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Turinys

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Pratarmė

Šiais metais išeina pirmas Vytauto Didžiojo universiteto naujo žurnalo „Kultūra ir visuomenė“ numeris. Ne vienas galėtų klausti: kodėl reikia dar vieno akademinio žurnalo, kai jų jau užtektinai ir Lietuvoje, ir už jos ribų? Ar dabar pats tinkamiausias laikas šį žurnalą leisti?

Mokslininkų kolektyvas, susibūręs VDU tiriamajame klasteryje „Pilietiškumas ir tapatumas šiuolaikinėje visuomenėje“, mano, kad toks žurnalas reikalingas. Šių mokslininkų, kuriems priklauso sociologai, socialinio darbo bei viešojo administravimo atstovai, antropologai, iniciatyva ir atsirado šis leidinys. Tikime, kad kiekvienas žurnalas – tai mėginimas burti akademinę bendruomenę, atvirą naujoms idėjoms ir iššūkiams. Kiekvienas pasikeitimas idėjomis ir iššūkiais kviečia nuoširdžiai akademinei komunikacijai ir dialogui.

Žurnalas peržengia vienos disciplinos ribas. Tai tarpdisciplinis leidinys. Reikia tikėtis, kad kritiniai ir teoriniai registrai, girdimi žurnale, taip pat bus labai įvairūs. Žurnale tęsime socialiniuose moksluose vykstančias diskusijas ne tik apie teorizavimo būdus, bet ir apie besikeičiančias mokslinio žinojimo bei praktikos formas šiuolaikinėse visuomenėse. Remdamasis pasikeitimo idėjomis ir sąvokomis, šis žurnalas siekia pabrėžti mokslinio refleksyvumo svarbą.

Žurnalo redakcinėje kolegijoje dalyvauja įvairių šalių mokslininkai. Šią įvairovę atspindi ir pirmame numeryje spausdinami JAV, Ispanijos, Latvijos ir Lietuvos mokslininkų darbai. Priklausantys skirtingoms mokslinėms disciplinoms, šie straipsniai analizuoja individualių ir kolektyvinių patirčių sudėtingumą skirtingose kultūrose. Aptariamų problemų laukas irgi itin platus – nuo diskurso teorijos iki paciento-gydytojo santykio analizės, nuo senėjimo reprezentacijų chroniškų ligų išgyvenimui tyrimo iki vyrų slaugymo patirčių skirtingose šalyse analizės ir kritinio žvilgsnio į lyčių ir seksualumo normas bei politinį dalyvavimą Lietuvoje. Visus straipsnius galima laikyti instrumentais, kurie gali padėti palaipsniui keisti mąstymo būdus apie svarbius dabarties socialinius reiškinius bei problemas. Šiame numeryje rasite ir akademinių knygų recenzijų.

Kiekvienas naujas leidinys ieško ne tik savo autorių, bet ir savo auditorijos. Kartu su savo kolegomis tikiuosi, kad žurnalas taps viena iš patrauklių erdvių vaisingai ir socialiai angažuotai akademinei diskusijai.

Artūras Tereškinas

Foreword

We present you with the first issue of a new journal “Culture and Society.” The journal was founded by scholars working in the research cluster “Citizenship and Identity in Contemporary Society” at Vytautas Magnus University. Researchers from the fields of sociology, social work, public administration and anthropology supported this brave and daring idea. Starting a journal always involves an aspiration for shared narratives, representations and reciprocity.

The journal traverses single discipline. It will also intentionally differ in critical and theoretical registers. The creative collective of the journal hopes that it will further ongoing conversations in social sciences not only about the modes of theorizing but also about different forms of scholarly knowledge and practice. Built on genuine sharing and reciprocity with other scholars, it intends to be a forum for self-reflexive explorations of both individual and collective experiences in contemporary societies.

Scholars from different countries kindly agreed to participate in the editorial board of our journal. The articles in the first issue also reflect the variety and complexity of research experiences. Scholars from Spain, Latvia, Lithuania and USA share their current research. The topics and research fields covered are also very diverse: from the discourse theory to theorization of patient-doctor relationship, from the analysis of men’s experiences in caring for their wives with multiple sclerosis in Spain, Finland and Austria to the critical look at representations of aging in Latvia and at gender norms, sexual minorities and political participation in Lithuania.

Each new publication wants to build a challenging group of new authors and attentive audiences. Along with my colleagues, I hope that this journal will become a venue for lively and socially engaged discussions and debates.

Artūras Tereškinas

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Psychiatry and the Mental Patient: An Uneasy Relationship

Giedrė Baltrušaitytė

Vytautas Magnus University

Abstract. *The second half of the 20th century has witnessed major changes in the way mental health care in the Western countries has been organized and provided for people suffering from mental illness. Deinstitutionalization and community care became common terms used to define a policy that aims to shift the locus of psychiatric care from large mental hospitals and custodial institutions into community.*

Deinstitutionalization of psychiatric care requires an empowering approach towards the mentally ill individuals and their capabilities to lead a self-dependent life in the community. Such an approach implies accepting the mentally ill health-care service users as credible individuals capable of taking responsibility for their actions and life.

The aim of this article is to examine psychiatric conception of mental illness, treatment and the psychiatric encounter. The presentation largely draws upon analysis of Lithuanian psychiatric texts, although some foreign psychiatric literature is also used. The article starts with an introduction of a changing situation of the mental patient and proceeds to the analysis of the psychiatric discourse. The author argues that by conceptualizing mental illness as pathology located within the functioning of the individual body that affects the ability of a sick individual to apprehend the reality and to retain critical insight towards one's health problem, psychiatric discourse may reproduce paternalistic approach towards the mentally ill individuals even in the deinstitutionalized settings. Such an approach may have certain implications for the individuals' ability to lead an independent life in the community.

Keywords: *psychiatry, mental illness, mental patient, paternalism, empowerment.*

Raktažodžiai: *psichiatrija, psichikos liga, psichikos liga sergantis pacientas, paternalizmas, įgalinimas.*

During the second half of the 20th century certain changes occurred within health care policy affecting the organization and delivery of medical (and psychiatric) care. As a result of the proliferating chronic disease that is largely incurable in traditional sense modern medicine had to develop a new approach towards health and illness. This led to a certain shift in the medical paradigms: the narrow biomedical model that dominated medical practice over a century became broadened by the so-called biopsychosocial perspective that integrated biological, psychological and social factors in the aetiology and treatment of illness and that was based on prevention and primary health care (Richter 1999).

In line with these changes there was also a need to reconsider the traditional roles once played by the doctor and the patient in a medical encounter[1] since prevention and management of chronic illness required a more active collaboration between the two. Within the biopsychosocial perspective, patient came to be regarded as a unique personality whose health problems required holistic, individualized approach and he/she was thought of as an active participant of the medical encounter whose subjective experience and meaning of illness were important in both establishing the diagnosis and designing the treatment (Mead and Bower 2000). Since then a "patient centered medicine" has been developed that emphasized patients' participation in health care related decision-making and orientation of health care towards the fulfillment of patient's needs and expectations.

Along with this shift and also partly shaping it and being shaped by it in the medical paradigms, the social movements of the 1960s and 1970s set the tone for the emergence of an emphasis on patients' autonomy and rights first in the USA and later in other Western European countries. The patients' rights movement reflected increasing distrust of medical authority and it was critical of paternalism that was deeply entrenched within the medical encounters. Various patients' organizations called for the necessity to let the patients speak for themselves and define their own needs. This resulted in a subsequent shift within the legal discourse from the more paternalistic "best interests" argument to the institutionalization of patients' rights, autonomy and informed consent (McClelland and Szmukler 2000).

All these developments made the patient's perspective and role in the medical encounters and decision making more prominent, legitimate and accepted by the health professionals and policy makers.

What about the Mental Patient?

While there has been a steady increase in focus on patients' perspective in health care in general, the mental patient's subjective experience of illness and the medical encounter has lacked, until quite recently, more comprehensive analysis and attention. Thorne et al. (2002), for example, have analyzed reports published between 1980 and 1996 in any health and social science field of the qualitative studies that dealt with some aspect of what it was like to live with a chronic disease from the perspective of an individual involved. They noted that whereas studies have typically focused on individuals with rheumatic, cardiovascular, or endocrine disorders, "rarely were persons with chronic psycho-

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[1] I.e., those of a dominating doctor and a submissive patient.

logical or psychiatric disorders related to the physical illness included in these kinds of studies" (Thorne et al. 2002, 443).

Nonetheless, the need to incorporate mental patients' views into evaluation of psychiatric services is being recognized following the general trend of involving patients into the assessment of their health care. The changing situation of the mental patient is marked by the diversification of ways in which the user of mental health services defines oneself and in which he or she is portrayed in contemporary psychiatric, legal and health policy discourses as well as in the sociological literature. Pilgrim and Rogers (1999, 192) outline four common ways to refer to the user of the mental services:

- the user as a patient;
- the user as a consumer;
- the user as a survivor;
- the user as a provider.

Here the user as a patient implicates traditional medical discourse within which the mentally ill individual is primarily seen as affected by illness and in need of professional help. The notion of the user as a consumer emanates from the consumerist discourse, which emphasizes the need to make the health service accountable and satisfactory to the consumer (Lupton 1997).[2] The notion of the user as a survivor was introduced by the social movement of users of psychiatric services that emerged in 1970s in various European countries and in the US (Hölling 2001). This discourse distinguishes itself by an antipsychiatric attitude and is radically critical of psychiatry and the psychiatric services.[3] Finally, the notion of the user as provider is based on a view that people who have experienced mental illness and mental health care should become providers of mental health services for other people with mental problems as they know best what it means to be mentally ill (Pilgrim and Rogers 1999).

Crossley and Crossley (2001) noted that the voice of a mental patient became more prominent and publicly accepted following such social movements as antipsychiatry, feminism and black liberation movements that have questioned the taken-for-granted assumptions maintained by various professional, social and other discourses. These movements and the general atmosphere of the counter-culture of the 1960s paved the way for the mental health users' movement that was further strengthened by the rise of an ethos of consumerism. These transformations have created a space for establishing the voice of a mental patient and have been crucial in preparing the audiences to listen to that voice (Crossley and Crossley 2001).

The reorganization of the psychiatric care has itself affected the situation

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[2] Pilgrim and Rogers (1999) point out that the term "consumer" is problematic in psychiatric setting where various practices of denying patient's autonomy still prevail.

[3] The very term "survivor" points to an interesting phenomenon: no other branch of medicine faces such juxtaposition between the patient and the professional as psychiatry.

of mentally ill individuals. Today a majority of people living with a psychiatric disorder receives mental health care services in the community rather than behind the hospital walls. Their experiences of illness, health care and living in a community have been analyzed in various sociological and other studies (see, e.g., Schulze and Angermeyer 2002; Onken and Slaten 2000; Topor 2001). This kind of research often argues for the importance of incorporating a mental patient's perspective into designing treatment and care for the mentally ill people. At the same time, the first-person accounts of the psychiatric treatment begin to appear in some professional journals or as autobiographies, revealing personal experience of illness.[4]

Mental patients' experiences often diverge from the psychiatric conception of illness and its treatment. Pečiulis, himself a mental patient, in his book *10 Secrets of a Successful Life for Persons with Mental Health Problems* (2002) called for a greater self-worth of people suffering from mental illness by emphasizing the value of extraordinary experiences these people go through. According to him, psychiatry fails to understand the mental patient and the illness itself, since it does not look for the subjective meaning of illness for a mentally ill individual. Pathology starts when it increases human suffering or becomes dangerous to the sufferer and others around him or her. All other, even if apparently irrational experiences, beliefs and perceptions should not, according to the author, be considered abnormal as they could be "harmonized, developed and creatively used" (Pečiulis 2002, 75). Pečiulis has distinguished between the positive (productive) and negative (destructive) symptoms in mental illness and has called for accepting the former as a unique manifestation of human creativity that did not require treatment.[5]

In the health professional discourses, discussions are still continuing on the credibility of the mentally ill individual's judgments and views (see, e.g., Alexius et al. 2000; Barker and Orrell 1999; Shipley et al. 2000). Mental patients are often regarded as not capable of making rational choice and as lacking insight (Lowry 1998). In Lithuania, like in other Eastern European countries, mentally ill individuals still remain passive recipients of psychiatric services: their various needs are often defined by the policy makers, health and other professionals, institutions or the family members rather than by themselves (Slušnys 2000; Pūras 2000). This suggests that some professionals, policy makers and society in general consider mental patients as not capable to define

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[4] According to Schulze and Angermeyer (2002), first-person accounts of mental illness were first given room in scientific discourse of psychiatry itself when such journals as *Schizophrenia Bulletin* or *Psychiatric Services* started to publish patients experiences of stigma and discrimination. However, as the authors point out, access to this forum is limited, as journals require keeping to some standards of writing and as people with mental illness experience are not always aware of such possibilities.

[5] According to him, mental patients can learn to manage a part of their illness by reflecting upon their illness experiences and learning from them.

their needs and interests; moreover, the mentally ill individuals do not feel able to change their situation.

This situation might be reinforced by the very psychiatric discourse that tends to portray mental illness as inhibiting an individual's capacity to appreciate the nature and scope of the health problem and that fosters the belief that the mental patient's views need to be validated by more "objective" accounts.

The Psychiatric Conception of Mental Illness

Contemporary Western psychiatry is not an internally consistent body of professional knowledge and practice. It covers many different and manifestly contradictory ways of viewing and treating mental illness. Despite the variety of conceptual approaches, contemporary psychiatry is inclined to look for a physical evidence of mental illness[6] and to apply somatic treatment (Busfield 2000).[7] This approach is based on what, in general medicine, has come to be called as a medical model.[8]

Adoption of the medical model in psychiatry has important implications for the way psychiatrists address the phenomenon of mental illness: regardless of its aetiology, illness is understood as located within the individual body. This means that it is primarily the individual and not the social environment that is problematized and dealt with. Also, as Sarbin and Keen (1998) point out, by relegating mental illness to the realm of neurotransmitters, brain damages or psychological processes, the medical model in psychiatry leaves no room for the sick individual as an agent capable of intentional action. As a result, it

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[6] Psychiatry does not generally deny the interplay between the biological, psychological and social factors in the onset and course at least of some mental disorders. Indeed, the so-called biopsychosocial model has been a background paradigm in community based psychiatry. However, as Richter (1999) points out, at least in severe mental illness as, e.g., schizophrenia and other psychoses, the causation of social factors has not been proved. Social factors are seen only as contributing but not determining the course of such disorders.

[7] European psychiatry has been much more biological in its orientation compared to American psychiatry that has relied, for a long time, on the psychodynamic perspective (Mechanic 1978).

[8] In some literature a synonymous term "biomedical model" is used. The medical model envisages modern medicine as a scientific and technologically oriented social institution that applies scientific knowledge and methods to diagnose and treat illness (Turner 1987; Mechanic 1978). Disease within this model is presented as: 1) malfunction located within the functioning of the individual body; 2) being a discrete and discernible entity; 3) having specific causation that can be objectively identified and treated primarily with the help of medicines and medical technologies (Busfield 1989). Thus, patients are approached as passive objects of a "medical gaze" that examines and treats the body with emotional neutrality.

challenges the validity of individual's actions and reactions (Ingleby 1981) and reinforces patient's dependency on psychiatric care.

Although psychiatry has largely adopted the medical model in its theory and practice, some differences between the general medicine and psychiatry exist in the way they identify illness. In general medicine health or illness is defined by reference to certain physical and biochemical parameters, such as weight, haemoglobin or cholesterol level, blood pressure, etc. Each of these parameters has their "normal" values. Deviation from these values indicates pathology. Psychiatry instead largely relies on communication with the patient and patient's observation in collecting the anamnesis and drawing the diagnosis since many types of mental illness cannot be identified by laboratory tests (Bagdonas 2005). In the absence of clear physical and laboratory tests, the psychiatrists are more dependent on their clinical experience, judgments and training, which may increase a risk that some psychiatrists would "manufacture" patients – "thrust their psychopathology into the standards of one or another known disease" (Dembinskas 2003, 101).

Rosenhan (1991) aroused considerable controversy about the psychiatric diagnosis when, in his study, eight researchers with no histories of mental illness or obvious psychiatric problems gained admission to different psychiatric hospitals by complaining that they "heard voices." Once admitted to the hospital, these pseudo-patients ceased simulating symptoms. With the exception of one case, all "patients" were diagnosed with schizophrenia and later released with a diagnosis of "schizophrenia in remission." All of them were administered drug treatment. This study demonstrated that psychiatrists might apply drug treatment even if they were uncertain about the nature of the mental problem. Also, Rosenhan's study showed how readily psychiatric hospitalization could be achieved, particularly if the patient voluntarily agreed to hospital admission. On the basis of his study Rosenhan argued that it was not possible to distinguish the sane from the insane and that psychiatric diagnoses were not reliable.[9]

Mechanic (1978) notes that personal disturbance can be alternatively viewed as organic in nature, as a result of developmental failures, as a moral crisis, or as a consequence of socio-economic, social or structural constraints. Although all of these elements may be present in the same individual situation, the one that the psychiatrist emphasizes has both moral and practical

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[9] The reliability of the psychiatric diagnosis is one of the major issues raised in sociological literature on mental illness. Allen (1998) notes, e.g., that the diagnostic classifications of mental illness used by psychiatrists in diagnosing are frequently revised. This, according to him, indicates that what constitutes psychiatric knowledge is always under negotiation. Psychiatric diagnostic classifications are criticized for their inability to deal with the question of whether categories of mental illness exist apart from the social constructions and normative judgements of the authors of diagnostic manuals (Sarbin and Keen 1998). The proponents of the antipsychiatric movement have even asked how "real" the diagnosis of mental illness is (see, e.g., Szasz 1974).

implications for the individual patient. Diagnostic and therapeutic decisions are not completely value free judgments.[10] They affect people's behavior, their attitudes towards themselves and the way others look upon them.[11]

As it was already noted, the psychiatric diagnosis may lead to a long lasting dependency of the individual on the psychiatric care. This is also because psychiatry is rather cautious in its approach towards the possibility of total recovery from mental illness (at least when it comes to such major mental illnesses as schizophrenia or depression). In Lithuanian psychiatric texts, for example, mental illness is conceptualized as largely chronic and difficult to prognosticate; hence, a common term used by psychiatrists to refer to a symptom free condition is not "recovery" but "remission" (see, e.g., Dembinskas and Goštautaitė-Midttun 2003; Navickas 2003).

Reluctance to use the term "recovery" relates to the fluctuating nature of mental illness as the very term "remission" denotes. In case of depression, for example, the possibility of recovery is seen as diminishing with every consequent relapse. According to Navickas (2003), there is more and more evidence that after one episode of depression this disorder might be present for the whole life, reappearing from time to time and with no complete recovery. Thus, as he maintains, "if no symptoms of depression appear during a period of six months the patient is considered to be *recovered* from *this* episode of depression" (Navickas 2003, 301, my emphasis).

Even if an individual is symptom free for a longer period of time and has regained usual level of social functioning, this is regarded as possibly a short-term condition that needs to be further observed (see, e.g., Navickas 2003). According to the literature (Navickas 2003), if there have been several relapses, a patient in remission should undergo a prophylactic treatment that actually implies taking medications for an indefinite period of time.

The concept of remission, hence, has no clear boundaries that allow separating between health and illness. Whereas in general medicine the absence of symptoms often allows withdrawing the diagnosis, the psychiatric concept of remission locates an individual who has once suffered from mental illness in a more or less permanent sick role, making his or her condition chronic and subject to a long-lasting treatment.

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[10] Some of the diagnostic categories of mentall illness are based on criteria that can be seen as primarily drawing on the infraction of moral norms. This was the case with homosexuality which was later demedicalised, and it is still the case with the diagnosis of some personality disorders. E.g., the diagnostic criteria used to characterise "antisocial personality" refer to such behavior on the part of an individual as "disregard of social norms and rules" and "irresponsibility in relations with other people" (see Milašiūnas 2003, 436); the "histrionic personality" is pathologised for "inappropriate bent for flirting" (Milašiūnas 2003, 438).

[11] A common consequence of the psychiatric diagnosis is stigma and social exclusion (Gefenas 2003).

Psychiatric Treatment and the "Misbehaving" Patient

As a branch of modern scientific medicine, psychiatry has always occupied an uneasy position: while general medicine has been quite successful in the elaboration of specific biological causes for various types of illness, psychiatry for the long time could not provide any clear evidence of what caused mental illness and how to treat it effectively (Pressman 1993). It was only with the advance of psychotropic medications in the mid 20th century that psychiatry could finally demonstrate some more or less successful management of mental disorder.[12]

Today medications are considered to be a primary remedy for many mental illnesses. However, together with the expected relief psychotropic medications often produce side effects that may result in new symptoms. Dembinskas and Goštautaitė-Midttun (2003), for example, admit that poverty of emotions and speech, apathy, social withdrawal common to schizophrenia might be both a symptom of disease and a side effect of anti-psychotic medications. Other side effects may include tremors, protuberance of tongue, grimaces, problems of digestion and sight, also disturbances in heart rhythm, increase in weight and allergic reactions and such dangerous conditions like malignant neuroleptic syndrome, which can result in death in up to 10% of cases (see Radavičius 2003).

Application of psychotropic medications may require a trial and error cycle as some symptoms may prove to be resistant to some types of drugs, the more so as their effect might depend not only on the individual features of the patient's body but also on age, sex, diet, lifestyle, etc. (see, e.g., Petronis 2003). Efficacy of medications, however, is evaluated in terms of the frequency of relapses or hospitalizations and not in terms of the side effects (see, e.g., Dembinskas and Goštautaitė-Midttun 2003). In psychiatric texts, medications are regarded as having opened new ways for understanding and treating mental illness: their introduction has fostered the development of psychiatry, changed the status of mental patients (drug treatment helped to regain patient's social functions, working ability and improved the quality of life) as well as society's attitude towards psychiatry. By and large, it is not the undesirable effects that are viewed as a serious problem in drug treatment but mental patients' non-adherence to a treatment regimen. Patients are seen as non-adhering either because of the negative side effects of medications or because they are uncritical towards illness or fail to understand the importance of treatment (see, e.g., Dembinskas and Goštautaitė-Midttun 2003; Kampman et al. 2001). In psychiatry, this has itself led to the development of new forms of drug treatment – injections that secure long lasting effect of the medications (the so-called depot drugs) – that allow better controlling of the problem of adherence (Blažienė 2004).

From the sociological point of view, drug treatment is a controversial issue

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[12] The advance of major tranquillizers in the mid 1950s revolutionized hospital care allowing for the "open-door" hospital policies.

and not only because of the negative side effects. According to Barham (1992), medications are certainly important in keeping previously hospitalized mental patients in the community but the over-reliance on drug therapies may obscure the need for other forms of service provision, particularly the need to solve the patients' social problems. The introduction of new drug treatments in the 1960s had a particular influence on psychiatric practice. According to Barham, psychiatrists could now style themselves as:

> . . . experts in pharmacology rather than experts in human behavior. Abnormal behavior patterns could be controlled: they need not be understood. The psychiatrist could carry out his work as other doctors did – relieved of the burdens of attempting to follow the processes of disturbed minds, the trains and complexities of unfamiliar lifestyles, the pressures of unemployment, squalid housing conditions and poor nutrition. There was no need to enter the jungle of human emotions – love, hatred, pain, grief. It was a great deal less wearing and a great deal more respectable in strictly medical terms (Barham 1992, 14).

Even if psychotropic drugs are effective in reducing symptoms, this does not mean that they develop patients' ability to deal with his or her problems. Ingleby raises this issue:

> What do we call "effective"? Almost all treatments have undesirable side-effects; and if ECT reduces the pain of events only by helping the patient to forget them, or if tranquillizers make people able to handle their emotions only by leaving them with no emotions to handle, then talk of a "cure" becomes rather ironical. In that sense, after all, death "cures" everything (Ingleby 1981, 37).

The psychiatric conception of an effective treatment raises an important observation: the treatment is considered to be successful not only when symptoms are eliminated but also, and perhaps this is even more important, when the patient complies with it by strictly following a doctor's advice, taking prescribed medications and attending medical consultations.

The patient's non-adherence, particularly in case of a drug treatment, can be traced in almost every branch of medicine; in case of mental illness, however, it is considered to be particularly problematic. Psychiatric literature regards treatment non-adherence as one of the major obstacles to the effectiveness of psychiatric care. Colom and Vieta (2002) note that the patient's failure to adhere leads to chronification, poor psychosocial outcomes and increased suicide rates in case of psychotic and mood disorders. According to them, patient's non-adherence is often a result of a poor insight (i.e., lack of illness awareness) that is considered to be a common feature in some mental illness (see also Kampman et al. 2001). Insight itself is seen as consisting of three overlapping dimensions: recognition that one is mentally ill, the ability to relabel unusual mental events as pathological and adherence to the treatment or recognition of the need for treatment (Trauer and Sacks 2000, 211). The mental patient's failure to demonstrate any of these dimensions is explained as a lack of insight and consequently as a sign of persisting pathology.

Psychiatric conception of non-adherence provides an idea about the roles that psychiatric discourse attributes to the doctor and the patient. According to Playle and Keeley (1998, 306), implicit in the dominant professional worldview is a belief that the role of the professional is to diagnose, prescribe and treat. In its turn, the patient is expected to comply with the diagnosis and treatment. The non-adhering behavior is seen as challenging professionally held beliefs, expectations and norms. According to the authors, this has led to a tendency to view non-adhering patients as both deviant and culpable.[13] Playle and Keeley maintain that psychiatric discourse fails to take into account what the non-adherence or adherence itself means to the patient.[14] They note that the patient is left with no choice but to comply with the treatment in order to demonstrate insight and competence. It is when patients do comply with treatment the professional may presume that insight has been achieved and that a collaborative and trusting relationship has been developed.[15] If the patient fails to comply, the presumed lack of insight provides both the justification and opportunity for the professional to act paternalistically, diminishing the autonomy of the individual (Playle and Keeley 1998, 309). In other words, non-adherence is often seen as a fault on the part of the patient rather than failure of the psychiatrist to accommodate patient's needs and expectations to the treatment (Lowry 1998; Playle and Keeley 1998).

It is not only non-adherence that is problematic in the psychiatric treatment. According to psychiatric conceptions of some mental illnesses like, e.g., somatization disorder, hypochondria or some personality disorders, the patient might be not only non-compliant with the doctor but also inclined to various manipulations over the latter. Thus, communication with such a patient requires specific "tactics." The paranoid personality, for example, is described as suspicious and hostile. Thus, the psychiatrist should retain distance from the patient but also to be "honest and not afraid to acknowledge his or her mistakes" in order to decrease or prevent the patient's mistrust (Milašiūnas 2003, 446).[16] The histrionic type of personality is viewed as constantly trying to dominate. According to

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[13] Also, as Lowry (1998) notes, the medical model of adherence tends to look for certain features of the patient that might determine non-adherent behavior: age, gender, social class, educational status or ethnic origin. This, according to Lowry, is problematic as it reinforces the notion of every patient as potential defaulter.

[14] The medical model in general tends to eliminate the reasons a patient might have for non-adherent behavior or these are defined as misconceptions and "unrealistic expectations" (Trauer and Sacks 2000).

[15] Breeze (1998) notes that doctors are more likely to consider patients who agree with treatment to be mentally competent than those who are uncooperative.

[16] Trust in general is seen as an important aspect in psychiatric encounter. It is the patient that should trust the psychiatrist; the latter, however, should maintain some distance. According to Dembinskas (2003a), familiar relationships harm both the doctor and the patient.

Milašiūnas (2003), the psychiatrist should clearly define and determine the roles of both participants of the therapeutic encounter in order to deal with this problem and to control the situation. In other words, psychiatry tends to construct the picture of a mental patient as a potential defaulter, the one who should be treated with caution.[17]

Since the mentally ill individual might be unable to apprehend the reality and to retain critical insight towards his or her health problem, there is also a question of how a psychiatrist should discuss illness related issues with the patient. Psychiatry maintains the view that the disclosure of illness related information to the patient should be well considered and weighted. It is rarely suggested to discuss illness related issues openly, at least not with every patient:

> When talking to a patient, the psychiatrist should say that he or she has diagnosed, let's say, symptoms of central nervous system exhaustion. If patients are more educated it can be explained to them that they have some passing mental disorder necessary to treat (Dembinskas 2003, 102).

As Shergill et al. (1998) point out, the reasons for not disclosing mental illness related information may include a reluctance to distress the patient, particularly if a diagnosis is stigmatizing or has a poor prognosis. As Gefenas (2003) notes, the Hippocratic Oath obliges the doctor to do all the best for a patient and to protect him or her from a harm and offence. This protection is understood not only as inducing no harm to a patient but also as protecting him or her from suffering and anxiety that might be caused by disclosing information about illness. This ethical principle inherent to traditional medicine is called paternalism (Gefenas 2003).[18]

In psychiatric and other medical discourses, withdrawing of the information from the patient is often justified as being exercised for the patient's own sake. Gefenas points out, however, that limiting the information that might be decisive in making important life decisions restricts the individual's free self-determination and hence it creates an ethical dilemma (Gefenas 2003).[19]

To summarize, mental illness in psychiatric discourse is conceptualized

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[17] See, e.g., Dembinskas (2003) on the "misbehaving" mental patient.

[18] Paternalism can be defined as "an action which restricts a person's liberty justified exclusively by consideration for that person's own good or welfare and carried out either against his present will or his prior commitment" (Breeze 1998, 260). In this way a paternalistic relationship is similar to a relationship between the parents and the child. It can involve using coercion to achieve the good that is not recognised as such by the recipient (Breeze 1998, 260).

[19] Contemporary legal frameworks and professional codes of ethics like, e.g., *Declaration of Hawaii* adopted in 1977 or the *Madrid Declaration on Ethical Standards for Psychiatric Care* (approved in 1996 and later amended in 2002), put greater value on patients' autonomy and informed decision making. *Lithuanian Mental Health Care Law* (1995) also promotes the patients' right for illness and treatment related information. It is the psychiatrist, however, that decides whether there are any indications for withdrawal of such information from the patient (see Article 15, Chapter 4). Hence, even if the Law grants certain rights to the mental patient, this does not mean that the patient will be able to excercise them.

as pathology that may affect the ability of a sick individual to apprehend the reality and to retain critical insight towards his or her health problem.[20] Hence, certain mistrust towards the mental patient becomes characteristic of psychiatric care. Since the patient is seen as potentially lacking insight, it is the professional that has to retain control over the medical encounter and to decide what is best for the patient. This suggests that paternalism in psychiatric care might be legitimated and further sustained by the very conceptualization of mental illness that in turn requires specific behavior towards the patient.

Also, the psychiatric notion of a mental illness could be seen as lacking a more optimistic scenario. The concept of "remission" used instead of "recovery" has no clear boundaries that would allow separating between health and illness. This locates an individual who has once suffered from a mental illness in a more or less permanent sick role and dependency on the health professionals.

Sociologists have long been critical towards the psychiatric conceptualization of mental illness and its consequent approach towards mentally ill individuals. Since the psychiatric diagnosis has been criticized as being based on rather vague criteria that do not allow making clear demarcation between "badness" and "sickness" it was seen as lacking objectiveness. Thus, psychiatry has been largely seen as an institution of social control rather than care (Busfield 2000).

According to Navarro (1976) medicine plays an important ideological role in strengthening the capitalist social order since in its emphasis on the physical causes of illness and ignorance of the social ones, it individualizes and de-politicizes the illness. It shifts the focus from the social structure to the physical realm and mutes the potential for action by the patients to change the conditions that trouble them. Ingleby (1981, 44) maintains a similar position in claiming that "psychiatry protects the efficient functioning of social institutions by converting the conflict and suffering that arises within them into 'symptoms' of essentially individual (or at best familial) 'malfunctioning'; it thus attempts to provide short-term technological solutions to what are at root political problems." The tendency of psychiatry (as well as medicine in general) to medicalize social problems is one of the major themes within sociology of mental illness. The ability of medicine to extend its professional dominance rests in the power of the medical profession to define and control what constitutes health and illness. Through redefining deviance "from badness to sickness" medicine has acquired a political role. It imposes its treatments more or less forcibly on those who would otherwise protest against intolerable living conditions or political repression (Gerhardt 1989).

Psychiatric claims to value neutrality in diagnostic and treatment practices have been also extensively criticized. Warner (1994), for example, has

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[20] This also suggests that at least in some branches of psychiatry (e.g., biological psychiatry) the professional does not regard patient's subjective meanings of illness or treatment as important.

studied the life-stories of people with schizophrenia in Western societies during the 20th century in order to demonstrate how political and economic factors shaped the course of schizophrenia. According to him, recovery rates for schizophrenia in industrialized societies are closely linked to fluctuations in economy and the requirements of the labor market. Warner concludes that changes in the outcome of schizophrenia reflect changes in the perceived usefulness of the mentally ill individuals for the labor market and are not merely effects of psychiatric treatment.[21]

Since modern scientific medicine and psychiatry have a monopoly in deciding what illness is and what it is not, it effectively excludes patients' perceptions of it from the medical encounter and conceptualization of illness itself. Foucault (1987) noted that by imposing artificially unifying analytical categories on different forms of mental illness, modern psychiatric practice effaced the specificity of each individual case of mentally disturbed condition. According to Foucault "to be properly understood, mental pathology requires methods of analysis that are fundamentally different from those of organic pathology" (Foucault 1987, 15).

Foucault criticizes the alienating effects of psychiatric practice in its negative understanding of mental illness. Mental illness involves not only negative but also positive sides and these should be analyzed in order to better understand individuals and the meanings they have of their own condition.[22] This should be contextualized with respect to a broader cultural conception of madness focusing particularly on the historical transformations of the concept. Such a focus would highlight the cultural and historical relativity of the concept and would lead to the understanding that there is nothing natural or inevitable about the modern strategies of mental illness management (Foucault 1987, 15).

Discussion

Contemporary mental health care policy and reforms, including the one taking place in Lithuania, are directed towards the integration of the mentally ill into society and empowering them to a more active participation in health and treatment related decision-making. To be empowered, inter alia, also implies gaining control over one's life (Onken and Slaten 2000). Empowerment of the mental patients thus is crucial for deinstitutionalized psychiatric care that aims at reinforcing capabilities of the mentally ill individuals to lead a self-dependent life in the community.

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[21] Warner also notes that economic climate may affect level of (in)tolerance towards mentally disordered people in the family or in the community: such persons may be more discriminated against and stigmatised during the times of economic hardship.

[22] Note the similarity of these ideas to Pečiulis's (2002) account of the personal experience of mental illness.

Empowerment, however, might be difficult to achieve for mentally ill individuals not only because of the nature of the mental illness itself but also because of the nature of psychiatric care and ideas about mental illness inherent to professional discourses.

McCubbin and Cohen (1996) maintain that empowerment of the mentally ill patients and representation of their interests might be problematic as long as the medical model dominates the psychiatric care. The medical model implies that by drawing on some notion of mental illness, which questions patient's abilities to apprehend reality, psychiatrists tend to take on a paternalistic stance "the doctor knows best." In this way, the medical model legitimates and sustains institutionalization of paternalism in the psychiatric care.[23]

Paternalistic relationship by its very nature is a relationship of domination and subordination maintained by the differential access to power and resources and justified by some ideology that emphasizes the caring role of the paternalist (Abercrombie et al. 1994). Paternalism is a collective form of social organization in that it exceeds the confines of a single relationship between two individuals and has a tendency to be institutionalized. It is typically a diffuse relationship that covers all aspects of subordinates' lives (Abercrombie et al. 1994, 307). Hence, paternalism in the medical encounter both reinforces and is reinforced by the powerless situation of the mental patient in the wider society.

Paternalism, if it is ingrained in the health care system, might impede the patient's ability to take on a more active and critical stance and is in general incompatible with the contemporary notion of a health care service user who is seen as having legitimate needs and expectations towards the health care system (Williams 1994). Different studies point out that asymmetry in power and dependency on the health care providers are intrinsic to the experience of care in chronic illness and that this experience in various ways inhibits patients' ability or willingness to participate in health related decision-making or to evaluate their experiences of the medical encounters critically (see, e.g., Anderson 1996).[24] This is particularly characteristic of people suffering from mental illness as well as other vulnerable populations (e.g., the elderly, the disabled, women, etc.). It may make the mentally ill individuals feel not entitled, not competent and also not willing to openly question their powerlessness both in the psychiatric encounters and in the wider society. This may also explain

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[23] On the other hand, in some illness situations paternalism might be indispensable and even contribute to the treatment outcomes (see, e.g., Baltrušaitytė 2006; Lupton 1997).

[24] Those who are dependent, vulnerable, dis-empowered and feeling incapable to control their illness and their lives will be more likely to accept the way they are treated and approached by the medical professionals. According to Williams (1994), the more powerless people consider themselves to be, the more likely that they will adjust their expectations and needs to the services that are offered to them.

why mental health care reform in Lithuania proceeds without a more active involvement of the mental health care service users.

Similarly, due to the prevailing professional discourses on mental illness some professionals, policy makers and society in general might look upon the mental patients as not capable to define their needs and interests; hence, reform objectives are being pursued without taking into account patient's perspective. As Pūras (2000) has noted, the Lithuanian mental health system still continues to satisfy its own demands instead of meeting the patients' needs.[25]

In sum, the dominant professional conceptions of mental illness, institutionalization of paternalism and patient's dependency on the health professional might shape the way in which the individual will respond to illness situation and own capabilities to manage it. Furthermore, the disempowering medical practices and discourses together with stigmatization, discrimination, exclusion as well as illness-related disability might make it quite difficult for mental patients to challenge their powerless situation in society. Also, since empowerment in fact involves acquiring power to challenge the dominant psychiatric discourses and the roles that are ascribed by various professional paradigms and society to the individual suffering from mental illness, it requires collective action, which in turn implies assuming a collective identity, i.e., identifying and defining oneself as a group – in this case a group of individuals suffering from mental illness. This might be problematic for the mentally ill individuals due to the stigma related to mental illness (which itself is reinforced by the disabling professional conceptualizations of mental disorder), which in turn may result in attempts to conceal illness from the public rather than construct a group identity on the basis of it (Baltrušaitytė 2006).[26]

Further research in this field, however, should focus on how the lack of alternative mental health services in Lithuania that would secure comprehensive treatment and rehabilitation programs for people with severe mental illness living in the community affects the psychiatric approach towards mental patients. Pūras (2000) has argued that financing of psychosocial interventions is inadequate in Lithuania and limits the possibility to provide services that would create a comprehensive alternative to the traditional system of

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[25] Turner (1987) has noted that system needs oriented approach was characteristic to the Soviet health care: the Soviet medical system was developed primarily to satisfy professional interests and the requirements of industrialization rather than patient's needs. Such approach is generally characteristic of institutionalised psychiatric care settings.

[26] The fear of being "disclosed" and the lack of a collective identity might explain why various organizations in Lithuania that draw together mental patients and their relatives are often led by psychiatrists or patients' relatives instead of the mental patients themselves. Usually it is not the individuals suffering from mental illness themselves but the "healthy others" that become public spokesmen for these people. On the other hand, it is very likely that such organizations would not succeed in making themselves "visible" if they were represented mainly by patients often regarded by the public as incapable of defining their own interests.

psychiatric hospitals and boarding houses. Hence, it well may be the case that maintenance of a medical model and paternalistic approach towards mental patients are indispensable strategies applied by professionals that help them to manage mental illness outside the hospital walls in the situation where alternative mental health services are poorly developed.

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Psichiatrija ir psichikos liga sergantis pacientas: paternalistinio santykio prielaidos

Santrauka

XXa. viduryje prasidėjęs deinstitucionalizacijos bei bendruomeninio pobūdžio psichikos sveikatos priežiūros paslaugų plėtros procesas pareikalavo naujo – įgalinančio – požiūrio į psichikos liga sergantį žmogų ir jo galimybes savarankiškai gyventi bendruomenėje. Šis požiūris reiškia, kad psichikos liga sergančio asmens nuomonė ir poreikiai yra laikomi legitimiais priimant su psichikos sveikatos priežiūra, savo liga bei gyvenimu susijusius sprendimus. Tačiau nepaisant pastarąjį dešimtmetį Lietuvos psichikos sveikatos priežiūros sistemoje vykstančių pokyčių deinstitucionalizacijos link, psichikos liga

sergantis pacientas išlieka pasyviu sveikatos priežiūros paslaugų gavėju, kurio poreikius apibrėžia sveikatos specialistai, institucijos ar artimieji, bet ne pats pacientas.

Straipsnyje keliama prielaida, kad psichikos liga sergantis žmogus ir toliau yra traktuojamas kaip nesugebantis suvokti ir apibrėžti savo poreikių bei interesų. Toks požiūris į psichikos sutrikimus turintį žmogų iš dalies yra sąlygojamas ir palaikomas profesinio psichikos ligos diskurso bei praktikų. Psichiatrinėje literatūroje vyrauja (bio) medicininė psichikos ligos ir jos gydymo samprata, prioretizuojamas medikamentinis gydymas. Šioje sampratoje liga yra lokalizuojama individe ir tokiu būdu tampa jo elgsenos ir asmenybės vertinimo kriterijumi. Psichikos liga yra apibrėžiama kaip sąlygojanti sergančiojo realybės suvokimo jausmo praradimą, nesugebėjimą kritiškai įvertinti savo situacijos. Tai tampa pagrindu patologizuoti sergančiojo elgseną: pacientas laikomas nepatikimu, linkusiu manipuliuoti gydytoju, todėl paciento elgsena turi būti nuolat stebima ir kontroliuojama. Tokiu būdu yra pateisinamas paternalistinis požiūris į pacientą. Paternalistinio santykio įsišaknijimas psichiatrinėje priežiūroje sąlygoja psichikos liga sergančio žmogaus priklausomybę nuo sveikatos priežiūros sistemos ir tokiu būdu gali neigiamai įtakoti jo galimybes aktyviau ir savarankiškiau spręsti gydymo ir gyvenimo problemas.

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"Then She Looked at Me and Said – the Old Age!": The Impact of Social Representations of Ageing on the Elderly People's Chronic Illness Experience in Latvia

Signe Mezinska

Riga Stradins University

Abstract. *This article discusses the impact of social representations of ageing, such as breakdown, inevitability of illnesses and unfitness, on chronic illness experience of elderly people in Latvia. The qualitative study is based on theoretical framework of symbolic interactionism and uses grounded theory methodology. The results of the study lead to the conclusion that in Latvia certain social representations of ageing have a negative impact on chronic illness experience of elderly people, decreasing health-related quality of life and hampering reception of required medical assistance, adaptation of environment to the needs of elderly people with chronic illnesses and successful incorporation of the chronic illness in the context of biography.*

Keywords: *illness experience, health-related quality of life, chronic illness, ageing, social representations of ageing, illness metaphors.*

Raktažodžiai: *ligos patirtis, gyvenimo kokybė, susijusi su sveikata, senėjimas, socialinės senėjimo reprezentacijos, ligos metaforos.*

Demographic forecasts show that due to the changing age group proportion in society in the next decades we will inevitably need to reassess the attitude towards elderly people and address the social problems related to the ageing of society. Research conducted in various countries shows that particularly many problems are associated with health-related quality of elderly people's lives (Bowling 2005; Poon, Gueldner and Sprouse 2004; Mollenkopf and Walker 2007). Accordingly, the avoidance of illness as well as the preservation of physical and cognitive functions is some of the most important factors that significantly improve the quality of life in the elderly age. Different studies also conclude that health is one of the most prized values for elderly people (Bowling and Gabriel 2007). Poor health is associated with the loss of control, autonomy and independence, and it makes people aware of the approaching death.

One of the most significant research studies on the quality of life in Latvia in recent years is the study "Quality of Life in Latvia" by the Strategic Analysis Commission (Tīsenkopfs 2006). In this study, the elderly as a group are described as stepchildren of life, "who still 'survive,' pinch and scrape, cannot make both ends meet, face continuous difficulties and cannot enjoy a fully valuable life" (Tīsenkopfs 2006a, 28). Research data show that 77% of respondents rate retired life in Latvia as bad (Bela 2006, 49). The same study also found that people of the retirement age often stress that they have "difficulties in dealing with health problems – visiting doctors, buying medicines or hospital treatment are often too expensive, even if it is necessary" (Bela 2006, 54). The report "Quality of Life Index of the Population of Latvia" by the Latvian Strategic Analysis Commission concludes that the low assessment of life quality by elderly people "is closely related to the increase of the importance of health care and social programs for them and the existing problems in these areas" (Stratēģiskās analīzes komisija 2006).

As a result of the increasing proportion of elderly people in society, the number of people with chronic illnesses will inevitably increase in the coming decades. One of the essential concepts related to the quality of life of elderly people, which so far has not been sufficiently analyzed in Latvia, is a chronic illness experience and social representations affecting it.

Conceptual and Theoretical Framework

Sociology of health and illness and medical anthropology use three different terms – disease, illness and sickness. Each of them indicates a separate meaning of ill health. H.T. Engelhard, describing the separation of these concepts, talks about three essential elements of the life-world of an ill person – illness as suffering, disease as an explanation and sickness as a social role (Engelhardt 1982). In the conceptual field of a *disease*, a doctor is the one who is able to objectively discern, describe and correct faults that have arisen in the human body by metaphorically "seeing through" the patient (this metaphor is strengthened by the possibilities of modern diagnostic equipment). However, the epistemological framework of the concept *disease* is quite narrow, because it offers only one particular perspective on the ill health – biological causes and consequences but excludes the subjective aspects of illness experience. From a wider perspective, the biomedical paradigm and the concept of *disease* is closely related to the values of rationality and control in the Western culture. In this perspective, the key is to obtain objective empirical information on the disease that is the most important data from a medical point of view (Eisenberg 1977). *Illness* is ill health as a deeply individual emotional experience. A. Frank, explaining the meaning of illness, writes: "If disease talk measures the body, illness talk tells of the fear and frustration of being inside a body that is breaking down. Illness begins where medicine leaves off, where I recognize that what is happening to my body is not some set of measures" (Frank 1991, 13). Thus, illness is directly felt in personal experience but the scientific knowledge of the illness experience is provided by sociological and anthropological analysis.

There is no single definition of the concept of illness experience in sociological and anthropological literature; it is used in a wider context and the operational definition of the illness experience depends on the design of each individual study. However, these different applications have common research questions: What meaning is given to the fact of the illness? How does the illness affect a person's daily life and his/her relations to others? How does the ill person understand and explain the possible causes and the course of illness? What is being done to affect the illness situation? How does the illness affect the person's identity? Once a person is ill, he/she, together with the others, starts to interpret the meaning of symptoms. The severity of symptoms, possible causes of the illness, possible reaction and action, etc. are being assessed. The specific illness experience is affected by the person's previous illness experience, age, sex, knowledge, attitudes, beliefs, personality, language, religion, marital status, etc., as well as a cultural, social and economic context. In different cultures, societies or society groups, these interpretations are formed in the context of very different normative frameworks and cultural symbolic systems.

The theoretical perspective of this study is the theory of symbolic interactionism, especially the studies of illness experience conducted by K. Charmaz (Charmaz 1983; Charmaz 1991; Charmaz 1995). In the theory of symbolic interactionism, "human beings act toward things on the basis of the meanings that the things have for them" (Blumer 1998, 2). However, what specifically characterizes the view of symbolic interactionism is the understanding of meaning formation process – the meaning of a thing develops through interaction with other persons, so it is a social product: "The meaning of a thing for a person grows out of the ways in which other persons act toward the person with regard to the thing" (Blumer 1998, 4). This means that for any experience, including illness experience, to gain meaning, interpretation performed in interaction is required. Interaction creates common symbols that become reference points for further interactions. These symbols are constantly validated, reviewed and redefined. Thus, the range of interests of symbolic interactionism includes the interpretative processes through which a person develops the situation definition in illness and ageing conditions.

Methodology

Aims of the Study

The study was carried out under the grant of Riga Stradins University entitled "Factors Affecting the Lifestyle and Quality of Life of Residents of Latvia at Retirement Age." The study consisted of two parts – the qualitative and the quantitative, and the main aim of the study was to analyze the factors affecting the health-related quality of life of elderly people in Latvia. This paper focuses exclusively on the qualitative part of the study. The aim of this sub-study is to analyze the impact of social representations of ageing on chronic illness experience and health-related quality of life of elderly people in Latvia.

Data Collection and Analysis

The qualitative part included 28 semi-structured interviews with elderly people in various Latvian cities and rural areas. Three interviewers from the project's work group conducted the interviews. Within the framework of the study, people aged from 62 to 91 were interviewed. Respondents living at home rather than institutionalized care institutions were selected. The sample of respondents was made using the maximum diversity strategy. It was assumed that the quality of life of elderly people was significantly affected by sex, the place of residence and age. Chronic illness was not taken into account as an initial respondent selection criterion, however, during the analysis of the first interviews (according to the methodology of grounded theory, the analysis was started immediately after first interviews were conducted), it became evident that in most interviews chronic illness experience was an important factor affecting the quality of life of elderly people. This fact motivated us to focus on the analysis of chronic illness experience.

Twenty-three of the interviewed persons stated that they were suffering from a chronic illness that lasted more than a year and caused serious functional disturbances. The analysis is based on the interviews with these respondents. However, in some cases the interviews with respondents whose self-assessment did not include chronic ailments have also been used for comparison. The fact that respondents represented very different chronic illness experiences could raise questions. However, such study design is not uncommon in chronic illness experience studies. Although a part of illness experience research is focused on the experience of a certain illness (e.g., arthritis, diabetes, stroke, etc.), a number of sociologists and anthropologists have studied chronic illness experience on the basis of a universal chronic illness experience concept rather than focusing on a particular illness (Corbin and Strauss 1991; Kleinman 1988; Morse and Johnson 1991).

The data analysis began, according to the methodology of grounded theory, with the coding to create the theoretical categories. The coding of the interviews was not performed according to a pre-prepared code; the categories were created through the course of the coding. The coding was started at an early stage of the study, simultaneously continuing data acquisition. The interviews were transcribed verbatim and imported into a qualitative software package NVivo 8 to facilitate the thematic coding, evaluation and analysis. Based on coding results, the following categories characterizing chronic illness experience were developed: body exposed to the sight; interpretations of the cause of illness; illness as a "norm" of ageing; active action to improve health; adaptation to chronic illness, age discrimination in illness experience; reduction or change of goals; control and lack of control; and lay definitions of health. This article will analyze some of these categories, particularly illness as a "norm" of ageing and age discrimination in illness experience.

Results

An essential category that appeared in illness experience of the interviewed persons was "normality" of illness in old age. In spite of chronic illness or even several chronic ailments, respondents considered their health to be normal – appropriate for their age. Pain, movement restrictions, weakness, etc. caused by the illness were characterized as normal features of the age; the respondents perceived the impact of chronic illness on the quality of life as an unalterable and logical part of the biography of an ageing person. A 64-year-old man suffering from high blood pressure characterized his health status as follows: "You should complain if you can't get out of the bed. But, as long as you can move and do something, it is normal – no problem." An 82-year-old man, who had chronic health problems related to low blood pressure, also considered the possible deterioration of the situation in the future as normal: "I think that it would be normal."

Suffering caused by the illness can be perceived very differently. Nevertheless, the reconciliation with the suffering without hoping for the improvement was characteristic of most respondents with the chronic illnesses in this study. There are different possible explanations for such attitude – both the statistically broad prevalence of chronic illnesses among elderly people which makes them seem a self-evident feature of ageing and cultural symbols and meanings that associate age with breakdown and diseases and represent illness as a normal condition in old age.

How did the fact that pain and other symptoms associated with chronic illnesses were viewed as normal in old age affect the illness experience and quality of life of elderly people? Some interviews showed that the symbolic meaning of the illness as a norm might act as a barrier preventing the reception of assistance that could improve the quality of life, especially the adaptation of the living environment to the needs of an ill person. Serious chronic illness experience changes the meaning of objects in the surrounding space. According to K. Toombs, "The bookcase outside my bedroom was once intended by my body as 'a repository for books,' then as 'that which is to be grasped for support on the way to the bathroom,' and is now intended as 'an obstacle to get around with my wheelchair'" (Toombs 1995, 10). Lived illness experience changes the perception of the living space and requires adaptation of the surrounding space to the changed needs of the body. As movement limitations develop and the abilities of an elderly person to take care of himself/herself decrease, it is very important to adapt the apartment and a wider environment. If the apartment – bathroom, toilet, bed and kitchen – is not suited to the changed needs, the body constantly reminds of its limited capabilities. A 75-year-old woman suffering from rheumatoid arthritis tells: "When my husband is away, I am afraid to move away from home. Once in the winter (we don't have a bathroom inside, we have to go outside) the temperature was 28 degrees, I went out and fell. My husband was watching television and he didn't hear me shouting . . . . So I scuffed to the door. I leaned on my hands – little by little . . . ."

Due to various reasons in Latvia such necessary adaptation of living spaces takes place quite rarely. None of the visited respondent residences had such amenities and transformations. There are various reasons these needs are being ignored in Latvia – the lack of money for such reconstruction, the lack of information on various auxiliaries, as well as conservatism, reluctance to change the living environment and the mentioned "normality" of illnesses and difficulties in old age. Another reason which emerged in the interview with the above respondent is the meaning assigned to various auxiliaries (in this specific case – crutches) and special amenities – a perception that in the eyes of others they directly indicate the weakness and helplessness of the ill person that is shameful:

> I. Do you also leave home for anyplace further?
>
> R. No, not while I'm on crutches – nowhere anymore, nowhere. . . . I want to but I feel ashamed. I'd want to… Once I went but now I'm like this . . . . Awful, it's awful . . . .

Reconciliation with the suffering is also caused by a number of other factors – difficult previous life experience, religious beliefs, etc. Some researchers stress that it is the war experience that makes the older generation reconcile with difficulties and become passive (Bowling 2005). In the coming decades, there will be an increasing number of elderly people born in the postwar period who have not experienced serious critical situations and a sudden deterioration of the quality of life (war and deportation). This could increase the expectations of the elderly as a group and create greater dissatisfaction in the domain of health-related quality of life.

Furthermore, others such as doctors and social workers do not think it is necessary to provide quality medical assistance to old and sick people, believing that age reduces the importance of the illness making it less noticeable and thus not worthy of assistance. Sometimes doctors also strengthen the view that illness is a "normal" phenomenon at a certain age. An interviewed 81-year-old woman included, as an abusive experience, a story about neglect and age discrimination during her visit to a doctor:

> I had to go to a skin doctor to get a prescription for some kind of ointment for this [points to a skin defect on her temple] and I left just like I

> came . . . . So I went to her, went in and asked if I could get some kind of ointment because I have this fungus or something like that. She was sitting at a table; she looked at me and said – the old age. I asked again if she could still prescribe something. Visit an oncologist, – she said. . . . She was sitting at the table and didn’t pay attention to me, she was talking on the phone, and when she finished she looked at me and said – the old age.

The unequivocal label “old age” suggested by the doctor and clearly associated with illness as a norm leaves no opportunity for debate possibilities. The doctor’s attitude clearly demonstrates the view that from a certain age only very severe health problems are worthy of attention (“visit an oncologist”). All other symptoms that seem insignificant to her (and probably to the larger social conventions too) are labeled as “old age.” This episode of the interaction made the respondent deeply mortified and doubting the attitude towards the older generation among doctors, the health-care system and society as a whole.

A 67-year-old woman shares similar observations in the interview. In response to the question: “How do you assess the health care available to you?” she talks about her experience of her husband’s illness: “. . . here the one can really feel negligence towards elderly people. If you are retired you are overlooked. That’s why I don’t go to them.”

The division of society into the age groups – children, adults and elderly people – is a usual but somewhat artificially constructed model that can promote the emergence of stereotypes and prejudices. Instead of focusing on a particular person during the interaction at the moment, the person is labeled as “old,” meaning “collapsed,” “invalid” and “not worthy of attention.” Such a breakdown of the society into the groups that hide the individual person’s problems seems unfair and unsuitable. The attitude towards illness as a “norm” in old age becomes the cause for discrimination against the older generation. The quantitative research data also demonstrate it. According to the 2008 Eurobarometer survey data, 52% of Latvian respondents say that age discrimination is widespread in Latvia (Eurobarometer 2008b, 59). In the 2009 Eurobarometer survey, this figure increased to 67% (Eurobarometer 2009, 10). Older respondents are more likely to say that age discrimination is widespread (Eurobarometer 2008, 60). In the context of illness experience, a particularly significant indicator is the attitude towards elderly people in the health care system. Additional study (Eurobarometer 2008a, 18) shows that age is the most common cause for discrimination in the health care in European Union. 30% of Latvian respondents in this study believe that age discrimination in the health care is “very widespread” or “fairly widespread” (Eurobarometer 2008a, 21). This figure is above the average figure in the European Union.

It should be noted that the superficial and discriminatory attitude towards health problems of retired people is not only a personal resentment but can also lead to much more specific problems. One of these problems is the irrational use of medication. If due to the doctor’s attitude and prejudices a trust-based relationship between the patient and the doctor does not develop, there is an increased possibility that decisions regarding the use of medication will be made without consulting an expert. In this case, people will medicate themselves and the compliance with the treatment strategy ascribed by the doctor will decrease.

The use of language in illness experience statements and social representation analysis plays a very important role because there is an essential relationship between language and the meaning formation process. L. Kirmayer points out that there also exists an indissoluble and reciprocal link between the physical experience and language: “Past infancy, bodily experience is most conspicuously elaborated and communicated through language. Language, in turn, is grounded in bodily experiences that provide common referents for a lexicon and in the organization of bodily action that provides a prototype for syntactic structure” (Kirmayer 1992, 324). One of the objectives of illness experience studies is to identify and analyze the hidden, concealed, undisclosed or unconscious meanings of illness manifested in the social interaction by the use of illness metaphors. One of the most notable works analyzing the use of illness metaphors in language is the book “Illness as a Metaphor” by S. Sontag (Sontag 1990). S. Sontag argues that, although the signs and symptoms of illness are material and tangible, they also constitute the cultural image, the reality of metaphors and collective representations. Metaphors turn the symptoms from signs into symbols, thus, letting the ill person understand the changes better and assign meaning to them in the biographical context. The symbolic meanings of illness formed by society and culture in addition to the physical manifestations of the illness can also cause stigma, rejection, fear or exclusion. Thus, the illness affects the patient with the double force.

One of the most significant groups of metaphors in the context of illness experience that also emerged in the interviews was related to the military field. Military metaphors that originate in the biomedical paradigm include the idea of illness as an enemy and describe illness treatment and life of an ill person as a struggle. The doctor and the patient in this interpretation form an alliance that protects the patient and attacks the enemy by using medical weapons (Jennings, Callahan and Caplan 1988, 9). This use of metaphors puts the ill person in the background, bringing the illness in the foreground. The metaphor of an enemy alienates the person from the illness and makes the person view it as an external, hostile and disturbing force. The illness is considered as the other, strange and evil. In the case of chronic illness, this metaphor may impede the acceptance of illness and ability to cope with it.

Another important group of metaphors is related to the collapse and loss of orientation. This group of metaphors appears in several interviews that describe the ill body as a “slum.” An 81-year-old respondent in the interview said: “I am a slum, a slum, I take one medicine after another to treat my leg, the veins, and thus the blood pressure rises, and then I take a medicine for the blood pressure and circulation of blood, and sclerosis and things like that, as one doctor told to me – it's the age. That's it . . . ."

The metaphor of the "illness as a neighbor" that characterizes reconciliation and getting on with the illness is also used in the interviews. A 65-year-old woman suffering from rheumatoid arthritis tells:

> Yes, it is hard indeed. But if you don't think about it and accept it as, say, your neighbor with whom you have to cope and from whom you can't go away, you get used to it and reconcile yourself with it. The only thing perhaps is that in old age something constantly arises and when it happens, it takes some time for you to accept the way it will now be for you, and you can't get rid of it, but when you have accepted it everything is fine again.

A metaphor that one of the interviewees attributes to ageing is "leaving the stage." Age is seen as a resignation from visibility. In another interview, a 68-year-old woman used the metaphor of invisibility to describe her ageing experience: "In your youth you are still noticed, you are something but old people are not even noticed. People pass them by as if they were an empty space. That's the way it is. . . . . It is also insulting that in old age you are no longer considered a human being. It is really so. You're something disturbing, ugly, old, and . . . useless. People don't even talk to you . . . ." In this fragment of the interview, the respondent remarks that being elderly means to be unnoticed, invisible and unheeded. A 77-year-old man describes the attitude towards elderly age briefly and concisely: "Well, a retired person is considered to be someone who has been discarded."

Discussion and Conclusions

Ageing, like gender, is closely related to the symbolic meanings assigned to it on individual, interaction and institutional level. As long as sex is a culturally determined social differentiation criterion, a person cannot avoid developing a gender. Similarly, as long as age is a social differentiation criterion, a person cannot avoid assignment of a symbolic meaning to age and interpretations of these meanings. Although age is not an equally important criterion in all social interaction situations, it certainly functions as a part of self-formation and interactions. Consequently, by engaging in interactions, individuals assign a symbolic meaning to both their and others' age.

The social representations of the old age have a long history offering different models of meaning. "Normalizing" attitude towards chronic illnesses of elderly people is closely related to the "deficiency model" in geriatrics (Schmid 1991) in which an ageing person is mainly viewed from the perspective of gradual deterioration of mental and physical abilities. Geriatric literature that is based on medical and biological point of view regards ageing as a gradual exhaustion of the body's resources and activities. Compared to children and adults, the elderly are seen as a part of the society with serious deficiencies. The deficiency model does not take into account the significant individual differences between elderly people. However, there are large differences between the personal attitudes of elderly people with chronic illnesses, the development of illness trajectory, their motivation and other areas. The deficiency model can cause serious difficulties in the integration of the growing group of elderly people into society since problems related to the identity, meaning and self cannot be solved with the help of a biomedical understanding of health and illness and the concepts of validity and activity.

If we looked at it superficially it would seem that the old age as the end of a life is a time characterized by restrictions, collapse and the lack of capacity. However, it is very limited view because elderly people are also able to enjoy an adequate quality of life. The negative age-related social representations have largely created the situation where discretion regarding the end of life is a dogma in the Latvian society. Elderly people are invisible in political, social and cultural fields. In the study "Quality of Life in Latvia," this situation was described from a point of view of a representative of the older generation, a 67-year-old woman:

> Our society believes that the old age is comparable to mental and physical collapse, weariness and uselessness. But Socrates at the age of 70 began to learn several musical instruments, Goethe completed "Faust," and Konrad Adenauer at the age of 74 took the wheel of German post-war politics in his hands and guided it for 14 years. Here a retired person is an outcast (Bela 2006, 55).

One can see the bitterness this woman feels about the attitude of society towards the older generation and symbolic meanings assigned to the old age.

From the interview analysis and compilation of the most important categories in the illness experience of elderly people, it is possible to conclude that there is a mutual interaction between the illness experience and social representations of ageing. Social representations of ageing, such as collapse, normality of illness or uselessness, negatively affect the elderly people's illness experience. The health care system does not assume responsibility for solving this problem, and within the biomedical model it is not considered a problem to be addressed in medicine. However, from a social point of view, the fact that at least some of the negative social representations can be influenced and changed is the most significant. Categories that can be influenced on the social level are the overall public attitude towards the elderly and ill people as well as the meaning assigned to the old age in interaction. It is also necessary to change the attitude of health-care workers towards the chronically ill and elderly people as patients and to reassess biographical aspects of chronic illness experience in the relationship between the patient and the doctor and the interaction between the ill person and his/her relatives.

As for the incorporation of the illness into the biographical context, it is important for "successful illness" narratives of retired people to appear in the public space because active ageing scenarios place more emphasis on a healthy and active image of a pensioner. If the elderly people who successfully coped with the illness and continued to actively build their lives without making the illness a center of their lives became more visible and audible, it would possibly form new interpretations of the old age and illness in society.

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„Tada ji pažiūrėjo į mane ir pasakė: senatvė!" Socialinių senėjimo reprezentacijų įtaka senyvo amžiaus žmonių chroniškų ligų patirčiai Latvijoje

Santrauka

Straipsnis analizuoja socialinių senėjimo reprezentacijų, tokių, kaip išsekimas, ligos neišvengiamumas ir netinkamumas, įtaką senyvo amžiaus žmonių chroniškų ligų patirtims Latvijoje. Ši kokybinė studija remiasi teoriniais simbolinio interakcionizmo teiginiais ir grindžiamosios teorijos metodologija. Tyrimo rezultatai leidžia daryti išvadą, kad tam tikros socialinės senėjimo reprezentacijos Latvijoje turi neigiamą poveikį

tam, kaip senyvo amžiaus žmonės patiria chroniškas ligas. Tai savo ruožtu neigiamai veikia senyvų žmonių gyvenimo kokybę, siejamą su sveikata, trukdo jiems kreiptis į sveikatos apsaugos įstaigas reikalingos medicininės pagalbos ir sėkmingai inkorporuoti chroniškas ligas į savo biografijas. Kartu neigiamos socialinės senėjimo reprezentacijos neskatina pritaikyti fizinę aplinką senyvo amžiaus žmonių, sergančių chroniškomis ligomis, reikmėms.

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What Types of Participants?: Patterns of Political Participation in Lithuania

Jūratė Imbrasaitė

Vytautas Magnus University

Abstract. *The quantity and quality of political participation is extremely important for the consolidation of democracy. There is no comprehensive analysis of the conventional modes of political participation and their distribution among population in Lithuania. This study focuses on the differences between different types of participants in political acts in post-communist Lithuania. Based on the survey conducted in Lithuania in 2006, the article concludes that the lack of civic resources, the development of individualization and rapid social differentiation that caused different perceptions of economic inequality and insecurity among different groups of the population have influenced political participation patterns in Lithuania.*

Keywords: *political participation, conventional political participation, unconventional political participation, economic inequality.*

Raktažodžiai: *politinis dalyvavimas, konvencinis politinis dalyvavimas, nekonvencinis politinis dalyvavimas, ekonominė nelygybė.*

Citizen participation is a key indicator of the performance of democracy (Conway 1991; Kaase and Marsh 1979; Parry, Moyser and Day 1992; Rosenstone and Hansen 1993; Verba, Schlozman and Brady 1995). The quality and quantity of political participation has an important role in the representation of citizen needs and preferences. Pateman argues that ". . . we do learn to participate by participating and feelings of political efficiency are more likely to be developed in a participatory environment" (Pateman 1970; 105). Participation in political life develops civic competence and responsibility. The experience of political activities are important and valuable itself.

The legitimation of democratic institutions and the institutionalization of conventional modes of participation are extremely essential during the period of consolidation of democracy (Valionis 2000, 2001). Conventional modes of political participation constitute a precondition for a stable democratic system (Kaase and Marsh 1979; Valionis 2000; 2001). However, voting at elections is only one form of numerous forms of political participation. If citizens have the possibility to exercise control over political leaders only through elections, their role in the political process is that of a "controller" but not that of a "participant" (Parry, Moyser and Day 1992). Conventional political actions of individuals such as contacting politicians, government or municipality officials and organizations, letter writing, involvement in election campaigns through wearing and distributing badges and posters and financial contributions inform political elite about citizens interests, preferences and needs. Unconventional political actions may be dysfunctional with respect to the performance of democratic institutions during the period of consolidation of democracy (Valionis 2000; 2001).

A comprehensive analysis of conventional modes of political participation such as voting, contacting and involvement in electoral campaigns and of unconventional modes of political participation such as protesting is still underdeveloped in Lithuania. Civil society studies focus mostly on the development of nongovernmental organizations (Beresnevičiūtė 2006; Žiliukaitė 2006), social capital resources (Žiliukaitė 2006), electoral behavior (Žėruolis 1998; Degutis 2002; 2004; Žiliukaitė and Ramonaitė 2006) and selected protest actions (Riekašius 2001; 2004; Valionis 2000; 2001).

This article focuses on the differences between types of participants in political acts in Lithuania. The study addresses the following questions: what groups of citizens in Lithuania may be distinguished in accordance with their level of interest in politics and participation in political acts? What factors determine differences among participant types? What are causes and explanations of different patterns of political participation among different groups?

Theoretical Perspectives on Political Participation

The concept of political participation refers to normative and operational difficulties of conceptualizing political participation and it varies from the wide to the narrow sense of a notion of political participation (Conway 1991; Kaase and March 1979; Marsh and Kaase 1979; Milbrath and Goel 1977; Rosenstone and Hansen, 1993; Verba and Nie 1972; Parry, Moyser and Day 1992; Verba, Schlozman and Brady 1995). Political participation in this study refers to "activities of citizens that attempt to influence the structure of government, the selection of government authorities, or the policies of government" (Conway 1991, 4).

Political participation modes can include conventional and unconventional actions. Conventional political participation refers to those modes that a dominant political culture recognizes as acceptable and that are related to institutionalized actions (Conway 1991, 20). Unconventional political participation refers to those modes that fail short of laws and customary norms of a specific society and relate to non-institutionalized actions frequently directed against the system itself that at least aim at transforming its sociopolitical structure (Kaase and March 1979, 41).

Socioeconomic status perspective refers to explanatory capacities of individual factors such as education, profession, income, age, gender and religion and concludes that socioeconomic factors have an impact on political participation (Milbrath and Goel 1977; Conway 1991; Parry, Moyser and Day 1992; Rosenstone and Hansen 1993; Verba, Schlozman and Brady 1995; Verba, Schlozman and Brady 2000). Education "promotes political participation in two ways: by giving people the knowledge and skills that facilitate participation and by placing people in social networks that inform them about politics and reward political action" (Rosenstone and Hansen 1993). An important indicator of skills and social contacts is profession (Rosenstone and Hansen 1993, 77). Individuals may acquire civic skills at the institutions, which they encounter during their life time (Verba, Schlozman and Brady 1995). The longer people live, the more knowledge, skills and social contacts they acquire (Rosenstone and Hansen 1993).

Individual resources model starts with the idea that individual resources such as money, skills, knowledge, time and self-confidence have an impact on political participation, because they allow people to meet the economic and psychological costs of political participation (Rosenstone and Hansen 1993; Verba, Schlozman and Brady 1995).

Social capital perspective refers to the explanatory capacities of social capital. Putnam argues that social capital is "features of social organization, such as trust, norms, and social networks that can improve the efficiency of society by facilitating coordinated actions" (Putnam 1993, 167). Voluntary organizations generate social capital by encouraging interpersonal trust, supporting norms of reciprocity and providing networks of social relations. Putnam (1993) indicates that associations foster the general reciprocity, which helps to overcome the problems of free-riders in democracy. Participating in associations, individuals develop cognitive and deliberative skills, civic virtues, and a sense of efficacy (Badescu 2003). Verba, Schlozman and Brady (1995) argue that associations teach their members organizational skills. Associations provide the social infrastructure for public deliberation and setting of an agenda. Associations with private or nonpolitical purposes (self-help groups, sports clubs, and choral societies) contribute to the public sphere less in comparison with political organizations (Fung 2003).

An important attribute of civil society is the existence of informal social networks that must be composed of "weak ties". "Weak ties" are more likely to link members of different groups than "strong" ties that concentrate on a particular group (Granovetter 1973, 1376). At the level of the individual citizen, civil society requires a specific set of attitudes and behavioral orientations towards politics, including a certain style of interpersonal interaction and collaboration (Brehm and Rahn 1997; Lake and Huckfeldt 1998).

Political participation in a *cultural perspective* addresses the impact of values and attitudes on political participation (Inglehart 1979, 1997). The shift from materialist to postmaterialist values includes cognitive mobilization and increase in efficacy (Inglehart 1979; Kaase and Marsh 1979).

Uslaner and Brown indicate that “. . . greater equality and higher levels of trust are two pathways to participation” (Uslaner and Brown 2005, 869). Inequality may depress participation, either directly or indirectly, through its effects on trust. Where inequality is higher, the poor may feel powerless and they will think that their views are not represented in the political system and therefore they will opt out of civic engagement (Uslaner and Brown 2005). Trust in others rests on a foundation of economic equality: “When resources are distributed inequitably, people at the top and the bottom will not see each other as facing a shared fate” (Uslaner and Brown 2005, 869). Trust rests on a psychological foundation of optimism and control over one’s environment: “Where inequality is high, people will be less likely to believe that the future looks bright, and they will have even fewer reasons to believe that they are the masters of their own fate” (Uslaner and Brown 2005, 869).

Rapid economic restructuring caused new patterns of social stratification and inequality in post-communist countries. The transition from the state to market economy has created different economic opportunities and the need for different individual resources in comparison with the socialist economy. It caused rapid social differentiation and a rapid increase in economic inequality in the society. Related to the transition from totalitarianism to the institutions of democracy, it also increased a gap between the government officials and ordinary citizens (Thomassen and van Deth 1998, 119).

There exists a relationship between the perceptions of the economy and democracy in post-communist countries (Pacek 1994; Paczynska 2005). Furthermore, the transition from socialism to the market economy is related to the transition from the collective to individualistic culture (Triandis 1993).

Research Methodology

The measurement of political participation in the questionnaires used in my research corresponds to questions used in classical studies of political participation (Rosenstone and Hansen 1993; Verba, Nie and Kim 1978; Verba, Schlozman and Brady 1995). Political participation is measured by questions on conventional modes of political participation such as voting, contacting, and working in a political party or/and an election campaign and on unconventional modes of political participation such as protest acts.

The hypothetical model of factors determining political participation includes: 1) socio-demographic characteristics, 2) civic skills, 3) social capital dimensions, 4) individual and collective values, 5) perceptions of a good citizen and an effect of a particular political act in decision-making, 6) evaluations of the political system, economy of the country and economic situation of respondent's own family at present and in the future (Conway 1991; Inglehart 1979; 1997; Putnam 1993; Rosenstone and Hansen 1993; Verba and Nie 1972; Verba, Nie and Kim 1978; Verba, Schlozman and Brady 1995).

The instrument of the survey was a questionnaire, which includes closed questions concerning political participation modes, membership in organizations, and characteristics of networks of discussion about politics, individual and collective values and attitudes.

The empirical analysis of the types of participants is based on quantitative data. The method of the study is survey sample data. The survey was conducted by the Market and Opinion Research Center "Vilmorus" in June, 2006. The sample of the survey was a stratified multi-stage sample that represented the total number of the 18-74 year-old inhabitants of Lithuania and included 1050 respondents.

Differences between the Types of Participants in Lithuania: Empirical Results

The TwoStep cluster analysis was used to group Lithuanian citizens in accordance with differences in their interest in politics and participation. The cluster analysis discovered differences between the types of participants in relation to three dimensions: 1) interest in politics, 2) voting and 3) participation in other modes of political acts (contacting a politician, a government or local official and an organization, working in a party or a local initiative group, wearing or displayed badge or sticker of any campaign, signing a petition, contacting media, donating money or raising funds, participating in a demonstration or a strike, boycotting products and performing an act of civil disobedience). The results of the cluster analysis are presented in Table 1.

Respondents were grouped into three types of participants: the passive (26.8% of the population, the active (26.3% of the population) and the voters (47.6% of the population). 25% of the passive respondents were interested in politics, 17.9% of the passive voted in elections, and 43.7% of the passive participated in other political acts. Donating money or raising funds was the most popular political act within the category of other political acts among the passive respondents. 20% of the respondents who donated money or raised funds were the passive ones.

69.2% of the active were interested in politics, 98.3% of the active voted in elections, and 100% of the active participated in other political acts. 53.6%

Table 1. Differences between types of participants by interest in politics and levels of participation

Type of participants	Interested in politics, %	Not interested in politics, %	Voted, %	Did not vote,%	Participated in other political acts, %	Did not participate in other political acts, %	Size of a group, % (N)
Passive	**25.0**	75.0	**17.9**	82.1	**43.7**	56.3	26.6 (240)
Active	**69.2**	30.8	**98.3**	1.7	**100**	0	26.6 (240)
Voters	**53.6**	46.4	**100**	0	**32.3**	67.7	46.8 (418)

TwoStep cluster analysis, N=898.

of the voters were interested in politics, 100% of the voters voted in elections, and 32.3% of the voters participated in other political acts.

The multinomial logistic regression was used to identify predictors of socio-demographic characteristics, civic skills, social capital dimensions, values and attitudes that attributed citizens to a particular type of participants (the active, the passive and the voters). The model of multinomial logistic regression was composed of 3 socio-demographic predictors (age, education and profession), the predictor of civic resources (self-assessment of his/her own capability to write a letter against the decision of a government institution), 3 predictors of social capital (index of membership in organizations,[1] socializing with people whom a respondent does not know and a trust in people), 2 predictors of external efficacy (evaluation of politicians' attentiveness to ordinary people's opinion and the ordinary people's opportunities to understand what happens in politics), 2 dimensions of internal efficacy (his/her own opportunities to present their own requirements to politicians and his/her own capabilities to find out the truth in politics), self-realization, 2 predictors of the assessment of effectiveness of a particular political act (voting and signing a petition), 4 understandings of a good citizen (a good citizen has to be informed about events in a society, to influence political and societal decisions, to vote and to serve in a military), 2 evaluations of the political system (evaluation of the present political system and of the political system in five years) and 4 economic evaluations (evaluation of the present economic situation and the economic situation of the country in five years, self-assessment of the present economic situation of his/her own household and the economic situation of the household in five years).

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[1] The index of membership in organizations was created by computing membership in a sport club, a cultural club, an environmental organization, a women's organization, a temperance organization, a farmers' organization, a local action group, a political party, a trade union and other organizations.

Two regression patterns were indentified – one was for the active respondents versus the passive, the second was for the voters versus the passive. The pseudo-r square was 0.56 indicating a good fit between the total model and the data although the fit was less than perfect.

A comparison between the active and passive respondents suggests

Table 2. Multinomial logistic regression results

Variable	B	Exp (B)	95% Confidence Interval
Active			
Intercept	-7.96***		
Primary school	-3.13*	0.04	0.01-0.62
Secondary incomplete school	-3.81***	0.02	0.01-0.17
Secondary school	-1.42*	0.24	0.01-0.77
Secondary professional school	0.39	0.68	0.20-2.31
High education			
Age (coded in years)	0.10***	1.10	1.06-1.14
Membership in two or more	3.15*	23.35	1.12-486.78
organizations	0.87	2.39	0.86-6.69
Membership in an organization			
Non-member			
Able to write a letter against the decision of a government institution	1.69***	5.42	2.22-13.24
Not able			
Socializing with people that he/she does	2.01**	7.44	1.87-29.61
not know	0.78	2.19	0.69-6.95
Often			
Seldom			
Never			
Evaluation of an economic situation of	-2.18*	0.11	0.01-0.90
the household in five years	-0.64	0.53	0.10-2.87
Much better	-0.31	0.73	0.13-4.19
A little better	0		
About the same	0.21*	1.23	1.05-1.46
A little worse	-0.02	0.99	0.85-1.14
Effectiveness of voting	-0.15	0.86	0.70-1.07
Effectiveness of signing petition	-0.30**	0.74	0.60-0.92
Evaluation of the political system in five years	0.02	1.03	0.83-1.27
Politicians are attentive to ordinary people's opinions	-0.04	0.96	0.81-1.14
Opportunities to present personal	0.27**	1.31	1.07-1.60
requirements to politicians	0.08	1.08	0.94-1.24
Trust in people			
A good citizen has to vote			
A good citizen has to serve in a military			

Variable	B	Exp (B)	95% Confidence Interval
Voters			
Intercept	-6.54***		
Primary school	-3.24**	0.04	0.01-0.43
Secondary incomplete school	-2.30**	0.10	0.02-0.45
Secondary school	-1.09	0.34	0.11-1.05
Secondary professional school	-0.74	0.48	0.14-1.62
High education			
Age	0.12***	1.13	1.09-1.17
Membership in two or more	0.58	1.79	0.05-64.99
organizations	-0.52	0.60	0.21-1.69
Membership in an organization			
Non-member			
Able to write a letter against the decision of a government institution	1.13**	3.10	1.33-7.22
Not able			
Socializing with people that he/she does	2.16**	8.70	2.32-32-59
not know	1.23*	3.42	1.16-10.08
Often			
Seldom			
Never			
Evaluation of an economic situation of	0.08	1.08	0.16-7.39
the household in five years	0.48	1.62	0.32-8.08
Much better	0.49	1.63	0.31-8.51
A little better			
About the same	0.21**	1.23	1.06-1.44
A little worse	-0.16*	0.86	0.74-0.99
Effectiveness of voting	0.04	1.04	0.85-1.27
Effectiveness of signing petition	-0.33**	0.72	0.59-0.89
Evaluation of the political system in five years	-0.30**	0.74	0.59-0.93
Politicians are attentive to ordinary peo-	-0.17*	0.84	0.72-0.99
ple's opinions	0.20*	1.22	1.03-1.45
Opportunities to present personal	0.16*	1.17	1.03-1.34
requirements to politicians			
Trust in people			
A good citizen has to vote			
A good citizen has to serve in a military			

Stepwise method: Backward stepwise; N=430; df=1; *** p=0.000; **p<0.01; *p<0.05;
Log likelihood = 550.05; LRT Chi2 (52)=372.36
Pearson Chi-Square =807.69; df=806; p=0.477;
Nagelkerke=0.56.

9 variables, namely education, age, index of membership in organizations, self-assessment of civic skills, social networks of leisure, evaluation of the economic situation of the household in five years, understanding that voting is

effective, a good citizen's responsibility to vote and politicians' attentiveness to ordinary people's opinions that were statistically significant. It was less likely that the respondents with primary education (odds ratio [OR] = 0.04, confidence interval [CI] 95 percent: 0.01-0.62), secondary incomplete education (OR=0.02, CI 95 percent: 0.01-0.17) and secondary education (OR= 0.24, CI 95 percent: 0.08-0.77) would become active than the respondents with high education. It was more likely that older respondents (OR=1.10, CI 95 percent: 1.06-1.14) would become active than younger respondents. The respondents with two or more memberships in organizations were more likely to be active than non-members (OR=23.35, CI 95 percent: 1.12- 486.78). It was more likely that the respondents who were able to write a letter against the decision of a governmental institution (OR=1.10, CI 95 percent: 2.22-13.24) would be active than the respondents who were not able to write such letter.

The respondents who often socialized with people that they did not know were more likely (OR=23.35, CI 95 percent: 1.87-29.61) to be active than respondents who never socialized with people that they did not know. The respondents who evaluated the economic situation of their household in five years as being much better (OR=0.11, CI 95 percent: 0.01-0.90) were less likely to be active than respondents who evaluated the economic situation of their household in five years as being a little worse.

The respondents who thought that voting was a more effective way to influence a particular decision-making process (OR=1.23, CI 95 percent: 1.05-1.46) were more likely to be active than the respondents who thought that voting was less effective. The respondents who were more inclined to think that a good citizen had to vote in elections were more likely (OR=1.31, CI 95 percent: 1.07-1.60) to be active than the respondents who were less inclined to think that a good citizen had to vote in elections.

The respondents who thought that politicians were less attentive to ordinary people's opinion were more likely (OR=0.74, CI 95 percent: 0.60-0.92) to be active than the respondents who thought that politicians were more attentive to ordinary people's opinion.[2] The respondents who thought that they had more opportunities to find out the truth about politicians were more likely (OR=1.31, CI 95 percent: 1.02- 1.67) to be active than the respondents who thought that they had fewer opportunities to find out the truth about politicians. The respondents showed no differences in the other variables.

A comparison between the voters and passive respondents suggests twelve variables, namely education, age, self-assessment of civic skills, social networks of leisure, understanding that voting is effective, understanding that signing a

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[2] The independent variables: the age is coded in years; the attitudes (understanding that voting is effective, understanding that signing a petition is effective, the evaluation of the political system in five years, politicians' attentiveness to ordinary people's opinions, opportunities to present personal requirements to politicians, trust in people, a good citizen's responsibility to vote and a good citizen's responsibility to serve in a military service) are coded in scale from min=1 to max=10.

petition is effective, understanding that a good citizen has to vote, understanding a good citizen has to serve in a military, politicians' attentiveness to ordinary people's opinions, personal opportunities to present his/her own requirements to politicians and trust in people that were statistically significant.

It was less likely that the respondents with primary education (OR=0.04, confidence interval [CI] 95 percent: 0.01-0.43) and secondary incomplete education (OR=0.10, CI 95 percent: 0.02-0.45) would become the voters than the respondents with high education. It was more likely that older respondents (OR=1.13, CI 95 percent: 1.09-1.17) would become the voters than younger respondents.

The respondents who often (OR=8.70, CI 95 percent: 2.32- 32.59) and seldom (OR=3.42, CI 95 percent: 1.16-10.08) socialized with people that they did not know were more likely to become the voters than the respondents who never socialized with people that they did not know.

The respondents who thought that voting was more effective way to influence a particular decision-making process (OR=1.23, CI 95 percent: 1.06-1.44) were more likely to be the voters than the respondents who thought that voting was less effective. The respondents who thought that signing a petition was a less effective way to influence a particular decision-making process (OR=0.86, CI 95 percent: 0.74-0.99) were more likely to be the voters than the respondents who thought that signing a petition was more effective.

The respondents who were more inclined to think that a good citizen had to vote in elections were more likely (OR=1.22, CI 95 percent: 1.03-1.45) to be the voters than the respondents who were less inclined to think that a good citizen had to vote in elections.

The respondents who were more inclined to think that a good citizen had to serve in a military were more likely (OR=1.17, CI 95 percent: 1.03-1.34) to be the voters than the respondents who were less inclined to think that a good citizen had to serve in a military.

The respondents who thought that politicians were less attentive to ordinary people's opinion were more likely (OR=0.72, CI 95 percent: 0.59-0.89) to be the voters than the respondents who thought that politicians were more attentive to ordinary people's opinion. The respondents who thought that they had fewer opportunities to present their requirements to politicians were more likely (OR=0.74, CI 95 percent: 0.59-0.93) to be the voters than the respondents who thought they had more opportunities to present their requirements to politicians. The respondents who thought that they had more opportunities to find out the truth about politicians were more likely (OR=1.40, CI 95 percent: 1.09-1.79) to be the voters than the respondents who thought that they had fewer opportunities to find out the truth about politicians. The respondents showed no differences in other variables.

To sum up, nine variables, namely education, age, the index of membership in organizations, self-assessment of civic skills, social networks of leisure, evaluation of the economic situation of the household in five years, understanding that voting is effective, understanding that a good citizen has vote and politicians' attentiveness to ordinary people's opinions (external efficacy) are statistically significant when we compare between the active and passive respondents. Twelve variables, namely education, age, self-assessment of civic skills, social networks of leisure, understanding that voting is effective, understanding that signing a petition is effective, understanding that a good citizen has to vote, understanding that a good citizen has to serve in a military, politicians' attentiveness to ordinary people's opinions (external efficacy), personal opportunities to present his/her own requirements to politicians (internal efficacy) and trust in people are statistically significant when we compare between the voters and passive respondents.

There are statistically significant relations between means of the evaluations of the political system in the future and the types of participants (F=3.69, p<0.05). There are statistically significant relations between means of the economic evaluations and the types of participants (F=5.63, p<0.01; F=3.35, p<0.05; F=5.58; p<0.01; F=4.53, p<0.05). The differences in means of the evaluations of political and economic systems between the types of participants are presented in Table 3.

TABLE 3. MEANS OF THE EVALUATIONS OF THE ECONOMIC AND POLITICAL SYSTEM IN LITHUANIA

	Passive	Active	Voters	Mean, N	F
Present political system	4.02	4.17	4.08	4.09 (877)	0.28
Political system in five years	5.29	5.85	5.44	5.51 (757)	3.69*
Present economy	4.87	5.07	4.55	477 (862)	5.63**
Economy in five years	6.10	6.38	5.89	6.08 (769)	3.35*
Present economic situation of the household	2.31	2.29	2.44	2.37 (876)	5.58**
Economic situation of the household in five years	2.38	2.47	2.59	2.50 (809)	4.53*

df=2; *** p=0.000; **p<0.01; *p<0.05.

Discussion

The types of participants (active, passive and the voters) are characterized by different patterns of interest in politics, voting and participation. The passive participants contribute to voting the least, but they contribute more to participation in other political acts in comparison with the voters. The active participants contribute to participation most, but they contribute less to voting in comparison with the voters. Because of a number of respondents who participate in other political acts is modest in absolute numbers and percentage, it makes no sense to investigate the participation of the passive and active participants with respect to the conventional versus unconventional modes of participation.

The results of the multinomial logistic regression reveal that age is a significant predictor that distinguishes between the types of participants. Age is a little stronger predictor of the voters than of the active participants; it is also a stronger predictor of the active participants than of the passive participants. It means that the voters are the oldest group and the passive participants are the youngest one. The impact of age on political participation in this study corresponds to the impact of age on political participation in the classical studies – younger individuals participate in political acts less than the older ones (Milbrath and Goel 1977; Conway 1991; Parry, Moyser and Day 1992; Rosenstone and Hansen 1993; Verba, Schlozman and Brady 1995; Verba, Schlozman and Brady 2000).

Another significant predictor that distinguishes between the types of participants is education. The more educated respondents, the more likely they will be in the group of the active participants or the voters. Primary, secondary incomplete and secondary education in relation to high education distinguishes between the active and passive participants, and primary and secondary incomplete education in relation to high education distinguishes between the voters and the passive participants. Secondary incomplete education is a stronger predictor in relation to high education in the group of voters than in the group of the active participants. From the theoretical perspective of socioeconomic status, education gives people the knowledge and skills that facilitate participation and places people in social networks that inform them about politics and reward political action (Conway 1991; Parry, Moyser and Day 1992; Rosenstone and Hansen 1993; Verba, Schlozman and Brady 1995). Because of education, the active participants have more knowledge, skills and social contacts and they are able to participate in more diverse political acts[3] (contacting, participation in a campaign, work in an organization and protest actions) in comparison to the voters and to the passive participants. The voters have less knowledge, skills and social contacts in comparison to the active participants and as a result they choose only to cast a vote in elections, because voting requires very little skills and initiative.

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[3] The participation of the group of the active participants in political acts: 4.6% contacted a politician, 7% contacted an organization, 15.3% contacted an official of the national or local government, 3.3% worked in a political party; 3.3% worked in a local group, 6.9% worked in an another organization, 4.2% wore a campaign badge, 7.6% signed a petition, 2.6% participated in demonstration, 0.9% participated in a strike, 2.4% boycotted products, 39% donated money or raised funds, 8.1% contacted mass media or appeared in mass media, 1.6% participated in the acts of civil disobedience and 7.1% participated in other acts.

The group of passive participants is characterized by low levels of education (mostly secondary incomplete and secondary education) that are considered as an obstacle to participation in political acts. Therefore, the passive participants have abilities and opportunities to increase their level of education because of their young age.

Membership in two or more organizations is a significant predictor, which differentiates between the group of the active and passive participants. Members of the organizations may develop cognitive, deliberative and organizational skills, civic virtues and a sense of efficacy by working in organizations. But organizations are not equally involved in political activities. The organizations with private or non-political purposes (sports clubs, choral societies and self-help groups) contribute to democracy less and their members participate in political acts less (Foley and Edwards 1998). It may be the reason for the fact that only membership in two or more organizations is a statistically significant predictor. Because membership in a particular type of organization was modest in absolute numbers and percentage, it was impossible to investigate the impact of membership in particular types of organizations on political participation.

Self-assessment of civic skills (self-assessment of ability to write a letter against the decision of a government institution) is a significant predictor, which differentiates between the types of participants. Self-assessment of civic skills (self-assessment of ability to write a letter against decision of a government institution) is a stronger predictor of the active participants and a weaker predictor of the voters in relation to the passive participants. The active participants participated in diverse political acts that required the maximum of civic skills. Self-assessment of civic skills is not so strong a predictor of the voters, because they are mostly involved in participation in elections and in donating money. Such acts are related to the minimum of civic skills in comparison with other forms of political participation (contacting, participation in a campaign, work in an organization and protest actions). It is assumed that self-assessment of civic skills (self-assessment of ability to write a letter against the decision of a government institution) may be an aspect of education, because education provides the knowledge and skills that facilitate participation in politics.

There are statistically significant differences between the types of participants in relation to socializing with unknown people. Respondents who often or seldom socialize with unknown people during their leisure are exposed to the exchange of more diverse information in their social networks in comparison with those who never socialize with unknown people (Lake and Huckfeldt 1998). It is assumed that the active participants and the voters have more developed social networks that help them to get more diverse information about social and political matters and that are characterized by weak ties in comparison with the passive (Lake and Huckfeldt 1998). Therefore, it is possible to assume that socializing with unknown people during leisure activities may be related to the membership in an organization, because organizations provide the social infrastructure for socializing with unknown people. On the other side, it may be an indicator of any informal social life outside the home.

The evaluation of the economic situation of the household in five years is a significant predictor that differentiates between the active and passive respondents. The active participants are less likely to evaluate it as much better in comparison with the passive participants. This supports Uslaner and Brown's (2005) argument that the experience of the rapid increase of economic inequality leads to lower levels of optimism about the future. It means that the passive participants are more optimistic about the future of their household than the active participants. Nevertheless, it may be explained as a result of the lifecycle effect. The passive participants are the youngest group; they are more optimistic about their future in the market economy, because they have no experience of rapid social differentiation and the rapid increase of economic inequality in society. It may be assumed that the passive respondents accept economic inequality as an inevitable fact.

The understanding that voting is effective and that a good citizen has to vote are significant predictors of the types of participants. The higher the respondents evaluate the statement "voting is an effective means to influence a decision-making process," the more likely they belong to the group of active participants or the group of voters. The higher the respondents evaluate the statement "a good citizen has to vote in an election," the more likely they belong to the groups of active participants and voters. The higher the respondents evaluate the statement "a good citizen has to do military service," the more likely they belong to the group of voters.

The active participants and the voters differ from the passive participants, because they evaluate the statement "voting is an effective mean to influence a decision-making process" and the statement "a good citizen has to vote in an election" higher. The most active respondents and most voters vote in elections, because they tend to think that voting is an effective mean of influencing public decisions and that it is a good citizen's duty. After 1990, most citizens considered participation in elections as support to democracy in post-communist countries (Thomassen and van Deth 1998). The passive participants accept democracy as a natural fact.

The external efficacy (the understanding that politicians are attentive to ordinary people's opinion) is a significant predictor of the types of participants. The higher the respondents evaluate the statement "politicians are attentive to ordinary people's opinions," the less likely they belong to the group of active participants or voters. Another dimension of the internal efficacy such as self-assessment of his/her opportunities to present his/her own requirements to politicians is differentiated between the voters and the passive participants. The lower the respondents evaluate their own opportunities to present their requirements to politicians, the more likely they belong to the group of voters.

The trust in people is not a statistically significant predictor of the active participants, but it is statistically significant predictor of the voters. The voters are differentiated from the passive participants by the low interpersonal trust. The voters may have low trust in people because of the Soviet legacy or the rapid increase of inequality during the transitional period. Since the voters have experienced the rapid increase of inequality during the transitional period, they evaluate the present and future economic system of the country worst. They also evaluate the present and future economic situation of their household worst. Most voters are retired people or workers[4] and they have little opportunities to adapt and benefit from the market economy. On the other side, the voters are more optimistic about the future of democracy in Lithuania than the passive participants.

Conclusions

Three types of participants (active, passive and voters) are characterized by the different patterns of interest in politics, voting and participation. The active participants are most interested in politics; they mostly vote in elections and participate in a wide range of other political acts. The voters are quite interested in politics; they always participate in elections and do not participate in other political acts with the exception of donating money. The passive participants are not interested in politics; they contribute to voting least, but they contribute more to the participation in other political acts in comparison with the voters.

The results of the multinomial logistic regression reveal that predictors of the resources (education, age and self-assessment of civic skills), social networks (index of membership in organizations and socializing with people that he/she does not know during leisure activities) and attitudes (evaluations of the economic situation of his/her own household in the future, understandings that voting is effective, that signing a petition is effective, that a good citizen has to vote and that a good citizen has to serve in a military, interpersonal trust and external efficacy) are statistically significant and differentiate between the types of participants.

The active respondents have the highest levels of resources, mostly developed networks of leisure and are the highest supporters of the political system, but they support the market economy less than the passive respondents, because of their experience of the rapid increase of inequality during the transitional period.

The passive participants are the youngest group; they have the higher levels of resources and more developed networks of leisure in comparison to

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[4] The percentage of retired people among the passive is 15.2%, among the active – 32.4%, and among the voters – 46.2%. The percentage of workers among the passive is 22.8%, among the active – 14.9%, and among the voters – 25.8%.

the voters. They mostly support the market economy, but they are the least optimistic about the future of democracy in comparison with other groups, because they accept democracy as a natural fact. It is assumed that a part of the passive respondents are focused on improving their position in the market economy and are not interested in politics very much. However, they sometimes participate in other acts.

The voters are the oldest group; they have the lowest levels of resources and the least opportunities to adapt to the market economy. They are the biggest pessimists about the future economic situation of their family, the least supporters of the market economy, but they support democracy more in comparison with the passive respondents. It is assumed that the voters support democracy, because of their experience of the Soviet system. Because of their age, the voters are respondents who, because of the lack of resources, cannot participate in the market economy and democracy effectively.

The rapid growth of economic inequality during the transition to the market economy has influenced the differences between the types of participants. Both groups, the active participants and voters, differ from the passive participants by their attitude towards the effectiveness of voting. The active participants and voters think that voting is an effective means of influencing political decisions and a good citizen's duty, whereas the passive participants do not think that voting is an effective means of influencing political decisions and give priority to signing a petition. It is possible to assume that a slight shift from bureaucratized and elite directed forms of participation such as voting and membership in political parties and trade unions to more spontaneous, issue-specific and elite-challenging actions are taking place within the group of passive participants.

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Kokie yra dalyvio tipai? Politinio dalyvavimo modeliai Lietuvoje

Santrauka

Piliečių dalyvavimas valstybės valdymo procese yra esminė demokratijos funkcionavimo ir stabilumo užtikrinimo sąlyga. Politinis dalyvavimas paprastai vyksta per tam tikrus demokratinio valdymo procesui būdingus mechanizmus, kurių pagalba piliečiai gali informuoti apie savo interesus, preferencijas ir poreikius bei gali daryti spaudimą valdžios atstovams, kad pastarieji atsižvelgtų į jų nuomonę. Pilietinės visuomenės tyrimai Lietuvoje daugiausia orientuojasi į nevyriausybinių organizacijų plėtros, socialinio kapitalo arba rinkiminio elgesio ir atskiras protesto veiksmų studijas. Pasigendama detalesnės politinio dalyvavimo ypatumų bei atskirų politinio dalyvavimo formų (balsavimo, kontaktavimo, dalyvavimo rinkimų kampanijoje, protestavimo) Lietuvoje analizės.

Šio straipsnio tikslas sugrupuoti Lietuvos piliečius pagal dalyvavimo politiniuose veiksmuose ir domėjimosi politika panašumus ir skirtumus. Remiantis 2006 metais Lietuvoje atliktos apklausos duomenimis, straipsnyje daromos išvados, kad pilietinių resursų trūkumas, individualizacijos plėtra ir greita socialinė diferenciacija sąlygojo skirtingus socialinės nelygybės supratimus tarp skirtingų gyventojų grupių, kurie įtakojo skirtingą dalyvio tipų elgesį Lietuvoje.

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Between the Egalitarian and Neotraditional Family: Gender Attitudes and Values in Contemporary Lithuania

Artūras Tereškinas

Vytautas Magnus University

Abstract. *Analyzing the data of two representative surveys of the Lithuanian population conducted in 2006, 12 semi-structured interviews with heterosexual couples and 15 semi-structured interviews with men on paternity leave, the article attempts to answer to what degree women and men's attitudes to the egalitarian family differ and how both sexes conceptualize their professional and family responsibilities. How do Lithuanian women and men justify the division of housework in the family? The article employs the concepts of egalitarian or symetrical and neotraditional families. The analyzed interviews showed that most families believed to be egalitarian. However, after looking at the division of household labor and childcare it is possible to conclude that most of them can be ascribed to the neotraditional family type. In these families, a female partner/wife carries the double burden of employment and domestic duties. The two representative surveys conducted in 2006 also confirm the conclusions drawn from the interviews: women usually had a larger share of family responsibilities. The large part of the respondents of both the surveys and interviews realize the importance of egalitarian family but the dominant gender roles contradict their ideals. It can be argued that most barriers to the achievement of new familial ideals and egalitarian family are related to cultural norms and ideologies prevalent both in work organizations and the larger society.*

Keywords: *egalitarian family, neotraditional family, gender norms, housework.*

Raktažodžiai: *egalitarinė šeima, neotradicinė šeima, lyčių normos, namų ruoša.*

Introduction: Egalitarian and Neotraditional Family

In scholarly literature, the development of different forms of family has been discussed for some time. Researchers emphasized the influence of broader social changes and the transformations of intimacy on the changes in the familial life in the late modernity (Giddens 1992; Beck and Beck-Gernsheim 1995). Some spoke of an "alternative" or "postmodern" family that expressed the changing norms of relationship, partnership and friendship. However, even "alternative" families with different household arrangements still remain a space of the intensive struggle for power and gender identities (Chambers 2001, 137). In the British sociologist Anthony Giddens's view, the increase in the variety of different forms of family in the contemporary world generates the crisis of patriarchal authority and patriarchal power relations (Giddens 1999).

One of the new forms of family that contributes to the crisis of patriarchal gender relations is an egalitarian family based on the equality of adult family members. The egalitarian family, an opposition to traditional patriarchal family, is sometimes called a symmetrical family. In this family type, partners attempt to find a satisfactory balance between a professional and family life and to create harmonious egalitarian relationships. Some researchers argue that, in many cases, the egalitarian family is more an ideal type than a real family practice (Thornton and Young-DeMarco 2001).

Why hasn't the egalitarian family become a widespread family type? It is obvious that with the development of gender equality policies and measures in Europe women acquired equal opportunities in the labor market. However, it is more difficult to achieve the ideas of gender equality in the family. As researches in some European countries demonstrated, the number of egalitarian families in which partners shared their family responsibilities equally has increased in recent years but still remained rather inconsiderable. Few heterosexual couples practice this family type (Deutsch 1999). According to the research conducted in the United States of America, young educated heterosexual couples are the ones who most often attempt to create egalitarian relationships and an egalitarian family (Thornton and Young-DeMarco 2001).

Besides the egalitarian family, sociologists also mention two other types of family: traditional and neotraditional. The numbers of a traditional or patriarchal family based on the model of a father-sole breadwinner and a mother involved in all unpaid labor in the family have dramatically decreased during the last four decades.

Although in the last decades gender practices and perceptions of gender roles in the labor market has changed significantly, traditional gender differences remained surprisingly durable in the family realm (Valian 1998). These differences are reflected in a neotraditional family. According to Moen and Sweet, the neotraditional family is a family in which both heterosexual partners participate in both the labor market and childcare and housework. However, the division of tasks in these spheres remains rather uneven: men are usually involved in paid work in the labor market while women do most unpaid work in the family (Moen and Yu 2000; Moen and Sweet 2003). In the neotraditional family, a woman often works a part-time. But she carries the burden of a "second shift" in the family. In such a family, the role of a man and his contribution to the family consists of his participation in the labor market while a woman is primarily responsible for the family and home despite being involved in the paid work.

What family types and gender attitudes are prevalent in contemporary Lithuania? Is it possible to speak of the rudiments of the egalitarian family in the country? What do Lithuanians themselves think of the egalitarian family? Are there any differences between men and women's attitudes towards the division of tasks in the family and the importance of a professional life?

In answering the above questions, this article will use the data of two representative surveys of the Lithuanian population conducted in 2006,[1] 12 semi-structured interviews with heterosexual couples and 15 semi-structured interviews with men on paternity leave.

Housework as an Indicator of Egalitarianism: Some Theoretical Notes

As family research in the US demonstrated, it is difficult to evaluate egalitarianism of a family (Maume 2006). In evaluating it, scholars pay attention to the ratio between paid and unpaid work as defined by respondents, to the priorities they express in talking of the professional and family life and to the concrete division of childcare and household tasks. However, even here we encounter difficulties. First of all, egalitarianism supported by men is often unconvincing since they often resolve the conflict between work and family responsibilities in favor of the former. On the other hand, it has been noticed that men's greater involvement in a family life is also deceptive: men usually take care of children and home on weekends or holidays. It is often difficult to assess women's attitude towards the relation between the professional and family life because of the employers' preconceptions about the employment of women and men: women more often than men get unstable and poorly paid jobs. Therefore, they prioritize the family (Maume 2006).

David J. Maume argues that the best way to examine egalitarianism of a family is to compare measures which prompt people to weight family and work responsibilities and chose in favor of one or the other. Among these measures, the researcher includes cases when employees decline some assignments and consequently promotion and when they limit their working hours for the sake of their family life (Maume 2006: 861).

In my opinion, however, it is also possible to access, at least provisionally, egalitarianism of family by analyzing the division of household tasks and childcare between partners. Women and men's attitudes towards housework and childcare are an appropriate barometer of family traditionalism and

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[1] The first survey on the reconciliation of family and work was conducted within the framework of the project "Modern Men in the Enlarged Europe II: Family-Friendly Work Environment." The company "RAIT" carried out it in May, 2006. The second survey "Men and Women in Lithuania" was conducted by the Center for Public Opinion and Market Research "Vilmorus" on October 5-8, 2006.

egalitarianism. It should be added here that the necessary precondition for the assessment of the division of household and childcare tasks and egalitarianism of a family is the employment of both partners/ spouses.

Housework became an important object of academic study in the last decade of the 20th century. Scholars from different disciplines started to analyze the reasons for a particular division of housework between men and women and its effects on them, children and society. Housework has been broadly defined as an unpaid work carried out in taking care of family members and home (Shelton and John 1996, 300).

In the studies of housework, researchers describe such activities as cooking, cleaning and shopping for food as "female" or "traditionally female." On the other hand, the repair of household appliances and looking after a car are considered as "male" or dominated by men. Some scholars use the term of "gender-neutral" housework: it includes driving, paying the bills, etc. (Coltrane 2000, 1211).

The research on housework demonstrated that in order to understand it, it is necessary to take into account such factors as gender, a household structure and communication in the family. The unpaid work in the family not only reflects and reproduces the cultural understandings of family, love, and personal satisfaction but also structures gender, class and race relationships. According to Scott Coltrane, the recent studies on housework proved that it was inseparable from "life-course issues, marital quality, kin relations, interpersonal power, symbolic exchange, social comparison, fairness evaluation, gender ideology and display, provider role identification, and scheduling and performance of paid labor" (Coltrane 2000, 1209). These researches also showed that the division of household labor in the family "reproduce[d] gender as a social category and reinforce[d] male and female roles, identities and attitudes" (Lewin-Epstein, Stier and Braun 2006, 1149; also see Greenstein 2000).

It is important to mention that several international studies have been conducted to learn whether the division of household labor was more egalitarian in societies with higher gender equality in the public sphere. However, studies of the Scandinavian countries which have achieved the high level of legal, political and economic gender equality showed that the division of unpaid labor in the family was not necessarily related to wider contexts of gender equality (Baxter 1997).

Thus, examining the division of household labor and childcare between men and women, the article attempts to answer to what degree women and men's attitudes to the egalitarian family differ and how both sexes conceptualize their professional and family responsibilities. How do Lithuanian women and men justify the division of housework in the family?

It is important to state, at the outset, that the surveys and semi-structured interviews used in this article do not allow me to make more definite conclusions on the influence of such variables as women and men's working hours, income, living conditions, a number of children and age on the division of housework. The relation between these variables and the division of household labor is an objective of the future research.

Lithuanian Population on Egalitarian Family

Puzzles of the Egalitarian Family: Household Labor and Childcare

A qualitative research was carried out within the framework of the 2006 project "Modern Men in the Enlarged Europe II: Family-Friendly Policies": 6 heterosexual couples (12 informants of the different age and professional groups) were interviewed. The age of the interviewed women ranged from 23 to 37 years, and men, from 23 to 35 years. The informants' professions were also very diverse; women's professions included an accountant, administrator, dentist, secondary school teacher, telephonist and designer in a printing company; men's professions were a businessman, manager, printer, goods transporter, engineer and telecommunication consultant. It should be noted that 2 of the interviewed men had several jobs, and, besides being employed, one woman was a student at a university. All couples raised at least one child, youngest of which was 11 months and oldest, 11.5 years. During the interviews, informants were asked about their work environment (work experience, job satisfaction, work organization, etc.) and family (the division of roles at home, their satisfaction with partnership, etc.). The questions about traditional and non-traditional (egalitarian) family were also raised. The informants had to ascribe their families to either type.[2] For comparative purposes in this part of the article, I also use 15 semi-structured interviews with men on paternity leave conducted in 2004-2005. The medium age of the interviewed fathers was 30 years. The youngest informant was 23 years old, the oldest, 38 years old. All informants were quite young, thus, it was impossible to make conclusions on the relation between age and gender attitudes from these interviews. More than half of the informants indicated that they had an unfinished high school education (2), high school education (4) or special high school education (3), the rest 6 had university education. All fathers were married. The spectrum of the respondents' professional occupations were very broad: from an electrical technician to a driver, an assembler of ship electricity, a technologist of environment protection, an economist, an organizer of youth events, an university lecturer, a philologist, a doctor, a woodworker, an engineer-mechanic, a machinist, a carpenter and a welder-metalworker. In the interviews, the issues of the relation between masculinity and fatherhood received most attention.

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[2] The scholars of the Center for Social Research and the M. A. students of the Department of Sociology at Vytautas Magnus University conducted the interviews in May, 2006.

However, men were also asked about the men's attitude towards household labor and the division of tasks in their families.[3] Thus, in this article, I use 21 interviews with men, and 6 interviews with women.

To what type of the family did the interviewed couples ascribe their families? Half of them thought that their families were egalitarian. The rest described their families as intermediate between the traditional and egalitarian models. As was indicated at the beginning of the article, this type of family can be called "neotraditional." In this family, a woman carried the biggest load of housework and childcare. Thirty-year-old accountant labeling her family as the latter type argued that her husband helped her at home but his help was not sufficient: "I cannot say that my husband doesn't help me at all; both of us try to solve the problems that arise. But, as I mentioned, my husband is very busy and I have to take all responsibilities more often." Her husband noted that his family helped his professional advancement because his wife took care of their children and home. His involvement in the family was minimal. According to this 30-year-old businessman, his family is an intermediate version: "[It's] in the middle. A little bit of conservativism since my wife does most housework. I help her only on weekends." This man also argued that a woman could succeed in professional life if it did not contradict her familial responsibilities. For him, paid work was more important than family. It should also be noted that although the family was the priority of this businessman's wife she wanted to spend more time at work and not at home: ". . . and because of my career and other reasons, home life gets to you. I want to do something instead of sitting at home." According to her, women and men's familial roles "have been changing but too slowly."

A 29-year-old telecommunication consultant told that he was used to helping his wife in her household chores although she did the biggest share of them including cooking, cleaning, laundry etc. She also looked after their baby. His wife, a 28-year-old teacher, thought that their family "wasn't completely egalitarian. But I wouldn't say that it is conservative. It is an intermediary version."

Differently from the neotraditional family, members of the egalitarian families shared their duties and responsibilities equally. According to the interviewed men and women, both parents looked after their children, for instance, took them to kindergarten or school. The 20-year-old designer's family attempted to enact the model of egalitarian family. The husband worked in shifts and was able to spend more time with their child than the wife. Asked whether her husband was conservative or "contemporary" in his gender views, the wife thought that he was a contemporary man. According to her, radical changes have been taking place in the Lithuanian society since men have become more involved in a family life. Her husband learned some childcare tasks earlier than she did: "I could say one thing: my husband, for instance,

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[3] The researchers of the Center for Social Research at Vytautas Magnus University conducted these interviews during the period of December, 2004 – March, 2005.

learned to change diapers first. It took me a week more than for him until I learned to do it properly."

However, if we looked at the division of housework between the women and men of the interviewed couples, we could see that women were the main caretakers and household laborers in the families. This applies to both egalitarian and neotraditional families. In the words of the 28-year-old teacher who ascribed her family to egalitarian, "before the birth of our child, we tried to do household chores together but, for the most part, housework is my responsibility. But my husband helps me." According to her, in attempting to divide their household responsibilities, they have increasingly become an egalitarian family:

> Well, we try hard. Hence, practically we become a more egalitarian family. At least we try to become such a family. We try to build our relationships together because if one is involved and the other isn't, nothing will happen. We must save each other's energy for work and study. At least for now . . . .

The 29-year-old doctor, who described her family as egalitarian, not only worked but also organized household labor. Only the 23-year-old administrator and student (neotraditional family) stated that she did most of the housework before the birth of their child. Currently, it was her husband who carried out the biggest load of the housework. She characterized her family as being in-between traditional and egalitarian. The 24-year-old printer (egalitarian family) noted that he was the main household keeper because his work schedule was more flexible and he spent more time at home than his wife.

Most interviewed men understood that it was important to share household labor but because of their professional requirements and busy schedules they were unable to do it. According to the 30-year-old businessman, "I would like to spend more time [with my family] but current circumstances prevent me from doing it. I have to sacrifice my family to a certain degree." Another informant, the 24-year-old manager of a private company, said that his busy schedule did not allow him to be a good father. He thought that he put not enough effort into his family life: "Perhaps I do not try as much as I should. But I will improve."

How do men and women justify the division of labor in the family? Why do women take the unequal division of responsibilities for granted? It can be argued that in Lithuania the dominant gender ideology still defines household labor and childcare as one of the most important sources of "human capital for women" (Raley, Mattingly and Bianchi 2006, 13-15). All interviewed women prioritized family and not paid work. They felt that they had to be involved in housework as much as they could. Some adjusted their professional life to their family requirements. In the 37-year-old telephonist's words, "I decided to change my work purely because of my children; I must control them. Children grow quickly, soon they will become teenagers, and I am afraid it might be late [for their upbringing]." According to her, "I didn't like my previous job, so I decided to change it and not let my family suffer." The 29-year-old dentist said that she put her family first:

> I always think that I don't have to pay more attention to my work than to my family. First, I must see that everything is well in my family . . . and then I think about my work. Perhaps I would stay longer hours at work if I could. But I always have to think about the family. Someone must stay there too.

However, the same informant argued that it was more pleasant for her to stay at work than to cook or do dishes.

On the contrary, the interviewed men regarded their participation in household labor as optional and elective. Therefore, their participation in the family depended on their goodwill. All informants with the exception of one put their paid work first. In the words of the 35-year-old manager in a private company, "If there was no work, there wouldn't be any family. If you didn't have any money, you could not survive." The family life did not affect significantly the men's professional careers. The 31-year-old engineer stated that his familial responsibilities did not influence his professional life: "Well, earlier I worked the same way I do now. I worked and that's it. It did not either harm or improve my career. If I stayed with my child, perhaps it would affect my work. It affected my wife's career indeed . . ." In the 29-year-old telecommunication consultant's opinion, a career was the most important thing for a man: "As much as a man tried to declare his devotion to his family, it was more important for him to realize himself. And the way to do it is, in most cases, work and career."

In summarizing the division of housework and childcare between men and women, it is possible to argue that only two interviewed couples followed egalitarian principles in sharing their family responsibilities. For the rest, the egalitarian model was the ideal to aspire and not a tangible practice.

The similar conclusions can be drawn from the interviews with men on paternity leave in 2005. Comparing both sets of the interviews, it is possible to notice that, in most cases, men's opinions on housework coincide.

During 15 interviews with men on paternity leave, they were asked whether they considered housework as a part of paternity leave and childcare and whether they shared household labor equally with their wives and partners. Did they think of housework as a female or male occupation? The interviews present a rather contradictory picture.

The fact that all 15 interviewed men used their right to paternity leave should have proved that they advocated the egalitarian family. However, analyzing the division of housework among these men and their female partners I noticed that only very few of them shared housework equally. One of the informants stated:

> I take care of home until my wife returns; when she returns, she does housework. I turn on the TV, I need my quiet. That's the way it goes. I change diapers. We leave laundry for the weekend. When I have time, I tidy rooms myself . . .

This and few other men did not see any distinction between male and female work and argued that a man who stayed at home could do any job. However, these men comprised the minority. Most men on paternity leave held a rather traditional view of household labor. They tended to carry out some tasks but assigned the biggest responsibility to their female partners. Even if a man shared housework and childcare with a woman, she was still responsible for the whole household. As the interviews demonstrated, the men often helped their partners do laundry and dishes, but both men and women had their specific tasks: for instance, men were involved in repair jobs and women did laundry or women cleaned the house and men did shopping. According to one of the fathers, "We got used to it, and everything goes naturally. Housework, cleaning and other things are my wife's responsibility. Shopping is mine . . . ." It was difficult for men to escape some tasks of house labor; however, they would leave the rest to their partners and wives. Although men were primary caretakers of children they remained rather conservative towards housework. It can be argued that their perception of traditionally male and female roles and responsibilities determined the men's attitude towards housework.

The case of the men on paternity leave disproves of the hypothesis that a partner who is the main breadwinner of a family and earns more acquires authority and has to do less housework. Even working women remained the main managers of household labor. Hence, even the women's breadwinning role did not change the imbalance in the division of housework between men and women. Furthermore, this imbalance did not arouse the dissatisfaction and injustice among the women. They accepted it as a part of their "female" role and responsibility.

As the interviews with the couples showed, although a large part of the informants described their families as egalitarian and tried to share the housework as much as possible, women still carried out the biggest load of household chores and childcare. It is natural that the fathers on paternity leave were the main child caretakers. But even in their case, women did more household labor than men.

It is obvious that, in the interviews, men's involvement in the labor market was more valued than women's. Therefore, women's primary role in housework was taken for granted. It is possible to argue that traditionalism in the family life still remains rather pervasive. However, the interviews with the fathers on paternity leave indicate that the boundary between women's work and family responsibilities is flexible enough: during the times of necessity both women and men can assume household and childcare responsibilities.

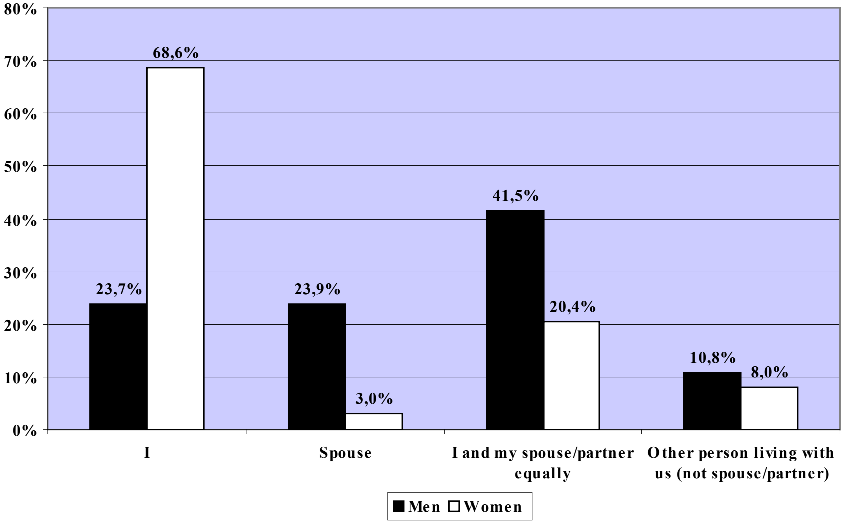
The Representative Surveys: Paradoxes and Contradictions

The representative surveys of public opinion and statistical data in Lithuania corroborate the results of the above interviews. For instance, the research on time spending conducted by the Department of Statistics to the Government of the Republic of Lithuania demonstrate that daily women spend two hours more than men doing housework and family chores (Šemeta 2004). According to the 2004 sociological research "Public Opinion about Gender Policies of the EU and Lithuania," the absolute majority of women living with their partners most frequently prepared food, did dishwashing, bought products and tidied up rooms (Maslauskaitė 2004, 44).

In this chapter, two surveys of the Lithuanian population will be analyzed. The first survey, "Men and Women in Lithuania" was conducted by the Market and Opinion Research Center "Vilmorus Ltd." on October 5-8, 2006 (hereafter survey no. 1) and the second one carried out in May, 2006, was a part of the project "Modern Men in the Enlarged Europe II: Family-Friendly Policies" (hereafter survey no. 2).

The data of the survey no. 1 show that Lithuanian women carry the biggest load of family responsibilities in their families.

According to the picture, almost 70 % of women responded that they primarily took care of their family (only 23.7 % of men thought that they contributed to the care of their families most). It should be pointed out that



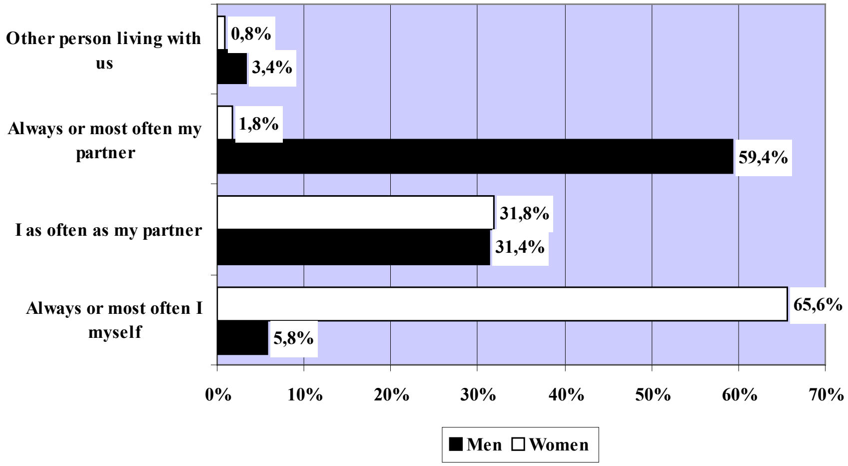
Picture 1. Who carries the biggest load of family responsibilities?

compared to women twice as many men thought that they shared household labor equally with their spouses/partners (41.5 % of men and 20.4% of women).

Although most respondents regardless of their sex agreed that spouses had to share equally household tasks, their answers to the questions about specific household jobs contradicted the assumption of equality. The data of this survey showed that women more often prepared food and did dishes. 82.7 % of women stated that they always or almost always cooked while only 21% of men did the same. Only 16.7% of the male respondents and 8.4% of the female respondents thought that they shared cooking equally. 80.9% of women and 22.4 % of men stated that they usually did dishes. 10.2% of the female respondents and 25.8% of the male respondents argued that they shared this household chore equally. Of all household tasks, the repair of household appliances was the only job in which men excelled women. 85.1% of men and 38.5% of women always or almost always repaired their household appliances. It should be noted that the gap between men and women here was not as big as in the case of cooking and dish washing. Almost the same number of women and men responded that they equally shared this job (3.2% of women and 2.9% of men). According to the female respondents, they also organized leisure activities for their families to a much larger degree than their husbands or partners. 62.4% of women and 29.3% of men argued that they always or almost always organized leisure activities. 49.4% of male respondents and 27% of female respondents thought that they shared this task equally.

The similar results have been received in the survey no. 2 conducted in May, 2006, within the framework of an international project "Modern Men in the Enlarged Europe II: Family-Friendly Policies." 78.8% of women and only 6.8% of men stated that they always or almost always prepared food. More women cleaned their home: 67.6% of them responded that they did it "always or most frequently themselves," and 66% of men said that "their spouse/partner always did it." Women most frequently went to shop for food: 50.2% did it all the time, while 44.2% of the male respondents answered that their spouses/partners always or most often did it. However, 35% of the respondents regardless of their sex thought that they shared food shopping equally. The only sphere in which men surpassed women was the repair of home appliances: 83.8% of men always repaired them; 79% of women stated that their husbands/partners most often did this job in the family. This survey also demonstrated that the Lithuanian women were the main child caretakers in their families.

However, in this survey, more men than women (81.6% of men and 58% of women respectively) would have wished for more equal sharing of childcare and housework. Yet more women than men were unhappy with the division of labor in the family: 85% of men and only 59.4% of women were happy with this division. It is clear that a large number of both men and women are used



Picture 2. Who looks after children?

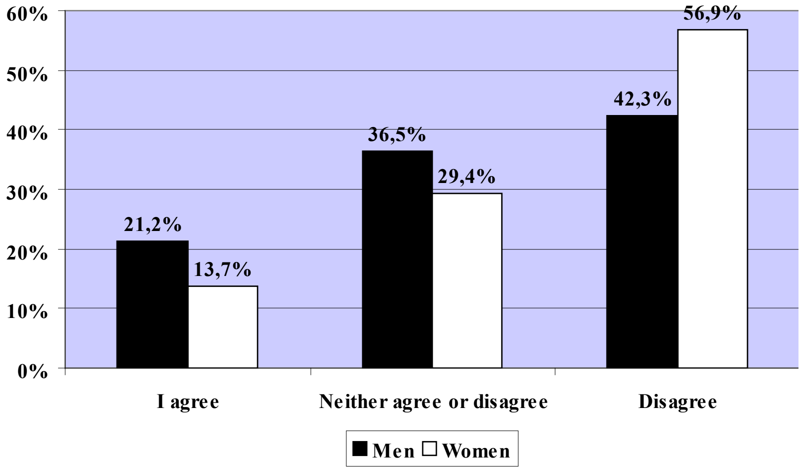
to the unequal division of housework and childcare and take it for granted. However, a number of the Lithuanian women are not satisfied with it.

Let's go back to the survey no. 1, "Men and Women in Lithuania," and examine how the Lithuanian men and women understand their roles in the family, i.e. how public opinions reflect broader assumptions of gender ideology. As we will see in the proceeding numbers, they partially correspond to the above discussed data on the division of household labor in Lithuanian families.

According to 66% of male respondents, a mother should favor children and family instead of paid work. 57% of women also agreed with this statement. 66.7% of men and 60.5% of women agreed with the following statement "It is better for a family when a man earns money and a woman looks after home and children." Only 10.1% of men and 19.8% of women disagreed with this assumption. The rest were undecided. The majority of both men and women (more than 40%) thought that only a woman uninvolved in paid work could take a good care of her family, home and children. 31 % disagreed with this statement. However, a rather high percentage of both women and men disagreed with the assumption that women had to abandon their professional careers for the sake of their family.

According to this picture, the high number of the Lithuanian men and women (36.5% and 29.4% respectively) were undecided. Only the small percentage of respondents agreed with this statement.

What conclusions can be drawn from the last picture and the discussed data? First of all, most Lithuanian inhabitants privileged the model of a dual-breadwinner family in which both a husband and wife were involved in paid



Picture 3. Woman should abandon paid work for the sake of her family

work. The survey no. 2 also confirmed this conclusion. Regardless of their sex, most respondents (75.8% of women and 72.4% of men) thought, in this survey, that the family model in which both parents had a well-paid job and equally shared household and childcare jobs was the most appropriate for the country.

On the one hand, the attitudes of the Lithuanian population towards women's professional careers were more egalitarian than their attitudes towards women's role in the family. On the other hand, it is possible to note that women's paid work was treated differently from men's involvement in the labor market. Even as a second breadwinner for the family, a woman was still associated with housework and childcare. It was argued that an unemployed woman could take care of her family better. Although Lithuanians did not think that women should abandon their careers for the sake of their families, a large number of them was undecided or did not want to answer the question. The survey data confirm that both paid work and unpaid labor are still powerfully gendered in Lithuania. This might be one of the important reasons for the unequal division of childcare and housework between males and females in the country.

The discussed survey and interview data are rather contradictory. On the one hand, both the informants from the interviews and the respondents of the survey no. 2 thought that the model of an egalitarian family was most appropriate for Lithuania. On the other hand, the surveys and interviews show that the Lithuanian women still carry out the biggest load of housework and childcare. Because of this "double" burden women more often than men experienced the conflict between their work and family responsibilities. According to the survey no. 2, 69.8 % of women and only 30.2 % of men experienced this conflict. For instance, because of the childcare most women had to shorten their working hours, change their job or even leave it and sacrifice career possibilities.

The change in the attitude towards women's role in the labor market and professional life in the last several decades did not affect significantly assumptions about the understanding of unpaid labor at home. The familial behavior generally has not changed fundamentally in Lithuania (Stankūnienė et al. 2003). It can be argued that, in the popular imagination, household labor is still trivialized and perceived of as "female work." Housework and childcare remain the sites in which traditional gender differences and identities are most forcefully reproduced in Lithuania. Lithuanian men are still associated with the role of breadwinner and women, with the role of house keeper. The identity of women is related to nurture and care, and the identity of men, with being in the public sphere. The two research projects "Woman in the Lithuanian Society" conducted in 1994 and 2000 show that Lithuanian women still carry out most child-care chores (Stankūnienė et al. 2003, 117-118). According to the 2004 research "Public Opinion about Gender Policies of the EU and Lithuania," 62% of Lithuanians thought that women had to take care of pre-school children. The similar percentage of men and women expressed this opinion (55% of men and 49% of women). On the other hand, even 32% of Lithuanians could not decide who, men or women, had to take care of children during the first years of their lives (Maslauskaitė 2004, 44-45).[4] In this regard, it is necessary to keep in mind rather skeptical and negative attitudes of the employers and co-workers towards men on paternity leave. Such men are regarded as emasculated and lacking in masculinity (Tereškinas 2005, 28-29).

Secondly, Lithuanian men spend less time on house labor than women. However, the gender differences are materialized not only in the use of time at home but also in the division of different tasks and jobs. As the interviews with the fathers on paternity leave demonstrated, despite the negligible difference in time that men and women spend on housework, household remains the women's responsibility. The cultural perceptions of male and female gender roles in Lithuania are decisive for this arrangement. Lithuanian women are more oriented to the family than professional advancement. The male roles still remain associated with their activities in the public domain. For them, household labor is gendered: they consider a lot of household chores as "female work;" thus sharing them might threaten their masculine identities. Paid work and masculine identity are closely connected. Work and "bread-winners" role are regarded as a major basis of hegemonic masculinity and masculine identity in general. Even the hegemonic ideology of fatherhood reflects the "traditional"

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[4] In her article, Aušra Maslauskaitė quotes the data from the research "Public Opinion about Gender Policies of the EU and Lithuania" conducted in July, 2004. The TNS Gallup conducted the field research: 500 respondents of 15-74 years of age were questioned. For the results of this research, see http://www.gap.lt/vnaes.

notion of the breadwinning role that defines a good father as a good provider whose wife does not have to work (Griswold 1993). A good provider has a separate role in the family and may not engage in activities associated with child care or motherhood (Wilkie 1993). According to the 2002 representative survey "The Crises of Male Roles in Lithuania," the Lithuanian women and men considered the breadwinning role as the most important feature of a "real" man (Tereškinas 2004, 17-23).

According to Jeff Hearn, paid work for men "is a source of power and resources, a central life interest, and a medium of identity. It is also a means of ordinary *everyday yet structural resistance* to gender equality" (Hearn 2001, 11). Men's paid work is closely related to domestic and family life. In Hearn's words, "the practical arenas of gender equality are thus not just the 'big questions' of 'politics'; they recur in all social life, including personal and private life" (Hearn 2001, 15). Implementing gender equality involves changing men not only at work but also at home. Therefore, in order to achieve a more balanced participation of men and women in the family and to establish, to a greater degree, the model of egalitarian family it is necessary to redefine socially and culturally the meanings of womanhood and manhood. Of course, this is not sufficient. A wide range of measures on the national and civic level is also necessary. First of all, it is crucial to develop a long-term national strategy directed at the more equal division of childcare and housework between men and women. Public awareness campaigns focusing on the role on men in the family should be carried out. Further research on the men and women's strategies to reconcile work and family and challenges they encounter in their family and professional lives is also needed.

Conclusion: Between the Egalitarian and Neotraditional Family

The analyzed interviews showed that most families believed to be egalitarian. However, after looking at the division of household labor and childcare it is possible to conclude that most of them can be ascribed to the neotraditional family type. In these families, a female partner/wife carries the double burden of employment and domestic duties. The two representative surveys conducted in 2006 also confirm the conclusions drawn from the interviews: the majority of Lithuanian women cook, clean and look after children. Although most Lithuanian citizens cite the egalitarian family as an appropriate familial model for the country, it still remains an ideal and not a reality.

Although half of the interviewed couples described their families as egalitarian, women usually had a larger share of family responsibilities. Mothers carried out significantly more domestic and childcare tasks at home than fathers. The current unequal gender distribution of family responsibilities were treated as a given in the conducted interviews. In this regard, Lithuania does not differ much from other European countries. As Fine-Davis and Fagnani (2004, 86-87) argue,

> . . . gender roles and attitudes do not keep pace with the reality of people's lives. Paternal involvement in childcare and domestic work is still low, mothers taking its largest load. Women's ambivalence towards greater involvement of their husbands or partners in family affairs should also be emphasized. The similar gender asymmetry has been noticed in other European countries.

Even the interviewed Lithuanian fathers on paternity leave considered household labor as female responsibility. It should be emphasized that, according to the cited surveys, women's attitudes towards the division of household labor were more egalitarian that those of men. The ideal of egalitarian family was more attractive to them since it was they that suffered most from the current familial arrangements.

The interviews with the couples and the results of the survey no. 2 show that women sacrifice their careers for the family, particularly after the birth of their children. They adapt to the changing conditions while men refuse to do so. There also exists a rather clear difference between the informant's behavior and their perceptions. Thus, it is difficult to draw the direct correlation between the values they advocate and their behavior. Their support of the egalitarian values does not necessarily mean the radical change in familial behavior. However, we should not discard the hypothesis that more traditional understanding of gender roles implicates the less egalitarian behavior of men and women in the family. According to the comparative studies, traditional norms of gender and family increase the possibility of a traditional imbalance between paid and unpaid work among men and women (Nordenmark 2004).

The large part of the respondents of both the surveys and interviews realize the importance of egalitarian family but the dominant gender roles contradict their ideals. It can be argued that most barriers to the achievement of new familial ideals and egalitarian family are related to cultural norms and ideologies prevalent both in work organizations and the larger society. The male respondents felt a constant pressure to put work needs ahead of their personal or family necessities in order to advance in their careers. On the contrary, women felt a pressure to put family responsibilities first sacrificing, at least temporarily, their career possibilities. Both work culture and traditional gender roles prevalent in society did not provide men and women "with sufficient flexibility and authority to manage the tensions that [arose] at the intersection of their work and family lives" (Parasuraman and Greenhaus 1997, 233).

Men and women had different strategies for coping with the demands of their lives. Women attempted to conduct several tasks at once and adapt their professional requirements to family needs while men were rather "single-tasked," separating different life spheres, work, childcare and free time. The interviewed men emphasized their breadwinner's role. The priority of work, although not always explicitly stated, was evident in their responses. Because of gender roles and gendered expectations men had much difficulty in imagining that they could reduce their work load. Men did more overtime work, and more women had part-time jobs. Thus, men felt a disadvantage in the family because of their work, and women experienced a disadvantage in the labor market since they had to spend more time with their children.

This article focused on gender equality from the point of view of household labor and its division in the Lithuanian families. Future research should explore the factors of social status and age and their impact on either egalitarian or traditional familiar behavior. It is important to compare the attitudes of younger and older couples towards the relation between paid work and family. In doing it, such variables as women and men's occupational character, education and income that might influence the dominance of egalitarianism or neotraditionalism should be taken into account.

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Tarp egalitarinės ir neotradicinės šeimos: keletas pastabų apie lyčių vertybes šiuolaikinėje Lietuvoje

Santrauka

Remiantis dviem reprezentatyviomis Lietuvos gyventojų apklausomis, atliktomis 2006 m., 12 pusiau struktūruotų interviu su heteroseksualiomis poromis bei 15 interviu su vyrais tėvais, šiame straipsnyje analizuojama, kaip Lietuvos vyrai ir moterys konceptualizuoja moters ir vyro profesinius bei šeiminius įsipareigojimus ir kokiu mastu skiriasi moterų ir vyrų požiūris į egalitarinę šeimą. Straipsnyje aptariamos egalitarinė ir neotradicinės šeimos formos. Pirmoji, besiremiasi suaugusių šeimos narių lygybe, yra kontrastas tradicinei patriarchalinei šeimai. Šioje šeimoje partneriai siekia rasti juos abu patenkinančią pusiausvyrą tarp profesinio ir šeiminio gyvenimo bei kurti harmoningus egalitarinius ryšius. Neotradicinė šeima – tai šeima, kurioje abu heteroseksualūs tėvai dalyvauja ir darbo rinkoje, ir vaikų bei namų priežiūroje, tačiau darbo pasidalinimas šiose abiejose sferose lieka gana netolygus: vyrai paprastai atlieka didžiumą apmokamo darbo, o moterys užsiima didžiąja dalimi neapmokamo darbo šeimoje. Tokioje šeimoje vyro vaidmenį ir jo įnašą į šeimą pirmiausia apibrėžia jo dalyvavimas darbo rinkoje, o moters – atsakomybė už šeimą ir namus, nepaisant to, kad ji dirba ir apmokamą darbą. Šeimos egalitarizmo lygmuo straipsnyje nustatomas žvelgiant į dalijimąsi buities darbais ir vaikų priežiūra šeimoje. Požiūriai į namų ruošą ir vaikų priežiūrą laikomi šeimos tradicionalizmo ir egalitarizmo barometru. Iš analizuotų interviu matyti, kad dauguma šeimų tiki, kad jos egalitarinės, tačiau pasižiūrėjus į dalijimąsi namų ruoša ir vaikų priežiūra matyti, kad jas labiau galima priskirti neotradiciniam šeimos tipui. Šiose šeimose partnerė ar žmona dažniausiai velka dvigubą – ir profesinio gyvenimo, ir vaikų priežiūros bei buities darbų – naštą. Dvi 2006 m. atliktos reprezentatyvios taip pat rodo, kad didžioji dauguma Lietuvos moterų ruošia maistą, valo, prižiūri vaikus. Nors daugumai Lietuvos piliečių priimtinas egalitarinis šeimos modelis, jis veikiau tebėra skelbiamas idealas nei įgyvendintas tikrovėje. Ir interviu, ir apklausose dalyvavę respondentai aiškiai suvokia egalitarinės šeimos svarbą, tačiau kultūrinės normos ir ideologijos bei tradiciniai lyčių vaidmenys, paplitę visuomenėje, neleidžia jiems įgyvendinti egalitarinių lyčių santykių.

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Heteronormativity and Silenced Sexualities at Work

Jolanta Reingardė

Vytautas Magnus University

Abstract. *The paper focuses on workplace as a space in which the normative versions of heterosexuality are produced. Facing the everyday reality of the closet, the majority of homosexual employees constructs and negotiates their silenced sexualities at work. The study is based on 30 in-depth interviews with Lithuanian gays and lesbians carried out within the framework of the EQUAL project "Open and Safe at Work." The paper discusses how homosexuals confront heteronormativity at work and how it shapes their sexual identity. How is heteronormativity reflected in their choices to stay in the closet or to come out? What are their coping strategies at work? The fear of open discrimination and violence leads to the invisibility of minority sexual orientation at work and the denial of sexuality as irrelevant to the social life. The internal division between sexual (private) and social (public) is evident in a number of ways. The suppression of the sexual is the most prevalent coping strategy in the heteronormative order.*

Keywords: *sexuality, sexual identity, homosexuality, heterosexuality, heteronormativity, workplace.*

Raktažodžiai: *seksualumas, seksualinis tapatumas, homoseksualumas, heteroseksualumas, heteronormatyvumas, darbo aplinka.*

Introduction

The concept of heteronormativity focuses on heterosexuality as a normative notion that repeatedly asserts heterosexual life as the right life to live. Heterosexuality as a norm is constructed and reproduced in politics, media, popular culture, arts, working life, families and so on. Those who cannot or do not want to adhere to the heterosexual norm are suppressed and take risks to be socially excluded.

Minority sexual orientation is rather an under-researched topic by organizational researchers. It struggles to be a recognized element in the diversity agenda of organizations. Unequal opportunities at work are mostly discussed as a gendered, ethnic or ageist issue, while the research on how working life produces and reproduces normative heterosexuality has been rather limited. The everyday experience of homosexuals at work is a relatively invisible theme in the Lithuanian academic and political discourse on sexual minorities as well. Our knowledge about the experiences of silence and/or coming out of homosexuals at work and the influence of these experiences on their identity and relationship with others is very limited. One of the reasons for this is that it has been usually argued that sexual minorities were not present in the labor market. As Martin (1992) noticed, just as men work with men and come to believe that they work in a gender-neutral world rather than one where men dominate, heterosexuals also, by working with other heterosexuals, come to believe that they are working in a sexually neutral world, rather than one in which heterosexuals dominate. Because of this, sexual orientation is perceived to be irrelevant, as if gay people have a sexual orientation, but straight people do not. The norm that puts forward the heterosexuality as the only valid and recognizable form of intimate relations makes homosexuality questionable, strange and invisible.

The study is based on 30 in-depth interviews of gays and lesbians in Lithuania (20 men and 10 women), carried out within the framework of the project "Open and Safe at Work" in 2006 under the support of the EU Initiative EQUAL. The paper discusses how homosexuals confront heteronormativity at work and how it shapes their sexual identity. How do they manage their minority sexual identity at work? How is it reflected in their choices to stay in the closet or to come out? What are their coping strategies?

The major difficulty in carrying out research on sexual minorities at work is related to collect informants' narratives when silence and fear surrounds them. We attempted to include the experiences of open and closeted homosexuals and of both gays and lesbians from different geographical locations in Lithuania. In only 5 cases the informants were totally open about their sexuality at work, in 10 cases they were open to selected individuals at work, in the rest 15 cases homosexuality was kept hidden.

Sexuality and Institutions

The focus of much discussion about the ontology of sexual identity lies in the dialectic of the essentialist versus constructivist debate. The essentialist views seeking to establish "natural" or "biological" explanations of sexual practices, relationships and identities contain the assumption that sexuality is fundamentally pre-social (Richardson and Seidman 2002). Sexuality, in the essentialist model, is regarded as a product of human biological make-up, which is outside and even opposed to "the social" and which needs to be controlled in order to maintain the social order. The traditional assumptions about sexual repression indicate that social institutions, like education, media, organized religion, law or labor market, play a central role in controlling people's sexual lives and that they even depend on sexual repression for their continued existence. These views have raised important questions about the relation of sexuality to social institutions. How and in what ways are sexual lives and identities regulated and controlled? What are the social institutions that play a key role in the social regulation of sexualities in contemporary societies? Nevertheless, the essentialist views do not adequately deal with the issue of power, nor do they explain how sexualities are regulated or produced within institutions, or how our notions of sexuality constitute social institutions.

The significant development in this area was Michel Foucault's radical challenge to our understanding of sexuality and his assumptions about changing nature of state and institutional control. According to Foucault (1999 [1976]), sexuality is regulated not through repression but is socially produced through definition and categorization. Homosexuality should be viewed as a category of knowledge rather than a discovered or discrete identity constructed through discourse. It was this view that led to poststructuralist approaches that conceptualized individual sexual identity as multiple, fragmented and fluid, constructed and reconstructed through different discursive processes in organizations.

The dominant discourse of heterosexuality in organizations puts the dominated discourse of homosexuality under pressure to be silenced, suppressed and eliminated crediting it only with a certain limited legitimacy and protection. Heterosexuality is thought of as being the only "normal" and "natural" form of sexuality. This assumption shapes critically identities and unequal power relationships between the homosexual minority and heterosexual majority. The critical approach to the organizational discourse asserts that it is the hegemonic discourse of normative heterosexuality, which determines and constitutes the subject's sexual identity with the subject being trapped in discursive structures. The heteronormative discourse acts as a mechanism of power and control that limits the ability of gay and lesbian people to talk and construct their own identities at work.

One of the very prevalent manifestations of heteronormative discursive structures is the lack of congruence between the subjectivity (private notions of the self that may be left publicly undisclosed) and a public subject position that is available for the individual to take up at work. The splitting or separation between the self-identity ("who am I") and the social identity (how I am perceived by the others) maintained through silence is particularly pertinent to the study of sexual identity in organizations. The silencing of minority sexual identity is the major factor in the lives of homosexuals. Foucault suggested that silenced sexual identity is an agent of power in its own right (Foucault 1999 [1976]). The hegemonic heterosexual discourse precludes open discussions of the experiences of sexual minorities at work. It means that the knowledge of this taboo is present in the discourse even if it is not discussed openly. According to Foucault, "the make up of discourse has to be pieced together, with things both said and unsaid, with required and forbidden speech" (Foucault 1999 [1976], 133). Things that remain unsaid are equally important and can therefore be illustrative of power being articulated or as a means of coping and resistance.

The analysis of homosexuals' everyday experiences at work reveals the prevalence of the traditional tendency to assume "sexual" and "social" as separate spheres. Law, economy or social policy – these are constituted as belonging to the public sphere whereas sexuality is traditionally associated with the private domain and considered irrelevant for the public life. The public and the private continue to be thought of as dichotomous.

The new ways of thinking about sexuality and its interrelation with social institutions and practices are imperative. The so-called private spheres are highly political spaces. The analysis of heteronormativity and the way it is produced by social institutions and produces them cannot be limited to either "public" or "private." Heteronorms are produced everywhere, therefore, to relegate the sexual to the private arena is in itself an expression of hegemonic heteronormativity.

Silenced Sexualities in the Workplace

The research offers an important look at some of the ways in which heterosexuality is normalized at work in a variety of formal and informal contexts. The process of normative heterosexuality is a critical shaper of identities. Along with gender, nationality, class or disability, compulsory heterosexuality greatly impacts the lives of people in private and public domains.

During the research process, some themes recurred and became prominent. One of them was the silence about non-disclosure at work. Twenty five out of thirty people we interviewed were still "in the closet" and only open to a few "right" people at work. The interview materials show that living a double life can have a tremendously negative impact on individuals' self-worth and esteem.

> In general, it's very hard to conceal your [sexual] orientation, especially when you reconcile it with yourself and accept it as a concurrent part of your identity. I feel, perhaps, like the dissidents during the Soviet era who used to live a double life – a *public one*, more or less complying with the requirements of the regime, and the *private one,* the underground one that is ruled by your own conviction [emphasis is mine – J. R.]. You're constantly aware that when the truth about your real identity comes out, you can always be repressed. Often, you can't even participate in public life, or be active in certain social movements. I left one organization just because I heard jokes about homosexual people. I realized that I can't

> strive for the same aims, or have something in common with those people because they don't accept people like me (Dalia, 40).
>
> . . . this is a constant lie, an eternal one . . . . Sometimes I even get confused in my nonsense stories: where I was, what I was or wasn't doing. I'm a very lively person by nature, but when I get to work I immediately become rather like a dead person. I can't discuss anything, I can't tell my stories to anybody, and I feel as if I'm somehow vanishing from the inside. This heteronormativity destroys me from the inside, do you understand? I have to destroy myself from the inside in order to please them. How can you live like this? And our lives are too short, do you understand? (Rima, 36)
>
> You can't be yourself, you must constantly play a role in the family and at work . . . . (Egidijus, 24).

The reasons not to disclose the sexual orientation at work can be different, but they are nevertheless influenced by the prevailing homophobic climate in the country. Fear of discrimination, violence and humiliation encourages many sexual minorities to keep their minority sexual orientation hidden. According to one representative study, 18% of the population would cease to communicate with a colleague at work if he or she came out as homosexual (Zdanevicius et al. 2007). The language used by the colleagues at work, derogatory comments and jokes about minority sexual orientation create a negative and unsafe space for coming out.

> It is a pity that I can't show everything what and who I am in reality without being afraid of scorn and derision. But if I can't do it, I can't. I got used to it (Viktoras, 33).
>
> You know, this openness . . . . if only you could come out of the closet that easily, open the doors and get out. First, it won't happen, this coming out. I have to be sure that at least sixty or seventy percent of my co-workers accept me. And yet I'm not sure. And that's why I don't want to come out (Edigijus, 24).
>
> Essentially, I don't want to reveal what I am . . . . I mean it is easier for me than to other gays because I'm not campy or mannered. I'm just a guy . . . . And I live how I want to live. But I don't publicize [my orientation] because I don't need unnecessary problems . . . . It is so good to live quietly . . . (Paulius, 25).

What is prevalent among the researched sexual minorities is their tendency to suppress the talk of sexual orientation at work and to think of coming out as irrelevant, even abnormal, as something that, according to several, heterosexuals rarely do. Several respondents noted that they had the right to exist in the working environment but that they did not want to "flaunt" their sexuality at work (this was also associated with a claim for the exceptional position). The respondents said that their sexuality was a private affair, thus, it had no interest to other people at work.

> Private life is private . . . what I mean is that [sexual] orientation is not problematic. But the most important thing is not to show it publicly . . . (Albertas, 24).
>
> I would like to say that there is no need to publicize everything because even without it we have difficult lives . . . (Giedrius, 30).

The interviews reveal several important assumptions about minority sexual identity and show how marginalization is enacted. If we think that heterosexual sexuality is constantly evident, repetitive and even ritualistic in the work environment (wedding rings, talks about husbands and wives, pictures of children, heterosexual couplings at parties and other gatherings) than we must admit that it is homosexual sexuality that is of no interest to other people rather than sexuality in general. According Judith Butler (1997), heteronormativity is constituted and naturalized through performance. Performativity of heteronormativity is a repetition and a ritual that achieves its effects through its naturalization in the context of a body and culturally accepted norms (Butler 1997).

The respondents also emphasize the traditional split between the "private" and "public" and consider the "sexual" as a non-issue of the public life. According to Fairclough (1995), power can control and put limits on alternative discourses, and thus "not being an issue" is not without its conditions. Having gay people around is acceptable as long as they do not remind others about their minority sexuality. This eventually leads to self-marginalization enacted through the suppression of homosexuality. Eventually, according to Kirsch (2000), suppression and silencing of discourse renders minorities invisible and makes it harder for them to develop confidence and power through the shared identity.

The organizational context surfaced as a very important factor that encouraged being silent or breaking the silence. Many studies have revealed the significant relation between the situational constraints embedded in organizations and occupations, on the one hand, and the coming out decisions made by individual employees, on the other (Lehtonen and Mustola 2004; Ward and Winstanley 2003). Most respondents carefully assessed the prevailing organizational climate. The research demonstrated that in smaller organizations with more interpersonal contact it was harder for people to recognize their minority identities. James Ward and Diana Winstanley (2003) in their research at the Police and Fire service in UK have also noticed that the close personal relationship also meant that the costs of coming out were higher because of potential negative reactions. In bigger organizations with less interpersonal contacts, it was easier to be in the closet, and the risks associated with coming out were reduced. The nationally located international company was found as a relatively safe place to disclose sexual orientation.

> . . . sometimes I think if someone [from work] didn't like my sexual orientation and if someone tried to fire me from the company, there would be easy ways to act against that. I could write letters to the foreign partners of the company, and I don't think they would tolerate such discrimination <. . . > in a Lithuanian company, things would be different. The previous companies in which I worked were small. Everybody knew everything about everybody. Everything was decided by the coffee table and so on. [In small companies], I think, there would be no chance to make claims or complaints. Nobody would protect you (Ausra, 27).

The interviews also show that commitment to organization, job satisfaction and perceived permanency or temporality of a job may determine the construction of minority sexual identity at work.

> If this job was going to last forever or if I knew that I'd be working there for the rest of my life, maybe it would be different. I don't know how it would be. But I know that I'm leaving soon and I always live with this idea that I'm going to quit this job. This feeling of how temporary it all is, I think, made me avoid committing myself to being too open and to having friends (Gruodis, 36).

This respondent was not committed to his workplace and did not think of it as a significant place to leave silence behind. Day and Schoenrade's research (2000) has also shown that the people who were out at work were more committed and had greater loyalty to their organization than those who remained in the closet.

The gender makeup of an organization also mattered. Gender was one of the most significant, if not the most significant, structuring factor when it came to the conditions in which homosexuals worked. The female dominated environments were thought of as more friendly to gays than career-oriented masculine organizations. The male respondents of so-called "feminized" professions such as stylists, designers, hairstylists and shop assistants were most willing to disclose their orientation. More gay men were closeted and described anticipated discrimination on the grounds of sexual orientation in typically male-dominated organizations that promoted traditional masculinity.

> The colleagues who know about me accept [my sexual orientation] quite well. My boss who is a woman has no problem with it and accepts it as normal. She even knows my boyfriend. I don't think hairdressers should have problems with that. Everybody understands that a hairdresser is somehow allowed to do that [to be gay]. . . . . There are many gay people working in the beauty industry. In other companies with all kinds of managers, it's more difficult. I think managers are sitting [in the closet] with their mouths shut, living double lives (Raigardas, 26).

James Ward and Diana Winstanley (2003), in their study on the absent presence of sexual minorities at work, state that colleagues create a social reality for gay people in the workplace through the absence of what might be said and what is left unsaid. It could also be constitutive of their social identity and the way in which gay people are seen by their workmates (Hardy et al. 2000). Rima told the story about her bringing her girlfriend to the informal party of the company and telling everybody about her partnership. Her revelation was met with silence and blank response ("It looked like nobody understood it"). The colleagues' ignorance made her feel disappointed and excluded. Her colleagues, whether consciously or not, used silence as a tool of hostility. By ignoring alternative sexualities, the organization made it more difficult for sexual minorities to construct an "out" social identity. In this case, silence could be seen as a manifestation of the refusal by the majority to acknowledge the alternative sexualities.

In summary, there is a number of ways in which the issues of silenced sexualities at work are central to the experience and identities of sexual minorities. Silencing can mean suffering as well as self-protection and perfect social interactions at work but denied subjectivity. It depends on the organizational contexts and situational factors. The silenced sexualities also show a deeper incoherence in our cultural discourses. These can be disentangled with a reference to the distinctions between the private/public and private/secret respectively that are superimposed upon the hierarchy between homosexuality and heterosexuality. Goffman (1963), in his famous book "Stigma: Notes on the Management of a Spoiled Identity," states, that, on the one hand, sexual activities and fantasies tend to unfold in the private domain while sexual identities and orientations are a part and parcel of our public persona that will be routinely deciphered from appearances, artifacts and interactions. The sexual inequality means that it is only lesbians and gay men who are lambasted for flaunting their sexuality when their sexual orientation surfaces in public places.

Coping Strategies within the Negative Spaces[1]

When a gay man or woman feels unable to come out, they usually develop various coping strategies to manage their minority sexual identity. These strategies range from not revealing any details about their private lives to referring to friends in a gender-neutral way or even inventing a heterosexual lifestyle. The issue of coping strategies at the heteronormative work environment is well elaborated in the recent studies by Lehtonen and Mustola (2004), Chamberland (2007) and Reimers (2007). Griffin summarized four main ways in which lesbians and gay men managed their identity at workplace (Griffin 1992 in Ward and Winstanley 2005):

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[1] The more thorough analysis of coping strategies at work is presented in a book *Norms at Work: Challenging Homophobia and Heteronormativity* (eds. L.Martinsson, E.Reimers, J.Reingarde, A.S. Lundgren).

- *passing:* the way that sexual minorities maintain silence through a deliberate action on their part to act as heterosexuals, sometimes inventing opposite sex partners;
- *covering:* not disclosing information;
- *being implicitly out:* using explicit language and artifacts to indicate sexual orientation;
- *affirming identity:* encouraging others to view him or her as gay.

The coping strategy depends on a range of factors within organizations and outside including the level of homophobia in an organization and society, colleagues' attitudes towards homosexuals and their treatment of them. There exist personal considerations as well such as the individual's readiness and confidence to challenge homophobia or the way they plan to respond to colleagues once they come out (Woods and Lucas 1993). Many interviewees thought of their workplaces as unsafe places to come out and used passing strategy to manage their identity at workplace.

> The lack of openness causes discomfort. You can't even tell jokes about your lifestyle. Even if you are in a company [at work] you can't look around. You have to pretend that you're looking at girls. You constantly have to pretend about your family. It's a rule that you have to pretend at work. When you meet with your mates from the college, you have to manipulate things somehow because you're not interested in telling the truth. Not in Lithuania. Sometimes it seems that even if I leave for a foreign country, the same insecurity will stay with me (Egidijus, 24).

An interesting finding of my research is that in certain occupations, mostly male-dominated and career-oriented professions, *passing* and *covering* are identity management strategies followed at work and outside it. The story of an employer Mykolas showed that he developed one identity – professional identity – at work (where there was no space for a minority sexual identity) and another – in off-duty life in which his identity was gay but his occupation was a closely guarded issue. When asked about his sexual identity at work, Mykolas was quite strict.

> I: I am basically interested in how you feel at work as a gay.
>
> M: I wouldn't want to talk about such a topic. The more you're connected to people, the more you are afraid of it. If someone employs you, you're not responsible for other employees. But when you're an employer you care about your clients, the common image and about everything. When the clients have to sign contracts, would they want to give work to a faggot? Why should I create the unpleasant situation for them for doing business with somebody who is not like everybody else? I separate my personal life from my work. This [being gay] is my private life and it should not be confused with my work. I am "normal" in the public life. I am neither fighting with myself nor with society in general. . . . when I

> am in a night bar, gay club or with my close friends, my occupation is not an issue at all" (Mykolas, 35).

The respondents' commitment to both identities – professional and gay – and their contradictory manifestations were observed in several narratives during the research. It can be argued that the male-dominated workplaces were particularly heteronormative in which the professional identity suppressed homosexual identities. In the extreme cases, heteronormativity was manifested in the internalized homophobia towards feminine gays, mannerisms and the overt demonstration of homosexuality.

> . . . if you want to be idiosyncratic and to be an exception that breaks the rules, then you start to complain that you're being discriminated against. Simply put, maybe sometimes you yourself break those rules. I don't get any remarks because I never give any grounds for it. I don't act; I don't need to act with manners, words and eye winking. I wouldn't tolerate it myself, if, say, I had those gays [with effeminate manners] working for me. . . . . In my opinion, [homophobia] is very often provoked by these people themselves. Very often these people are just bad mannered, they're trying to be very visible, like "I don't care and everybody should get out of my way." This sort of public [sexuality] is not acceptable to me (Mykolas, 35).

Another interesting finding of the research was that *covering* or not disclosing one's sexual orientation was not always in her/his control. The naming of someone as lesbian or guy described by Butler (1997) as "the divine power of naming" did not have to happen with the subject's knowledge. Many informants felt that their colleagues knew about their sexual orientation and that they were "outed" although they have never made any effort to do it and sometimes even tried to carefully protect themselves from disclosure.

> . . . I was working at McDonald's in 1996 and somehow they found out about me and they started this "[whispering]". . . . . Once a girl came to me and asked me if I wanted to have a cup of coffee with her after work. Ok, I said, let's go. We went for coffee and she started [interrogating me] – how, when, with whom and how many times? And I said, please tell me why you're asking me all this. She wanted to know about it because of her feminine curiosity. And I said: "Yes, I am lesbian." And our friendship ended after this. We talked and I found out that everybody knew about me. . . . . And I started to feel that when my teammates were communicating I didn't exist for them anymore (Rima, 36).

The decision to come out (to be implicitly or explicitly out or to affirm the sexual identity to others) cannot be taken lightly. There is a range of concerns to be considered. Moreover, it is never a momentary thing. James Ward and Diana Winstanley as well as Judith Butler talk about coming out as a performative act: "Being gay or lesbian is not a truth that is discovered, it is a performance, which is enacted" (Ward and Winstanley 2005, 452). Because of the constant presumption of heterosexuality, coming out is something one has to do in any new everyday or work situation.

There exists a number of reasons why people decide to come out. Humphrey (1999, 138) suggests three main ones. First, there is an issue of honesty and integrity at the personal level; second, there are significant benefits in building an open relationship at the professional level; finally, some people think that it is important to educate various audiences about the lesbian and gay existence and to empower lesbian and gay people in the process. The several interviewees totally or partially open at work thought of coming out as significant at personal and professional levels. The third, political aspect, mentioned by Humphrey was not overtly articulated in the narratives. However, it is very important to contextualize the actual freedom of an individual choice and to understand that from the gays and lesbians' perspective coming out might be more of a survival strategy than an optional luxury.

To sum up, the prevalence of *passing* and *covering* strategies at work can be constructed as an effect of wider heterosexism. The silencing of minority sexual identities is predicated upon cultural discourses, organizational contexts and practices that deprive lesbian and gay people from human dignity and integrity. Jill Humprey (1999, 137) talks of the archetypes of the depraved and diseased homosexuality that are a part of the collective heritage, thus, even when they do not surface so dramatically they are lurking in the shadows of the subconscious. Therefore, a cloud of vulnerability hands over all homosexuals, even those who are out and proud in the workplace. The perpetual angst generates a form of constant self-surveillance.

Conclusions

The article has explored the construction of minority sexual identity in organizations through the discourse of silent and silenced sexualities. The material gathered during the research project demonstrates that the fear of open discrimination, ridicule and violence leads to silenced minority sexual identities at work. Most interviewed gays and lesbians prefer to stay in the closet and rather a big number of them undermine the importance of sexuality at work and think of coming out as a very private affair irrelevant to the public life. The denial of sexuality at work shows that heterosexual sexuality is taken for granted and often completely overlooked in everyday interactions at home or in the workplaces. It is not heterosexual sexuality in general but homosexual sexuality that is problematic at work.

The internal divisions between the sexual (private) and social (public) construct minority sexual identities. Sexuality is regarded as separate from society and "the social." The silence enables this splitting and incoherence of minority sexual identities. Foucault identified silence as a discursive practice that constructs minority sexual identity at work and as a feature of power relationship between the homosexual minority and heterosexual majority (Butler 1997). The absence of talk about the minority sexual identity is as meaningful as the presence of talk about the majority identity.

The dominance of heteronormativity suppresses the performance of the minority sexual identity at work and legitimates their limited existence. Living a double life can have a tremendously negative impact on both an individual and organization because homosexual employees spend a disproportionate amount of energy in developing and maintaining coping strategies to manage their identities. The "covering" one's sexual identity or "passing" as heterosexual in the public sphere is still a way of life and a rational survival strategy for many interviewed gays and lesbians in Lithuania. The decisions to come out at work are complex and depend on different variables ranging from self-affirmation of her/his sexual identity to the situational constraints embedded in organizations, occupations and informal contexts. Nevertheless, in most cases the closet protects homosexuals from discrimination in all spheres of life including the workplace.

The organizational context also matters. The interviewed homosexuals' work conditions vary and depend on whether organization is career-oriented or not, female- or male-dominated and whether the interviewee is male or female. The gender make-up is probably the most significant structuring factor that influences the effects of heterosexual norm adopted in the workplace.

Sexual inequalities experienced by homosexual employees at work in Lithuania can be construed as ripple effects of homophobia and wider legalized heterosexism. The first pertains to the concrete expressions of dislike and disgust directed against people perceived to be homosexual; another is related to the absence of anti-discriminatory legislation with respect to sexuality that continues to be one of the main reasons for status inequality in the country. Both have been deeply rooted in hegemonic cultural discourses and normalized in such a way that they have become a part of the political correctness and national dignity.

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Heteronormatyvumas ir nutildytas seksualumas darbo aplinkoje

Santrauka

Straipsnis nagrinėja heteroseksualumo normos kūrimo procesus darbo aplinkoje. Į darbuotojus žvelgiama kaip į subjektus, kurie yra ne tik veikiami, bet ir patys dalyvauja mažumos seksualinių tapatybių ir nutildyto seksualumo kūrimo procesuose. Didžioji dauguma homoseksualių žmonių Lietuvoje slepia savo seksualinę tapatybę darbe; tad nutildyto seksualumo tyrinėjimas yra itin svarbus siekiant suprasti patį diskursą. Straipsnyje analizuojamos 2006 metais vykdyto tyrimo „Atviri ir saugūs darbe“ metu surinktos 30 homoseksualių žmonių patirčių darbe istorijos (giluminiai interviu). Nagrinėjama, kaip homoseksualūs asmenys kuria savo seksualinę tapatybę ir išlikimo strategijas darbo aplinkoje. Heteronormatyvus diskursas veikia tai, kaip galios ir kontrolės mechanizmas nutildo homoseksualius žmones ir slopina jų galimybes siekti savo savasties ir

tapatybės vientisumo. Atviros diskriminacijos baimė ir nesaugumas verčia juos slėpti savo seksualinę orientaciją ir netgi kategoriškai neigti seksualinės tapatybės išviešinimo svarbą. Seksualinės (privačios) ir socialinės (viešos) tapatybių atskyrimas ir priešpriešos tarp jų kūrimas pasireiškia įvairiomis formomis. Pirmosios slopinimas reiškiasi kaip racionali homoseksualių žmonių išlikimo darbo aplinkoje strategija. Kita vertus, ši strategija užtikrina heteronormatyviosios tvarkos stabilumą ir tęstinumą.

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Main Changes Experienced by Husbands Involved in the Caring for their Wives with Multiple Sclerosis in Finland, Austria and Spain

Mª Carmen Pérez Belda

University of Alicante

Abstract. *This paper examines husbands' experiences with wives in the long-term care of the Multiple Sclerosis disease in Finland, Austria and Spain. Avoiding generalizations, this study focuses on the main changes after the diagnosis in all levels – personal, economic and professional – because to understand and reach equality in the care work it is necessary to open debate about men's practices in this area. In this research, three couples in each country in the regions of Lapland (Finland), Vorarlberg (Austria) and Alicante (Spain) were interviewed. To analyze the findings, a gender perspective is used with a particular attention to the influence of the contextual factors in each case. Comparing Finland with Austria and Spain, big differences emerged related to the economic changes. Changes in the social and sexual life were common in most cases.*

Keywords: *long-term care, husbands, change, Multiple Sclerosis.*

Raktažodžiai: *ilgalaikė slauga, vyrai, pokytis, išsėtinė sklerozė.*

Introduction

This article seeks to provide a greater understanding of men's caring practices dealing with their wives in long-term care. By analyzing the struggles and experiences of men who have wives with Multiple Sclerosis, it contributes to the general understanding of the subjective illness experience. The article addresses the following questions: How do husbands experience the need for a long-term care of their wives? What are the main changes in men's caring participation in each country?

These questions arise at a moment of history when new social changes are likely to increase the pressure for men to participate in caring for their families. Fifteen years ago, Kaye and Applegate (1994, 219) predicted that "although our understanding of the challenges and rewards in family care-giving for men remains grossly underdeveloped, evidence suggested that there may be more males engaged in helping other relatives than previously assumed." Kramer (2002, 3-36) suggested that the number of male caregivers would increase across the life course because of the increased longevity of the populations. Therefore, it is necessary to understand better these trends to offer effective responses. According to Kramer, men in our society are often expected to be in control, confident and concerned more with thinking than feeling; they are supposed to be providers, rational, assertive, courageous, competitive, action-oriented, able to endure stress, bear pain and achieve goals. Thus, the care-giving experience presents them with significant challenges and detrimental impacts.

Currently, the levels of individualism are higher and lifestyles are more diverse. Giddens (2006, 135-163) notes that Europe experiences new challenges directly related to globalization. Globalization, in a broad way, must be seen more than the integration of economic activities because the competitiveness in global markets is essential to the future of Europe and to the survival of its social model. Within this social model, the changes in family structures and their diversity transform patterns of caring and make the involvement of men more evident. These trends that strongly influence caring and gender roles within the families must be explored with the view of social environment and health-care policies.

Background of the Husbands-Caregivers

Contextualization of the Case Studies

Lapland is the northern region of Finland. According to the classification of Esping-Andersen (1990; 1999), Finland belongs to the social-democratic group of welfare regimes. The Finnish welfare state is based on the combination of solidaristic ideas of growth and full employment and the minimization of family dependence. The system is financed by taxes characterized by the principle of universality. It favors the public provision of free services rather than cash transfers to ensure equality and homogeneity. However, during the last years about 10% of the generous benefits were reduced although in a very equitable manner across the board of welfare provision (Moreno 2004, 6-7). The Social Protection System in Finland is covered through the National Pension Insurance, the National Health Insurance and the Rehabilitation and Disease Prevention under Kela.[1] These services are delivered through the social services and the net of hospitals and health care centers. It is municipalities that arrange

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[1] www.kela.fi (Elämässä mukana – muutoksissa tukena) (The Social Insurance Institution of Finland) (15.02.2008).

the organization of social services and the provision of income support. In the social services for persons with Multiple Sclerosis as well as for other disabled people, a personal services plan is drawn to clarify the services and support required by both clients and their caregiver or relatives.[2] These services include personal assistance, transportation service, service accommodation, home conversion, social and health care rehabilitation, primary rehabilitation and assistive device services, the adaptation training and rehabilitation counseling, the rehabilitation allowance and the family caregivers allowance.

Vorarlberg is the Western province of Austria. Austria is a part of the continental welfare regime. It relies on a strategy of "paying off" for social problems by subsidizing the exit or non-entry from the labor market and the right to social security. This model is based on labor market agreements between employers and trade unions with respect to insurance arrangements to cover unemployment, sickness and old-age benefits while individuals outside the labor market are dependent on local public or private charity. "Marriage-related patriarchy" is still a fundamental part of social policy with women depending on a male breadwinner for both economic and social security although they provide unpaid care and reproductive work in the family. This arrangement tends to reinforce class stratification through its employment centeredness as well as the gender division in the family (Hammer and Österle 2003, 38-42). Thus, Austria is based on the universal *Social Insurance* and the *long-term care allowance*. All persons in need of a long-term care are covered (old people and people with mental, physical and psychiatric disabilities). A long-term care allowance is intended to cover additional care-related costs and, therefore, does not present an increase in income. It belongs to the group of universal social benefits. It is considered a lump sum towards the costs of the required care.

Spain has 17 autonomous communities, and Alicante is one of three provinces of the Valencia autonomous community. The Spanish welfare regime belongs to the Southern European group (Ferrera 2005); it combines both liberal and corporatist elements, and it is universal in the health and educational system. In Southern European welfare regimes, familiarism is heavily related to the unpaid female work. Moreover, the low state capacities have restrained innovation and reform in the field of social assistance; the delivery of means-tested benefits requires administrative competencies that have been slow to develop in Southern Europe. At the time that the interviews were made the services and benefits in the long-term care were still means-tested and mainly included home care, day centers, temporary stays in residential homes, residential homes, tele-care and financial aid to dependents and caregivers. "The Law 39/2006 of December 14 on Promotion of Personal Autonomy and Attention to People in a Dependence Situation" (*La Ley del 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia*) has made the rights of people in a dependence situation effective by creating a

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[2] www.stm.fi (Ministry of Social Affairs and Health) (4.07.2008).

National System for the Autonomy and Attention to Dependency, but this law was approved after the interviews had been made for this study.

Conceptualization of Care

Traditionally, in the family women care for dependent members, children, old and disabled individuals while men's duty is to participate in the labor market. Care has become particularly important taking into account the aging population and the increase of women in paid work. The future demand for care and the way families supply this care affect family life and men's practices within family. Therefore, it is impossible to change gender relations without opening up a debate about men's practices. Men are still in power and dominant positions in both the public and private life despite many changes and advances in gender equality (Hearn 2002, 384).

Before starting the conceptualization of care it is important to remember Martínez Román's (2002, 145) words about people with chronic diseases who have the right to a good quality of life and human development opportunities. It does not make sense to allocate important human and financial resources to avoid mortality if social policies do not support this large surviving population.

According to Zechner, care enables a specific care work that covers the needs for care, the responsibility of initiating and maintaining caring activities, necessary resources and time as well as mental and emotional work (Zechner 2007, 33). In the Multiple Sclerosis cases, a long-term care is crucial due to the idiosyncrasy of the disease. Stone (2001, 97) defines long-term care as a type of care that encompasses a broad range of assistance that people with chronic disabilities need for a prolonged period of time.

Multiple Sclerosis Disease

Multiple Sclerosis disease is a life-long and unpredictable disease of the central nervous system. Concretely, MS is an inflammatory demyelization condition. Myelin is a fatty material that insulates nerves, acting as the covering of an electric wire that allows the nerve to transmit its impulses rapidly. It can disable or divest the communication between the brain and other parts of the body, affecting the motor and sensorial functions and sometimes the cognitive functions. Various symptoms emerge due to the disruption in the ability of the nerves to conduct electrical impulses to and from the brain because of the demyelization. The sites where myelin is lost (plaques or lesions) appear as hardened (scar) areas. These scars appear at different times and in different areas of the brain and spinal cord. Because of the localization of the lesions, the symptoms vary significantly. The lesions show some predilection for certain parts provoking weakness, paresthesias, alterations in the vision, ataxia, etc. (Fernández and Fernández 2004, 13-45).

Husbands-Caregivers

Studies on care from the gender perspective show the inequalities between of men and women's roles as caregivers in families. Although many of these studies were based on women, some research also focuses on men as caregivers. Kramer and Thompson's (2002, 24) review of men-caregivers notes that women are still more involved in caring that is considered the essence of womanhood and femininity. In addition, the informal care provided for the elderly and disabled often become the responsibility of women in their later adult years.

To focus on husbands-caregivers, it is necessary, first of all, to emphasize the importance of the relationship between a male caregiver and care recipient not only within the marriage but also with regard to sons, brothers or fathers. It is not possible to presume that in all cases, spouses or partners care about each other equally and with the ability or willingness to do so (Fink 2004, 7). Feelings of embarrassment or hostility often appear in the physically intimate tasks of caring. A personal care may cause problems for the caring relationships when touching, nakedness or contact with excreta are involved (Parker and Seymour 1998, 187).

To appreciate the structure of the setting of care-giving and the influential factors that shape men as caregivers, it is also necessary to pay attention to the way male caregivers "do care-giving" for their wives differently. The patterns of care are influenced by the life phase, employment demands, access to and interaction with secondary caregivers, willingness to put oneself on hold and the relationship with the care-recipient (Parker and Seymour 1998). Gersten and Gallagher (2002, 199-202) as well as Detinger and Clarkberg (2002, 873-874) point out the importance of marriage for men in caring. They note that the nature of the care-giving experience depends to a great degree on the nature of the relationship between a caregiver and care recipient, particularly the spouse. Positive relationship is very important to adequate informal care provision: husbands' proximity and commitment in emotionally tight-nit marriages enable them to provide better instrumental and emotional support than it is possible in emotionally distant marriages. Ciambrone and Allen also specified the quality of marriage as a key factor for the care-giving: "…marital quality is a far more important indicator of spousal care-giving than spousal availability" (Ciambrone and Allen 2002, 307). However, when a person with the MS disease is provided with a care it means caring for someone with unexpected relapses and remittance periods because of the idiosyncrasy of the illness. This care may continue for decades since deceased individuals' life expectancy is more than twenty five years. The decease can affect 15-55 year-old adults 60% of which are women (Fernández and Fernández 2000, 13-38).

Methods

Sample

The sample for this study was husbands caring for their wives with the MS disease who lived in Lapland, Finland, Vorarlberg, Austria, and Alicante, Spain. These countries were chosen as an object of this study because of their different welfare regimes and different social protection systems in the MS cases. The purpose of the study is to trace the differences in the available services in Finland, Austria and Spain and to analyze how they affect men caring for their wives. I have chosen the province of Lapland because I have lived and studied there for three and half years. The province of Vorarlberg in Austria was selected because of its academic relations to the University of Lapland. They made my research much easier and more efficient. Finally, I have chosen the province of Alicante because it was there that I received my B. A. in social work. Women with MS were chosen because it was easier to find adult men involved in the care for their wives.

Data collection

A semi-structured interview schedule was used. Three study cases were selected in each country, 18 interviews with men and women in total. I received the consent of participants with the help of the presidents of the local MS associations and their support groups. The pre-selected couples agreed to participate in individual interviews. They were asked to talk in detail about the following areas: the diagnosis and progress of the disease, their participation in care (personal care, household and emotional support), the feelings experienced throughout the process, their relationship with a partner, the formal and informal support received and the main changes perceived and experienced in their lives. Most interviews lasted for a minimum of two hours and all were taped and fully transcribed. The interviews in Finland and Austria were conducted with the translators' help. They were trained and informed about ethical attitudes and key questions in advance.

The interviews in Spain were conducted before the new "Law 39/2006 of December 14th on the Promotion of Personal Autonomy and Care for People in a Situation on Dependency" was approved. This study was not designed to get an overall representative sample of men-caregivers. The main purpose was to examine and describe men's experiences and changes in their lives affected by their long-term care situation. I will take into consideration changes in men's economic and work status, social life, marital relationship and intimate life. It should be mentioned, at the outset, that of the 9 interviewed husbands three were not caregivers, two of them were from Spain and one from Austria.

Results

Changes in Economic Situation

The changes in the families' economic situation as a consequence of the MS disease had enormous consequences in some cases. Two Spanish husbands had to buy new flats with elevators and the required home conversion for their wives with no help from the municipalities.

In Austria, no husbands or wives mentioned any change in their economic situation. Husbands continued their jobs and women received a disability allowance that in most cases was saved. Relatives, mainly women, provided care for them. Only one husband contracted an outside woman for a household and personal care.

In Finland, husbands took the responsibility of becoming the main caregivers for which they received a caregiver allowance. The municipality provided all necessary home conversion via individual plans. However, family income levels decreased because these husbands quit their jobs and the minimum caregiver allowance was only around 600 EUR. The men decided to become caregivers because of the unemployment situation in the region of Lapland at that time.

Changes in Social Life

In most cases, husbands' social life became less active. Austrian husbands noticed this change immediately. The men had to reduce their social life and to adapt to the new health condition of their wives. It also affected family friends and guests who experienced difficulties and discomfort in the face of the new situation.

All three Spanish husbands reported that their social life became less active. However, two men intended to continue to live their lives as they did before their wives' illness. Their inability to adapt to their wives' needs affected their marital relationship and made them think of a divorce. Instead of participating in the care of their wives, they left it to their daughters and the wives' mothers. The third Spanish man became the main caregiver of his wife. It should be mentioned that this family did not have any relatives living near by or any daughters, only two sons.

The Finnish husbands mentioned the change in their social life as one of the strongest experiences because they had become the main caregivers of their wives. They quit their jobs and focused on caring tasks. Even if someone from the municipality came to look after their wives, they felt that no one could take better care of their wives than they did.

Changes in Intimate Life

Most husbands also mentioned a decrease in sexual contact with their wives. However, not everyone was able to talk about it openly. The symptoms of MS that progressed differently in each individual case affected their marital relationships and the way the men handled caring and emotional nurturing. Yet every man dealt with it differently. Parker and Seymour noted difficulties in the sexual life of spouses-caregivers and care recipients related to the way that recipients perceived their bodies and changes that affected them (Parker and Seymour 1998, 187-191). However, in this study, the men experienced more problems because they could not adjust to the difficulties that they encountered while having sex with their wives.

All Spanish men were more open about changes in their sexual lives while the Finnish men found it more difficult to talk openly about it. Only one of the three men could do it. Only one of the Austrian men, the youngest one, showed more reticence talking about his intimate life. But all cases experienced a significant change in their intimate lives.

TABLE 1. RESULTS OF THE MAIN CHANGES IN THE HUSBANDS' LIVES AFTER THE DIAGNOSIS OF MS

	Finland	Austria	Spain
Working Status	Main caregivers with a family allowance. Three husbands cared for their wives	Need for work outside home. Two husbands cared for their wives	Need for work outside. Only one husband cared for his wife
Economic	No changes	No changes	Big changes because of the home conversion
Social life	Changes (very tired)	Changes (in going out and receiving visits)	Changes (in going out, did not adapt to dependency)
Sexual life	Difficulties in talking about it in two cases (independent/semi-dependent)	Difficulties in talking about it by the youngest husband Independent case	Reported and experienced by all husbands

The table summarizes the main changes in husbands' lives after their wives' MS diagnosis. Their social lives changed most significantly while the economic change affected the Spanish men most. This can be explained by different social security systems of three countries and different services offered by each system. The Finnish men had an opportunity to become the main caregivers and to receive an allowance for it. The Austrian and Spanish systems supported the traditional role of a male breadwinner, thus, caring for their wives was an obligation. In Austria, it was compensated while in Spain it was not. All men's sexual lives have also changed. However, some men did not talk about it openly. Men with dependent wives discussed the changes more freely. Generally, the Spanish men were most open.

Discussion

The Link between the Social Security Systems and the Changes in the Husbands' Economic Status and Caring Responsibilities

In the Spanish and Austrian cases in which the social security system supported the traditional labor division between the public and private spheres (men-breadwinners and women-family and household caretakers), the interviewed men did not experience a significant change in their work status. They continued to work outside home. Thus, these husbands were less involved in the care for their wives that the Finnish men. The Finnish social security system supported the possibility for men to be involved in the care in a formal way through a caregiver's allowance. However, the minimum allowance amount was rather low (only around 600 EUR) and it might have made some men decide against becoming a caretaker. The interviewed Finnish husbands have chosen to become caretakers because of the high unemployment rate in the region. Even if the allowance was low, they had a choice. In countries such as Spain and Austria, the social security systems forced families to assume the responsibilities of care. The means-tested character of social services in Spain excludes many people from receiving it. In Austria, an universal allowance for the disabled people with freedom to spend it is supposed to cover the dependent person's needs but in many cases it is put into savings and the family takes care of a sick person. It should also be mentioned that even when a family organized and contracted help for the dependent person, it was always a woman from the labor market. The study shows that care was feminized both in Spain and Austria. The main difference between these countries was that in Austria the economic income of the family was not affected because of a long-term care while in Spain it changed the family's economic well-being (the family had to provide a disabled person with the care, in most of cases, without the support from the social security system.

It is possible to conclude that the social security systems directly influenced husbands' experiences in assuming or not assuming the responsibility of care. In Finland, they could choose to became caregivers and receive the allowance for it. In Austria, the social security system forced families to organize or contract the care from outside. The husbands continued to work and family members or hired persons, mostly women, looked after their wives. At the time that the interviews were conducted the Spanish social security system forced families to assume the responsibility of caring with no support from it (with the exception of universal health services). The Spanish men continued to work while family members, largely women, became caretakers. It is evident that the social security systems influencing the changes in caring responsibilities and in the economic situation reproduced traditional gender roles in Austria and Spain (women as caretakers). They also affected the long-term care situation, the quality of life and sometimes the quality of care in the Spanish families. However, the social security system also offered a possibility of care in the case of Finland. The study demonstrates that the Finnish men became caregivers of their wives because of the unstable job market in Lapland at the time.

La Parra (2002, 34-88) argued that the process of gender construction, the organization of the labor market and the Welfare State influence the way a society organizes the informal response to care-giving needs. This study demonstrates that the social protection system is the main factor affecting the choice to become or not to become a caretaker.

The Link between the Good Previous Relationship and the Adjustment to the Changes in Social and Intimate Life

In analyzing the husbands' adjustment to the changes in their social and sexual lives after the diagnosis of MS for their wives, we should pay attention to the quality of the previous spousal relationships. Some authors argued that the marital status was a key factor for men to get involved in care (Parker and Seymour 1998). However, not all interviewed husbands participated in caring for their wives. Only the men with a good previous relationship seemed to be involved in caring and adjusted to the changes in their sexual and social lives. Detinger and Clarkberg also supported this finding. According to them, the care-giving experience depended to a great degree on the nature of the relationship between a caregiver and a care recipient (Detinger and Clarkberg 2002, 873-874).

The interviewed men accepted their declining social lives and even social isolation differently. Moreover, most husbands reported the lack of a confident person to whom they could talk and share their experiences throughout the process of the disease. Therefore, support groups and self-groups of MS are very important.

Conclusion

This study demonstrated that the diagnosis of the MS disease affected many aspects in the interviewed men's lives. It changed the patterns of intimacy, social life and economic well-being. The disease also presented the men with different options and alternatives because of the different social security systems of three countries. In Finland in which the state took care of the disabled people the interviewed men participated in caring for their wives. However, their decision to become caregivers was related to the unstable labor market. In Austria and Spain, policies made a family the first provider of care. In Austria, it was achieved through a long-term care allowance. In Spain, the means-tested character of services in the long-term care forced a family to assume the responsibility of care without the economic and universal support available in Austria. In both cases, women were the main caregivers and husbands were less involved in caring than in Finland. It means that in addition to the economic change, the care in Spain and Austria was feminized. The research presented in this paper cannot fully capture the complexity of the husbands' experiences. However, it can contribute to a better understanding of the factors that either encourage men to participate in caring for their wives or discourage them from assuming this responsibility.

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Pagrindiniai pokyčiai, kuriuos išgyvena vyrai, slaugantys išsėtine skleroze sergančias žmonas Suomijoje, Austrijoje ir Ispanijoje

Santrauka

Straipsnis analizuoja vyrų, ilgą laiką slaugančių žmonas, kurios serga išsėtine skleroze, patirtis Suomijoje, Austrijoje ir Ispanijoje. Vengiant apibendrinimų, studijoje koncentruojamasi ties pagrindiniais asmeniniais, ekonominiais ir profesiniais pokyčiais, įvykusiais po išsėtinės sklerozės diagnozės, nes siekiant suvokti ir įgyvendinti lygybę slaugos sferoje būtina diskutuoti vyrų patirtis ir praktikas šioje sferoje. Šiam tyrime buvo atlikti interviu su trimis poromis iš kiekvienos šalies. Buvo apklaustos poros iš Laplandijos Suomijoje, Vorarlbergo Austrijoje ir Alikantės Ispanijoje regionų. Analizuojant interviu naudotasi lyčių studijų perspektyva, ypatingą dėmesį kreipiant į kiekvieno atvejo kontekstinius veiksnius. Lyginant Austriją ir Ispaniją, didžiausi pokyčiai vyrų gyvenime siejosi su ekonominiais faktoriais. Bendriausi visoms šalims buvo pokyčiai, įvykę socialiniame ir seksualiniame vyrų, slaugančių žmonas, kurios serga išsėtine skleroze, gyvenimuose.

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A Discourse Perspective on Evaluation[1]

Stanley L. Witkin

University of Vermont

Abstract. *This paper explores issues and implications of evaluation considered from a discourse perspective. Five topics are discussed: questions, description, authority, criteria, and positioning. In each case, issues are identified that tend to be overlooked, ignored, or not visible from an evaluation-as-methods perspective. The paper concludes with an appeal for increased openness and diversity in our understandings and practices of evaluation.*

Keywords: *evaluation, discourse, social work, social construction, research.*

Raktažodžiai: *vertinimas, diskursas, socialinis darbas, socialinis konstravimas, tyrimas.*

Evaluation is about language. Whatever we might call our approach to evaluation – realist, interpretivist or constructionist – we all rely on written and spoken language to understand, analyze, and communicate our activities. However, despite the inevitability and salience of language in evaluations, relatively little attention has been given to its use and influence, in particular, its potential for changing the way we understand, conduct and assess evaluations. This paper is a modest attempt to address this situation.

How do I Know what I Think until I See what I Say?

Evaluations are generally considered to be an activity that is applied to preexisting entities such as an organization, program, or policy. The results of such activity are judgments about how well the entity is performing in relation to particular goals (and often recommendations for improvement). While evaluators differ in their choice of approaches, methods and goals, there is a common assumption that their data or information will reflect the program as it

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is currently operating. What is often overlooked or not considered is how the evaluation itself interacts with what is being evaluated. A different position – taken in this paper – is that the process of evaluation is reflexively related to the environments that are evaluated. That is, the objects of evaluation are rendered visible and inscribed through the actions of evaluators (similar to how what we think is related to our verbal and written expression, as stated by the oft-cited quote of the English author E. M. Forster in the above heading).

Another way to express this idea is to say that evaluations enact the environments they evaluate. The concept of enactment was developed by Karl Weick in his theorizing and research on sensemaking in organizations (Weick 1969, 1979, 1995). In brief, enactment refers to processes through which actors interact with and generate their environments. This occurs in numerous ways such as through talking, administering measures, creating contexts, and influencing others. The process of carrying out evaluations generates an intelligible picture of its objects, e.g., an organization or program; or as Weick has written, "How enactment is done is what an organization will know" (Weick 2001, 187). The "how" and "what" are not independent. In the process of acting some things are noticed or positioned in the foreground, while others become less perceptible and part of the background.

Enactment also contributes to sensemaking. Through processes such as bracketing and selection, enactment reduces equivocality and imposes orderliness on situations (Weick and Sutcliffe 2005). Similarly, evaluations function as sensemaking activities that make particular understandings more definitive. In sum, evaluations and their environments may be thought of as being constitutively entangled (Orlikowski 2007) in a way that one cannot be separated from the other.

Enactment occurs recursively through social interactions. Actors interpret, articulate, and negotiate the environment and the constructed environment responds to and shapes their construals. These enacted environments become the context for further interactions. Language, in this context, does not simply describe a pre-existing reality, but acts as a constitutive force that generates it. From this perspective, the different possibilities for representation become important. The various representations (or lack thereof) of women, people of color, people with disabilities and other marginalized groups underscore the potency of language to generate different realities.

Evaluation as Discourse

Whether or not we believe in an independent or language-dependent reality, I concur with Gergen (1994) that "once we attempt to articulate 'what is there,' . . . we enter the world of discourse." . . . [which is] inextricably woven into processes of social interchange and into history and culture" (p. 72). If we take this idea seriously, it opens up potentially useful ways to think about and practice evaluation. Discourse, however, is not a straightforward concept. Rather, it has various meanings depending on the speaker/author, context, purpose and so on. Below are some examples that capture the senses in which I am using the term:

> Discourses are systems of statements that construct an object produced and reproduced in conversation and written text (Newman and Holzman 1997, 54).
>
> [Discourses are] “systems of meaning which offer positions of power to some categories of people and disempower others” (Parker 1992, 10).
>
> [Discourses are] practices that systematically form the objects of which they speak (Foucault 1972, 49).
>
> Discourses are structures of knowledge, claims, and practices through which we understand, explain, and decide things. In constituting agents, they also define obligations and determine the distribution of responsibilities and authorities for different categories of people, such as parents, children, social workers, doctors, lawyers, and so on (Chambon 1999, 57).

Some characteristics of these definitions that I wish to highlight include:

Discourses are ways of understanding the world. As Foucault and others have stressed, discourses are more than “mere words.” Rather they are basic to the thought structures that we use to make sense of things. What we think of as family or science or sex are embedded in and constituted through the dominant discourses of our cultures.

Discourses are expressed through language. Although discourses may be manifested in ways other than language (for example, in the structure of an organization), their linguistic expression serves to reproduce, disrupt, or regulate social life. Additionally, some properties of language, namely, its historical and cultural embeddedness and its ability to be shaped by various social and political forces are particularly important for evaluation.

Discourses are practices. We “do” discourses. They are not passive but are “activated” and manifested by speaking, writing, and other forms of action such as administering questionnaires or interviewing.

Discourses construct objects. Discourses generate their own realities. “Events in the world do not exist for people independently of the representations people use to make sense of them. Instead, objects are defined through elaborate enactments of cultural conventions which lead to the establishment of such well documented ‘institutional facts’ (Searle 1969) such as ‘touchdowns,’ ‘marriages,’ ‘insults,’ ‘banishments,’ ‘property rights,’ (D’Andrade 1984), and, . . . ‘learning disabilities’ . . . “ (Mehan 1996, 273). Despite this constitutive quality, discourses do not exist apart from the objects they construct nor are those objects external to discourse. Instead, discourses and their objects exist in a reflexive relationship, constituting and being constituted by each other (cf. Gubrium and Holstein 1997).

Discourses define categories of people, their responsibilities and authorities. This characteristic is a slight revision of Chambon's definition since, I would argue, categories do not exist independent of discourses but are created and sustained by them. For example, whether some collection of people is categorized as a family will likely vary depending on whether one is operating from the discourse of fundamentalist Christianity in the U.S., certain Asian religious traditions, or radical feminism. Once categorized, their "responsibilities and authorities" can be explicated as a function of the discourse. This has obvious implications for evaluation as it creates the agents and objects of evaluation (such as evaluators, stakeholders, and outcomes) and guides their interaction.

Discourses involve power relations. The existence of multiple discourses and the lack of uniform criteria for applying them (which is inevitable since such criteria also are part of discourses) means that discourses compete with one another for dominance. Which understandings will prevail in a particular setting or which objects will be constituted depends on relations of power involving factors such as authority, resource control, and sanctions. These relations are associated not only with the people in a setting, but to institutional and organizational structures – themselves the products of discourses (e.g., the hierarchical organization of a hospital).

Foucault, perhaps more than anyone, highlighted the relationship between discourse and power and its institutional dimensions. He used the concept of "discursive fields" to identify "competing ways of giving meanings to the world and of organizing social institutions and processes" (Weedon 1997, 34). Competing discourses will not be equal in power nor in their political stances; that is, their support of or challenge to the status quo. For example, Weedon (1997) discusses the conservative discourse in which "family" is considered a natural unit of the social order with the primary responsibility to rear children. In this family, there is a gendered division of labor with the male in a position of authority. The dominance of this discourse is reflected in "the organization of society in family units [which] guarantees the reproduction of social values and skills in class and gender terms" (p. 37), and in its institutions such as the legal system and the welfare system. Weedon contrasts this dominant discourse with radical and socialist family discourses in which the family is an instrument of oppression of women. However, because the dominant discourse is inscribed in societal institutions, giving it enormous material advantages, these alternative discourses remains marginalized.

These characteristics of discourse pack a lot of meaning into one word, maybe too much. However, if we accept even some of them, the implications for evaluation are substantial. I discuss some of these in the following sections.

Questions

When evaluation is considered a type of discourse, the questions asked both in and about evaluations change. For instance, instead of the typical focus on methodological rigor or the proper application of technique, questions turn to characteristics and implications of the discourse.

Questions invite others to participate in a discourse. Since questions themselves arise within particular discourses, their invitations are similarly located.[2] In this sense all questions are leading questions. For example, asking a question about the characteristics of a particular psychiatric disorder is to enact a particular discourse in which the disorder exists, where psychiatric disease exists, where psychiatrists have particular authority, where health and illness have particular meanings and so on. Similarly, to ask whether a particular drug is effective in reducing smoking is to invite participants into the discourse of science in which efficient causality, determinism, subjectivity, physicians and patients are constituted. Thus, unless the question or questioner is rejected, the discursive field will be somewhat constricted by the question.

Because of their discourse enacting qualities, questions orient and guide evaluations and can have a considerable influence on their eventual findings. For example, Gubrium and Holstein (1997) discuss how the "what" questions of traditional ethnographers and the "how" questions of ethnomethodologists lead them to constitute different realities. Additionally, evaluations can be assessed by asking questions of their questions, not only of their content, but also of how they function discursively. Below are some examples of questions that might be asked when preparing or analyzing evaluations:

- How do questions function in this evaluation (for example, as hypotheses, as regulators of what can be said, as incentives to consider new perspectives)?
- What is the range of permissible (or intelligible) responses to the questions asked? What responses are invited or discouraged?
- How were evaluation questions identified and formulated; that is, whose questions are these?
- Who gets to ask evaluation questions and who answers them?
- What is the relationship among questioners, respondents, and organization? Given the nature of that relationship, can the question or questioner be challenged?
- In whose language are questions formulated and expressed?
- What values, interests, and commitments do the questions express? (See Witkin 1999 for further discussion of questions).

Asking these questions about an evaluation – or using them to guide the

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[2] Of course, one may decline an invitation or respond in an unexpected way thereby challenging the hegemony of the discourse. However, in many social work settings respondents (that is, clients) may not be free to challenge the discourse that is implied by a question.

development of an evaluation – orients us towards relational and value issues that become infused with (and therefore often invisible within) evaluations. They can help reveal the discourse that is operating and how the language of that discourse structures and generates its "findings."

Description

In a discussion of how "the events of discourse" are described, Foucault posed a question that provides another example of the disruptive or alternate discourse generating potential of questions. He asked: "How is it that one particular statement appeared rather than another?" The realist or empiricist response to this question might be that the statements chosen most accurately reflect the state of affairs under investigation. When evaluation is seen as discourse, however, the criterion of descriptive accuracy becomes suspect.[3] Any description is considered as one way among many ways of construing a situation. The particular description chosen is not demanded by the brute facts of reality, but will vary in relation to social factors.[4] Gubrium and Holstein (1997) put it this way, "Descriptions must make sense; they must convince socially defined, culturally competent listeners that the objects, actions, or events in question warrant the attributions and characterizations that are bestowed upon them" (p. 132). Thus, one's skills with language and rhetoric may be the most critical factors in the plausibility and acceptance of description. The great American writer John Steinbeck illustrated this eloquently in his description of ichthyologic research in his book, *Log From The Sea of Cortez* (1941):

> The Mexican Sierra (a fish) has 17 plus 15 plus 9 spines in the dorsal fin. These can be easily counted. But if the Sierra strikes hard on the line so that your hands are burned, if the fish sounds and nearly escapes and finally comes in over the rail, his colors pulsing and his tail beating the air, a whole new relational externality has come into being – an entity which is more than the sum of the fish plus the fisherman. The only way to count the spines of the Sierra unaffected by this second relational reality is to sit in a laboratory, open an evil-smelling jar, remove a stiff colorless fish from the formalin solution, count the spines and write the truth . . . There you have recorded a reality which cannot be assailed – probably the least important reality concerning either the fish or yourself.

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[3] Accuracy is itself seen as the discursive expression of the belief that linguistic representations of reality can be separated from an extralinguistic reality. Of course, this position also is part of a discourse. Thus, it is not the discursive nature of these beliefs that are troublesome, but rather the implications of accepting or denying such a view.

[4] Clearly, one is not free to say anything; however, the restrictions on what may be said are socially influenced, for example, language conventions, power relations, and social context.

> It is good to know what you are doing. The man with his pickled fish has set down one truth and has recorded in this experience many lies. The fish is not that color, that texture, that dead, nor does he smell that way (p. 2-3).

Another dramatic (and somewhat amusing) example of this can be found in a little book by Queneau (1981) in which he provides 195 descriptions of the same event – someone getting on to a bus.

Describing social interactions, particularly in the contexts within which social work evaluations typically occur, requires complex judgments. For example, calling a parent's response to a child a "rebuke," a "lesson," a "personal attack," a "back-handed compliment," or "praise" may involve consideration of multiple factors such as the context of the interaction, knowledge of and past experience with the family, and favored theories.[5] Typically, whatever word or words are used to "describe" what happened will support certain values, that is, there will be an implication that the action was good or bad, healthy or unhealthy, for example, that the rebuke or praise was or was not appropriate. Similarly, using descriptive adjectives such as "domineering," "passive," "dependent," "assertive," "friendly," "uncooperative," "cooperative," "distant," "detached," "depressed" and so on – almost always imply a value stance in which the adjective used is one side of a dichotomous relation. Therefore, if descriptions involve choice, and if that choice is communicated in language, such choices invariably will imply values.

Sometimes the values contained in descriptions are implicit or indirect as when a statement is made as if it were obviously true or taken-for-granted. For example, in a popular text on human behavior, the authors state: "Children must begin the long process of moving in the direction of independence and separation from parental figures" (Berger, McBreen and Rifkin 1996, 141). One way to read this sentence is that independence and separation from parental figures are necessary for healthy development. Alternatively, but not necessarily exclusively, independence and separation and their implied relationship to health could be interpreted as value positions of the authors, or suggesting a male-oriented developmental perspective.

Accepting values as an inevitable part of descriptions implies that descriptions may function as prescriptions. This possibility is troublesome to empiricists who use various research designs to try to eliminate values from descriptions (or at least minimize their impact). For the discursive-oriented evaluator, however, the inevitability of values does not pose the same problem. Becoming aware that descriptions involve choice suggests that they – and the values they imply – can be otherwise. Thus the task becomes not to eliminate values, but to employ them in our inquiries in ways that are consistent with

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[5] Even the description "response" is a judgment that imposes a temporal sequence on the interaction.

the values and mission of social work (or our visions of the good life)[6] and to be explicit about how we do so.

Authority, Rhetoric and Representation

If descriptions cannot derive their authority by claiming to be accurate depictions of "what is," then from where does their authority come? From a discursive perspective, textual authority is attributed on the basis of social factors such as the perceived expertise of authors/speakers and from institutional jurisdiction – themselves products of discourse – over particular knowledge areas. Authority also can be constructed by how a discourse is structured.

Authority also can be produced by a text structure and the use of tropes and other literary devices. The format of articles in professional journals and the use of particular writing styles such as that of the American Psychological Association create an authoritative text. The latter does this by reproducing the discourse of science generating what Billig (1988) calls "depopulated texts," that is, texts without people.

Dorothy E. Smith has described how various literary devices may be used to authorize a text. She identified "practices of objectification" that create the impression that a description is factual rather than mere opinion. One way this is done, according to Smith (1997), is by "suspending the presence of the subject" by converting verbs expressing subjects' actions into nouns (called nominalization). Thus, instead of describing how someone "does" depression or hurts family members, we discuss depression and family violence. A related strategy is to convert subjective states of persons (e.g., attitudes or opinions) into entities "that can interact with other entities" (p. 59). Thus, an evaluation report might discuss the relationship of attitudes to beliefs. In a related literary practice termed "reattributing agency from subject to social phenomena," Smith notes that "Once nominalized social phenomena are constructed, agency can be attributed to them rather than to people" (p. 59); for example, attitudes, beliefs, and the like may be attributed causal properties.

When people are constructed as categories, it is common to treat those categories as real entities and to assign (via research) characteristics or attributes to them (Smith calls this "reconstructing subjects as figments of discourse," p. 61). This is a common practice in social and psychological discourse. Most formal psychological measurement is based on the "existence" of such entities whose characteristics are then measured. In contrast, the discourse-oriented evaluator, rather than seeking referents or characteristics of a particular term, such as "borderline personality," might (following Foucault) analyze the term

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[6] This position does not mean that one can say anything. Our utterances still will be judged by various criteria depending on the language community to which one is aiming. Also, it seems reasonable to presume that professionals are guided by a sense of ethics such as honesty that certainly are not suspended in this case.

as a discursive phenomenon, "as a thing brought into speech by the workings of power" (Shapiro 1987, 369).

In scientific discourse, authority is related to facticity and objectivity. A common way of constructing objectivity in inquiry is through the use of "distancing devices" which separate the objects of study from the ways they are constituted in our representations of them. For example, the use "exemplary extracts of informants' comments or conversations" in ethnographies separates the author's commentary from the lives that are her/his subject matter (Gubrium and Holstein 1997, 91; see also Atkinson 1990). Statistics in the empiricist tradition may function similarly – turning readers attention away from the possibility that the research text constitutes its subject matter.

In a similar vein, Gergen (1994) discusses "distention devices," ways of using language that create a separation between subjective experience and its linguistic referents. Distention language can be as simple as using words like "the" and "that" instead of "my" or by using "distending metaphors" such as using words like "found," "detected," and "discovered" to imply that learning about the world is like searching for "buried treasure." Gergen demonstrates the rhetorical impact of such metaphors by contrasting their use with more personalized language; for example, "Smith discovered the fact" versus "Smith labeled his impression" or "Jones found that . . ." versus "Jones selected new terms for his experience" (p. 174-175).

These rhetorical devices – and I have only scratched the surface of this topic – not only authorize texts (such as evaluation reports), but help maintain the very characteristics of authority such as objectivity that the discourse creates. By implication, they also support the metatheory of subject-object dualism. Critical, literary readings can interrupt these self-authorizations and increase potential interpretations of a text.

Concern with issues of representation has led to exploration of different literary styles and presentation formats. Although a discussion of these efforts is beyond the scope of this paper, some examples have included writing forms such as personal essay, memoir, autoethnography, dialogue, and poetry. Conjoint or distributed representations in texts (that is, multi-voiced texts) in which researchers and participants or other relevant voices co-construct a text have begun to appear (Gergen and Gergen 2000). In addition, performance texts in which participants literally "act out" their study within a dramaturgical context have been reported (for example, Ellis and Bochner 1992).

A compelling concern of those for whom representation issues are salient is its political aspect. Social scientists and evaluators inevitably wind up speaking for (and creating) others. What has become increasingly clear over the past several years is that those representations are often not how those being represented would choose to portray themselves.

The Problem of Criteria

The issue of representation also relates to the criteria used to judge knowledge claims. How an evaluation is described and reported will be influenced by the criteria believed most relevant to such claims. Demonstrating how an evaluation meets those criteria will increase its authority. Whether we subscribe to validity or verisimilitude, we will construct our reports in ways in which important evaluative criteria are salient.

Although by undermining the notion of a final, external authority, a discursive standpoint complicates the issue of criteria, we cannot eliminate the need to make judgments. Few of us (I hope) are willing to embrace an "anything goes" or "nothing goes" strategy that would leave "what goes" to those with the most power. However, viewing evaluation as discourse raises new challenges for how to adjudicate among knowledge claims or even how to assess such claims. Undergirding this challenge is the shift in perception of evaluation as a truth-bearing or truth-discovering enterprise to an activity that primarily is moral and political in nature[7] (Smith and Deemer 2000). This shift has led to the identification of criteria that are sensitive to the social and practical aspects of evaluation. For example, Chambers (2000) contends that criteria of utility are at least as important as more traditional ones such as validity. He identifies five such criteria: accessibility, relevance, responsiveness "to different claims on the *significance* of a course of action," credibility, and the extent to which a study addresses "matters of *prospect* and judgment" (p. 863).[8] It is important to note that all of these criteria are applied in reference to stakeholders and client groups.

In recent years the increasingly vocal demands and "counterstories" by groups who have felt unrepresented or misrepresented by traditional research and evaluation have highlighted the moral dimension of evaluative criteria. One alternative has been the development of "standpoint epistemologies" in which the starting point of inquiry or interpretation is located in the gendered, racial, sexual or ethnic experience of the researcher, critic, subject, or author. These inquiries have generated new understandings of marginalized groups that stand in contrast to "Eurocentric, masculinist" representations of their lives (see Denzin 1997).

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[7] I hasten to add that nothing in this conceptualization compels me to give up having standards by which to judge a program or the evaluation of that program. What changes is the way I do this as was illustrated previously in my discussion of questions.

[8] Although Chambers' concern is applied ethnography, I believe his criteria apply to evaluation studies of various persuasions.

Positioning

One issue generated by these concerns is who contributes to evaluations and the credibility given to their understandings. Evaluations inevitably involve interactions among evaluators and people associated with the evaluand. There interactions are characterized by positionings that enable the interactants to say and do particular things. For example, in the position of evaluator a person has a right to ask certain kinds of questions about the operation of a program or what someone thinks about how well an organization is carrying out its mission, that would be seen as inappropriate for another person. These positions not only help to explain the communication between evaluators and others, but between various stakeholders. Thus, it provides information about evaluators' relationships and program relationships.

The notion of "subject position" and the study of positioning was developed by Rom Harré and his associates to provide a more flexible, dynamic replacement for the concept of "role" (e.g., Davies and Harré 1990; Harré and Lagnehove 1999). Their theory also links the idea of position with the rights and duties associated with social acts, particularly linguistic acts. Also, considered is what Harré calls the "illocutionary force" of language, that is, its social significance, and the story lines or narratives associated with different interactional episodes.

If an evaluation is viewed as a story of an organization, program, or policy, a positioning analysis can increase awareness of how the story gets constructed (and by implication, what other stories might have been told). It invites questions such as whose interpretations count? Who is considered an authority? Who does not have standing to offer an interpretation? How are different views about what happened or is happening adjudicated? Using positioning analysis, evaluators can study how people are positioned in their attempts to participate in the narrative as well as their own positioning efforts. It can help illuminate the communication between evaluators and stakeholders and among stakeholders themselves and how collectively these interactions contribute to the overall evaluation.

Conclusion

I have attempted to identify some issues and implications related to a shift from evaluation as constituted by methods to evaluation as discourse. Despite my brief treatment of these issues, I hope it will generate consideration of how this perspective might enhance the practice and interpretation of evaluation.

Although the shift to discourse can feel like a slide into nihilism, intellectual anarchy, or immobilization, it need not be so. In fact, we can look at this change as a way of enhancing our evaluation activities. Viewing language not "as a neutral carrier of meanings or a mere transparent medium of facts . . . [but as] . . . the constitutive method and material of the world that it projects . . . [means that] . . . the way that we talk about the world [is] as important as the objects of the worlds that, in talking about them, become available as objects of our experience" (Brown 1990, 72). Thus, consideration of linguistic and textual practices and their relationship to evaluation can, in my opinion, enrich the conversation around evaluation, broaden our understanding, increase our sensitivity to topics and people that may have been invisible or silent, and align our practices more closely with our values and commitments. It can also expand the range of practices available to evaluators.

If evaluation is a moral activity, then evaluators have an obligation to be self-conscious about their representational practices given their privileged position as assessors and decision makers. Drawing on Foucault, Gubrium and Holstein (1997) argue that, "Because we speak and write a discourse of scientific 'truth' and there are substantial institutional arrangements that lend credence to what we say, self-consciousness obligates us to reflexively deconstruct our own 'truths' and consider the power that resides in producing and owning knowledge" (p. 111). Such consciousness can "encourage social scientists to undertake forms of analysis that avoid the uncritical valorization of the realities created by the dominant, 'official' modes of discourse" (Shapiro 1987, 366). We can address this issue of self-consciousness by being open to and experimenting with diverse forms of inquiry and representation, and by expanding our evaluative lexicon and modes of expression. Increasing the diversity of intellectual resources available to evaluators can help us to work more sensitively and collaboratively with others. If we can do this, our evaluations, our services, and ultimately our clients, will benefit.

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Vertinimas diskurso perspektyvoje

Santrauka

Straipsnis analizuoja problemas ir implikacijas, susijusias su vertinimu, į kurį žvelgiama iš diskurso perspektyvos. Straipsnyje paliečiamos penkios temos: klausimai, aprašymas, autoritetas, kriterijai ir pozicionavimas. Kiekvienu atveju autorius identifikuoja temas, kurios dažnai ignoruojamos, praleidžiamos pro akis ir nematomos tiriant vertinimą iš metodologinės perspektyvos. Straipsnyje teigiama, kad būtina taikyti įvairesnes ir atviresnes perspektyvas vertinimo sampratose ir praktikose.

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Keturi būdai patirti Vilnių

Victor de Munck, Trini de Munck, Rasa Antanavičiūtė, Linas Svolkinas. Experiencing Vilnius. Insider and Outsider Perspectives. Vilnius: Kronta, 2009, 256 p.

Rasa Baločkaitė

Vytauto Didžiojo universitetas

Ilgai galvojau, kaip išversti knygos pavadinimą. Patirti Vilnių? Patyrimas – kasdieninio gyvenimo patirtys, kalbos nuotrupos, kvapai, atsitiktiniai epizodai – ilgą laiką buvęs ištremtas iš akademinio gyvenimo, laikomas nereikšmingu, niekingu, pamažu vėl grįžta į areną. Dar ilgiau galvojau kaip išversti paantraštę *„Insider and Outsider Perspectives“*. Lietuvių kalboje autsaideris turi neigiamas konotacijas. Tas, apie kurį mes, įkalinti nežinia kur, o gal dugnan plaukiančiame laive, sakome – likęs „už borto“. Dviejų lietuvių ir dviejų amerikiečių kalbėjimas apie Vilnių.

Šioje knygoje Vilnius pateikiamas kaip kasdieninio gyvenimo poetika ir politika. Gedimino pilis ir Maximos mišrainės, tautos grynumo idėjos ir svaiginančios blondinės bare, lydimos akivaizdžiai kvailų vyrų. Keturių autorių balsai, persipinantys ir papildantys vienas kitą. Postmodernus rašymas – nėra (beveik nėra) jokio privilegijuoto stebėjimo taško, rašymas kaip antiteoretizavimas, nužudytas ir žanras, ir siužetas. Užtat autorius nemirė, autorius juntamas ir gyvas. Subjektyvūs patyrimai ir žmonės, keturi žmonės – tos subjektyvios patirties nešėjai. Kasdienybė, neturinti pradžios nei pabaigos.

Ką primena šitas tekstas – lyg M. Valančiaus „Palangos Juzė“. Tai „Lietuvos geografijos bei kultūros vadovėlis, parašytas beletristine forma“[1]. Apysaka, kurią sudaro keliaujančio kaimo siuvėjo Juzės, grįžusio iš kelionės po Žemaitiją ir Aukštaitiją, pasakojimai. Pasakojimai apie vietos valstiečių buitį, jų papročius, jų žaidimus.

Keista matyti pačius paprasčiausius kasdienio gyvenimo aspektus, pavirtusius tekstu. Apsipirkimo Akropolyje patirtys. Neapsipirkimo patirtys. Brangu, brangiau negu Amerikoje. Prekės „be ryšio“ – pasibaisėjimą keliantys megztiniai, siuvinėti karoliais, su tikru ar dirbtiniu kailiu, įmantriais užrašais. Žmonės stumdosi. Karšta. Nėra ką apsirengti. Lietuviai, praradę distancijos pojūtį; lietuviai,

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[1] http://dgs.dtiltas.lt/knygynas/palangos_juze.htm

neįpratę turėti savo asmeninės erdvės. „Lietuviai, sutalpinti prigrūstuose, sausakimšuose troleibusuose, matyt, nuo gimimo“ – greta šių patirčių, dar reikėtų paminėti bendrabučius ir komunalkas. Apysakos stilius „pasižymi konkretumu, dinamiškumu, gausiais komizmo elementais, liaudišku kalbos sodrumu“[2].

Amžina socialinių mokslų problema – *insider'io* ir *outside'io* perspektyva. Jei vienas, pirmasis, visuomet yra svetimas, nejautrus, neperprantantis konteksto subtilybių, tai kitas, antrasis, dažniausiai pripratęs, prijaukintas, *domesticated*, nepastebintis stulbinančių kasdienybės paradoksų, pasidaręs aklas savo paties kultūrai ir užmigęs įpročio miegu.

Dabar abu – *insider'iai, outsider'iai* – dalyvauja kūrybiškame poliloge. Simbolinis Kitas, *the subject of difference*, tas, anot postkolonializmo teoretikų, – „vaikščiojantis zoologijos sodas“ – prakalbinamas, nusitrina ribos tarp praktikos ir teorijos, tarp tiriamojo ir tyrėjo. Kaip konstruojama pokalbio architektonika? Pagrindinis naratorius – Victoras, epizodiškai perleidžiantis šią rolę Trini. Rasa ir Linas – vietiniai, *the locals* – atlieka komentatoriaus vaidmenį, papildydami, interpretuodami, atsakydami į Victoro ir Trini tekstus. Kartais patikslindami, kartais teisindamiesi.

Pinasi skirtingos legitimacijos – savo, svetimo akimis. Šventa interpretacijos teisė. Šizofreniška lietuvių tapatybė ir istoriškai nulemtas polinkis į savižudybes – Pilėnai, ta lietuviškoji Masada... Šizofreniška užsieniečių elgsena Lietuvoje, kai jie, bent trumpam ištrūkę iš savo kasdienybių, tampa gerbiami, geidžiami ir galingi ... sąlyginai turtingi ir seksualūs. Atspirties taškas dažniausiai – Vakarai. Per brangus – i.e., brangesnis negu Vakaruose. Vilnius, vilniečiai, Akropolis – visa tai yra *the world of difference*. Aš pridurčiau – *difference even to ourselves*. Pradedi žiūrėti svetimo akimis.

Globalėjančiame, o gal jau globalizuotame pasaulyje – nestabilios tapatybės, nuolat kintantys lojalumo kompleksai. Skirtingos patirtys ir patyrimai suardo numanomai galimą „grynosios tautos“ idėją. Kelionių ir išgyvenimo nesvetingose realybėse patirtys lemia, kad nusitrina ribos tarp savo ir svetimo, *insider'io* ir *outsider'io*. Skirtingos, jokiai klasifikacijai nepasiduodančios biografinės situacijos atveria nesibaigiančios interpretacijos galimybes.

Dažniausiai žavimės tais autoriais, kurie yra panašūs į mus pačius, leidžia mums patirti kultūrinio intymumo jausmą, leidžia tikėti galimu savo patyrimo universalumu. Suvokti save kaip universalų subjektą, o ne kaip dalinį Aš. Trini de Munck geriausiai aprašė tą susvetimėjimą, tą *slippage*, nežinia kada ir kaip atsiradusį tarp manęs bei mano šalies ir kultūros. Tai man suteikė neapsakomą palengvėjimą.

Vilnius, kaip miestas, gali būti perskaitomas ir suprantamas skirtingai. Tekstas irgi gali būti perskaitomas skirtingai. Kultūros studijų teoretiko Stuarto Hallo teigimu, egzistuoja trys skaitymo strategijos – hegemoninė, besąlygiškai priimanti autoriaus nuostatas, kontrahegemoninė, jas besąlygiškai atmetanti, ir trečia – besideranti, diskutuojanti dėl teksto prasmių. Ši keturių autorių knyga atveria kone neribotas derybų, diskusijų, interpretacijų ir tapatinimosi galimybes. Tikiuosi, joje kiekvienas atras savo patyrimus ir savo Vilnių.

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[2] Ibid.

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Studija apie pokomunizmo transformacijas

Zenonas Norkus. Kokia demokratija, koks kapitalizmas?: pokomunistinė transformacija Lietuvoje lyginamosios istorinės sociologijos požiūriu. Vilnius: Vilniaus universiteto leidykla, 742 p.

Apolonijus Žilys

Vytauto Didžiojo universitetas

Zenono Norkaus studija yra skirta suprasti ne tik komunistinės ir pokomunistinės sistemos ir visuomenės transformaciją, tai taip pat puikus traktatas apie kapitalizmo raidą ir kapitalistinių visuomenių skirtumus tarptautinės politinės ekonomikos požiūriu: „Tai, kas šioje knygoje dėstoma (...) yra lyginamoji politinė ir ekonominė sociologija arba politinė ekonomija, o ne civilizacijų analizė“ (p. 106).

Pirmuosiuose penkiuose skyriuose Norkus ambicingai aprašo ir bando pagrįsti pasirinkto metodo – istoriografinės komparatyvistikos – privalumus ir trūkumus sociologijoje bei plačiai išdėsto komparatyvinio metodo evoliuciją. Minėti pirmieji penki knygos skyriai gali būti puiki metodinė knyga apie socialinės metodologijos ir lyginamosios analizės sociologijoje bruožus: čia kalbama ne tik apie epistemologines metodologijos taikymo problemas, bet ir apie ontologines temas bei tinkamus būdus siekti mokslinio pažinimo. Šiuose skyriuose aiškiai išdėstomi aktualūs mokslo probleminiai klausimai, tokie, kaip etnocentrizmo apraiškos lyginamojoje analizėje ir kolonializmas moksle, modernaus mokslo metodologijos istorinė raida kaip darvinistinės, vėberiškos bei marksistinės teorijos tąsa ir socialinių mokslų tradicija bei, žinoma, modernizacijos ir postmodernybės teorijų diskursas. Trečiame, ketvirtame ir penktame skyriuose Norkus ne tik supažindina su lyginamojo metodo istorija bei klasifikacija (nuo Bendixo iki Wallersteino modernaus pasaulio klasifikacijos) sociologijoje, bet ir apibūdina jį remdamasis priežastingumo supratimu, statistinių skaičiavimų galimybėmis, atvejo analize, plačiomis makro lygmens komparatyvistinės analizės panaudojimo galimybėmis tarptautinėje politinėje ekonomikoje/sociologijoje, griežtomis modernizacijos teorijomis bei postmodernios teorijos supratimu apie socialinę realybę. Visgi vienas iš priekaištų knygai ir būtų ne plati metodologinė jos aprėptis, bet ne visai kontekstualus tam tikrų metodologinių tematikų apibrėžimas, kurių tarsi ir neprireikia jei ne pačiam autoriui, tai bent skaitytojui.

Šeštame ir septintame skyriuose autorius ne tik plačiai aptaria marksizmo idėjų reikšmę, jų įgyvendinimą ir komunistinės visuomenės „kūrimą“, bet ir apibrėžia plačią istorinę komunizmo idėjų, ideologijos tąsą, komunizmo politinį diskursą ir komunistinės politinės ekonomijos tvarkos realybę (nuo Markso ir Engelso, Lenino, Stalino ir Trockio komunizmo definicijų iki „šaltojo karo“ laikmečio, Gorbačiovo „perestroikos“ laikotarpio svarbos ar net komunizmo kaip totalitarizmo charakteristikos). Viena svarbesnių Norkaus, besiremiančio (vėberišku) racionalumu kaip išeities tašku, minčių yra ta, jog sovietinės visuomenės pagrindimas yra labai prieštaringas, ypač kalbant apie „naują“ sovietinės modernizacijos kelią.

Nors minėti skyriai yra ne ką mažiau svarbūs, jie yra intelektualinis sociopolitinių idėjų diskursas ir kontekstas. Tačiau tik aštuntame skyriuje autorius atskleidžia ir išplėtoja tikrąją sociologinę diskusiją apie sovietinės modernizacijos ypatumus. Čia keliamas retorinis klausimas – ar įmanoma pilnavertė (totalitarinė) komunistinė modernizacija ir ar tokia modernizacija yra pasisekęs „produktas“? Autoriaus manymu, sovietinė visuomenė kompleksiniu požiūriu gali būti laikytina savitu modernizacijos keliu, bet kartu tai yra *quasi*-išsivysčiusi visuomenė dėl prievartinės agrarinės visuomenės hipertransformacijos į modernią „grynąją“ industrinę visuomenę. Norkus prieina išvados, jog tai savitas modernybės ar modernios visuomenės konstruktas: „Jeigu komunizmą ir galima laikyti keliu į modernybę, tai buvo toks kelias, kuris baigėsi nesėkme, atvesdamas juo nuėjusias šalis į aklavietę (...) Komunistinės šalys – ne įstrigusios ar nebaigtos, bet žlugusios modernizacijos keliai“ (p. 248).

Ketvirtoje knygos dalyje istoriniu požiūriu sistemingai apžvelgiama komunistinė modernizacija; kartu čia parodoma, kad ši modernizacija skyrėsi SSRS, Kinijos ir Jugoslavijos komunizmo atvejais. Čia taip pat apibūdinami konkretūs komunizmo transformacijos keliai (nuo Kinijos „kultūrinės revoliucijos“ iki Gorbačiovo „perestroikos“) ir sovietinio bloko subyrėjimo transformacijos problematika „restauruojant kapitalizmą“ (p. 354).

Penktoje dalyje analitiškai bandoma išskirti „grynosios“ demokratijos ribotumus (iliustruojant ją Lotynų Amerikos šalių patirtimis) kaip sėkmingos modernizacijos būdą. Remdamasis A. Lijphartu, Norkus teigia, jog demokratija (ar kapitalizmas) ne visada pasiteisina kaip modernios visuomenės vystymosi kelias; autorius tikina, jog racionalaus kapitalizmo būvis su demokratija („liberalioji demokratija“, p. 421) yra geresnis kelias spartesnio socialinio ir ekonominio vystymosi link. Toks visuomenės būvis leidžia konsoliduoti ir įtvirtinti nuoseklią modernizaciją. Priešpastatydamas Vidurio ir Rytų Europos naująsias demokratijas šalia Lotynų Amerikos ir Vidurio Azijos šalių, autorius pateikia tai kaip sėkmingos evoliucijos pavyzdį, judant konsoliduotos demokratijos link.

Šeštojoje knygos dalyje Norkus pateikia išsamią Vakarų modernizacijos kelio istoriją, susiedamas ją ne tik su demokratijos reikšme, bet ir su liberalizmo ideologija; čia jis taip pat pateikia platų socialinių, ekonominių ir politinių teorijų diskursą politinėje ekonomijoje (nuo K. Marxo ir M. Weberio iki J. M. Keyneso). Autorius plačiai aptaria ir liberaliosios ekonomikos kaitos procesus vakarų industrializuotose valstybėse: fordistinės gamybos būdą, fordizmo kaip „išbaigto kapitalizmo" (p. 517) adaptaciją skirtingose vakarų visuomenėse, kapitalizmo tipologizaciją ir fordizmo koreliaciją su gerovės valstybės „rėžimais". Šeštoje dalyje aiškiai pateikiama kapitalizmo tipologizacija metodiškai išskiriant kapitalizmo tipus ir šiuos suklasifikuojant remiantis skirtingais racionalumo požymiais, tokiais, kaip rinkos laisvė, bendruomenės ryšių svarba, investicijos į žmogiškuosius išteklius, vadybinis potencialas, elito vaidmuo, gerovės rėžimo lygmuo ir kt.

Septinta knygos dalis tampa visos šios studijos pagrindu: čia pateikiami pokomunistiniai Estijos, Slovėnijos, Latvijos ir Lietuvos makro ekonomikos rodikliai ir pokomunistinės socialinės visuomenės transformacijos sąlygos. Knygos pavadinimas „Kokia demokratija, koks kapitalizmas?" aiškiai suponuoja ir iškelia hipotezę: kokias demokratijos formas pasirinks pokomunistinės šalys, kokį vakarų modernizacijos kelią ir „racionalias" liberalaus kapitalizmo formas jos adaptuos? Subyrėjęs komunistinis blokas, anot Norkaus, paliko visas šalis nebaigto modernizacijos projekto stadijoje; joms teko sunki dalia rinktis (o galbūt už jas buvo pasirinkta) užbaigti šį projektą naujomis kapitalizmo sąlygomis. Knygoje išryškėja, jog Slovėnija tęsia savo modernizaciją koordinuotos rinkos ekonomikos sąlygomis, kurios būdingos Skandinavijos šalims, o Estija savo ekonominę gerovę grindžia liberalios rinkos ekonomika.

Galiausiai naudodamasis Weberio tradicija, Norkus taikliai pagrindžia ne tik racionalumo, bet ir kultūrinio potencialo vaidmenį formuojant instrumentinį racionalumą šiandieniniame pasaulyje. Kad komunistinis blokas nebuvo homogeniška sistema, sukūrusi „sovietinę visuomenę" ir ištrynusi kultūrinius skirtumus, įrodoma ne tik skirtingų pokomunistinės transformacijos būdų, adaptuotų SSRS, Jugoslavijos, Kinijos ir Rytų Europos socialistinio bloko šalių, pavyzdžiais, bet ir geografiškai artimų Baltijos valstybių kultūriniais, ekonominiais ir socialiniais skirtumais. Kalbėdamas apie skirtingus protestantiškos Estijos ir katalikiškos Lietuvos restauruojamo kapitalizmo „geležinius narvus", knygos autorius atskleidžia klasikinės Weberio sociologinio kultūrinio determinizmo hipotezės apie kultūros ir religijos svarbą formuojant geležinį narvą dėsningas prielaidas bei jų ribotumus. Ir visgi atrodo, kad sunkiausia užduotis laukia Lietuvos, gyvenančios negryname („neidealiame", p. 634) neoliberaliajame kapitalizme ir turėsiančios pabaigti adaptuoti „estiško kapitalizmo" (p. 629) formą.

Apie autorius

Rasa Baločkaitė	dr., Vytauto Didžiojo universiteto Socialinės ir politinės teorijos katedros docentė
Giedrė Baltrušaitytė	dr.,Vytauto Didžiojo universiteto Sociologijos katedros lektorė
Mª Carmen Pérez Belda	Alikantės universiteto Socialinio darbo ir socialinių paslaugų katedros (Ispanija) doktorantė
Jūratė Imbrasaitė	dr., Vytauto Didžiojo universiteto Sociologijos katedros lektorė
Signe Mezinska	Riga Stradins universiteto Sociologijos katedros (Latvija) doktorantė
Jolanta Reingardė	dr., Vytauto Didžiojo universiteto Sociologijos katedros docentė ir vedėja, Socialinių tyrimų centro vadovė
Artūras Tereškinas	Ph. D., Vytauto Didžiojo universiteto Sociologijos katedros docentas
Stanley L. Witkin	Ph. D., Vermonto universiteto Socialinio darbo katedros (JAV) profesorius
Apolonijus Žilys	Vytauto Didžiojo universiteto Sociologijos katedros doktorantas

About the Authors

Rasa Baločkaitė	Dr., Associate Professor at the Department of Social and Political Theory, Faculty of Political Science and Diplomacy, Vytautas Magnus University, Lithuania
Giedrė Baltrušaitytė	Dr., lecturer at the Department of Sociology, Vytautas Magnus University, Lithuania
Mª Carmen Pérez Belda	Ph.D. candidate at the Department of Social Work and Social Services, University of Alicante, Spain
Jūratė Imbrasaitė	Dr., lecturer at the Department of Sociology, Vytautas Magnus University, Lithuania
Signe Mezinska	Ph. D. candidate in sociology at Riga Stradins University, Latvia
Jolanta Reingardė	Dr., Associate Professor, head of the Department of Sociology, director of the Center for Social Research, Vytautas Magnus University
Artūras Tereškinas	Ph. D., Associate Professor at the Department of Sociology, Vytautas Magnus University, Lithuania
Stanley L. Witkin	Ph. D., Professor at the Department of Social Work, University of Vermon, USA
Apolonijus Žilys	Ph. D. candidate at the Department of Sociology, Vytautas Magnus University, Lithuania

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Autoriams

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- keletas skirtingų autorių darbų (Bourdieu 1999; Brown 1995; Connell 1995).

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- Adams, Rachel, and David Savran, eds. 2002. *The Masculinity Studies Reader*. Oxford: Blackwell Publishers.

Book chapter
- Brod, Harry. 2002. “Studying Masculinities as Superordinate Studies.” In *Masculinity Studies & Feminist Theory: New Directions*, ed. Judith Kegan Gardner, 161–175. New York: Columbia University Press.

Journal article
- Connell, Raewyn. 1993. “The Big Picture: Masculinities in Recent World History.” *Theory and Society* 22 (5): 597–623.

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Sociologijos katedra
K. Donelaičio g. 52-309, LT-44244 Kaunas
El. paštas: a.tereskinas@smf.vdu.lt
Prieiga internete: www.vdu.lt/sociologija

Address:

Vytautas Magnus University
Department of Sociology
K. Donelaičio str. 52-309, LT-44244 Kaunas, Lithuania
E-mail: a.tereskinas@smf.vdu.lt
www.vdu.lt/sociologija

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