff like that. (All my treatment's been) injections for things and I don't understand because I don't, er, I take drugs, I take tablets, I take medication, I take all sorts, and they're making me terrible depressed. Yeah.

I: So, um (1) do you think that's (1) something to do with the way people treat people with learning difficulties?

Trevor: Yeah. That's how they treat them, yes.

I: So, you think, um, do you think people with learning difficulties are treated badly?

Trevor: Most of them are, yeah. Most people with learning difficulties are treated badly. It's alright sometimes, but they, er, not with drugs because they make you take them, and when you've took them, you get really depressed and nervous and you have breakdowns and you feel suicidal and (1) you don't know what to do with yourself half the time. (1) You can't sleep at nights, you're having more nightmares. I mean every time they put (?) you get more nightmares.

[...]

I: What do you think about the, er, that you've changed the way you think about things since you've come here?

Trevor: They've changed because now I can stick up for my rights. (1) But I was told to stick up for my own rights, and I find that difficult.

Trevor takes up an oppositional position with respect to the way that his life is managed in his home. However, it is noticeably different in tone and scope to what

was seen in the previous accounts. Trevor does not explicitly draw upon specific discourses and concepts of person-hood in his oppositional attitude. Rather, these are implicit in his account. Where the participants seen so far in this chapter explicitly set out an oppositional position upon which to draw in relating to themselves as capable beings and challenging the forms of power that take hold of them, Trevor's account is centred more around showing how particular effects of power and subjectification are intolerable for people in his position.

When asked whether he has much say in how his life is organised, Trevor responds by lamenting at length the things in which he has no choice – the drugs he takes, how he is to meet people, where he lives and works, trips to the day centre, and so on. Thus, the theme of disagreement with many aspects of his life in care is central to Trevor's account. In contrast to what we have seen before, Trevor frequently talks in the first person about how he lacks choice in many aspects of his life. The significance of this will be discussed later. First, we should consider how he responds to these questions by mocking the idea that being 'in a nice home' is an over-riding concern. His comments show that this does not mean much if "you" (and here he has shifted to using the third-person to reference a general subject position) do not have much say in "your" life – it does not prevent "you" from getting 'bored,' 'fed up' or 'nervous' for instance. One other account (Interview XV, Roger) was similar to Trevor's in these respects.

He connects this lack of choice not only to the way that people's lives are managed, but also to effects of their environment and their treatment which make them 'feel disabled.' Not only do people not get a say in where they are to live, for instance, but 'nobody says anything' because they are made to 'feel disabled' or 'mentally handicapped.' This represents the theme of dependence on the home, as Trevor comments that, although he would like to live independently, there are things that he believes he cannot do for himself. His was the only "oppositional" account to contain this theme (Roger's account, despite being similar to Trevor's in many respects, is different here, as Roger was able eventually to move out of his home and into independent living). Trevor talks about this as a sort of learned helplessness, in which the way that his life is managed means that he lacks the skill, knowledge or

confidence to do certain things for himself. Thus, he says that “you” can’t get buried because of the cost, and says ‘how was I supposed to know that? They’ve got all my money.’ Just as having other people whose role it is to manage his money means that Trevor has difficulty knowing what he can and can’t afford, he also shows how the organised, managed, regimented lifestyle to which he and his co-residents are subject means that this affects very wide areas of people’s lives. He comments, ‘all you do is go to college and come back, have your meals, and you’re, you’re not doing anything really.’ Trevor makes clear that what might be called quality of care is not the issue he is contesting: ‘I mean, it’s alright living in a residential home, I mean you get looked after and that.’ What he is getting at, essentially, are the problems inherent in a group of people occupying a position in an institution in which their lives are managed by specific others, in which they are situated in power relationships which place them in a passive position with respect to the running of their own lives and their environment. He illustrates this with examples of things he himself worries about, such as his washing or making his bed.

These complaints and disagreements with his home are extended when Trevor talks about the programmes of medication given to residents. He comments that he believes that the ‘drugs and injections’ given to people do them ‘no good at all,’ and that this represents ‘something wrong with the management.’ The passive position which people who live in Trevor’s home occupy is emphasised here again, as he talks about how the staff decide whether or not “you” have ‘got to take drugs,’ and how failure to comply with these decisions means that ‘you could be in the hospital or go to the doctors or the psychiatrists or whatever.’ Once again, there is a definite division in terms of power relationships between those who run the home and whose role it is to supervise, manage and look after the residents, and the residents themselves, who are positioned in this relationship as passive subjects of these forms of supervision and management and as subject to corrective measures (such as being sent to a hospital) in relation to them.

Trevor actively contests the ways that people in his position are subjectified in these power relationships and the treatment they receive as a result of them. As well as arguing that there is something wrong with the management of the home and that

the drugs which are administered do not do people any good, he complains that this treatment is 'not fair,' that it is, in fact, 'terrible.' His objections to this particular aspect of institutional living are further illustrated when he recounts an instance of his explicitly challenging it: 'I said, "What are the injections for?" "To make you better." I said, "You're not making me better at all. I've been ill since 1970, I'm not better at all.'" This theme is continued as Trevor complains that social workers only stick up for residential nurses rather than speaking up for residents, that his drug treatment is making him depressed, and that people with learning difficulties are not treated 'alright' with respect to the administration of drugs because 'they' make 'you' take them. This illustrates again how people living in care accommodation are positioned with respect to forms of power and modes of subjectification: choices are limited and responsibility for particular decisions is deferred for people in Trevor's situation. Again, this is generally (but not exclusively) referenced in terms of a general subject position (i.e. around what "you" have to do, what decisions are made for "you" and so on). Specifically, there is an emphasis on the passive position of care residents with respect to decisions that are made about their lives and the ways that their lives are managed. The process of being constructed as a subject of these institutional interventions is commensurate with a set of power relationships in which there is a conceptual division between residents and staff in terms of who has the right to make particular decisions, who can organise, supervise, and, if necessary, take corrective action towards, whose life, and so on.

Trevor takes up an oppositional stance towards these issues, and contests them throughout his interview. There are, however, a number of differences between this and the previous interviews. In both Trevor's and Roger's accounts, the theme of assertion of rights to equality, choice, and so on emerges differently to what has been seen so far. This assertion of rights does not emerge in these two accounts explicitly in terms of statements about how people should be treated (as was seen in Steve's account), or through the presentation of general "liberal" ethical position setting rights that "you" have and connected to imperatives to claim these rights. Rather, it emerged indirectly, through an outline of what happened to the participants in question in their homes, and their arguing that this is unfair or wrong. Where previously participants explicitly drew upon ethical technologies relating to a position that we have called

“liberal” subjectivity, here there is no such appeal. Trevor and Roger, do not make explicit reference to they he *should* be treated, nor appeals to specific rights which can be contrasted to what they have experienced. Similarly, there is not the same type of explicit illustration of themselves as a capable and independent subject as in the other interviews. There is not the same concern to contrast what is expected of “you” as a care subject with the ways in which they themselves behave(d), for instance. However, their discourse does, of necessity, *implicitly* draw upon certain ethical ideals, certain concepts about how people should be treated, and what it is legitimate to do to them. A set of ideals based, around the concept of people as having a right to ‘fair’ treatment, to make their own choices, and to be listened to, is implicit in what they says – otherwise he could not make claims about things being ‘not fair’ in these respects. As can be seen in Trevor’s account, though, they seem more concerned to show how being in care affects their lives. Although there is, as has been pointed out, a general tendency to talk about his situation by referencing a generic subject of care through the third-person, Trevor also goes into detail about the ways in which he himself is limited and constrained by particular forms of power relationships. For instance, he remarks ‘I’m still on drugs and injections now, I don’t have any choices about that either,’ ‘I can’t get a choice about where I live, I can’t get a choice of where I work, I can’t get a choice of going to the day centre,’ or ‘I can’t make my bed, I can’t wash my clothes’. This way of talking about life in care emerged in both Trevor’s and Roger’s accounts.

At this juncture, it may be helpful to digress a little to examine the impact of this phenomenon upon the general analytical findings emerging from this research. It might be objected here that Trevor’s interview represents disconfirming evidence for findings about the use of pronominal forms highlighted in previous interview extracts, and that it therefore undermines the analyses drawn out so far. However, this would be to misunderstand the points that have been made. The point has not been to elevate the use of differing pronominal forms to the level of a psychological or discursive *rule* that could be used in a predictive manner to anticipate how an individual would be expected to talk in a particular instance. Nor have we been concerned to situate this set of phenomena as a fundamental theoretical basis for discovering the existence of power relationships and forms of subjectivity such that we could not discuss these

issues without the presence of a particular, definite pattern of pronoun use – i.e. always using the third-person to discuss how one is limited, constrained or subject to certain imperatives, and, similarly, always then shifting to the first-person to discuss one’s actual behaviour or beliefs. On the contrary, we are not laying claim to the discovery of a rigid, predictive set of rules surrounding a set of psychological phenomena. Attention has been paid to the variations in pronominal use not because this is a fundamental underpinning to an overall theory, but because it is an aspect of people’s discourse which is useful in highlighting how they are relating to issues relevant to this research. It is a *tool* for analysing these issues within the context of a wider set of issues surrounding power and subjectivity that can be seen in people’s accounts. As such, it has the potential to show different things happening in different accounts. Each account, then, should be analysed independently (although, of course, this is not to say that a number of similar findings will not be noted in different accounts), rather than in relation to a general psychological, rule-based theory. The examination of how people use pronominal forms in discussing issues of power and subjectivity is a useful tool in carrying out this analysis, in examining how people relate in particular ways to forms of power relationships, ethical technologies, and their own identity and subjectivity. It is in this way that the findings outlined so far have been drawn out, and it is in this way that Trevor’s extract must also be treated. Having made these points, then, we return to Trevor’s interview to see how this analytical tool is useful in analysing the relationships he describes to forms of power and subjectivity which affect him.

Although there is, on the whole, a tendency for Trevor to talk about the constraints and limitations which act upon him in terms of a general subject position (i.e. talked about in the third-person), he also explicitly discusses these issues as they affect him (in the first-person). This is connected to the specific ways that Trevor interacts with problems of power and subjectivity. Previously, we have seen how people struggle to relate to themselves as capable and independent beings who, despite institutional and disciplinary pressures, defy being positioned as subjects of a care regime, and challenge the power relationships and moral imperatives that inhere with such a position. This struggle is reflected in the way that they talk about these issues, including how they reference themselves (including their use of pronominal

forms). This concern is not so central to Trevor's discourse – although it cannot be completely ruled out. Trevor is more concerned to show how the forms of power he describes are intolerable – or, in his own words, 'terrible' – for people in his situation.

Rather than drawing upon alternative forms of ethical technology or oppositional forms of subjectivity to outline how people should be treated or to locate imperatives for resisting particular operations of power, Trevor and Roger talk about the negative effects of these power relationships, showing how this is (or was, in Roger's case) intolerable for them. There are numerous examples of this to be seen in Trevor's account. For instance, he talks about how people are made to feel disabled and that they therefore don't get a say in where they live, he discusses how this leads to a passive position in which their lives are organised and managed and they become unable to do things for themselves, and he complains that they are made to take drugs and medicines without being consulted. There is a tendency for him to discuss these issues with reference to a generic subject of care – by saying that this is what happens to "you" when you are in this situation. Indeed, his account would be saying something rather different if he did not connect the points he is making about power to the membership of a specific subjectified group. However, he also expands upon these issues with specific examples from his own personal experience, and references these as such. Although he comments that 'you don't get a choice,' or 'you're not really doing anything,' he also illustrates at length how these issues affect his own life, limiting what he personally can do (for instance, 'I don't have any choices about that'). As has been said, a very similar occurrence was noted in Roger's interview, in which he talked about ways that "you" were treated in care (e.g. 'they punish you. You went to bed'), went on to provide a number of examples from his own experience, in the first person, that illustrate how this was intolerable for him (e.g. 'I had to get on my hands and knees and beg them not to send me to W__ Hospital, and [...] they kept aggravating me and were going to burn my season-ticket and, um, they were tormenting me'), and contested these aspects of power (e.g. 'people were being bullies and [...] telling what time to go to bed').

Although Trevor clearly opposes much of what goes on in terms of power relationships, and illustrates how he has spoken up about this (when confronting a

staff member about his medication regime), there is also a resigned air to the interview, as he laments the ways that his life is made ‘terrible’ by these issues. Contrary to the other interviews seen previously, Trevor and Roger do not explicitly struggle to relate to themselves, and to present themselves, as independent, capable, self-expressing beings. Although their comments are implicitly based upon an ideal of how people *should* be treated (it would not be possible to comment that certain things are ‘not fair’ without some such inherent notion), and although this is a clear indictment of the ways that they are subjectified, they do not make explicit appeals to these issues in order to align themselves with a “liberal” form of self-understanding. Indeed, it seems that Trevor *is* struggling with these issues, but that he believes that he is *losing* the struggle (this is not quite the same in Roger’s account, as he had moved out of his home shortly before the interview was conducted). This can be seen not only in the ways that Trevor references his own life as subject to numerous intolerable constraints, or talks about his abilities to look after himself as being atrophied through the action of such constraints, but also when, for instance, he comments that ‘now I can stick up for my rights,’ but then amends this to ‘but I was told to stick up for my rights, and I find that difficult.’ So, although he challenges the manner in which he is subjected and in which power has a hold of him, he seems more resigned to this than he is concerned to align himself with an alternative self-conception upon which to base challenges.

These points represent a notably different position to those seen before in the other “oppositional” interviews. Although the forms of power relationships and the modes of subjectification in Trevor’s and Roger’s accounts are similar to those in other accounts, and although they both clearly oppose and challenge these issues, the way that they interact with them and relate to themselves are different. This is a useful reminder that we should not be seduced into believing that we can come up with some sort of grand unified theory of people’s interactions with power and subjectivity, that we must attend to the *specificity* of individuals’ accounts rather than making appeals to the generalisability of our findings merely through identifying themes common to a number of interviews.

Summary

To summarise briefly, so far in this chapter we have seen participants drawing upon systems of knowledge and ethical technologies which are oppositional to forms of power and subjectification that construct them as conceptually divided from other people and place them in a subject position in which their lives are managed and supervised, and in which they become amenable to forms of power which direct their conduct in line with this. These oppositional discourses or forms of ethical technology centre around concerns for equality of treatment, choice, voice, and the right to take an active role in running one's life. Participants drew, explicitly and implicitly, upon these positions in challenging forms of subjectification consonant with being constructed as having learning difficulties, and in locating imperatives for challenging and resisting particular aspects of power.

These issues were discussed in different ways by different participants. First, Steve put forward the contention that people with learning difficulties like himself should receive equal treatment with everyone else, emphasised that he could speak up about his situation, and challenged what he perceived as a lack of attention paid to the opinions of people with learning difficulties. The next example, which was representative of the position taken in two other accounts, showed a somewhat different articulation of these issues. In these three accounts, participants explicitly framed the ideal of "liberal subjectivity" as a general position imparting rights to people in general – that is, they talked about rights that "you" have, ways that "you" should be treated. Connected to this liberal ethical position was a set of imperatives leading participants to talk about how "you" *should* claim these rights for "yourself", voice "your" opinions, ways that "you" have to behave to be treated fairly, and so on. Finally, Trevor's account (and Roger's, although it was not examined in depth here) only implicitly contained these sorts of ideals. Here, many aspects of life in care were challenged, but this was done through the participants illustrating how living in care is unpleasant or intolerable, talking at length about negative experiences that they personally have had, and showing how this is unfair and should not be tolerated. So, although these interviews all contained the same three themes of asserting rights, showing participants ability to think independently or speak up about their situation,

and challenging aspects of life in care, there are difference in the ways that the participants seen so far take up positions relative to these themes.

What can be said to be common to the accounts analysed here is a tension between participants being positioned as a care subject in specific power relationships, and their desire to be treated equally with others, have their opinions listened to, and have an input into the running of their lives. Participants have been observed to struggle with the ways that they are positioned as care subject, and to draw upon discourses and ideals that challenge them. Despite the challenges and forms of resistance that they show, participants do not *escape* from actions of power and forces of subjectification which position them in these troublesome ways. Rather, they are engaged in a process of *struggle* with these issues, in which neither power nor resistance wins out. What is important to note here is that participants' subjectivity is not *determined* by forms of power that operate upon, nor by forces that act to align them with a subjective identity as a care subject. Rather, it arises through participants' interaction and struggle with these forces. There has been evidence of problems that participants experience with how they are positioned in care, and with the forms of power that act to direct their conduct and situate them in specific relationships with the staff of their homes.

These are important findings because, as has been argued, judgements about specific forms of power and subjectification must proceed from evidence of what the people involved themselves find problematic and struggle with. The tensions and struggles seen in this chapter are critical in this respect. This issue will not be taken any further here, but it should be borne in mind as an important point as we continue our examination of participants' accounts. Another important realisation has been that there is not one specific way that people interact with the forces we are examining. It is not possible to predict exactly how power and subjectification will act to direct people's conduct, nor how people relate to and understand themselves as subjects. Nor is it possible to predict exactly what form people's struggles will take in the face of specific forms of power. The consideration of individuals' interactions with these forces is important for this reason also.

With these points in mind, we move on to the next section of the chapter, which examines the accounts of people who, while taking issue with a number of aspects of their accommodation, their interactions with others and their subjectification, do not take up an explicitly oppositional position – those who have an ambivalent attitude in this respect.

8.2 Ambivalent accounts

It will be noticed from Tables 1 and 3 that, whilst each of the interviews identified as “ambivalent” showed disagreement with certain aspects of life in care, the other three themes connected to ethics were generally not represented in these accounts. The main exception to this occurred in an interview with a man in his fifties who has been living in a residential home for twenty years. This account contained each of the ethical themes, yet was markedly different from the accounts seen in the previous section, showing a much less overtly oppositional attitude to his care home. This account will be examined first, and then we will move on to consider the other “ambivalent” accounts.

Interview VI (Mike)

Extract 4: Interview VI - Mike

I: What sort of a say do think you have in things here?

Mike: Well, we can have a say in what happens. We have residential meetings now and then. We used to have a meeting regular at one time, and they ask us questions and er, we discuss what we're going to do, like where we're going to go on holiday, or if someone messes on the toilet floor, we're told about it, and they have to clean it up as soon as possible. Well, we discuss all sorts of things, you know, items and (4)

[...]

I: Do you feel you have a lot of choice about what you do, what you can and can't do?

Mike: Well, in a home you are limited, a lot because it's not, er, we don't own the house you see, (1) so you're a bit restricted like, I mean we can't go around breaking windows or breaking furniture or, er, you're not supposed to do anything like that. Er, (2) er, (3)

I: Any other things you =

Mike: = Well, I mean, we've been told that, er (1), you're supposed to behave like, you know. (1) Behave alright to one another and (4)

I: So what happens if that doesn't happen?

Mike: Well, we get a telling off. You get a telling off if you don't behave.

[...]

I: How do you feel about your activities?

Mike: Activities?

I: Your choice of activities?

Mike: Well, (1) what's missing at the moment is er, (1) er, we could do with a quiz or something er, (1) but they're not able to do that at the moment. You know they'll get the residents together and say what happens and er, (1) give us a quiz or something, or (1) ask us some questions about things, you know. To sort of keep us interested like.

I: Have you talked to people about this or =

Mike: = Well, we did, we used to have that a few years ago (1). An Indian women used to come in with us and give us a quiz. They ended living in London (3).

I: These sorts of things =

Mike: = But I think that's what's missing at the moment, and we seem to be hanging around the television and watching that. (1)

I: Do you er = [a staff member enters]

Staff: = Oh, I'm sorry, can I just get (that Hoover)?

I: That's okay. So, =

Mike: = I think that we need to be talked to you know er, =

Staff: Alright, I won't disturb you again [staff member leaves]

I: Okay.

Mike: I think what's lacking in this home at the moment is the self-expression.

I: How do you feel you about that? Do you mean people not getting the chance to express themselves?

Mike: Well, I think they'd like to express themselves in a sensible and intelligent way, you know.

I: Do you think that people think you aren't capable of that?

Mike: (2) Pardon?

I: Do you think maybe people just think you're not capable of that without =

Mike: = Oh, we are capable of expressing ourselves.

I: Do you think that every, er, other people realise that?

Mike: No, I don't think they do realise that. (1)

I: Why do think that is?

Mike: Because they're occupied with their job. The job in hand. (2) That's part of their own job. Staff, the staff come here, and they've got a job to do, you see. (1) Whether it's cleaning the house or painting the house or cooking the dinner cooking the meals (1)

I: Have you ever spoken to anyone about this?

Mike: I have mentioned it, yes. I have mentioned it to, er, the staff. Yeah.

I: And what sort of thing happens about that?

Mike: Well, they just say 'Oh, well we'll try and do that for you.' (5)

[...]

I: Have you ever thought much about whether you'd like to live in your own home?

Mike: Well, actually, I don't think I would manage to live on my own, I don't think I'd manage. I couldn't manage it on my own. Er, to work it out you'd have to do um (1) you see, I need help from other people (6) In fact, I don't think I'm too independent. (1) Because I rely some or, on other people. I rely on other people to help me get through the days. (3)

Once again, there are conflicts between different positions in this account. In some ways this is similar, and in others quite different to what has been seen before. Notice, first, how, when asked about how much 'say' residents of his home have, Mike responds that they 'can have a say in what happens,' and then talks about the meetings that the home holds – using the specific example of them discussing their holiday destinations. Regardless of the significance we would attach to them, however, it is clear that Mike presents this as having 'a say' in how things are run.

When the discussion moves onto 'choice' about what they do, Mike responds that 'you are a bit limited' in his situation because he and his co-residents do not own the home. Again, the conflict between Mike commenting that he can have a say in what happens in the home and him saying that he and his co-residents are 'a bit

limited' is reflected in the way that he references himself and his co-residents through pronominal forms – whilst it is 'we' who have a say in the home, it is 'you' who are a bit limited. Also, interesting to note is how this works in his discussion of how these 'limitations' come about. Mike offers an explanation for this, when he says 'we don't own the house, you see, so you're a bit restricted, like.' Again, there is a tendency to discuss limitations and constraints in terms of a general subject position as opposed to the self-referencing first-person, even to the extent of suddenly switching to the third-person in the same sentence (actually the second person pronoun "you" functioning like the third-person). As was commented in the last chapter, the areas specifically mentioned here (breaking furniture or windows) are ones where it is easy to see *why* there would be rules and restrictions. However, it is not our place to judge the legitimacy of each of these areas, but to present a picture of the overall forms of power and subjectification that exist (of which these are only one part), and to attempt to understand how people relate to, experience and interact with them.

Mike does not seem concerned to show how what he talks about here is intolerable, or even to challenge it. Also, unlike the other accounts examined, neither does he critique this subject position by explicitly drawing upon opposing concepts and ethical technologies. This can be seen in his attempt to explain *why* the home's residents are restricted, to provide a reason for things being this way – because 'we don't own the house, you see.' Although, he does not appear to be contesting this, or even to be highlighting it as a problem, he is aware of it as a facet of the general position of being a care subject that limits his conduct – it restricts "you".

Mike's discourse is quite striking here in its use of pronominal forms. For instance, he shifts from saying that "you're" limited, to explaining this with "we" 'don't own the home,' and then back again to "you're" 'a bit restricted.' This sudden shifting can also be seen in Mike's next response, when he begins by outlining what he has heard from the staff in the first-person 'we've been told,' and then again switches to the third-person to outline the prohibitions which act upon him, 'you're supposed to behave.' Notice, also, how he begins his next response by saying 'we get a telling off' and immediately rephrases this to 'you get a telling off if you don't behave.' As has been discussed, this shifting has the effect of directing attention away

from questions of Mike's own agency in these matters, and onto the imperatives and prohibitions which apply to a general subject (i.e. *anyone*) in this situation. This not only outlines a particular form of subjectification which aims to situate people in the home in particular positions tied to particular responsibilities and constraints, but also, through referencing this position specifically, defocalises attention on Mike's role in this, on how he is himself subordinated. On its own, this may not tell us much, but in the context of the whole extract, it begins to alert us to questions of the tension and struggles in which Mike is engaged in relating to himself as a subject of a particular kind.

These responses illustrate how Mike experiences specific relationships of power and subject positions, and how he relates to these issues and to himself. The ideal of "behaving oneself" clearly involves conducting oneself in line with a particular set of rules, indicating that the behaviour of residents is subject to direction, observation, and correction by members of staff who hold a particular form of authority. This also involves a division between residents of home on the one hand, whose behaviour is subject both to rules and regulations relating to their subject position or "place" in the home (as Mike points out when he says that they don't own the home so they are restricted) and to observation and judgement by the relevant authority figures, and, on the other hand, those people in positions of relative authority with respect to them. These power relations are structured such that the lives of residents are subject to the judgements and decisions of the staff. Clearly, this situation conflicts somewhat with the idea of people having control over their lives which might be inferred from having 'a say' in how the home is run. This is reflected in the way that Mike references himself and others in relation to these issues through shifting pronominal forms. These aspects of power and subjectivity are reflected further in the dialogue that follows.

When Mike talks about the activities which are available in his home, he does so from a passive position – he talks about 'what's missing' in terms of what staff could be doing, but aren't, to entertain residents. This is a very passive position on Mike's part – it involves him and his co-residents waiting to have activities given to them by the staff to the extent that if this does not happen, they are left 'hanging

around the television.’ It is not difficult to see how the position that the residents in Mike’s home occupy (as can be ascertained from his account) – in which they are subject to rules and prohibitions on their conduct and to reprimands relating to them, and in which they occupy a subordinate position with respect to the staff such that they are subject to sanctions from them – might be connected to this situation. There seems to be a correlation between the passive, subordinate position which the residents occupy in the home and the way in which Mike is talking about them passively waiting for activities in his account.

Given this, it might appear strange that the next piece of dialogue revolves around issues of self-expression. Here, the themes of disagreement with aspects of life in care, assertion of rights to self-expression, and ability to speak up for oneself all emerge, as Mike formulates a complaint about the home, arguing that ‘what’s lacking in this home is the self-expression,’ that he and his co-residents ‘would like to express themselves in a sensible and intelligent way.’ He emphasises that ‘we are capable of expressing ourselves,’ and comments that the staff of the home do not realise this because they are too ‘occupied with their job.’ Again, then, there is implicit in this account a form of ethical technology centring around the conception of oneself as a self-expressing being, with rights to be heard and to have an input into the running of one’s life. Mike is clearly aware of individual self-expression as being a desirable ideal, and one which presents moral alternatives for how homes should be run – that is, in a way that allows residents to express themselves ‘in a sensible and intelligent way.’ Mike’s complaints about the lack of self-expression in the home draw upon this position, and show a conflict between the position of relating to oneself as a self-expressing individual having a say in the running of one’s life, and as a care subject who is situated in power relationships in which this self-expression is lacking.

However, despite this assertion of his rights and abilities to self-expression, which he feels is lacking in his home, Mike does not take an overtly oppositional position with respect to it. Unlike the positions taken in the previous accounts seen in this chapter, Mike does not present his comments about these issues as part of an overall oppositional attitude or series of complaints about his home. In fact, he explains *why* the limitations he talks about exist (because the residents don’t own the

home, and the staff are pre-occupied with the job they have to do), and this is reflected in his comment that he needs people like the staff to help him get through his life. The conflicting subject positions in Mike's account, then, are not resolved into an overall oppositional orientation to his life in care, despite the tensions that are evident in them.

Overall in Mike's account, there is a conflict between the passive position of a care subject, and the ideal of him being a self-expressing individual who has his voice heard, and has an active say in what happens in his environment. He first comments that he can have 'a say' in how things are run in his home. Then he talks about having to 'behave,' and getting a 'telling off,' although he does not formulate this explicitly as a complaint, merely presents it as something that happens to "you" as a care subject – and here it appears also that he is beginning to manage this tension somewhat in the way that he references this in relation to a general subject position. Next, his comments about activities show how he is, at least on this level, taking up a passive position with respect to the home and the staff, and waiting for activities to be given to him. Finally, he talks about how the home lacks the opportunity for residents to express themselves in the way that they are capable of. There is a tension here between the position of a passive care subject, restricted by prohibitions and having a passive relationship to his/her environment, on the one hand, and one who has unrecognised rights and abilities of self-expression on the other, and Mike relates to himself through both of these in his account. This is not formulated in the same way as in previous accounts. He does not make explicit complaints about his home, the staff, or his position with respect to them, nor does he seem to be engaged in a struggle over his identity and his position in the home, but nevertheless there is this tension present in the way he relates to himself and his environment, and the way he is presenting himself in the interview. Just as this is not *escape* from power, though, neither, it should be noted, is it *submission* to it.

Other ambivalent accounts

As has been commented, Mike's account was unique amongst those identified as "ambivalent" towards care homes. In the other accounts subsumed under this category, the themes of assertion of rights, ability to speak up or take care of oneself,

or dependence on the home did not emerge (the one exception to this was seen in the previous chapter, in Jean's account, where she contended that she is able to take care of herself despite her being deemed to require care accommodation). In these accounts, participants voiced disagreement with aspects of their lives in care and/or showed how they themselves resist them, but this was not connected in their accounts to a conception of a "liberal" subject with rights and abilities to self-expression, independence of thought, and so on that has been seen so far.

The following extracts illustrate well how this group of accounts deal with these issues. The first is from an interview with a man in his fifties living in a care home, the second from an interview with a woman also in her fifties and living in a care home:

Extract 5: Interview V - George

I: Do you feel that there are (1) um, things that you can't =

George: = I can go out anytime I like (1).

I: Okay. So, er, are there (1) do you think that there are things, when you've been here, that you haven't had quite as much say in as you'd like to?

George: Oh, I've done quite well, I think. I've been on holiday. (1) Fishing in F__ for the second time. And (2)

I: So, how do you feel about the choice of things you can do?

George: I'm not too bothered about that. I've had a good life. It's a nice place. Nice food. I like it. (2) I got a bit fat, put on weight. About a stone. (2) I mean, you can't be noisy, or, er, you've got to, you know, be quiet in the corridors and that. (1) And, you can't smoke in your room, (1) but we do.

[...]

I: So, how does it compare being in a residential home, um, to what it was when you were living =

George: Not too bad, really. I do, er, I can go out anytime I want, and, um (5).

I: What sort of things do you do?

George: Well, you can do a lot more in your own place. In these places, it's very different. (4) I've got my own room and that (1).

I: So, when you've lived in your own home, you felt like you could do what you wanted to?

George: Yeah.

I: What sort of things?

George: Well, I don't mind cooking. I like cooking. I like to do the cooking.

I: Do you do any cooking here?

George: No. (4) I don't. (5) I've cooked myself nice meals, but not here. I can cook well, but (3)

I: So you feel like you'd like to do some cooking here?

George: Yes. (3)

I: Have you asked about?

George: Oh no. No, no, no (2).

Extract 6: Interview VIII - Val.

I: So, er, do you know why it is that you're in this home? Has anyone ever told you?

Val: Well (1) I can't remember.

I: Okay. Um (1), so, um (1)
 Val: Oh, I went to residents' meetings. I went (2)
 I: Right, what sort of meetings?
 Val: Talking and working group. So, (2) I packed in going. I can't do both, talking and working group and college. So, I told the staff I didn't want to go to the talking and working group. So, um, I've packed it in, I have.
 I: So what was that about? What sort of things?
 Val: Oh talking, you know. Talking about here (1) the home, you know.
 I: What sort of thing did you say?
 Val: I didn't have no, er, (1) well, they were talking, I didn't.
 I: Right. Who was talking? The staff, do you mean?
 Val: Well, yes. So I've packed it in now. I told them (2).
 I: So there was never anything you felt you needed to say?
 Val: No, I didn't say [laughs] I didn't [laughs] I didn't say anything. I (1) the staff just kept talking [laughs] It was stupid. I didn't say no, er, you know.
 I: Why was that, do you think?
 Val: Oh, (2) something about the home. About the home and the centres, you know.
 I: So why didn't you say anything?
 Val: I never said a word.
 I: Why was that?
 Val: Oh, I don't (1) I've packed it in.
 [...]
 I: So, what sort of things happen? Can you think of any other ways you have to behave?
 Val: Yes. You've got to behave yourself. If you (1) if you don't behave, you're sent to your room.
 I: How do you feel about that?
 Val: Me? I'm alright. Well, er, most of the time, you know. If you've got in a bad mood, you know, a bad mood, ignore it.

In both of these accounts there is not the same protracted struggle to align oneself with a particular ethical position or form of subjectivity, to contest explicitly the bases of particular forms of power, seen in the "oppositional" accounts, nor even the less strongly stated ideal that residents be recognised as having the ability of self-expression that was seen in Mike's account. There are, however, some, more subtle, tensions that can be drawn out around similar issues.

In George's interview, when asked about things that he doesn't have much say in, what his choices are in the home, or how it compares to living independently, he responds by talking about things that he *can* do, such as going out when he wants to, or going on holiday. Indeed, he says, in relation to these issues, 'I think I've done quite well,' and 'I've had a good life. It's a nice place.' After making this last comment, though, and talking about the 'nice food' in the home, he pauses briefly before moving onto talking about rules and prohibitions, 'I mean, you can't be noisy or anything, or, er, you've got to, you know, be quiet in the corridors and that. And, you can't smoke in your room.' Again, then, there is this shift into the position of

referencing a general subject rather than himself when discussing these limitations, which is in contrast to the way that he talks about what he (“I”) *can* do. Interestingly, George follows this by shifting suddenly back into the first-person to remark, ‘but we do’ when illustrating how the residents in his home act in defiance of one of the limitations placed upon them in the home (not being allowed to smoke in their rooms). Here, there is a contrast set up between George outlining what he can do, things in which he has a degree of freedom, and those areas where he is constrained by rules. This is made more striking by his sudden contrasting use of pronominal forms when comparing the rules to which any resident of the home is subject and the way in which people actually behave – ‘*you* can’t smoke in your room, but *we* do.’ This is a rather defiant gesture, the contrasting of what is expected of those in a particular position with an explicit example of how those very people, in actuality, break these rules.

Some similar tensions can be noted throughout the extract. For instance, George, at one point, begins to talk about how “you” can do ‘a lot more’ in ‘your own place’ than you can in ‘these places,’ but then breaks off this line of comment, and reiterates that he has his own room. These expressions of particular freedoms, or positive aspects of his life (such as going out when he wants to, having his own room, or going on holiday), seem important to him. He makes references to them a number of times in this quite short extract. Also, he returns to this type of expression immediately after stating that, whilst “you” can do ‘a lot more in your own place,’ in this home it is ‘very different.’ Despite the fact that his comments here begin by expressing limitations upon the actions of residents of the home, George then reiterates a positive aspect of his life in the home, the fact that he has his own room, rather than going into more detail about *how* this difference between “your” own place and the home is manifested, as might be expected. He appears to be struggling to relate to himself here as an individual with a certain amount of freedom, as someone who is not unduly constrained or limited by his position as a care resident – as might also be inferred from the fact that the only time he mentions such a limitation specifically, he immediately follows it with a comment about how he and his co-residents resist it. Connected to this aspect of self-presentation, in which there appears to be a performative aspect to George only hesitantly talking about things he cannot

do because of his position in the home and his showing how he defies certain rules, there are questions of ethical self-relationships also to be addressed. Although, he makes no reference to it specifically, what is informing this aspect of self-presentation is a position as an individual who is not constrained by power, who exercises a degree of freedom and shows defiance in the face of limiting prohibitions. This position conflicts with the glimpses we do get of George being subject to certain workings of power, to specific rules and prohibitions which act upon him.

Something similar can be seen in the extract from Val's interview. The extract opens with her talking about how she made the decision to stop going to her 'talking and working group' because she thought her college work was more important and, in any case, the staff, rather than the residents, were doing all the talking. Then, at the end of the extract, after outlining how "you" are expected to behave in the home, she goes on to say, 'Me? I'm alright,' suggesting that she aligns herself with the imperatives and prohibitions attached to this position. As was commented with reference to Wendy's interview in the previous chapter, Val's classifying herself as 'alright' because she conducts herself in line with what is expected of a resident of the home suggests an identification with the position of a care subject – of someone whose life is managed and supervised in particular ways – and she follows this with a general rule for surviving in the home, illustrating how people must conduct themselves in order to live there – 'If you've got in a bad mood, you know, a bad mood, ignore it.' The earlier illustration of her defiant attitude towards her talking and working group, in which she comments, 'I've packed it in now. I told them,' or her comment that she thought that 'it was stupid,' does not seem to fit with the situation of someone who takes on a subordinated subject position in identifying with the home's ideals. This is not explicitly drawn out into a definite challenge to the structure of the home, but it is suggestive of a similar tension in the manner in which Val relates to herself and to her environment as observed in George's interview – between identifying with a subordinated subject position on the one hand, and seeming keen to illustrate that she makes her own decisions in relation to the home's activities on the other, and even judges particular set activities to be 'stupid.'

In the extracts examined in this section, then, there is again evidence of participants experiencing tensions in terms of their position as a subject existing in relationship to specific forms of power, and their relationships to, and presentation of, themselves as a subject who resists aspects of power in the homes that limit their conduct, or place them in passive positions. Mike specifically says that relationships are desirable in which the residents can express themselves ‘in a sensible and intelligent way.’ In each extract in this “ambivalent” group, there is evidence of participants being placed in power relationships with others who have authority over them and the right to impose punishments or deal out reprimands to them, and that they are led to form relationships to themselves as subjects of this power. However there are tensions in the accounts around these issues, and conflicts between the position of being subject who is not overly constrained by rules, who demonstrates resistance or disagreement in the face of them, and the position of being a subject for whom other people set rules which they must follow.

The interview extracts in this section do not show the same orientation towards issues of power and subjectivity as in the previous section, in which it was possible to observe a clear “oppositional” orientation to the way in which these forces operate in the homes in question. It is, however, clear that the tensions evident in the accounts in this group show that people are not just *positioned by* specific forces which act upon them, but that they are also *taking up positions in relation to them*, and that these positions cannot be predicted merely from the forms that power relationships take. There are different ways that participants experience power and subjectification, and different ways in which they react to them. These reactions range from the explicit challenges drawing upon alternative ethical technologies observed in Paul’s and Steve’s interviews and the seemingly hopeless struggle in the face of an intolerable situation in Trevor’s, to more subtle tensions in the last three extracts based around relating to oneself both as a subject of forms of power centred around the management of their lives *and* as someone who resists rules that limit their conduct or their self-expression. It should be reiterated, then, that people are not merely passively positioned by operations of power or by discursive forces which objectify them, but that they actively take up positions in relation to these forces, and resist them in different ways. The operation of forces of power and subjectification do

not come from a monolithic social world, such that individuals could be said to exist in relation to just one set of discourses which acts upon them in one definite and determinable way (such as positioning them as passive care subjects). Rather, a variety of practices of subjectification, power and ethical technologies are at stake which have diverse origins and effects, and this diversity is reflected in the tensions that individuals experience in the ways that they seek to know, understand and relate to themselves and the forms of power that take a hold of them.

With these points in mind, we move on to our final set of accounts – those in which participants exhibit a clearly positive attitude towards the accommodation in which they live and the ways that they interact with it.

8.3 Positive accounts

This final group of accounts comprises four interviews. These can be considered as one group, rather than being subdivided into two or more subgroups as was done previously in this chapter. This is not to say that these interviews do not have important points of individual specificity. However, the effort was made to look for points of individual difference which would be significant for the discussion (as they were in the previous sections), but none was found. In dealing with this last group of accounts, first we shall return to a participant seen in the previous chapter – Anne.

Extract 7: Interview II - Anne

Anne: They're lovely residential homes, they're really lovely people, they'll help you as much as they can. They ask you what you want. You have a drink at night-time, and they come and ask you what sort of er, you like, do you want a cup of tea or coffee or drinking chocolate. It's your choice. It's your home, so it's your choice what you'd like. That's what R__ said, when I first came here, R__ said, 'It's your home, Anne' and she said 'You can, you've got more about you, you can talk, you can say what you want. You can tell them how you like things. What you do like, what you don't like, you can tell them about them. You know, you've got it upstairs, you,' which I have, like I said.

[...]

Anne: We don't do anything at all. We just sit. We just sit about like this. There's nothing. It's just, there's nothing you can do. I wish I could do a bit more. I really do wish I could do a bit more. But, you can't. (1) I should love to go and cook. When there's a staff short in the kitchen I love to go in the kitchen, but you cannot do that. Because of a different, it's a different kitchen. It's all, it's a modern gas stove in there you can't possibly do that, 'cause that's what they get paid for. They get paid for that. It's like the officer in charge says 'We get paid for, we employ them so they get paid for things like that.' That's what this home's for, for me to learn. (4).

[...]

Anne: Bowling, I used to go bowling a lot. Skittling and all things like that, but (1) I, (1) if I say I don't like a thing I'll tell them I don't. If I'm in the right. If I'm not in the right, I clam down. I was like J__ when I was younger, I had a temper, but I've learnt in the years not to, (1) to control that temper, not to make a spectacle of yourself. Just to learn, living in a home, you have to learn to cope with people and you have to learn to get on with people.

[...]

I: Are there any things which you feel you don't have much say in? Any aspects of your life in care which you might like to change?

Anne: Well, (2) no, (1) I feel very confident. I don't feel (1), I'm not (2) I'm not a person what don't like anything. I like to put my hand in anything, anything (1) anything you, er, put in front of me I like to do, but I'll tell you if it's too difficult. I shall tell you, I'll say 'I don't like that' I shall tell you straight I don't like it. (3)

[...]

I: I suppose you have good and bad days as well?

Anne: Oh yes, I have bad days. We have off days. We're always, (1) well not always seem to argue, but if I (1) if they give me a cup of coffee and there's too much milk in it I won't drink it. They'll say 'Come on, drink it, that's your tea, er, that's your coffee there.' And I'll say, 'I'm not drinking that, there's too much milk in it.' You have to (1) and I'm determined not to drink that milk because I don't like milk in my coffee. You have to take it back because I stand my ground. I say 'I don't like it' if I don't like it, then I don't like it, that's it. (1) I speak my mind. [...] And J__ , I love J__ , I really can spoil J__. I can spoil them all, but you can not do that. It's someone's birthday the weekend, and I feel, (1) if I like anyone, I feel as though I want to go out and buy them something, but you can not do that. I did (1) well, I've done at the time, but you can not do that; it's not your place, it's the staff's place to go out and buy things. For instance, you can't buy a cake, a birthday cake or things like that.

[...]

Anne: If you hadn't have come, I should have been down er, my bedroom doing something, getting my drawers out, cleaning-, you know, tidying all my clothes up, making that look tidy. I have to do something. Sorting my tapes out. What's good, what's bad, what has to be thrown away, what doesn't have to be thrown away. I can do all that without the staff; I don't have to have anyone behind me to do anything like that. (1) Sometimes if, sometimes there's anything I want thrown, I have to have the staff's permission, yes. Because I know this ain't my home to do things like that. You see, you can not, can not, you can not thrown anything out what's good without the staff's permission. You've got to ask the staff. Whoever's in charge, you've got to ask them if it okay for you to throw things out. [...] I don't know 'til I ask (1) 'til I ask the person who's in (1) the (1) who's in charge of the home; I've got to ask permission. (1) In your own home it's different; I mean, you can do as you like in your own home, but you can not do as you like in this home. So, only as far as you can go. (1) If you want anything, you have to ask for it. (1) If you want to go out anywhere, you have to ask to go out [...] In these sorts of homes you have to ask permission to do things like this, else it would (3)

I: Does it make =

Anne: = no, no I agree, because I like, I like to be told. (1) I like to be spoke to as if I'm a human being. I like to be spoke to as though (1) I can take anything in. I take any sort of punishment and any sort of er, anything what you give me, or answers, or er, (1) questions or answers or what you give me, I can always (1) take it, but if I'm in the right, I stand up for myself, but I'm (down) if I'm not. If I'm not in the right, I just stop (1) I don't say anymore, I don't argue with anyone if I'm in the right, if I'm in the wrong, sorry, if I'm in the wrong.

[...]

Anne: I like these people; I wouldn't part with, (1) I wouldn't part, you know, I wouldn't go anywhere else away from these people in other words, because I like, they can not talk for themselves like I can, I've got more about me, I can tell a doctor what's wrong with me. Well they can't say anything, but I can. (1) All the years I was growing up, I've al-, I've always been able to speak for myself.

Overall, Anne's attitude towards her home is clearly positive – 'They're lovely residential homes, they're really lovely people, they'll help you as much as they can.'

However, there are some contrasts between Anne's presentation of herself as an individual with the right to be spoken to 'as if [she's] a human being' and the ability to speak for herself, and her identification with the position of a subject of the home. Numerous times, Anne clearly stresses that she speaks her mind, again implicitly referencing the ethical ideal of a self-expressing individual: for instance, 'R__ said, "It's your home [...] you can talk [...] you've got it upstairs, you," which I have,' 'I shall tell you straight if I don't like it,' 'I say "I don't like it" if I don't like it [...] that's it,' or, 'if I'm in the right, I stand up for myself,' and so on. Similarly, she emphasises how the residents of the home are able to exercise choices, such as when she says, 'they ask you what you want [...] tea or coffee or drinking chocolate. It's your choice. It's your home, so it's your choice.' Here, the position of a care subject is presented in a positive light – "you" are asked what "you" want – and not just in terms of limitations. However, although this is presented as an illustration of how the residents make their own choices, it is around a very small aspect of their lives, and does not equate to what would be thought of as having much input into how their lives are run. As Dyson (1987a) points out, this is an artificially imposed choice between a small number of presented options (coffee, tea, or hot chocolate; milk or no milk) which excludes any options beyond this imposed set. This is mirrored in Anne's contention that she sticks up for herself in the home based around, again, the drinks she is given: 'I'm determined not to drink that milk because I don't like milk in my coffee. You have to take it back because I stand my ground.'

Some other aspects of the way in which Anne relates to these issues are seen in her comments about things that "you" cannot do – such as cooking, throwing away one's possessions, putting decorations in one's room, buying presents for other residents, or going out. This would seem to contrast with the position she sets out of speaking her mind and standing her ground. However, not only does she not challenge this subordinated subject position and its consonant limitations, she actually identifies with it. She is not merely talking about what "you" cannot do, but is elaborating upon this, and voicing support for it. When talking, for example, about why she cannot do any cooking despite the fact that she is capable of doing so and would like to, she expands upon this to comment that 'you can't possibly do that [...] 'cause that's what they get paid for. They get paid for that [...] That's what this home's for, for me to

learn.’ Similarly, when talking about why she cannot buy presents for other residents, she comments, ‘you cannot do that; it’s not your place, it’s the staff’s place,’ or in reference to needing permission to throw things away, she says, ‘no, I agree, because I like, I like to be told.’ Again, it might be commented that reasons can be imagined for the existence of some of these rules (for instance, homes would be liable for injuries incurred in the kitchen, residents putting decorations in their rooms might potentially cause damage, and so on). Again, however, we should reiterate that it is not our business to decide which rule is legitimate and which is not with respect to each specific area here, but to uncover how these rules fit in with issues of power and subjectivity, and to highlight this in the accounts.

As was commented in the previous chapter, Anne seems to identify with a position of a care subject in which she recognises particular imperatives and prohibitions as acting upon her. Indeed, she relates to herself as someone for whom it is only natural that such constraints and imperatives exist – there are things that “you” cannot ‘possibly’ do because of “your” ‘place’ in the home. She identifies with the ideal of governing her own conduct in line with this. That is, she assigns meaning and value to her conduct as it fits in with this conception, such that certain behaviour comes under the rubric of things that “you” cannot ‘possibly’ do.

All of this ties in with Anne’s positive attitude towards the home, so although “you” are subject to certain constraints, this is only right, and also “you” are treated well in any case – for instance, “they” ask “you” what you want for an evening drink. So, Anne presents the position of being a subject of the home in a positive light, focusing on how well “you” are treated and those areas in which “you” have choices, and where she does point out limitations in terms of what “you” cannot do, she does so from a position of identification with the imperatives and prohibitions in question. Anne talks about being a subject of the home, then, not only in terms of the imperatives and prohibitions attached to such a position, but also as a positive situation, in which subjects exercise choice.

The presence of these two positions, that of being a strong-willed, self-expressing individual who speaks one’s mind on the one hand, and one who

recognises oneself as a subject of a regime which imposes limitations upon one's actions on the other, might be expected lead to conflicts in Anne's account, or to instances where she would challenge the regime in which she is caught up. Indeed, she does make a complaint when she comments that she would like to do more around the home, as residents just sit around not doing anything. However, she does not present this within an overall challenge or oppositional attitude, and actually seems voluntarily to place limits upon the bounds her expression takes and govern her own conduct accordingly. So, although she comments that she would like to do more things, such as cooking, she seems to support the reasons for her not being able to do this, explaining *why* this is so, and commenting that it is simply something that "you" cannot 'possibly' do. Although this may conflict with things that she would like to do, Anne does not present this as being problematic or unacceptable, but, instead, identifies positively with these restrictions on her behaviour. This is connected to the fact that she talks about the situation of being a care subject not only in terms of what is prohibited, but also positively, in terms of what "you" *can* choose – although the examples she uses represent a limited, imposed set of options. In contrast to accounts examined above, then, Anne's identification with this form of subjectivity informs her conception of what forms of self-expression and action are appropriate, as opposed to her desire to express herself clashing with imposed limitations. Her conception of herself as a subject upon whom specific imperatives operate, and who occupies a definite 'place' in the home means that she accepts the fact that she is subject to specific constraints and prohibitions, and she does not present this as conflicting with her ability to express herself and stand up for her rights.

This account, then, differs from those previously examined. The themes of making complaints and showing resistance to aspects of care, asserting rights and abilities to self-expression, choice and so on are clearly evident in this account (as they were in the first, oppositional group of accounts). However, overall Anne does not attempt to present challenges to the way in which power operates in her home. This is something that is common to all the accounts identified as "positive". Whilst the participants in this group draw upon ideals of rights and abilities to self-expression, choice, and so on in their accounts, they also positively identify with forms of power and subjectification in their homes that constitute acceptable and

inappropriate actions for them, direct their conduct, and so on. Thus, Anne situates her conception of her rights and abilities of self-expression within certain limits (it might be argued, of course, that everyone does, to an extent) determined by her position in the home and by her understanding of herself as a care subject.

However, there are still some areas of contradiction in the account. On the one hand, for instance, Anne reports how she was told 'it's your home,' and comments herself that 'it's your home, so it's your choice,' and then, later on, she contradicts this when she says 'I know this ain't my home to do things like that,' and 'you can do as you like in your own home, but you cannot do as you like in this home.' These two conceptions exist alongside one another, and are drawn upon at different times by Anne in expressing her relationship to the home. This is connected to Anne's relationship to herself as a self-expressing, choosing individual *and* a care subject upon whom imperatives and limitations act. Thus, she conceptualises it as "your" home in certain respects, when making (limited) choices or decisions, but as 'not your home' in others, in respect of things 'you cannot possibly' do. It is "your" home in the sense of making certain, limited choices, but it is equally not "your" home in the sense that "you" occupy a particular place within it which limits what "you" can do. Anne effectively places limits upon areas of her life in which it is appropriate to express herself and governs her own conduct in line with her identification with the position of being a care subject.

Anne's account differs from earlier ones in terms of what it reveals about her relationship to issues of power and subjectivity in her home. Again there is the same presentation of herself as a self-expressing, choosing subject, and the same assertion of rights to self-expression, that has been observed previously. However, in Anne's case (as in all of the "positive" accounts) she also actively relates to herself as a care subject who recognises imperatives and limits relating to a specific "place" in the home acting upon her. Effectively, this subject position and its consonant power relationships define the limits within which such choice and self-expression can be legitimately exercised.

The following extract, from an interview with a man in his late twenties who has been living in a residential care home for six years also illustrates something similar.

Extract 8: Interview XI – Peter

I: Is this the only care home you've lived in?

Peter: Yeah. It's the number one care home for me. (1) What I like about this place is if you're doing a good job they give you some extra money (1) because the money you're on here isn't really that good: £14.65, but it's not the money. When I live here, I don't think about the money because it's a really good home.

[...]

I: Er, what do think is different then about having your own place?

Peter: If I had my own flat, I think I'd be (1) I think people would take advantage of me, try and rip me off, things like that, you know. It's not a question of the money, it's a question of being on your own. I think if I'd got a flat to myself, I think I would feel that much (1) I'd feel vulnerable. I'm not saying people that like (1) I'm not (1) you could do it [gestures at interviewer], but say like a certain person like me, or anybody who lives in this place, I don't think any of us could do that, because the thing with people outside, like cowboys, is that they might take advantage of you and say like I was living in my own flat, after six months I'd probably be in debt or something. So, I'm glad these places are open. I'm glad this place is still going after six years.

[...]

I: What do you reckon you'd like about it? I mean, when you're older.

Peter: Doing things. Cooking, cleaning. I can cook a bit and I can clean a bit. I do my own room here, so (3) that's what I'd like to do.

I: So, in care, there's things you can't do, then?

Peter: Yeah. (1) Er, I do my own room. With M__, I can do (1) a sort of deal with her, so that I asked M__ that if I can have my room done my own colours, I will clean my own room up every week, and that's what I do. Every week, every Sunday, or Saturday, when I've got time.

[...]

I: Yeah. (1) What about like, um (2), do you actually have to behave in certain ways, like, or =

Peter: = Well, (1) er, if you (1) I think it's the same as all care homes. If you (1) if you're bad in a way, the staff'd give you a bollocking, they'd write it in the book and then M gives you another bollocking in the morning, so you get two bollockings.

[...]

I: Right, um, one of the things (1) um, when I heard about this place, from the council, er, that it's a home for people with learning difficulties. What I wondered was when you first heard that term.

Peter: Well, I've got learning difficulties, but you see, what my learning difficulty is, is I can't (2) I can (1) it's not really lack of anything (1) it's just looking at long words and trying to spell them. Like my girlfriend's helping me in that way, she's trying to (1) I'm trying to get on courses to do something like that, like next Tuesday, I'm starting a computer course. (3) Thing just (1) things like that.

I: So, who told you, was it doctors, or (2) or social workers -

Peter: - What, when I come here?

I: I mean, who first told you about, when you first heard that, about learning difficulties, when you first heard -

Peter: - Er, M__ gets some kind of paperwork or something, and she puts it on the board, and if we want to go somewhere to learn about it, like, I can't really, I'm not very good at maths, and (1) I'm not brilliant at maths, and it's my spelling and my English and trying to do things (1), like I've said to M__ in the past, 'can I learn to cook?' But I haven't had (1) I haven't had the chance the chance to do it.

[...]

I: Can you, like, think of, um, anything at all (2) that you'd like (1) that you think you'd like to perhaps have more say in?

Peter: I would like to see (1) to see if, like, if you could just, er, (1) we used to have (1) no, I wouldn't (1) we used to have meetings, but we don't seem to have as many meetings lately. we used to have (1) I don't know, once a (1) once every four months, we'd have a meeting about every so often, like a residents' meeting, and ask, (1) see what M__'s suggested to come out (1) but the way the house has been done, no-one's really said anything, it's just been done (1).

[...]

I: Um, just going back to what you said about cooking and cleaning and that, er, perhaps it's something you'd like to do, have you ever, like, um, mentioned that to anyone?

Peter: Well, (2) I can cook when I'm not here. I cook sometimes at the day centre. Tuesdays and Thursdays, I cook at the day centre, and I clean my room here, we can't (1) you see, we're only allowed to do (1) only certain jobs in the house, like M__ gets us a small little job. Say, like if one of the staff went (1) say if the night-warden was bad, (1) M__ would probably do the night work, and I'd probably say to M__, 'Is it alright if I stay up?' and she'll say 'Yeah,' and I'll say 'Well, can I help you a bit,' and she'll say 'yeah, fine,' and I'll probably help her for a while and go to bed about 3 or 4 o'clock in the morning. But when (1) say if T__'s doing something or (1) say if the night-warden, called T__, say if he went off, he was bad, and M__ came in for Monday and Tuesday, I always ask M__ if I can stay up and help her. She says 'okay.' I clean, I (1) I clean in here, I've cleaned all the toilets before, cleaning and (4) [...] That's the difference between a hostel and (1) in a hostel, you can do what you want, drink beer, bring beer in. Here, you, (1) if you want a beer, M__'ll get us, if there's something on the tele or if there's something on the Sky, she'll get us a can of lager for the football, or (1) if it's the Christmas party or if it's Christmas Day, we'll have some beers in the fridge. She wouldn't get any beer in just for the sake of doing it. If there's something going on like a football match with City, she'll get a beer in, but if there's nothing going on, she won't get a beer in.

I: Right (1) what about bringing your own?

Peter: No, you can't bring your own beer in here. But, what we could do if we want a drink, there's a pub next door, and we go in there. That's the difference between this place and (1) because most of them here are on tablets. That lad who just come in, J__, he's on about 14 tablets a day, so he's not ready yet, he's still bad. You can tell by his voice, speaking. (1) Yeah. [...] Well, (1) just mainly that people put these residential homes down (1) and like people put them down, but they've never been in one, so (1) I don't think they should put these places down.

As can be seen from this extract, Peter also identifies positively with the home he lives in and his place within it. Again, his account brings to light specific power relationships and subject positions. Peter is situated in a specific position with respect to the people who run his home such that he needs the permission of staff to stay up late, to have his room painted, to have beer in the house, and so on. These might not seem like particularly significant limitations (and, again, it is easy to imagine reasons why these rules might hold) but they again indicate the relative positions of the people in question: one group is subject to the decisions and judgements of the other such that they are in the position of making 'a deal' which involves them performing certain tasks in return for certain privileges, they can receive a 'bollocking' if they are deemed to be 'bad,' the home can be done out without their being consulted, and so on. This is similar to what has been observed a number of times, in its basis around a division between specific groups of people in the home and the positions that they

occupy with respect to power relationships which structure their interactional conduct and determine what forms of action are appropriate for them.

As with Anne's interview, it is also possible to see how Peter, rather than challenging this situation or showing how he resists it, actively supports it. Apart from commenting that his home is 'the number one care home for me,' or that he doesn't believe that people 'should put these places down,' it is significant to note that he also talks, for instance, about having his room painted in return for keeping it clean, not in terms of a power issue that is to be challenged, but in a positive way, of him 'do[ing] a deal' with the home manager. Similarly, he talks about the limits on the jobs he is allowed to do in the home by illustrating how the manager will let him stay up to help her on occasion, and when he talks about the rule prohibiting alcohol, he explains the reasons for its existence. Despite the fact that each of these issues reflects the existence of specific power relationships in the home, in which Peter and his co-residents are subject to particular rules set out in the home, and to their being supervised and disciplined by staff, he does not present this situation as problematic. In fact, he seems positively to support it, and to recognise connected ideals by which to govern his own conduct – by actively recognising limits on his conduct and specific ways he should act, and identifying with them and supporting them.

Also significant here is where Peter talks about what he believes would be the consequences of him living independently, and hence reasons why he feels he is dependent on the home. He responds to the question about independent living by talking about problems he believes he would encounter. He draws a distinction between 'a certain person' like himself and other people who would not face similar problems. It is interesting to compare this to his discussion of the label "learning difficulties" and what it means for him. When talking about this, Peter comments that he has 'got learning difficulties,' but he goes on to say that his 'learning difficulty' is not a 'lack of anything,' but is just in the area of 'looking at long words and trying to spell them' and not being 'brilliant at maths.' If this last comment was taken on its own, it might be seen as evidence that Peter does not see anything particularly significant about his "condition", that, whilst aware of having "learning difficulties", this is not something which sets him apart significantly from others. However, it is

clear from his talk about the problems he imagines he would face living independently that Peter identifies with a particular subject position in which he *is* conceptually divided from “normal” others. This position affects how he perceives his ability to live independently, and is connected to his identity with a particular position in the home. Although Peter does not reference learning difficulties specifically here, what he says indicates that he is aware of a discourse that sets him apart in some way from others – ‘you could do it,’ he comments, but not ‘a certain person like me, or anybody who lives in this place.’ Peter, then, identifies himself as a member of a category of people who could not cope with independent living, and so need to live in special accommodation where they are protected from certain risks such as being ‘ripped off.’ This fits in with his positive identification with the home itself, such that, just as he recognises himself as a subject who requires special accommodation, he also recognises a place in that accommodation which he occupies, and supports the reasons for it – as with Anne, he actively relates to himself as a subject occupying a particular “place” relative to certain others which places limits on his conduct and his interactions.

What Peter’s account also has in common with Anne’s (and with the others in this group) is that he talks about issues of power not in terms of limitations to be challenged, but as justifiable, and he emphasises the choices and activity that he exercises within them – as can be seen from his talk about having to keep his room clean as his having done ‘a deal’ with the home manager through which he could choose the colours of his room. However, despite this positive identification, there is also an indication in Peter’s of how the power relationships that he is situated within can be problematic. This can be seen where he comments that there are less residents meetings in the home now, and that the residents had no input into how the home was done out.

The following extract also brings to light some interesting issues surrounding power and subjectivity that emerged in the “positive” group of accounts. It is from an interview with a woman in her fifties who has been living in a residential home for twenty years.

Extract 9: Interview XVI - Mary

I: Um, what, what do you think about it, generally, as a place?

Mary: I think it's a lovely place. I look after the other residents in the house, I've got S__ that's dumb and deaf, and I've got, um, A__ that has fits, and the other one doesn't talk very much, (1) so I have to look after them.

I: Um, do you, do you get on well with the staff there?

Mary: Yes.

I: What sort of job do they do?

Mary: They help, they help if you've got problems

[...]

I: So, um, (2) do you, er, how do you feel about the sort of activities and facilities that, er =

Mary: = Oh, it's very nice, got my own bedroom, and my fiancé comes every Friday and stays the weekend, so (1) so that makes all the difference.

[...]

I: Um, so, (1) living where you are at the moment, um, what sort of activities are there =

Mary: = Um, they, er, I go into town, I go, er, to see my fiancé, and, er, (1) I'm independent, believe it or not.

[...]

I: Is there anything that maybe you think you could have more choice in? That you'd like to have choice in certain things?

Mary: The choice is I, I work at B__ M__ in A__ and it's not a very nice place. It's nice, but the job I'm doing I don't get much money, so I'd like a proper job so I can get more money.

I: So how, how did you end up working there?

Mary: I've been there for ye-, for nearly twenty years, and it's (?) and newspapers, where you put them, (1) the papers in the bin, and, er, we don't get much money.

I: So, um, have you ever spoken to anyone about that?

Mary: I haven't thought about telling them (never), (1) no.

I: Do you feel that that's the sort of thing you can talk about with =

Mary: = Yes.

I: Right, um, so you don't have any, kind of, complaints about that?

Mary: No. No, no.

I: Um, what about, I mean do you feel like you have much say in the way the home's run?

Mary: Oh yes. Yes.

I: Yes, you do? What sort of things do you have a say in?

Mary: We have a meeting every, er, once a week (1). We had one last night.

I: Right. What sort of things do you, er, (1)

Mary: Oh, er, the par-, er, we went out for dinner on Tuesday night, for dinner, and we told, told the staff that we enjoyed it, and they write it down. It goes in the minutes. (1) And then we do one next week.

I: So if there's anything you want, say you want to change then =

Mary: = Yes.

I: Is there anything you'd like to change if you had the chance?

Mary: No. No.

[...]

I: So, are there any places that you're supposed to go?

Mary: I go to B__ M__, but I, I don't, I like it, but it's (1) I don't like it at all. I (1) I wish (1) there (1) there's a lot of people work there and they're all disabled, and (1) it's just (1) it's horrible to think about going back. I, when I get there, I try and enjoy it and ignore the rest.

I: Do, do you feel like you have to go there?

Mary: Oh yes, they send, the staff send us.

I: What would, what do you think would happen if you didn't go?

Mary: I don't know.

[...]

I: So, do you think that there are ways that you have to behave?

Mary: Yes. Yes. And we've got one called S__, and he's (1) he's quite a nuisance, but I can communicate with him.

I: So who makes the rules like that?

Mary: It's not, it's (1) it's (2) the meetings, they help us to help ourselves. It cares for us and makes sure we're all alright, but S__ can't talk, so (1) I have to communicate with him.

I: So, um, (1) what happens if people don't behave?

Mary: They're told off.

I: Mmm. Do you ever get told off?

Mary: No. I seem to be perfect. I am [laughs].

[...]

I: Um, have you ever thought about, um (1) what would be different if you lived independently?

Mary: Well, with me being ill, (1) with, um, cancer, I think then that they would like me to stay on there. They'd say I couldn't be cared for and looked after properly.

[...]

I: Um, do you remember when you first heard the term learning difficulties?

Mary: I was five when I, I knew I'd got learning difficulties.

I: What did that mean to you? How did you feel about it?

Mary: I, um, (2) I was, er, I didn't know I'd got learning difficulties at all. I'm a very independent woman, and I, I like people to respect that, because I, I'm classified as disabled but I'm not, I've just got learning difficulties and people don't understand learning difficulties, they think it means handicapped, and (1) say horrible things about you, and that sort of thing, and they don't respect you, and (1) I think that's sad.

[...]

I: Do you think, um, (1) there's anything that you feel you need to say about, about, you know, people with learning difficulties, or about people in care homes that, you know, you think =

Mary: = I think people in care are well, er, well, we are looked twenty-four hours a day and the people that look after us are doing wonderful jobs. I don't know about people in er, in other homes, but they do a wonderful job for me and I respect that.

In this extract, Mary talks about her independence and those areas in which she enjoys particular freedoms, and areas in which her conduct is directed in specific power relationships. As with the other accounts in this group, Mary takes a very positive attitude towards her home, and she does not conceive of it as a restrictive environment. She says, for instance, 'I think it's a lovely place,' 'the people that look after us are doing wonderful jobs,' and comments that she has a say in the running of the home and that there is nothing she would like to change in any case. This fits in with her comments about the importance of her being recognised as an independent person, such as when she says, 'I'm independent, believe it or not', 'I'm a very independent woman, and I, I like people to respect that.' This aspect of the account represents the themes of assertion of rights to expression and choice and the ability to speak for oneself, and it centres around Mary's presentation of herself as an independent individual, someone who exercises her ability to have a say in the running of her home. This is also illustrated in her comments regarding her status as "having learning difficulties", in which she says, 'I'm classified as disabled but I'm not, I've just got learning difficulties and people don't understand learning difficulties, they think it means handicapped, and say horrible things about you, and that sort of thing, and they don't respect you, and I think that's sad.' Mary recognises the label

“learning difficulties” as in some way applicable to her, but along with this recognition go some important qualifications that contest particular conceptions of what this can mean. As with all of the accounts in this group, there is again, then, evidence of assertion of rights and abilities to voice, choice and independence. Mary stresses that “having learning difficulties” is not the same as being ‘handicapped,’ that it should not mean that people ‘say horrible things about you,’ nor that “you” should not be respected because of it. This is a definition consistent with her conception of herself as an independent being capable of having a say in the running of her life.

Again, however, there are also indications in her account of ways that Mary is positioned in power relationships that set her apart from “normal” others and from the staff who run the home. For instance, although she comments that there is nothing that she would like to change about the home, she does voice disagreement with one specific aspect of her life there, as she comments that she has to work somewhere which, she says, is ‘not a very nice place,’ where she does not get much money, and she even remarks that she finds it ‘horrible to think about going back.’ When asked about this, she comments that ‘the staff send us.’ There is, then, a division between the staff, who have the ability to direct the movement of the residents, and the residents themselves, whose lives can be directed such that they are ‘sent’ somewhere by the staff whether they want to go or not. Not only is a relationship of power, but it is one that is acting upon Mary to her detriment in placing her in a situation with which she is unhappy. The situation of residents of the home in a position in which they become amenable to the decisions and judgements of the staff is further illustrated in Mary’s responses to questions about rules concerning behaviour. As Mary says, if residents do not behave, they are ‘told off.’ Again this illustrates the relative positions in power relationships of the staff and residents of the home, such that one group is in a position to observe and direct the behaviour of the other and to issue reprimands relating to it. A similar phenomenon can be seen when Mary says that she could not live independently because ‘They’d [the staff] say I couldn’t be cared for and looked after properly.’ Again, a division exists such that one group of people are in a position to make decisions about the abilities of another to care for themselves and to translate this into a decision about where they should live. This

clashes somewhat with Mary's assertion that she is independent and has a say in the running of the home.

On the one hand, then, Mary relates to herself as an independent person, as someone who has a say in the running of her home, but who is satisfied with the home so that there is nothing that she would want to change. However, it is also possible to see ways in which she occupies a position in the home such that her behaviour is subject to judgements according to certain ideals of correctness, and her life is directed in particular ways. The clash between these two aspects of the account is made more stark by what Mary says about her strong dislike of one way that this situation affects her – her being sent to work at a day centre. The position of being an independent woman with the ability to change aspects of the home she is unhappy with is clearly not consistent with this position. However, Mary does not carry this forward into complaints about the home, nor does she talk about ways that she opposes or resists these operations of power. On the contrary, she supports the staff of the home and the institution itself, remarking that the staff are doing a 'wonderful job' that she respects that, and that she is 'perfect' in conducting her behaviour in alignment with what is imposed in these relationships.

As with the other accounts in this "positive" group, Mary relates to herself both as an independent individual with the rights and ability to speak for herself and to exercise choice in her life, *and* as a subject occupying a place in her home which situates her in power relationships that direct her conduct and impose prohibitions upon her. Also consistent with the other accounts from this group is the fact that this does not exist as a *conflict* in her account. Despite there being some contradictions between the two positions and some points of dissatisfaction on her part, Mary accepts the position that she occupies in the home without seeing it as conflicting with her self-identity as an independent person. She recognises herself as an independent subject within the limits set out by her position in the home. This is something that was common to all of the account in this final group (those identified as "positive").

In the "oppositional" accounts seen at the beginning of this chapter, participants, implicitly and explicitly, drew upon "liberal" ethical ideals (of self-

expression, choice, independence, and so on) in resisting and challenging aspects of care subjectivity that position them as relatively passive individuals subject to limitations, imperatives and punishments. However, although containing the same themes of assertion of rights, ability to speak for oneself, and disagreement with some aspects of life in care, the “positive” group of accounts is rather different in this respect. In these accounts, rather than drawing upon “liberal” ethical ideals to challenge or resist their positioning in power relationships in their homes, participants actively identify with their position as subjects of care. They talk about their situation in care as representing legitimate limits within which their rights and abilities to express themselves and exercise choice exist. However, there are still problems that exist with these positions, as is evidenced by participants talking about certain aspects of their situation in care which they disagree with or which put them in positions in which they occasionally lack input into the running of their homes or their lives. For example, Anne comments that she would like to do more in her home, such as cooking (although she also accepts the fact that, because of her position, this is something she cannot do), Peter mentions the fact that the residents in his home were not consulted about the home being done out, and Mary is clearly unhappy with being sent to work at her day centre by the staff in her home.

8.4 Conclusion

In the previous chapter, we saw that people with learning difficulties living in special forms of accommodation are, by virtue of their objectification as in some way lacking the ability to manage their own lives, placed in power relationships that revolve around the supervision and management of their lives, and that they are led to recognise themselves as subjects of this supervision and management and tied to a set of imperatives, prohibitions and a specific “place” in their home relating to this. This corresponds to a conceptual division between the residents of homes and the staff who run them. The residents become subject to the authority of the staff in respect of prohibitions which can be laid down, judgements about the appropriateness of certain behaviour, their requiring permission for particular activities, and their creation as punishable beings in this context. It was also seen that residents are aware of a subject position they are led to take on. That is, they recognise a “place” in the home that they occupy which imposes particular imperatives upon them and encourages them to

recognise themselves as subject to the authority of the staff and to prohibitions and directions acting on their conduct.

In this chapter, these analyses were taken further, focusing on the third aspect of our inquiry (that corresponding to Foucault's domain of ethics) concerned with how people themselves relate to and interact with forces of power and subjectification, and the concepts they draw upon in understanding themselves as certain types of being, evaluating what is appropriate behaviour, governing their own conduct, and relating to the ways that their conduct is directed in power relationships.

The first point noted was that people are not merely passively constructed by one specific discourse relating to their objectification as "having learning difficulties", but that there are other discourses and ethical technologies of which they are aware, and they take an active role in the formation of their self-relationships around these issues. A number of different ways were seen of people interacting with these issues.

It was seen initially, in "oppositional" accounts, how it is possible for people in these circumstances to draw upon certain ethical technologies surrounding "liberal" subjectivity in resisting the subject position of a person requiring special treatment and management of their lives. In the first two subgroups of accounts examined, participants drew out ways in which being positioned as a care subject clashes with the ideals of being a self-expressing, independent individual with rights to equality, self-expression and autonomy, and used this as an impetus to resist forms of power and subjectification connected to their status as individuals deemed to have a "disability" requires supervision and management in institutional care. They responded to these tensions by aligning themselves with the one form of subjectivity, recognising ideals by which to govern their conduct based around speaking up for oneself, and, at the same time, resisting the other by struggling to form, in the face of these issues, a relationship to themselves as independent, self-expressing individuals. In contrast, the other subgroup of participants who displayed an "oppositional" orientation to their position in care homes reacted by showing how their situation is in many ways intolerable, that it is 'terrible', and illustrated ways that it negatively affects their lives. In doing this they did not explicitly draw upon a "liberal" ethical

position in resisting their subjectification, but left this implicitly stated by showing how ways that they lack choice or are positioned in power relationships which direct their conduct in undesirable ways are 'not fair.'

In other accounts – those identified as “ambivalent” in their orientation towards care – different aspects of interaction with these issues were seen. Here, similar tensions were present – between being a subject of care in a subordinate position in power relationships on the one hand, and challenging and resisting certain aspects of their situation in care on the other (complaining about lack of self-expression, for instance, or talking about ways that they act in defiance of rules, or make critical judgements about the running of their homes). However, these were not resolved into definite challenges to the structure of power in the home, nor was there the concern for the participants to align themselves with a “normal” subject position. These participants, rather than resolving these potential dilemmas through explicitly challenging their situation, adopted unstable positions somewhere between the conflicting forces and technologies which operate upon them. So, they presented themselves both as individuals capable of voicing their own opinions or recognising unacceptable operations of power that limit their conduct *and* as subjects in a subordinate position in specific power relationships in their homes. Each of these positions surfaced at different times and in different ways in their accounts. In some ways, participants talked about their lives in terms of their ability to make their own decisions or to recognise aspects of power acting upon them that should be resisted, and yet at other times they seemed to be positioned in such a way as to recognise themselves as subject to the direction of their lives and conduct in line with a position as a subject of care. Although this situation is not as clear in its orientation as in the preceding accounts, there are elements of resistance in that the participants are not passively positioned by the forms of power/knowledge and subjectification which act upon them. Just as people are clearly not *escaping* from these issues such that they are no longer affected by them, nor explicitly challenging them, neither are they totally passive in the face of them or aligning unproblematically with the position of being a subject of care.

Finally, the last group of accounts – those showing a “positive” attitude to their homes - showed another reaction to this interplay of forces. Here, the participants took a different approach to understanding their own agency and the forces acting upon their conduct and positioning them in particular ways. They drew upon ideals of self-hood centring around their ability to express themselves, stand up for their rights, and be ‘independent’ just as a number of “oppositional” accounts did. Also, there were again areas in which their talk showed that they are situated within power relationships in which they are dependent on permission from staff to do certain things, in which a number of things are prohibited for them, and in which they are subject to the decisions, judgements, and disciplinary actions of staff. However, this did not manifest itself in the same kinds of tension seen earlier. Here, the participants talked about themselves as independent subjects *within the bounds of a particular subject position* which they occupy, and they thus recognised ideals by which to govern their own conduct in line with this position. The ways that they are acted upon by power and subjectification are not contrasted with the ways in which they relate to themselves as independent, self-expressing agents, but, rather they form rational limits upon the forms that their independent agency can take. However, despite their generally positive orientation towards their position, and their acceptance of a subject position that defines limits for their self-expression and making of choices, there was still evidence of some problems that participants experienced regarding the power relationships in their homes – such as lacking input into the running of the home in some ways or not being able to undertake some desired activities.

In many ways, it has been commented, it is “normal” to recognise limitations acting upon one’s conduct which one does not imagine contradict one’s position as a self-expressing, self-determining subject (although this is not to say, of course, that everyone is subject to precisely the same operations of power and forms of subjectification). What this analysis has shown, however, is the specific ways that these issues are experienced by people living in community care accommodation, and the specific problems that they experience with them. One of the key findings of this chapter has been that participants are aware of the action of forms power and subject positions, and of the effects this has upon them, and that this constitutes various problems for them with which they engage in different ways. Such problems are

explicitly voiced in the “oppositional” accounts: problems based around issues of self-expression, of having their opinions heard, of controlling their own care, and around the prohibitions and imperatives imposed upon them as care subjects and their position as subject to the judgements and decisions of others. Similar problems are apparent in the other accounts examined also, although they are not so explicitly voiced nor so straightforwardly presented. Again, these problems are based around issues of understanding oneself as a person with the abilities and rights to express oneself and exercise a degree of self-determination, and the tensions between this and participants’ constitution in power relationships in which they are subject to the decisions and authority of others, and to having their conduct directed in line with a set of prohibitions and imperatives connected to this situation.

What remains to be considered is, in light of these realisations, what should be done, what should be concluded about the issues that have been investigating, what impact the research findings might have on this area. These questions will be addressed in the next, and final, chapter, in which we will consider how the analyses fit in with or conflict with other work in similar areas, and what the consequences of this are in terms of planning future work and proposing changes to care systems. We must evaluate what kinds of challenge are made through these findings to the situations in which people live in care accommodation, and what “solutions” could be constructed given the issues raised by participants’ accounts. In addressing these issues, the implications raised by the findings of this research will themselves become clearer.

Chapter 9: Discussion of Findings and Conclusion

This thesis set out to examine how people experience power in community care homes for people with learning difficulties. The focus for the research was influenced by the work of Michel Foucault, who radically re-positioned how power and subjectivity are thought about. His work can perhaps best be understood as comprising three domains of critical analysis which constitute a 'critical ontology of ourselves' (Foucault, 1997a): truth, which examines how people are constituted as objects of knowledge; power, which explores how they are constituted as subjects acting on others and acted upon in particular regulated ways by others; and ethics, concerned with how people constitute themselves as moral agents (Foucault, 1997f) and govern themselves in line with this.

These three domains of analysis are irreducible to one another, and together comprise a critical study of how human beings are constituted as subjects. Our research questions draw upon each these aspects of inquiry, being:

- What forms of power do individuals living in community care accommodation for adults with learning difficulties experience as acting upon them?
- How do they relate to themselves as subjects in relation to this?
- How does this constitute problems for them in their lives?

These questions were addressed through a discourse analysis of a series of semi-structured interviews with adults who have recent experience of living in community care residential homes for learning difficulties. These interviews explored with the research participants their experiences and thoughts about life in these institutions.

Also important to consider is how Foucault's work is relevant to psychology, and how psychology can accommodate a Foucauldian perspective such that an approach suitable for addressing the research questions can be worked out within it. This research undertook a form of psychological discourse analysis centred around those areas that influenced the asking of the research question: Foucault's three domains of analysis (truth, power and ethics). We examined how participants'

accounts refer to aspects of themselves which exist as objects of knowledge, as things about which knowledge can be collected and judgements made, and we drew out the social structures and institutions connected to people's objectification in these forms of knowledge. Secondly, we focused on power and subjectification, examining the relationships in which people are situated, and highlighting their characteristics vis-à-vis power. Thirdly, we looked at how people relate to themselves and their environment, the discourses and concepts of self-hood drawn upon in recognising themselves as certain types of being and assigning a moral force to their actions.

In undertaking this analysis, a number of themes (aspects of participants' discourse relating to the research questions that recurred across a number of accounts) were drawn out. These themes were drawn out from parts of participants' discourse that embodied a particular aspect of power relationships, objectification, or self-relationship that could be summarised under a specific thematic heading (such as prohibitions acting on behaviour, assertion of rights to self-expression, and so on). The themes that were drawn out were ones that were useful for organising discussion of the three different aspects of the analysis, that could lend coherence to the analysis that was being built up. However, the analysis was not centred only around a set of thematic headings that were common across accounts. It also attended to the ways that participants discussed the issues from which the thematic headings were drawn – the language that they used in talking about them, and *how* they fitted into the overall talk of participants, their overall orientation to issues of power, subjectivity and self-conception.

These are important points to address. Despite an emerging recognition of the importance of Foucault's work in the area of disability studies in general and learning difficulties in particular, there has been no research which effectively draws upon it to attempt to understand individuals' experiences of power and subjectification in community care accommodation. As Walmsley (2001) points out, much of the research that focuses its attention upon community care services does so from a perspective influenced, explicitly or implicitly, by normalisation theory. However normalisation theory is conceptually problematic and limited in what it can reveal. An analysis such as that undertaken by this research has the potential to highlight issues

concerning power and subjectivity in community care which have not been adequately examined.

With this in mind, we turn our attention to the findings of the analysis, and the impact they have on our understanding the situation of people living in community care residential accommodation. This chapter undertakes this task, and is divided into four parts. The first part will summarise the findings and present the overall picture which emerges from them. The second will evaluate the importance of the findings as they constitute an addition to existing knowledge. The third part will critically evaluate the findings. The fourth will deal with future directions suggested by the findings both in terms of further research and forms of practice connected to community care. Our first task is to present a summary of the findings that have emerged from the research.

9.1 Research findings

The first aspect of the analysis centred around uncovering forms of knowledge by which people are objectified, and drawing out the institutions and social structures connected to this objectification and the decisions about people it makes available. With respect to this, themes that were identified in participants' accounts were: awareness of forms of observation and assessment acting upon them, decisions about living arrangements made by others, negative consequences of assessment and labelling, and lack of information about assessments or why care accommodation in deemed necessary. Firstly, it was noted that seven accounts showed evidence of participants being aware of certain of their abilities and characteristics – those relating to their intellectual abilities or their ability to live independently – being assessed by a specific (usually vaguely referenced) group. Connected to this, six participants also discussed negative consequences of becoming assessed or labelled as “people with learning difficulties”. These consequences of labelling centred around negative ways that people can be thought about or treated once they are deemed to have some form of learning difficulty – such as unpleasant lay-labels (such as “thick”) becoming applicable to them.

Also connected to the issues of assessment and labelling (although this was not often explicitly linked in participants' accounts) was the theme of decisions about living arrangements being made by other people. This manifested in twelve accounts, as participants talked about the decisions about their being moved into care being made by other people, or about their having to stay in care homes rather than be allowed to live independently. These others were generally referenced only vaguely as 'they,' or, in two accounts, as 'social services.' These participants were aware that it is as a result of the decisions of these other people that they came to live in community care homes – and this is implicitly connected to forms of assessment that define people as requiring care (e.g. 'I went to B__ for a trial period, then they made the decision [...] that I was supposed to stay there permanently').

However, participants did not seem to be aware of the reasons for, or the intricacies of, these forms of assessment. Eight participants explicitly said that they did not know how such assessments were made, why labels for them thus became available, nor why decisions about their lives were taken in connection with them. One participant remarked 'I was called "mentally handicapped," and I didn't know what that meant,' and others claimed to have no idea *why* decisions about their needing to live in care accommodation were taken, stating that no-one gave any reasons for it. As well as this theme explicitly emerging in eight accounts, no participants gave an indication that they did know much about the assessments that they were subject to, nor the reasons that they are deemed to require care accommodation.

This part of the analysis, then, began to show the existence of processes of observation and assessment through which people are objectified as a particular sort of being (someone with learning difficulties), and a set of consequences connected to this – of being labelled as "having learning difficulties", of having unpleasant lay-labels and ways of thinking applied to them, and being placed in special institutions where the needs they are deemed to have can be met. These processes of objectification are linked to issues of power. The ways of thinking about people that are made available through this objectification situate them in relationships in which others make decisions about their lives, and make them amenable to forms of

institutional intervention (living in care homes) consonant with their objectification. This can be seen in the way that participants who discussed these issues talked about being subject to the judgements and decisions of a specific group of people, a group usually referenced only vaguely as “they” in the accounts. For example, ‘they made the decision [...] that I was supposed to stay there permanently,’ ‘they said I couldn’t go back [...] they said I didn’t take care of myself’. This group (referenced usually as ‘they,’ or sometimes as ‘doctors’ or ‘social services’) has the power to label other people, to make decisions about where they live, and to make assessments about their needs (e.g. needing to stay in care permanently), although the participants themselves did not show any awareness of how or why such assessments and judgements are made, and eight specifically stated that they were not aware of this.

These issues lead into the second aspect of the analysis, which centred specifically around power and subjectification. This involved examining the nature of the relationships (rights to speak, to make decisions, to perform certain types of action, and so on) and the forms of subjectification (individuals’ relationships to rights, privileges, duties, obligations, prohibitions, and so on) referred to by participants. The key issue arising from this aspect of the analysis was that differential relationships were observed between the participants and the staff who run their homes. This was revealed through the emergence of four themes relating to power in participants’ accounts: prohibitions on behaviour, imperatives on behaviour, lack of choice or input into the running of the home, and punishments and reprimands. All participants discussed prohibitions that they are subject to (things that they cannot do, things that they require permission from staff in order to do) and/or imperatives acting upon their behaviour (things that they have to do, places they have to go, ways they have to behave). These included such things as not being allowed to cook in the home, to buy presents for other residents, to go outside without permission, or having certain house jobs to perform, having to be good or quiet, having to go to a day centre, and so on.

These are power relationships in which care residents are divided from the staff who run their homes in terms of what they can legitimately do, what rights they have, and what decisions can be made with respect to them. This relationship is

structured such that the residents' conduct is governed by rules, and the staff are in a position of power in terms of granting or withholding permission for them to perform a wide range of actions, arranging aspects of their lives, and making judgements about the appropriateness of their behaviour. All participants were aware of being in some way subject to the decisions of staff, and to a set of rules and prohibitions based around their status as residents of care: their conduct is subject to a set of prohibitions and limitations, they must behave themselves in a manner deemed appropriate (i.e. being "good"), perform chores that are laid out for them by the staff, and so on.

It is possible to imagine reasons for the existence of many of these rules and imperatives – for example, residents might hurt themselves in the kitchen, they might damage the décor of their rooms, the home would be legally liable if they were involved in an accident outside, there is a danger of people living in unsanitary conditions or behaving disruptively, and so on. As Becker (1967) points out, there will undoubtedly be constraints acting upon people who are 'super-ordinate' as well as those who are 'subordinate' in hierarchical relationships, and thus those who run these homes themselves may be obliged to act in particular ways with respect to residents. This does not mean, however, that we should abandon the task of listening to what 'subordinates' have to say – in this case, of uncovering and opening up to debate the existence of specific power relationships. It is not our task to make judgements that one form or action of power is "legitimate" and another is not, but to bring to light the types of power relationships evidenced in participants' accounts. In this case, we can see care residents being situated in power relationships in which they are subject to a set of rules limiting their conduct and imposing imperatives on the behaviour which comprise a 'place' that they occupy in the home, in which they are dependent upon the permission of the staff to do things such as go out, have their hair cut, or throw away rubbish, and in which they are subject to judgements by staff about the acceptability of their conduct.

The third theme identified in accounts relating to power was that lack of choice, means to express oneself, or input into the running of the home. Eight accounts contained comments by participants indicating that they lack input into how their homes are run (they do not get to choose how the home is decorated, they are not

given the choice of having their own bedroom, they do not have the opportunity to express their opinions about the home to staff, and so on). This is another aspect of the power relationships that people living in care homes are subject to. Again, residents are divided from staff in terms of who can make decisions about the running of the home, who can make their voice and opinions heard, who has choice about how their life is run, and so on.

Also, participants were aware of being constituted in these power relationships as punishable beings. Twelve of the participants talked about what happens if 'you're naughty' or 'bad': 'they stop you going to the pub,' 'you got the injection in the leg,' 'you got a telling off [...] and if they didn't want to do anything for you, they wouldn't do it,' and 'they punish you. You went to bed [...] you're in the poor book.' Again, it might be commented that some of the things talked about as being 'naughty' are things that one might expect to be proscribed (e.g. hitting people and swearing). Again, however, we should point out that our task here is to uncover the ways in which power and subjectification operate in these instances rather than attempting to justify or condemn every aspect of power as soon as it is uncovered. Here, there is evidence of the connection to the power relationships we have been seeing of forms of punishment that can be handed down by staff members if residents do not behave appropriately.

Connected to these power relationships is a form of subjectification, a specific subject position that participants recognise. In understanding this, we need to examine more closely how participants talk about their situation. This illustrates the importance of moving beyond a thematic analysis to consider how participants discuss the issues from which themes are drawn, the language they use in doing so. A key finding of the research here is around the pronominal forms that people use in referencing themselves in relation to issues of power in their homes. All of the participants except one tended to use the third person (actually "you" functioning like the third-person "one") whenever they were discussing limitations, imperatives, and punishments that they were subject to. There were frequent shifts in use of pronominal forms noted, from the first-person to discuss participants' own actions or beliefs and the third-person to discuss aspects of power that act upon them – sometimes in the

same sentence. For instance, 'I really do wish I could do a bit more. But, you can't.' This use of pronominal forms in participants' accounts indicates a specific "place" that they occupy in terms of a generic subject position – a place related to what 'you,' as a resident of the home, can and cannot do, what 'you' are supposed to do, and what 'your' place in the home is. These things are referenced as existing in a wider context than merely applying to individual participants or their co-residents specifically, and are talked about as applying to 'you' (or, we could substitute, "anyone") when 'you' are in the situation of living in a care home. When these issues are discussed in this way, attention is focused not on the specific situation of the individual participant him/herself, but on the position of a generic subject of care, of anyone in their position. Thus, participants recognise a set of things which "you" 'cannot possibly do' when "you" are subject of care, ways that "you" are supposed to behave ('you've got to be good all the time,' 'you have to be good here'), the 'place' that "you" occupy, chores that 'you do have to do,' and ways that "you" are punished 'if you're naughty.' These imperatives, prohibitions, punishments – in short, power relations – are things that participants recognise themselves as subject to by virtue of their membership of a specific category of people – people living in care homes. Being in this situation, then, is recognised as being consonant with power relationships in which one's conduct is directed (certain things happened to "you" if "you" are bad; "you" are made to do certain things), and also with the recognition of ways that "you" are supposed to behave, to direct "your" own conduct in line with a specific set of ideals (when "you" are in this situation, "you" may not do/have to do certain things).

These points indicate, then, how people who live in care homes can be situated in power relationships in which they are subject to the decisions and supervision of staff, and in which they recognise themselves as subjects obliged to conduct themselves in line with this supervision, and amenable to observation, judgement (in terms of being 'good' or having one's conduct monitored) and punishment by the staff in this respect. There is a form of subjectification at work in which being objectified as a member of a specific category of people (those who live in care homes) is consonant with an obligation to recognise oneself as subject to prohibitions and limitations which affect people in that situation, with occupying a defined and subordinate place in the home in which certain forms of action are appropriate, and in

which one is subject to the decisions of staff about what one must do and what one cannot do. Participants recognised things which “you” cannot do as a care resident by virtue of membership of that category – things which ‘you cannot possibly do’ – and recognised themselves as existing in relationships with the staff in which they must seek permission to do a number of things, and in which the staff make decisions about the appropriateness of their behaviour (i.e. ‘you have to be good’) and impose punishments upon them.

All of the participants challenged their position in these power relationships in some way, however. They said for instance, that ‘[reprimands] went in one ear and out the other, ‘cause I used to think it was stupid,’ or making complaints about their homes, complaining for instance that ‘people were being bullies [...] I didn’t like the punishments.’ These remarks begin to show that they are not merely passively positioned by power, nor do they unproblematically relate to themselves as care subjects, as subjects who align themselves with the “place” in the home that is set out for them. Rather, participants actively took up a position in relation to these forces, and issued challenges to them. This brings us onto the last aspect of the analysis: that which examines how people relate to themselves as certain types of being, and how they assign meaning and value to their own lives and to the ways that they are positioned and directed in power relationships, and to begin to identify areas which people may be struggling with.

The accounts examined in this respect were separated into three categories – those openly oppositional to their situation, those supportive of it, and those exhibiting a somewhat ambivalent attitude. Four themes relating to the ways that participants relate to themselves and their environment were identified in the accounts (the assertion of rights to choice, equality and self-expression; ability to think and act independently, and speak up for oneself; dependence on the home; and disagreement with, or resistance to, aspects of life in care). However, it is important in dealing with this aspect of the analysis to move beyond a consideration of these themes themselves, and to look at how participants relate to issues of power in their homes, to other people in them, and to themselves as particular types of subjects. It is around these

considerations, rather than around a thematic analysis that this part of the research is organised.

The first thing noted was that six participants (those said to be “oppositional” in their accounts) issued definite challenges to various aspects of their situation in care. Challenges were put to the negative conceptions and lay-labels (often discarded professional terms such as ‘mental’) which have been applied to learning difficulties, and to the ways that they are positioned as care subjects. Comments were made that “you”, as a subject of care in the homes, are ‘supposed to be a good boy and be quiet,’ that people ‘just don’t want to listen to you,’ that they ‘put words into people’s mouths,’ and that ‘you don’t get much say in your life at all.’ Participants also challenged the passive position they have in relationships with staff such that the staff manage their money and their everyday affairs, decide where they live, when they go to the day centre, what drugs they must take, and the making of decisions affecting residents’ environment and their lives being made without their being consulted.

Opposed to this position were discourses and concepts of self-hood that set out different ideals by which people in care should be treated, and through which they relate to themselves – ideals based upon equality of treatment, choice, and self-expression. These were presented in various ways in the accounts identified as “oppositional”. Firstly, they were put forward as an expression of the ideal of people with learning difficulties having equal rights with others and meriting equal treatment (‘it doesn’t mean we can’t get what people like yourself,’ ‘I ought to be treated like you’). They were also framed as a position upon which participants either explicitly or implicitly drew in making moral judgements about their care or the general treatment they receive, especially in relation to areas in which they perceive their not being listened to (‘to me, that’s wrong,’ ‘that’s not care, to me, that’s dictation,’ ‘that’s not fair,’ ‘we’ve got a voice and we should be able to use it,’). In three of the six “oppositional” accounts, these ethical ideals were translated into an impetus for locating imperatives on conduct with which participants aligned their own behaviour in resisting and challenging power relations (e.g. ‘you have to fight for what you believe,’ ‘you have to voice your opinions’). In talking in this way, participants here showed that they are aware of having experienced negative consequences of being

created as a “person with learning difficulties” and a care subject, and they draw, in various ways, upon a conception of self-hood that places a central importance on rights, voice and equality to challenge this, to present morally desirable alternatives, and to relate to themselves, and present themselves in the interviews, as individuals capable of speaking their minds and voicing their opinions.

In two of the “oppositional” accounts, this set of ethical ideals emerged implicitly rather than explicitly. These two accounts did not explicitly frame ethical statements about the rights they should have, nor locate a set of behavioural imperatives (for instance, saying that “you” must speak “your” mind) with which they align their behaviour and resist workings of power that limit their conduct or self-expression, as the other “oppositional” accounts did. Rather, they focused on detailing the negative effects of being situated in power relationships in a residential home as a care subject, showing how this has had intolerable effects upon their own lives, and then explicitly commenting that this is unfair or unacceptable. The comments made in these accounts about the unacceptable aspects of life in care centre around areas in which the participants in question have lacked choice or the means to express themselves in relation to how their home and their lives are organised, in which their lives have been subject to the decisions of others in terms of where they may go and what they may do, and in which they have been punished for failing to comply with such directives. Implicitly, of course, presenting of these types of situation as unacceptable, and commenting that they are ‘not fair’ draws upon similar “liberal” ethical ideals as those explicitly stated in the other four “oppositional” accounts – ideals that oppose what they outline, and are based around self-expression, self-determination, and the freedom to make choices about what to do or where to go.

To put it simply, in this first set of accounts, there were present, both explicitly and implicitly, two conflicting positions of subjectivity – that of a care subject existing in a subordinate position in power relationships with staff and subject to the staff’s decisions and to management of their lives, and, on the other hand, what might be called a “liberal” position through which they relate to themselves as self-expressing subjects with the ability and the right to voice their opinions, receive equal treatment with others, and make decisions about their own lives. These participants

drew upon the latter position in challenging and resisting the first – to a degree. The challenges made, however, do not mean that people escape from these negative effects. They are, rather, indicative of a struggle to contest operations of power that they find problematic, and to relate to themselves as beings with “normal” rights and abilities. For instance, despite the challenges put forward, participants also made comments such as, ‘you never win [...] but you have to show them you’re not afraid,’ ‘now I can stick up for my rights [...] but I find that difficult’.

The next group of seven accounts examined were more ambivalent in their orientation towards the care homes. These accounts were not resolved into definite challenges or an explicit identification with either position. There were indications again that the participants were aware of the existence of power relationships in which their conduct is subject to rules and prohibitions, and of themselves being subject to the decisions, judgements and discipline of those who run their homes, of ways that “you”, as a care subject, must behave: ‘in a home you are a bit limited [...] you’re supposed to behave [...] you get a telling off if you don’t behave,’ ‘you can’t be noisy [...] you can do a lot more in your own place,’ ‘you’ve got to behave yourself [...] if you don’t behave, you’re sent to your room.’ Also, alongside these comments, were others that indicated participants’ resistance or challenges to certain aspects of their situation.

Although only one of the “ambivalent” participants explicitly discussed the idea that care residents should be recognised as capable of expressing their opinions, the resistances that were presented in this group of accounts suggested that participants, whilst being aware of power relations acting upon them, present themselves as individuals not unduly constrained by rules, as people capable of challenging and resisting power where it constrains their conduct or limits their self-expression. For example, participants made such comments as ‘what’s lacking in this home [...] is the self-expression [...] we are capable of expressing ourselves [...] I don’t think they realise that,’ ‘you can’t smoke in your room, but we do,’ ‘I’ve packed it in now [talking and working group]. I told them [...] The staff just kept talking [laughs]. It was stupid.’ However, these accounts were not resolved into overtly oppositional positions. On the contrary, the participants in question seemed also to

identify with their position in care by explaining *why* limitations were in place ('because we don't own the home, you see'), by emphasising positive aspects of the homes in terms of what they *can* do ('I've had a good life. It's a nice place [...] I can go out anytime I want'), or by taking on a passive position with respect to activities and waiting for staff to give them out to residents, or by showing how they align their behaviour with what is expected ('Me? I'm alright. Well, most of the time, you know. If you've got in a bad mood [...] ignore it').

These participants were again aware of a set of consequences of being a subject of care. Consonant with this position are judgements made about them (e.g. that they can't express themselves intelligently), a set of rules and prohibitions which act upon them, certain forms of behaviour (being 'good' and 'quiet' especially) that are expected of them, and power relationships in which their conduct is observed, assessed and, if necessary, disciplined. These participants related to themselves both as care subjects whose lives and conduct are supervised, managed and disciplined by staff, *and* as beings who recognise the importance of having 'a say' in their lives, who are capable of making judgements about their situation and actively resisting aspects of power which operate upon them. Whilst they did not take up an expressly oppositional position, and even identified with or supported their position, their comments did indicate that they were also, in different ways, aware of the importance of having 'a say,' and of problems relating to their situation in terms of lacking recognition of their self-expression, having decisions made for them in consultations with staff, or being subject to rules which they are expected to follow.

The final group of participants' accounts presented a clearly positive orientation towards the care environment and their place within it. Again, these four participants were aware of the existence of the position of a care subject acting upon them, in which they occupy a defined 'place' with respect to the home and those who run it such that their conduct is subject to rules and limitations, they require permission to do a number of things, and the staff make decisions about the home and participants' place in it, and what can legitimately be done by participants and what is done to them by staff. For example, comments were made that 'if you want to go out anywhere, you have to ask to go out,' 'I feel as though I want to go out and buy them

[other residents] something [...] but you cannot do that; it's not your place, it's the staff's place,' 'you can't bring your own beer in here,' 'if you're bad in a way, the staff'd give you a bollocking,' and 'the staff send us [to work assignments].'

There was evidence of these participants also drawing upon "liberal" ethical technologies in relating to themselves. All four of them strongly emphasised their status as independent individuals capable of expressing their opinions, making their own choices, and taking an active role in running their lives. For example, participants commented, 'I stand my ground. I say "I don't like it" if I don't like, then [...] that's it,' 'I stand up for myself [...] I've always been able to speak for myself' 'I'm a very independent woman, and I, I like people to respect that,' 'I can do a sort of deal with her [...] if I can have my room done in my own colours, I will clean my own room up every Sunday.' These two positions (of being a subject of care and being a "liberal", self-expressing individual) that existed, in different ways, as tensions in the previous accounts, were managed differently here. There are aspects of the position of being a care resident which these "positive" participants experience as problematic in limiting what they can legitimately do, putting them in situations they find unpleasant or denying them a say in the running of the home. For example, participants said, 'there's nothing you can do [...] I really do wish I could do a bit more. But, you can't,' 'we used to have meetings, but we don't seem to have as many meetings lately [...] the way the house has been done, no-one's really said anything, it's just been done (1),' or 'I go to B__ M__, but I, I don't like it [...] it's horrible to think about going back.'

Despite discussing aspects of power relationships and the place in the home that they occupy as care subjects that they find problematic, these participants did not contesting the position of subjectivity related to being a care resident. On the contrary, they actively related to it, and recognised themselves as individuals to whom this position, and the limitations and imperatives that go along with, applies. They did not challenge this position, nor illustrate how they resist it. Rather, they expressed support for it in a number of ways – by identifying with the reasons for their position ('I know this ain't my home to do things like that [...] I agree, because I like to be told') and recognising that because of it, there are things that "you" simply 'cannot possibly do';

explaining why certain limitations exist ('That's the difference between this place [...] because most of them here are on tablets'); identifying with the aims of the home ('they help us to help ourselves. It cares for us and makes sure we're all alright,' 'the people that look after us are doing wonderful jobs'); or relating to themselves as individuals who require being cared for in such homes ('I'd feel vulnerable [living independently] [...] you could do it [...] but I don't think any of us could do that'). These participants are not contesting the position of being a care subject, nor the power relationships connected to it, but are actively recognising themselves as individuals upon whom these forces of power and subjectification act, and observing and directing their own conduct in line with them. In short, they are relating to themselves in an ethical manner as subjects with rights and abilities *within limits that relate to their position as care subjects*, despite their recognition of some problematic aspects of this position for them.

Before moving on to evaluate these findings, it will be helpful to present a more succinct summary of the above points, and to set out more specifically their relevance to our research questions. In relation to the research questions set out, we identified the inter-connected existence of forms of knowledge, power and subjectification which act upon the research participants and with which they interact. In relation to the forms of power that they experience, it was seen that participants are aware of their being observed and assessed by a specific group of people (usually referenced only vaguely as 'they') and of a set of consequences attached to this process: of making available negative ways of thinking about them and negative lay-labels that can be applied to them (such as being thought of as 'thick'), and of empowering the group of people who assess them to make decisions and judgements about their care needs and thus where they are to live. Although aware of the existence of this assessment and the general consequences attached to it, the participants were not aware of the intricacies of it, nor of why it is carried out, and the decisions made about them are thus difficult for them to understand or challenge.

Also seen in relation to power was the existence of a set of differential relationships between residents and staff of the homes, such that participants were aware of a definite "place" that they occupy situated around ideals of them being

supervised and cared for. These power relationships, centring around the conceptual division of residents from staff, have a number of characteristics – imposing prohibitions and imperatives on their conduct (e.g. around cooking, being noisy, buying presents for other residents, having to be in at a certain time, having to perform set chores, etc.), making them subject to the decisions of staff and reliant on their permission to do a number of things (such as going outside, having decorations in their rooms, throwing things away, etc.), having aspects of their lives organised by staff and lacking a say in this themselves (e.g., their appointments with hairdressers, their trips outside, their work placements, the renovations and alterations made to the homes, activities given to them, and so on), and being subject to judgements made about their conduct (in terms of being ‘good’) and to reprimands and punishments in relation to this (such as being ‘told off,’ being sent to their rooms, being forbidden from going out, having forms of care withdrawn, and so on).

Consonant with these forms of power/knowledge was a subject position which participants were aware of being led to recognise as applying to them. They were aware that, as a subject of care, there are things that “you” cannot do, decisions that can be made for “you” by staff, ways that “you” are supposed to behave, and forms of discipline applicable to “you” in respect of this. Participants were led to recognise themselves as occupying a certain “place” or subject position in their homes, to recognise particular imperatives and prohibitions as legitimately acting upon them in accordance with this, and to form particular relationships to themselves in which they understand and manage their own conduct in line with these factors. They were aware of an impetus to govern themselves and their own conduct in line with the ideals of their being supervised and managed in a care environment, and they discussed their conduct in relation to this.

This ties in to the second research question, asking how participants’ relate to themselves as subjects. However, there is more to consider about their forms of self-relationship than the form of subjectivity that they are led to take on by virtue of their membership of the category of people deemed to require care accommodation for learning difficulties. Also observed in the accounts was a “liberal” position connected to forms of ethical technology by which participants relate to themselves as

independent beings able to express their own opinions, and as individuals with rights to receive equal treatment with others, to exercise their own choices, and to have a 'say' in the running of their lives and the homes in which they live. Attached to this position is an impetus for ethical conduct in terms of claiming these rights for oneself, speaking one's mind, and challenging those aspects of power that limit one's self-expression or one's 'say' in one's life. These positions were managed and oriented towards in different ways.

One set of participants clearly aligned themselves with this "liberal" position, and drew upon it explicitly, in challenging and resisting the ways their positioning in power relationships as care subjects and locating an impetus for making moral judgements about how they 'should' be treated, or implicitly, in illustrating how their situation in care is intolerable or unfair. Others took a more ambivalent line, in which the position of care subjectivity and challenges and resistances to this position coexisted, without their accounts being resolved into a definite orientation with one or the other. These participants identified in various ways with the position of care subjectivity in which their conduct is observed and directed and decisions made for them, *and* also demonstrated in their accounts how they resist or disagree with aspects of power that constrain their conduct or limit their self-expression. They showed that they are individuals capable of making their own judgements about the operations of power connected to their subjectification despite the fact that they also recognised these forms of power acting upon them in their accounts. The final group of participants explicitly related to themselves as independent, self-expressing individuals with rights to make their own choices, and they articulated ways that their position as subjects of care is problematic in relation to this. Nevertheless, they explicitly identified with this position. They effectively related to themselves as individuals with rights and abilities of self-expression and choice *within the bounds of a position of care subjectivity*.

With respect to participants' relationship to themselves as subjects, these findings show that they are not merely passively positioned by forces of power and subjectification such that they unproblematically relate to themselves as care subjects. On the contrary, they actively take up positions in different ways, drawing upon

ethical ideals of equality, choice and self-expression in doing so. Participants' subjectivity does not emerge merely as a result of the operation of forces of power and subjectification, but arises out of their interaction and confrontation with these forces.

This realisation leads us onto the third of our research questions, concerning how people experience aspects of power and subjectivity as problematic. The key to this question also lies in the tensions observed in participants' accounts – tensions between being positioned as a subject upon whom power relationships act that direct their conduct in care homes, and the positions that participants themselves take with respect to this. Participants were aware of a drive to relate to themselves as independent individuals with rights to equality of treatment with others and choice in their lives. The problems they articulated as existing for them centred around ways that these ideals clashed with their position as subjects of care. Participants were aware of ways that their position in their homes places them in situations in which they are set apart from “normal” others, in which they do not have ‘a say,’ in which their lives are arranged and managed by others, and in which power relationships affect them such that staff members make decisions about their lives and their conduct in terms of what is expected of them and what they can legitimately do, and discipline them accordingly. Participants articulated these problems in different ways, according to the overall orientation they took towards their situation, but all, in some way, discussed their experience of these sorts of problems, even where their overall outlook on their situation in care was positive.

These are issues about people's situation in care environments that have not hitherto been highlighted. We cannot claim to have uncovered *everything* that could be said about power, subjectivity and ethics with relation to people living in community care. As Foucault points out, power is a ubiquitous feature of human relationships, and questions of subjectivity and ethics will have wider effects than those discussed in this thesis. There will certainly be other operations of power and subjectivity affecting other areas of people's lives, and other factors of self-relationships and identity that are beyond the focus of this research. Also, of course, it would be incorrect to believe that power relationships work in one direction only, that they are forces affecting only those people who are residents of care homes, and not

the staff or managers. What this research has dealt with have been issues of power, subjectivity and ethics as they emerge in the accounts people give of their lives in community care accommodation. This, naturally, tends to centre around fairly explicit forms of power that clearly direct people's conduct, around aspects of power that they are somehow aware of operating upon them. This has shown areas of concern, around the ways that people are situated in differential relationships, recognise the actions of systems of knowledge that define them as subjects of care and lead them to recognise their conduct as subject to rules, limitations, imperatives and observation, assessment and discipline by others.

Given these findings, we must ask what we are to conclude. What judgements or proposals are made available, and how are the findings significant? It is tempting, in light of these findings, to search out a normative basis that will allow us to decide that certain forms of power are "bad" and that we must undertake a specific form of action in overcoming them. However, Foucault teaches us that there is a danger in speaking for and above others about their situation, and in formulating programs of resistance *for* them. It must be recognised that the problems identified here are ones for people living in care accommodation, and not for academics or social workers to "solve" (see Foucault 1991a). Also, it is not possible to banish power *per se* in any case, since it is a ubiquitous feature of human relationships. We must not, for instance, fall into the trap of believing, as a result of our observations, that the "liberal" position drawn on in the accounts is the absence of power, existing in contrast to forces that act to suppress this position. As Rose (e.g. 1990, 1996) has shown, these sorts of positions are themselves culturally specific ones connected to potentially troublesome issues relating to the government of conduct. It is for these reasons that an analysis of power and subjectivity beginning from the perspective of those who experience them is an important one to undertake, and, similarly, drawing out the problems that people themselves are struggling with is an important step in the analysis.

What this analysis achieves is to bring to light specific workings of power that participants experience, and to highlight the problems that they experience in relation to them. Basically, we have shown that it is possible to take the essence of what

Foucault did with the texts that he analysed with respect to power and subjectification, and apply it to an analysis of individuals' accounts of their own situations. An analysis of how people talk about their situation in care based around Foucault's three domains of critical ontology can prevent power from remaining hidden in these situations, highlight how people experience and relate to it, bring to light some of the problems that they experience with it, and thus begin to *problematise* its existence. The problems observed centred around the situation of being created as a subject of supervision and management in care systems. Accounts showed participants' awareness of being invested in differential power relationships in which participants' conduct is observed, limited, directed and disciplined and decisions about their lives made by other people, *and* their relation to themselves, in differing ways, as "liberal" subjects in a way that clashes with this situation. This poses problems for people in the ways that they relate to themselves, their conduct, and their environment. These issues cannot be judged merely according to some pre-determined criteria for assessing "good" care, but only through attending to an ever-present set of dangers in the ways that people experience and interact with power and subjectivity in care environments.

We cannot intervene in the participants' situation in the sense of setting out programmes of action or resistance for them to follow, nor in the sense of prophesying a "solution" to the issues that they struggle with or intervening into specific situations on behalf of individual participants. Apart from the dangers involved with a researcher outlining "solutions" to others' problems, there is an ethical problem with making interventions into a situation that we are not a part of – upsetting the apple cart, as it were – and then leaving the people involved to deal with the consequences. We must not make simple or final judgements about power *for* others. Important here is Foucault's (1991a) realisation that the important task in situations like the one examined in this research is in formulating ways of listening to people, discovering what their problems are, and "unleashing" these ideas in the hope that they will allow people involved in care to become aware of them, and bring it about that the situation of people living in care is no longer taken for granted, that is becomes open to challenge.

The question, then, is not what judgements we should make on other people's behalf, but whether these issues are being attended to. We cannot get rid of all forms of power, but we can, through research like this, expose it, and problematise its existence such that it no longer remains hidden or unquestioned. This research has also highlighted a range of responses to being situated in power relations in care homes that residents exhibit. It is this process of problematisation, and that of understanding how people respond to power relations that is important. Although we cannot somehow empower people to free themselves, through this problematisation we can hope to encourage care systems to attend to the problems that are facing people whilst being cognisant of the dangers of speaking for and above them. This will not easily be approached, and it is something that must, of necessity, take shape outside the bounds of an academic thesis. The point to be made from this research is that Foucault's three domains of critical ontology has been shown provide a framework for listening to people's accounts of their situation with respect to power and subjectivity, for unmasking the workings of power in their lives, and bringing these issues onto the agenda of discussion, empowering people to attend to them. As Foucault (1981a) comments, power functions as it does only on condition that it mask a substantial part of itself. The development of a framework for listening to people in a way that unmasks ways that power works in their lives in thus an important one to make. The observation that participants are engaged in a process of struggle with aspects of their situation vis-à-vis power and subjectivity that they experience as problematic suggests that this is an important task to undertake.

This research, then, asserts that there are important issues to attend to in understanding care environments that have not hitherto been addressed, and which cannot be attended to outside of an approach that recognises the importance of Foucault's work on truth, power and ethics. We move on now to consider how this represents a move beyond existing research and assessments of care services and thus represents an addition to knowledge.

9.2 Additions to knowledge

In assessing the additions to knowledge made by this research, we need to return to the literature and research examined in Chapters Four and Five. In these

chapters, we saw approaches to assessing care services and setting out ideals for their organisation, research into care institutions, and work dealing with conceptions of disability and learning difficulties.

As Walmsley (2001) comments, the dominant model, upon which most research into care services implicitly or explicitly draws, is the normalisation model. As was seen in Chapter Four, this model begins from a concern that certain groups, such as people with learning difficulties, have devalued social roles that reflect negative ways of thinking about them that are propagated by ‘that segment of society that [...] holds norm-defining power’ (Wolfensberger & Tullman, 1989; p.211). This, it is argued, has the effect of creating negative social roles for these groups, causing them to be negatively perceived and treated. Normalisation thus proposes encouraging individuals to pursue positive and socially useful behaviour, promoting positive labels and roles for them, using socially normal and valued social systems in dealing with them, and working to combat negative stereotypes and negative treatment of people in legal systems (Wolfensberger & Tullman, 1989).

A number of theoretical problems with normalisation were raised in Chapter Five, and these are echoed in the research findings. Although the existence of negative labels and ways of thinking attached to being objectified as someone with learning difficulties (and as someone therefore conceptually divided from “normal” others) were discussed by participants as problematic, there is more to consider in their accounts than normalisation considers. The issues that participants discussed also centred around their situation in differential relationships with the staff in their homes, the ways that they are made into subjects of decisions, observations and judgements, and punishments and reprimands of staff, and the ways that their lives are supervised and managed and their conduct subject to prohibitions and limitations.

The problems that emerged from participants’ talk about these issues were connected to the drive to relate to themselves as individuals with rights to input into the running of their lives, to be treated equally with others, and to be a self-expressing individual who is not overly constrained by rules or by the decisions of other people. This drive might be considered to represent a struggle for “normal” treatment which

mirrors normalisation's concerns. However, the situation that participants describe cannot be effectively conceived in terms of its correspondence to a pre-determined set of normalisation criteria, but can only be understood in terms of their situation in complex relationships of power, and their interactions with forces of subjectification. The extent to which the power relationships and subject positions that are evident in participants' accounts can be judged according to standards of "normality" or as "socially valued" is contentious. For instance, a number of times, the punishments that participants report could be argued to aim at eliciting "socially valued" behaviour – e.g. not 'being noisy,' or 'messaging about,' going to work, keeping the house clean and so on. However, these are aspects of a wider set of power relationships and forces of subjectification with which participants interact. They are connected to ways that people are positioned as particular types of subject amenable to specific power relationships that place them a position in which their conduct can be observed and directed. These issues of power and subjectification and the ways that people struggle with them and form relationships to themselves and their own conduct cannot be productively understood merely in terms of how "normal", or otherwise, they are. This research goes beyond a consideration of how people explicitly make complaints about their homes, and examines how their situation is structured with respect to power relationships, and how these power relationships cause problems with which people struggle in relating to and understanding themselves as "normal" or "learning disabled" individuals. Normalisation leaves no room for considering the subjected positions that people experience, the differential relationships they are situated in, nor their struggles and interactions with these forces. These issues can only be productively theorised from a perspective that recognises the impact of Foucault's work on our understanding of truth, power and ethics, and seeks to explore individuals' own experiences of these issues in a way that goes beyond "surface" considerations of "normality" or explicit complaints that people make. Power relationships and subject positions are a ubiquitous part of human life. It is not possible to argue that merely identifying the presence of power relations makes a situation "abnormal". What is important is to look at how these issues exist for people, how they relate to them, and how they struggle with them.

Theories about care systems based around 'quality of life' (QOL) (e.g. Goode, 1994b; Brown, Brown & Bayer, 1994) are similarly incapable of taking account of the issues raised by this research. QOL includes concerns with the extent to which people living in care can exert control over their own lives. This is generally assessed via questionnaires about living and accommodation, leisure activities, health, family and friends, work, help received and desired, and general life satisfaction. A number of these issues overlap somewhat with concerns raised by participants in this research. However, as with normalisation, QOL, has no way to take account of individuals' situation in power relationships or their positioning as subjects of care.

Participants in this research were engaging with issues which, whilst connected to issues of their control over their lives, were centrally related to the ways that they are situated in differential power relationships and led to recognise themselves as subjects of management, supervision and discipline in these relationships. These issues cannot be attended to through an approach beginning from a pre-determined set of criteria to assess individuals' satisfaction with a specific set of issues relating to their situation. The issues in question emerged in this research through an *interpretative process* based around participants' accounts of their situation. It is significant to note that, although participants engaged with tensions between this position and the impetus to relate to themselves as self-expressing individuals with rights to make choices and decisions in the running of their lives, this was often not phrased or conceptualised by them as a complaint or a problem. A concern only for explicit complaints about specific issues would thus miss much of significance.

The specific things that participants make complaints about only represent a part of the overall picture. It needs to be realised that these issues exist in relation to a wider set of issues connected to power. For instance, one might take the comment that care residents are made to go to work in a day centre which they find unpleasant as a single issue that could be "corrected" by providing alternative choices for work placements. However, this would not take account of the specific relationships that give rise to this situation. This research has highlighted how issues such as this one are connected to care residents being made into subjects in specific power

relationships in which their conduct can be observed, directed and punished, and in which a specific group of people are in a position to manage their lives and the homes that they live in. The power relationships that make it possible for people to be sent to a particular place by the staff of care homes do not affect only this specific issue, but actually connect to a whole set of prohibitions, imperatives, obligations, punishments and so on that affect the lives of people in care. It is important to take account not only of the specific issues that are commented about, but also the wider set of power relationships and subject positions that bring these issues into being, that structure the social world of the research participants. Again, this research is important here because it goes beyond “surface” manifestations of explicit complaints, and entails a deeper examination of how the social world that people in care inhabit is structured with respect to power relations, and of how they struggle with these issues.

The issues we have been dealing with are complex, and, as Foucault (1991a) commented, an important task is to find ways of listening to what people say so as to formulate an idea of what the problems facing them are. Many of the points that have emerged from this research would not be seen if we began from a pre-determined framework for delimiting specific aspects of care to be treated as significant in terms of life quality, or relied upon what participants explicitly framed as complaints about their situation. The reading of these issues as problematic for participants, as things that they struggle with, emerges from a consideration of the subjected position that they are led to recognise as acting upon them, and the power relationships in which they are situated. This research has brought to light, then, a set of issues pertaining to the situation of people in care vis-à-vis power and subjectification through an interpretative process carried out on the ways that they talk about their lives and experiences, rather than a series of questions about pre-determined aspects of their lives which can then be measured according to pre-existing ideals for standards of “good” care.

As seen in Chapter Four, similar concerns to those of normalisation and quality of life have influenced how community care is developed and assessed. Care service provision has been stated to have the aims of ensuring that people can make informed choices about their care, that they are given rights to choose their services, to

leave services which they are unhappy with, and have a voice in developing empowering practices (e.g. SSI, 1992; Beresford, 1993; Means & Smith, 1998). Allied to these ideals are advocacy services which also place their emphasis upon ensuring that people in care have a useful voice in their own affairs (e.g. Campaign for Mental Handicap, 1984; Crawley, 1990; Sutcliffe & Simons, 1993; etc.). Despite these aims, there have been arguments that people living in care typically exert less choice over their lives, and have less independence and less voice in their affairs than their non-disabled counter-parts (e.g. Booth, Simons & Booth, 1990; Emerson & Hatton, 1994; Sinson, 1995).

The findings from this research suggest that, as we have said, voice and the ideal of having choice or a 'say' in their lives is a central issue in participants' accounts. However, what was also found was that this area of concern was connected to a wider set of issues to do with their situation in power relationships in which they are positioned as subjects of the decisions, judgements, assessments, interventions and discipline of staff, and in which they are led to recognise themselves as occupying a specific 'place' in their homes and as subject to standards of 'good' behaviour in terms of this. This is a complex interplay of forces with which participants engage, and in which the choices and "voice" they have are situated, as evidenced by a number of participants speaking from the position of a care subject, and relating to themselves through the imperatives, prohibitions, and differential relationships this entails. This situation, then, cannot be resolved or understood merely in terms of lack of voice or of "giving" a voice to people. A wider set of issues, connected to power and subjectivity, must be recognised, one which is intricately connected to the ways that people can express themselves, and to the voice that they perceive themselves as having. We can thus contend that, whilst voice is an important issue to consider, it is important also to situate this consideration in a framework which takes account of the subjected position from which this voice emerges, and of the problems people experience with it.

Also to be considered is research that sets out to study care institutions from a perspective explicitly connected to power. There is, however, a dearth of research that has undertaken such a study. Richard Servian's (1996) work in this area recognises the

importance of a Foucauldian approach for such a study. However, Servian, despite a stated interest in how people are produced as subjects in care environments, takes a view of Foucault's work that sees it as taking a wholly deterministic outlook on power, with people upon whom power operates being the victims of an oppression that determines their conduct. He ends up, therefore, with no means of understanding the subjected positions that people speak from, or the ways that they interact with forces of subjectification and power, and relate to themselves actively. Hence, the conclusions he is able to draw are based around the idea that 'ideological influences cast a climate of fear over the ability of all stakeholders to challenge the status quo.' However, this is a limited conclusion. The research in this thesis has demonstrated that participants actively interact with issues of power and subjectification, and these interactions cannot be characterised just by the imposition of a climate of fear 'to challenge the status quo.' Participants in this research did talk about discipline as a characteristic of the power relations affecting them. However, this was by no means the only consideration. Discipline and punishments were not an over-riding factor in participants' accounts. What was central to many of them was participants' identification with a subjectified position, with them actively recognising a position that they occupy with respect to their homes and power relationships, taking this position on board and identifying with the reasons for doing so. Also, other participants talked about how they do challenge their situation, ways that they speak up for themselves and defy aspects of power that affect them.

Overall, then, in relation to work relating to theories and assessments of care services, this research highlights the importance not only of considering the voice (or lack of it) that service-users have, but also of attending to how what they say indicates the existence of forms of power which affect them, forces of subjectification by which they are led to recognise themselves as subjects, and their active interactions with these forces and their formation of relationships to themselves and their own conduct. We have demonstrated that these questions are intimately connected to the way that people talk about their situation, and in the issues that we perceive them to be struggling with. This research, then, adds to the growing set of emerging voices arguing that Foucault's work is potentially important in reconceptualising how we think about learning difficulties and care services (e.g. Allen, 1996; Chadwick, 1996;

Hughes & Patterson, 1997; Marks, 1999), and carries them forward in terms of presenting a framework for listening to people's accounts of their experiences in care, unmasking the workings of power and subjectification in their situation, and formulating ideas about what problems they are experiencing and dealing with.

Another area to consider in terms of how this research makes additions to knowledge is that around how Foucault's work is relevant to psychology, and how psychology can accommodate a Foucauldian approach. We showed in Chapter Three that Foucault's work has relevance for developments in psychology which challenge its status as a natural science-modelled enterprise, and that it has influenced within the discipline a questioning of its presumptions about its subject matter. Particularly, it has been influential in deconstructing the idea of individualism in psychology which holds that each individual is a 'potentially autonomous' (Parker, 1990), unitary, bounded entity endowed with the cognitive apparatus to perceive and react to the world without the influence of any other actors, and separable in conceptual terms from social factors. A number of writers have drawn upon Foucault's work in this respect, and in showing that the knowledge which is produced by psychology is additionally problematic in its links to questions of power and subjectification, that it produces people as particular types of subjects who are amenable to particular kinds of classification, regulation, judgement and administration through rendering particular aspects of the psyche knowable in particular ways (e.g. Henriques et al., 1984; Rose, 1989, 1990; Parker, 1992, 1995; etc.).

A number of positions problematise traditional conceptions of psychology as a positivist science and take discourse as their primary focus. Foucault's work is an important influence on how these approaches are understood. In Chapter Three, we argued that Foucault's insights into the role of systems of knowledge bringing into being aspects of self-hood and personal characteristics around which power, subjectification and ethical self-relationships come into being encourage a radical perspective on this area. The ethogenic approach (e.g. Harré & Secord, 1972) and the approach that we termed "grammatical indexicality" (e.g. Harré, 1995) were seen to retain many of the problems of structuralism. They seek to move from individual accounts to a set of rules that underlies them, and upon which people draw in acting in

a socially correct manner. Foucault's work, however, allows us to realise that this type of thinking implicitly assumes the problematic existence of a pre-existing and free-standing subject with knowledge of these rules. Foucault provides us with the realisation that neither the subject him/herself, nor ideals of desirable social goals can be conceived as separable or free-standing, but that they are dynamically constituted in systems of knowledge linked to power. Forms of discourse analysis that are based upon the idea of 'interpretative repertoires' (e.g. Edwards & Potter, 1992) run into somewhat similar problems. Here, the assumption is that discourse is a tool for achieving a set of social goals (such as achieving the appearance of facticity, avoiding or apportioning blame, and so on) in a specific situational context, and that individuals draw upon a set of linguistic resources (or interpretative repertoires) in pursuit of these goals. Again the key problems here centre around the constitution of the subject, in that the individual is conceptually separate from, and prior to, the linguistic resources s/he uses. Again, there is no form of theorisation about how individual subjectivities or social goals themselves are discursively constituted and connected to systems of power/knowledge.

The findings made in this research also highlight these shortcomings. The observations made regarding participants' situation with respect to power relationships, the forms of subjectivity and ethical ideals that they engage with, and the problems they face in their self-relationships could not be accounted for in terms of a relationship to underlying semantic rules. Such an analysis could not theorise people's interaction with forces that lead them to relate to themselves as subjects of supervision, interventions into their lives related to care, decisions that are made about them, forms of knowledge that define them as care subjects, systems of discipline, or the tensions in their accounts between this position and the understanding of themselves. Similarly, although the form of discourse analysis championed by Potter, Edwards and Wetherell might conceive of the appearance of being a self-expressing subject as a "social goal" that is pursued in the context of the interview situation, this would not account for the constitution of the positions with which participants engage, nor the connection of what they say to their place in differential power relationships. What was observed was not a simple matter of participants drawing upon a specific set of linguistic resources that are available to anyone in society, nor following a

universal semantic vocabulary, but of their awareness that they are positioned as subjects in a way that influences what is seen as legitimate for them to say and do, and what can be done to them by others. This would be overlooked in the types of analysis mentioned above.

This research makes a contribution here in formulating an approach through which psychology can accommodate a Foucauldian perspective in attending to individuals' accounts of their situation with respect to examining their interactions with power, subjectivity, and ethical technologies. This approach draws upon IPA, in its ideal of exploring with people their thoughts and experiences about aspects of their lives. However, it moves beyond this in a number of ways. Firstly, whilst, like IPA, this analysis drew out themes relating to participants' experiences and interactions with issues of power and subjectivity that recur across interviews, it also recognises the importance of moving beyond a surface consideration of these themes, and taking into account also how they are discussed in individual accounts, and examining *how* participants talk about them, the language that they use, and the overall positions that they take in their discourse. The importance of this can be seen in the analyses that have been made. One important issue to arise out of an examination of the way that participants talk about the identified themes was that of the pronominal forms that they use in referencing themselves in relation to both forces of power and ethical ideals by which to direct their own conduct. Also, it was noted that accounts which contained the same themes could be very different in terms of their overall orientation, especially with regards to ethical issues and the overall positions that participants take towards their situation in care. This analysis also moved beyond IPA's concern with people's experience, and connected people's reports of their situation to an analysis of the versions of the social world that they are engaging with, and a consideration of how this encompasses power relations that affect them, subject positions that act upon them, and ethical technologies that they draw upon. The analyses made here would not have been possible without this connection. In this respect, the approach shares concerns with post-structuralist forms of discourse analysis (e.g. Banister et al., 1994). However, it also demonstrates the importance of developing an approach that can work not only from 'prescriptive texts' (Foucault, 1987b), but also from individuals' accounts of their situation. Important in this respect is not only drawing out the subject

positions in accounts and their links to power, moral obligations, and so on, but also to consider Foucault's ethical domain.

This ethical domain of analysis allows us to connect observations about power and subjectivity with considerations of individuals' activity in relating to themselves and the forces that act upon them. It is this domain that allows us to take the important step of formulating a picture of what the problems facing people are, what they struggle with. As we have said, we cannot make final judgements about power on behalf of people, nor design programmes for them to follow. What we can do, however, and what it is important to do, is to attempt to uncover the costs of power, the problems that people experience with it, and thus to open it up to questioning. This research has taken a step in this direction. It moves beyond work that approaches care services in terms merely of normalisation criteria, pre-determined ideals for life quality, or simple definitions of voice and empowerment, and demonstrates the importance of examining care services in terms of people's experiences and interactions with power and subjectivity. This examination brings to light issues previously unseen. This research has developed an approach for analysing these issues – an approach based around exploring people's thoughts and experiences with them, and then attempting to understand their accounts in terms of their embodiment of systems of power/knowledge that people are aware of acting upon, of the subject positions that they experience themselves as being led to recognise, the ways that they actively relate to this situation, and the ways that this constitutes tensions in their accounts and problems that they interact with. The observations of tensions and problems in participants' accounts suggest that these are issues that should be attended to.

9.3 Critical evaluation

As was seen in Chapter Six, this research does not take the same orientation to ideals of validity and reliability as would a piece of quantitative research. Rather than imagining that this research has merely neutrally discovered or described the objects of its enquiry, we must recognise that the assumptions made about the subjects of research, the topic of investigated, and the methodological approach directly affect the research process and what has emerged from it. Banister et al. (1994) propose that

remaining open to these issues, and being self-reflexive about what has been done, the methods used, and the availability of possible alternative interpretations is the only way to approach these issues in a constructive way. In this respect, we must attend to issues of indexicality, inconcludability and reflexivity.

Indexicality

The first aspect to contend with here, indexicality, relates to the specificity of the research findings. That is, even if the approach taken here were to be exactly replicated, it would nevertheless unavoidably be a different piece of research, and its findings would reflect this specificity. The findings made, then, must be recognised as contingent and specific to the situation in which they arose. However, it has not been our intention to claim to have unproblematically “discovered” facts that are assumed to be universal to all people in a specific situation. We are not attempting to put forward an overall, definite representation of how power works in all care homes, nor of ways that everyone will engage with it. The findings are not intended to represent a predictive framework by which we can propose a definite form of action to be taken on behalf of people. Rather, the point to make is that we have demonstrated the usefulness of an approach to listening to people’s accounts based around Foucault’s three domains of inquiry that can bring to light issues affecting them that would not otherwise be attended to. Indeed, the participants involved in this research talk about, experience and engage with the issues raised in the interviews in different ways. This approach is useful precisely because it can attend to the specificity of what people say rather than being pre-armed with an assumption of what the issues affecting them will be. The impetus for change and action in these situations must, we have argued, stem from the specificity of what people themselves say, and ways that they experience problems with their situation.

In relation to these points, our presentation of an overall picture of power, subjectivity and individuals’ interactions with them is itself problematic, and the act of summarising the research into general findings, and using general thematic headings to discuss much of the research unavoidably loses much of the specificity of individual accounts. However, such summarising is unavoidable in a large research project such as this if its findings are to be presented coherently, and its research

questions addressed. This is not a problem so long as it is borne in mind, that we are not presenting the findings in such a way as to represent universal “facts”. What we have uncovered is a range of themes about power in community care and participants’ responses to them. This is not claimed to be a complete range, or a generalisable average of responses, but a description of what was found in the accounts that were examined.

The presentation of a series of themes that can be identified in a specific number of interviews is not intended to represent a move towards a positivist stance in arguing for the generalisability of the findings based upon their statistical occurrence. The themes were drawn out to provide a conceptual basis for constructing a coherent – and reasonably concise – analysis. The same is true of the headings under which participants’ overall orientations towards care were discussed (“oppositional”, “ambivalent” and “positive”). Of course, there will still be points of individual specificity in the accounts that there was not the space to elaborate upon, and which are unavoidably obscured by any approach that attempts to analyse a reasonably large number of in-depth accounts. However, it has been recognised that it is important when drawing out common themes or orientations to care to remain open to the specificity of individual accounts, and the analysis accordingly moved beyond a consideration of the thematic headings themselves to take account also of how they occurred in individual interviews, and to draw out significant points of difference in individual interviews. This is something that, as has been said, was attended to when conducting the analyses.

The number of occurrences of the themes, the pattern of the use of specific pronominal forms, and the overall positions of orientation towards care were noted in order to illustrate how they were represented overall in the accounts. The fact that most of the themes (and particularly the ones connected to power), the pattern of pronominal form use noted, and the positions that participants took towards their homes recurred across a significant number of accounts suggests that the findings that have been drawn out are significant with respect to participants’ situations. This also adds some validity to the research in terms of ruling out the possibility that the findings are just “one-offs”, unique to one particular account, and are representative,

to varying degrees, of the overall sample of participants interviewed. This is not the same, however, as imagining that this allows us to calculate the statistical probability of themes occurring in wider population, or attempting to generalise the findings beyond the accounts obtained. Along with the process of co-validation that was undertaken, as described in Chapter Six, however, it does suggest a degree of validity to the findings obtained from the accounts analysed. The themes that have been presented, then, are useful in terms of providing a means of constructing a coherent analysis that can cover points that arose across different accounts, but this is not imagined to equate to making statistically generalisable discoveries, nor to imply that all points of potential interest or individual specificity from each interview are covered.

The findings of the research, then, are not taken to be unproblematically generalisable or replicable. However, the approach that we have taken in arriving at them and the types of questions asked in relation to people's situation are potentially transferable to other pieces of research. It would not, as we have pointed out, be possible to reproduce this research exactly. What is important is that this research has drawn out ideas of what is *possible* (rather than universal) with respect to power in care systems. These ideas suggest that the study of power using a Foucauldian discourse analytic approach is a worthwhile one that can shed new light on the situation of people living in care. The outlining of the analytic framework and the description of the general analytic technique provided in Chapter Three and Chapter Six should allow another discourse analyst to pose the same sort of questions in a broadly similar inquiry. This is not a matter of statistical generalisation, then, but of analytic transferability. The finding of new ways of bringing to light issues that people might experience as problematic and placing these issues on the agenda for discussion is an important contribution in making a case for the development of this sort of research into care systems and other areas. The specificity of each account, however, is also an important point to bear in mind, and one that reminds us of the danger of arriving at grand solutions about other people's situation through research such as this.

We must also deal with these issues as they pertain to the interview process itself. Although the interview situations were approached in an open manner, they were still, unavoidably, entered into with a pre-existing idea of the area to be addressed and the research questions to be answered, and with the ideal of the interview situation remaining relevant to these points. The interviews themselves were produced in this context, between interviewer and participant. Thus, effects of the interviewer on leading the interview and of participants forming their own interpretation of the research, including ideas about what is expected of them, cannot be ruled out (Mishler, 1986, 1999). However, the potential for these effects can never be totally ruled out in any piece of social science research. In this research, the interviews were, as has been said, approached in an open manner, giving the participants room to bring their own concerns to the fore and to explore issues that are significant for them. The attempt was made to ensure that the accounts were produced *with* the participants rather than against them (see Banister et al., 1994). This was not one hundred percent successful. Often in the interviews, the interaction between researcher and participants was quite directed, with the participants responding to questions or probing comments from the researcher. However, the attempt was made to include the participants in the process as active participants. The interviews did not follow a rigid schedule, but were flexible to allow the exploration of issues raised by the participants themselves. This is indicated particularly by Steve's interview, in which he turned the tables on what might be considered to be the traditional interview situation, and began intently questioning the interviewer and articulating his own concern with the process. So, whilst we can never totally rule out potentially problematic effects of the interview situation, I believe we can be reasonably satisfied with the way that they were approached in this research.

Inconcludability

The second aspect of critical evaluation to consider is inconcludability: the fact that there is unavoidably a gap between anything that we try to represent and the representation itself, and that research findings can never represent a set of facts independent of the external world. In traditional, quantitative research this problem is addressed through studying large samples. However, in line with comments made above, this unavoidably loses something of the specificity and marginality of

individual accounts, reducing responses to those that can be represented as representing an overall position. The sample with which this research worked was selected to strike a balance between being able to examine individual accounts in sufficient depth and having enough participants to be aware of the possible range of responses. This is not to claim that *all* possible types of response were obtained in this research, but it did provide evidence of some very different positions in participants' accounts which might have been missed by a smaller sample. It might be considered also that a larger sample would have been desirable. The initial intended sample size was twenty-five interviews, but there was some attrition of the sample for various reasons that have been stated previously (participants not appearing comfortable in the interviews, difficulty in arranging follow-up meetings with some prospective participants, difficulties of transcription, etc.). However, it seems doubtful that even as many as ten or so extra interviews would have added very much to the research findings.

Also to be realised in relation to the inconcludability of research is that, since we cannot make claims that our representations unproblematically represent the underlying reality behind accounts, neither can we claim that our findings represent a final or complete reading. Again, however, this does not mean that our findings are invalid or incorrect, but that we must be reflexive about the assumptions that guided the making of them. All research must, of necessity, begin from a set of assumptions that allow certain aspects of its data to be attended to, and a reading thus to be produced (Parker, 1999b). In this case, the readings emerged from a consideration of the data guided by Foucault's three critical domains of truth, power and ethics. Whilst we cannot claim, then, that the findings emerged from the data via some natural, totally unmediated process, we can argue that the effort was made to ensure that the findings arose from a reading of the data in light of these considerations rather than beginning with a set of theories about what would be found and then searching for confirming evidence for this in the accounts. Despite this effort, we must acknowledge that other interpretations are available, and that one can never represent an ultimately complete account.

Particularly important to realise here is that we have not covered everything about power or subjectivity as it exists in care settings. Power is a ubiquitous part of human relationships, and we should not imagine that any one piece of research could arrive at a complete picture of it. There are other aspects of power that we have not considered. The impression might be gained from this research that power is something that flows in the direction from care staff to residents. However, this would not be correct. Participants should not be thought of as *powerless*, such that they themselves do not exercise power in some ways. There will doubtless be strategies which are open to care residents that represent power relationships flowing in the other direction, as it were, and acting upon the conduct of care staff. Care staff, and home managers, themselves will, of course, also be caught up in quite complex operations of power in which they are positioned as subjects with their own obligations, duties, limitations, and so on. Similarly, we cannot claim to have uncovered an exhaustive picture of the ways that power affects participants. What we have uncovered in this research most particularly are operations of power that participants are “up against”, ways that they are aware of their conduct being acted upon, of obligations, limitations, and ways to conduct themselves and to relate to themselves that emerge from their situation in care. These will, of course, not be the only aspects of power and subjectivity that operate upon them, but it is, by virtue of our having explored their experiences of power in care, what emerged from their accounts. By making clear, as we have done, the framework that guided our reading of participants’ accounts, however, we maintain the possibility for readers themselves to add different interpretations of the accounts presented, and to recognise the limitation of the picture of power that is being presents.

Reflexivity

Finally, we must consider reflexivity. This relates to the acknowledgement that our theories and ways of approaching a problem unavoidably affect the explanations we give (Banister et al., 1994). This fits in with arguments made throughout this thesis that the pretence to neutrality or objectivity in research is disingenuous and undesirable. It is also necessary, therefore, to acknowledge the overall position that led to the definition of the specific research questions, and the formation of a specific problem to be addressed in the research. We must here acknowledge a pre-existing

commitment to critical inquiry that influenced the choice of Foucault's work as a key theoretical perspective connected to the study of power.

This consideration ties back into those sorts of considerations discussed with respect to inconcludability in terms of their possible effects on the production of 'a particular type of sense' from the research. It is possible that this commitment might of itself have led to the seeing of problems that participants are assumed to experience, that the desire to conduct critical inquiry influenced the production of a reading of the accounts upon which a critique could be based. Equally, we must be aware of the possibility that taking a Foucauldian framework as the basis for the formation of the research problem led to the production of findings that merely serve to reflect a Foucauldian agenda. Again, however, the effort was made to remain aware of these issues in the reading of accounts, and to ensure that these positions served to focus attention onto specific things in the accounts rather than leading to expectations for findings that unduly influenced the reading. As has been said, we have presented the account extracts from which the analyses emerged, and this allows the reader him/herself to evaluate the evidence for the readings that are presents. Also, we have made attempts to make clear the framework that guided analysis, and the position of the researcher in creating research problems to be addressed. Through this, whilst making a case for the reading put forward in this thesis, we maintain the possibility of readers examining and adding their own interpretations (see Banister et al., 1994).

It should be reiterated that these points do not somehow invalidate the research findings. Rather, remaining aware of these issues, and opening the findings up to a critical survey is an important activity that has the effect of increasing rather than decreasing the validity of the research (Banister et al., 1994). In summary, then, this research must acknowledge the unavoidable presence of pre-existing ideals and assumptions that shaped its approach. However, the interviews were approached in an open manner so that participants could discuss issues that they perceived as significant related to the areas being studied, and that they could express their own concerns. Also, the effort was made to remain aware in reading the accounts of the effects of prior assumptions which might encourage a particular reading to be made. Whilst no piece of research could ever claim to have been one hundred percent successful here

(indeed, there is no such thing as absolute success in this context), it is important to retain an awareness of these issues, and to lay them open to scrutiny, rather than wishing them away and hiding behind a disingenuous pretence to neutrality or objectivity.

Additionally, it should be realised that these processes are important to bear in mind with respect to this research since they remind us of the danger of believing that this sort of analysis could come up with findings that are unproblematically generalisable and could provide a definite blueprint for action that should be taken on the behalf of people in care. We are not making this claim, however. On the contrary, by proposing an approach that can bring to light new issues about care services as regards power, finding new ways to formulate ideas of what people experience as problematic, we are seeking to *develop* a position rather than assume ours to be the final word. We are arguing, then, that there are important issues to attend to here, and that, rather than intervening on the behalf of people living in care, we must hope to empower people involved with care systems to listen to their problems in this way. The development of this position, then, depends on input from the people involved, rather than making decisions on their behalf based on an academically-derived position.

9.4 Future Directions

The first thing to draw attention to in considering what influences this research might have, is that there are a vast number of points that could have been explored but were not. It is the nature of any piece of research that it must choose its focus in addressing its key questions, with the unavoidable consequence that a number of potentially interesting avenues will be left unexplored. For instance, we have only examined the accounts of care residents about their situation. This focus is important, because, as we have said, it is important to examine power from the point-of-view of those who are its subjects. However, as Becker (1967) points out, and as Foucault's work also demonstrates, there will also unavoidably be constraints and issues of power to consider acting upon those who administer care homes. Thus, an analysis from the position taken in this research of the accounts of carers, home managers, and policy makers with respect to the situation of people with learning difficulties and

running a care home also has the potential to produce important findings relating to this situation.

Also, there are issues relating to the findings that were produced that would benefit from more in-depth studies. For instance, issues relating to self-identity were discussed in the accounts in relation to participants' definition as having learning difficulties, being positioned as subjects of care, and relating to themselves as self-expressing individuals with specific rights. There are, however, other possible aspects of identity that have not been looked at that might also shed light on the way that people perceive their situation. For instance, in Western culture there are issues of identity connected to the way that people present themselves through their clothes, hairstyles and personal grooming that might conceivably be very different for people living in care environments. This could also be examined through an approach like the one taken here, through exploring these issues in conversation with people living in care. Also, the interviews in this research centred mostly around the situation of living in care, and people's perceptions of their homes and the people that run them, and their relationship to ideas such as "having learning difficulties". Again, there are other areas that might be considered by similar research that could potentially bring important points to light, such as their interaction with medical services and other professionals.

Similarly, in the findings presented here, the use of "liberal" ethical technologies comes through as an ideal through which participants seem to relate to themselves, which stands in apparent contrast to the forms of power and subjectivity imposed in their lives as care subjects. However, we have commented that it would be erroneous to imagine that such ideals represented the absence of power, or a basic form of subjectivity that power then suppresses. This is an area of people's perception of their situation that would therefore also merit further investigation in terms, for instance, of the obligation that such a position brings, ways that people perceive themselves as being obliged to govern their conduct in line with this in a wide range of situations, and to explore in more detail exactly how this interacts with other aspects of power and subjectivity that they experience. Also, we have concentrated here on participants' thoughts and experiences in building up a picture of their

situation. However, there are also actions of power/knowledge that may not come through in these accounts. Particularly, Foucault points out that power is connected to the physicality of specific environments, their architectural arrangement, and the control and circulation of bodies in them. Further research might, therefore, benefit from the study of these alongside people's accounts, perhaps via a form of participant observation that could then be used as a stimulus for further discussion about aspects of their situation not covered here. Additionally, it might be theorised that the concept of independence and self-determination that seemed to inform the position many participants were taking with respect to their situation is a culturally specific one. It might therefore be informative to carry out a study like this one with participants from different ethnic backgrounds or nationalities.

The approach taken in this thesis could also productively be used to study other situations than care environments. A key point that we have made is that such an approach, based around reading people's accounts of their own situation from a perspective influenced by Foucault's work conceived as three domains of critical ontology, take the important step of being able to uncover issues of power, subjectivity and self-relationships as the people involved experience them. We have basically striven to show that it is possible to take the essence of what Foucault did in his analysis of historical documents, and uncover the same sorts of issues in individuals' accounts of their experiences. The range of situations that this could thus be applied to is limited only by the imagination of those seeking to examine these situations with the people involved in them. For instance, one could examine accounts of their situation by people using other forms of care services such as day centres or placed employment, employees of various companies or public services, prisoners, asylum seekers, medical patients, people classified as mentally ill, and so on.

Perhaps most important to consider, however, are the future directions to be taken with regards to the specific findings of this project. It has been commented a number of times now that we cannot imagine that we have arrived at a complete, final and unchallengeable account of participants' situations such that we can outline with any degree of certainty "what is to be done" in terms of a programme for action or firm proposals for change. What we can claim, however, is to have begun to develop a

position by making a case that there are important aspects of power and subjectivity experienced by people living in care accommodation that have not hitherto been addressed that the approach we have taken can attend to. Whilst we cannot intervene in terms of somehow empowering people to emancipate themselves, we can aim, by highlighting these issues, to empower care systems to attend to them, and to problematise them. This is not the same as *challenging* them, but of ensuring that they no longer function as things that are natural or unquestioned. Through this process, it may be hoped that spaces will be created for the people involved to find room for new forms of resistance, and the ability to transform their own situation. This provides new ways for academic researchers to collaborate with people in care, through listening to their accounts in a specific way, and painting a picture of the forms of power that they experience. The impetus to transform these situations, then, must come from those in care situations. This is something that must, of necessity, take place outside the bounds of academic work. The input of academic research into this area, then, is to undertake the exploration of these issues with the people involved, to bring to light the issues uncovered, and thus to problematise the situation in new ways.

9.5 Conclusion

In conclusion, the first thing to be said is that this research answers the call for research to be undertaken that takes Foucault's ideas and uses them to analyse power and subjectivity from the point-of-view of individuals who are affected by them, and thus to demonstrate in a practical manner how these ideas can act as foundations for a new way of understanding and unmasking power and the problems that people experience in relation to it.

In concluding, we should recap the main findings of the research. Firstly, it was observed that participants are aware of being rendered knowable as having learning difficulties through a process of observation and assessment by a vaguely-referenced group of people. Although they seem not to be aware of how this assessment is carried out, or how it leads to them being assessed, they were aware of its taking place, and of a set of consequences attached to it. These consequences included their having negative lay-labels attached to them, and having decisions made about their care needs, and thus where they are to live. Once so assessed as "having

learning difficulties” and requiring accommodation in care homes, participants were aware also of their being amenable to a set of institutional interventions, and being situated in relationships with their home and the staff who run it in which their lives are managed, decisions made for and about them by staff, and their conduct supervised and judged according to standards of “good” and “bad” behaviour. In line with this management and supervision, they were aware also of being positioned as punishable beings, as individuals amenable to reprimands and punishments handed down from the staff. Alongside these factors which constitute power relationships was a “place” in the home, a subject position, in which participants are aware of being obliged to recognise themselves in relation to a set of ideals of behaviour, and a specific relationship with the institution and the staff. In this position, participants are led to defer to the judgements and authority of the staff, to seek their permission for a range of activities, and to recognise the limitations which their “place” in the home imposes.

However, participants were not merely passively positioned by these forces, but themselves played an active role in forming self-relationships and taking up a position towards their environment. They did not just passively talk about themselves as individuals unreservedly taking up the positions seen above. Rather, they drew upon different ethical technologies – different ways of relating to themselves as beings of a particular sort – which emphasised their abilities of self-expression, and their rights to receive equal treatment with others, and to have their opinions heard. A number of participants actively contested and challenged the ways in which power acts upon them in their environment by drawing a contrast between this “liberal” ethical position and the position of being a care subject. Others took a more ambivalent line, being aware of both positions in their accounts, but not orienting themselves explicitly in line with either. Still others identified more explicitly with their position as subjects of care, and put forward justifications for this position acting upon them and for their conducting themselves in line with it.

The evidence of tensions and struggles in participants’ accounts begin to suggest that this situation is problematic in the ways in which it acts upon people. These problems revolve around tensions between the ways that participants are

positioned in power relationships as care subjects, and the ways that they relate to themselves in various ways as independent, self-expressing or self-determining beings. The problems that participants articulated related to the fact that they were aware of ideals of ethical conduct in terms of a drive to relate to themselves as independent, self-expressing individuals with rights to equality of treatment with others and choice in their lives, and that this clashed in a number of ways with their perceived position as subjects of care. As well as being aware of the drive to relate to themselves as self-expressing, choosing subjects who are not overly constrained by power, participants were also aware of ways that their position in their homes places them in situations in which they do not have 'a say,' in which their lives are arranged and managed by others, and in which they are situated in power relationships such that staff members make decisions about their lives and their conduct in terms of what is expected of them and what they can legitimately do, and discipline them accordingly. It is the tensions between these positions that lead participants to form complaints about their situation and to describe aspects of it as 'not fair,' 'stupid,' 'not right,' and so on. Even in the cases of those who identified positively with being positioned as care subjects, there were still aspects of their situation that they articulated as problematic or undesirable.

These are important points to realise. They suggest that, despite many positive comments that could be made about them, community care services are still, potentially at least, the sites of problematic forms of power with which the people involved in them struggle. This shows that there is more to consider in understanding care situations than ideals associated with quality of life or normalisation. There are potential problems which cannot be addressed without an awareness of how power has effects in the creation of particular relationships between people, and particular subject positions. This places new issues on the agenda when considering care situations, issues that are not conceptualised within current ways of thinking. In evaluating and setting out ideals for care services, there are a new series of problems to be dealt with around the issues seen here – around the ways in which people become objectified in particular ways and how this is linked to their constitution as certain kinds of subjects in particular power relationships, the ways in which they

relate to themselves and their own conduct, and how they interact and struggle with these issues.

This is not to say, of course, that everything about all care situations is negative with respect to the way that they treat care residents. Indeed, it would not be correct to say that power functions in the same ways in every such situation. The point, rather, is that there are always these *dangers* to be aware of, and that, in understanding, evaluating and administering care environments, these are dangers of which we must be aware. We must also recognise, however, that the “solutions” to these problems lie not in the formulation of programmes by academics on behalf of other people, but in working with them to bring to light these issues, and thus problematising them – that is, not changing situations *for* people, but bringing it about that the issues brought to light in this research are no longer unquestioned, putting them onto the agenda for consideration.

What we should argue for, then, is not an *end* to all care homes, nor a definite model for how they *should* be changed, nor even what people in such homes must do to free themselves. The aim is not to present an absolute position laying out exactly what is to be done. Instead, we have sought to make a convincing case for considering a new area, for thinking in new ways about how power affects people in care accommodation, for showing how power in this situation has specific dangers, how it carries particular costs, and how these can be brought to light through listening to people’s accounts through an analytic framework influenced by Foucault’s three domains of critical ontology. The aim is to promote consciousness of the issues we have outlined surrounding how people in care are placed in particular kinds of power relationship, and how they interact and struggle with particular kinds of subjectivity. Through this, it may be hoped that we might, over time, develop a position in which the people involved in the administration of care homes become aware of the problems associated with their own position, and in which they are empowered to listen to these problems by ensuring that they no longer remain hidden.

We have not, then, set out the final word on this issue, but, rather, proposed a position that is to be developed. The creation of a position in which people who

administer care no longer see as “natural” or unproblematic the ways in which they operate, and in which forms of power in institutions are no longer hidden is a positive goal in itself. Whilst this does not impose a specific “solution” upon people, it is from just such a position that the possibility of people working through their problems themselves, of finding new spaces for manoeuvre and resistance emerges. This does not impose a solution on people, but it does work with the ideal of making space for them to work them through themselves in a way that the forms of power and subjectivity we have identified currently make difficult. As we have said, the impetus for creating new forms of relationships and institutions must also emerge from them themselves.

These are quite difficult ideas, and they almost certainly will not prove easy to work with. Also, given that there is always something to be resisted, always power relationships of one kind or another, the process of working with these problems is a never-ending one, one which can never be said to be finished. This is not to say, however, that the challenge of working through them in the ways that we have outlined is not worth undertaking. Indeed the making of a convincing case for attending to how these issues structure people’s lives and the institutions in which they live is one of the main achievements of this research. Also important in this respect has been the development of a framework in which to listen to people’s accounts of their situation in a way that can attend to the issues of power and subjectivity that affect them, and the problems that they face in relation to them.

Although we have talked in this research primarily about *power*, it is important to note also that the analyses that have been made are important because they go beyond this, to a consideration how people themselves respond to their situation and how they take an active role in relating to themselves as subjects. We should remember that, towards the end of his life, Foucault (e.g. 1983) emphasised that he was far from being just a theoretician of power. He came to view his life’s work as comprising three domains of critical enquiry, and argued that each is important in understanding how human beings come to exist as subjects (e.g. Foucault, 1993, 1997f). He stated that studies of systems of knowledge can reveal how people are objectified in particular ways, that studies of power can show how such knowledge is

dynamically linked to the ways in which people's conduct can be observed and directed, and to specific relationships that form between individuals. However, he also came to realise the importance of the ethical domain, in which people – according to certain rules, concepts and ideas – actively come to relate to themselves, to understand themselves as subjects and to act upon their own conduct in line with this. The importance of the research set out in this thesis lies in its showing the possibility of taking the breadth of Foucault's work and applying it to a study of how people talk about their own situation, to highlight their responses, struggles and problems in relation to issues of power/knowledge and their own subjectivity. It is to be hoped that this and future research will carry this forward and feed into practice in new ways, and that it will influence new ways of understanding and evaluating power in care settings – and, indeed, in all areas concerned with human subjectivity.

Appendix I – Age, Gender and Accommodation Information for Participants

Interview number & pseudonym	Age*	Gender	Accommodation situation at time of interview
I, Liz	Mid-50s	F	Independent living
II, Anne	Early-60s	F	Residential care home
III, Larry	Early-50s	M	Residential care home
IV, Mark	Early-20s	M	Residential care home
V, George	Mid-50s	M	Residential care home
VI, Mike	Early-50s	M	Residential care home
VII, Jean	Early-50s	F	Residential care home
VIII, Val	Mid-50s	F	Residential care home
IX, Neil**	Mid-40s	M	Residential care home
X, Derek**	Late-50s	M	Residential care home
XI, Peter	Late-20s	M	Residential care home
XII, Steve	Mid-60s	M	Supported living
XIII, Paul	Mid-40s	M	Residential care home
XIV, Wendy	Late-30s	F	Independent living
XV, Ron	Early-50s	M	Independent living
XVI, Mary	Late-50s	F	Residential care home
XVII, Trevor	Late-40s	M	Residential care home
XVIII, Ernie	Late-40s	M	Residential care home
XIX, Paula	Mid-30s	F	Residential care home
XX, Diane**	Early-50s	F	Supported living
XXI, Beth, Hugh, Alex, Tony**	Late-20s to Early 40s	1 F & 3 M's	Residential care home
XXII, Simon**	Mid-40s	M	Residential care home

* Because it was discovered that some participants did not know their exact age, they were only asked for their general age range, as represented in the table. ** Indicates interviews not used in analysis.

Appendix II: Key themes for discussion in interviews

Coming to be in care:

“Where have you lived previously?”

“Is this your first care home?”

“Where the other homes/places you lived different? How?”

“Did you choose to come here?”

“Could you tell me how you came to live here?”

Life in care:

“What do you think about the homes you’ve lived in?”

“Do you think you’re free to do pretty much what you want to?”

“Are there any things you have to do? Do you have to behave in particular ways? Who decides that? Do you know why? What happens if you don’t?”

“How much say/choice do you think you have in your life?”

“What do you think about the activities that you do here?”

“Are there any things you’d like to do which you don’t get the chance to/Is there anything you would like more say in?”

“Have you spoken to anyone about these things? Why not/what happened?”

“How do feel about what you can/can’t do?”

“Do you think living here is very different from living outside of care? What would be the main differences for you? How do you feel about that?”

“What’s a typical day for you like?”

“What makes a good day for you, and a bad day?”

Learning difficulties:

“When did you first hear the term learning difficulties?”

“Who mentioned it to you?”

“What does it mean to you?”

“Is there anything you think people should realise about people with learning difficulties/care homes?”

Appendix III – Transcription Conventions

The following conventions were used in transcribing the research interviews:

- (1) - A pause in speech. The number in the brackets indicates the length of the pause, in seconds.

- = - Indicates speech of interviewer and participant overlapping.

- [coughs] - Indicates non-verbal sounds or actions, or explanatory information about what is being talked about.
- [a day centre]

- [...] - Elision. Indicates where material of an intensely personal nature, or information not relevant to the research, has been omitted.

- You can not - Underlining indicates emphasis on a word or syllable.

- I wou-, didn't - Dash indicates the breaking off a word mid-way through its enunciation.

- F__ Road - Underscore replaces full names of people or places in order to protect anonymity of participants.

- A (nice) place - Speech in round brackets is slightly unclear on the cassette.

- (?) - Indicates a part of an interview that is too unclear to transcribe.

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