

# **BEING A CASE MANAGER - DOING CASE MANAGEMENT**

Translating Political Policy to Local Practice



## ABSTRACT

Case managers and Case management were implemented in the Swedish mental health care system as a result of political policies which aimed towards the empowerment of mentally disabled clients. This thesis engages the implementation of policy into local practice in terms of a translation process performed by case managers as they go about understanding and handling their everyday labour conditions.

The empirical material consists of 15 interviews and many more informal conversations with case managers, as well as 3 participant observations of interactions between case managers, their clients and other human service workers in the course of producing client empowerment. The empirical material is analysed from a grounded theory approach in dialogue with a critically relativist perspective and social psychological theories on constructions of social reality and selves. Resultant categories were subjected to situational analysis, individually as well as collaboratively, focusing relationships between social acts and contextual aspects of power.

Empirically the study contributes with an understanding of how case manager's experiences and handling of their labour conditions affect mentally disabled clients possibilities of empowerment within the Swedish mental health care system. Results show that the case managers' labour conditions are primarily structured by two labour conditions: The need to balance between the purpose of empowering clients and the organization's financial interests, and the need to manage a lack of a mandate which is accepted in practice when coordinating the efforts of other human service workers. It is further shown that case managers hope for a change and act to socially negotiate mandate to be able to fulfil their duties of coordinating other human service workers as well as actively seek long-term empowerment through professionalization. It is further shown that the organizations financial interests sometimes disempower both case managers and clients alike by restricting the case managers' space of action. Together the results suggest client empowerment is ultimately a product of what the case managers perceive that the organization is willing to pay for, rather than a principal right for mentally disabled clients to hold the power to choose for themselves.

Theoretically the study pushes at a central concept in the sociology of work; the 'service triangle', by demonstrating that middle managers aren't necessarily a proxy for the abstract organization. A methodological contribution is that the study demonstrates how an application of a critically relativist social psychological perspective can be used to study how constructions of social reality impact organizational results in tangible and real ways.

**Keywords:** Case Managers, Case Management, Managers, Labour Conditions, Political Policy, Sociology of Work, Critical Relativism, Social Psychology, Grounded Theory, Situational Analysis, Empowerment, Power, Professionalization

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To Mum,  
who taught me that books are magical portals to other worlds

To Bastian,  
who is a constant reminder of what is really important in life, like Saturday morning  
hot chocolate and balloons

To Anders,  
my love, my husband, and the very best friend I could ever wish for

---

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# 1. INTRODUCTION AND DISPOSITION

This is a study of how experiences and understandings of labour conditions are constitutive of the services produced and delivered to clients. As such the study straddles two areas of sociology; social psychology and organizational sociology, more specifically sociology of work.

Case management is a collective and internationally used term for several types of support models aimed at individuals with mental disabilities, all of these models contain a coordinating function; a so called case manager. Case managers and case management were implemented into the Swedish system of mental health care as the result of a number of political policies aimed at improving the Swedish mental health care system by supplying a function which could coordinate services as well as empower mentally disabled clients. Case managers primarily work in municipal and county organizations connected to the mental health care services.

Previous research on case managers and case management primarily focus efficiency in terms of decreased costs for the organizations, clinical results and how well case managers adhere to policy guidelines. Furthermore there are no Swedish studies of case managers and case management that differentiate between case managers and other functions resulting from the same political policies. In practice this means while previous research has measured different types of success rates, there are no studies that put these results in context or investigate the issues behind results. Furthermore it is problematic to evaluate and investigate case management practice using samples of personnel who do not work with case management methods or have case management training.

By contrast this study revolves around the comprehensive purpose of forming an understanding of what it means to be a case manager performing case management in Sweden and how this impacts on the final product of empowerment which is delivered to the clients.

This comprehensive purpose encompasses three aims which are fulfilled by applying a critical social psychological perspective through grounded theory analysis to an empirical material consisting of interviews with and observations of case managers (these aspects are further discussed in Ch. 3). chapter 4 aims to form an understanding how the case managers understand their situation in terms of labour conditions, thus explicating the aspects and issues that frame the situation of being a case manager and performing case management in Sweden. Chapter 5 aims to form an understanding of the case managers' experiences of being disempowered and managing situations where they feel compelled by the organization to act in ways that could be understood as disempowering for clients.

Chapter 6 aims to form an understanding of the case managers' experiences of delivering empowerment to clients. Chapter 7 summarizes and discusses the results of the empirical analysis in terms of a critical social psychological grounded theory of what it means to be a case manager performing case management in Sweden. The chapter also includes a number of suggestions for further research. Appendices I-VII supply quotes in the original language, samples from the analytical process as well as relevant samples of case management documents.



## 2. BACKGROUND AND PROBLEMATIZATION

*This chapter begins with an introduction of the concepts case management and case managers in section 2.1 and then moves on to cover the different case management models in section 2.1.1. To create an understanding of the ideas and motivations behind the implementation project as well as an understanding of the scientific study of case managers and case management, section 2.1.2 treats a number of political documents and section 2.1.3 covers the scientific research in the field.*

*Section 2.2 covers topics in the scientific field of policy implementation that together compose a backdrop against which the research aim of this study can be understood; a form of scientific sounding board which in dialogue with the concepts of case managers and case management creates an understanding of the ideas and motivations behind this study.*

*The final section, 2.3 develops the comprehensive research purpose and aims in dialogue with previous sections.*

### 2.1 Case Management and Case Managers

Case management is a collective and internationally used term for several types of support models aimed at individuals with mental disabilities, all of these models contain a coordinating function; a so called case manager (J. Scott & Lehman, 2001; Socialstyrelsen, 2011b). The scope of the case manager function for the individual differs with regards to the individual's need of support and care and which model that is applied. The time span during which an individual receives case management support can vary from a few months to several years. The Swedish target group are individuals over 18 years old with diagnosed mental disabilities which merit the services of more than one organizational representative (Socialstyrelsen, 2011a). The Swedish use of the terms case management and case managers is a direct transfer of the internationally used terms, and relates to the historical background of the case management models before implementation into the Swedish system.

Contemporary case management models have been developed from collaborative methods used in U.S. psychiatric care during the early 20<sup>th</sup> century when social workers and psychiatric care givers regularly collaborated before and after clients' incarceration into psychiatric care (Piuva, 2005; Rosen, 1968; Sands, 2001). Social workers facilitated contacts between specialized care and the clients' social networks, and supported patients as they returned to a 'normal' life in society after stays in institutionalized care. The function was called 'psychiatric case work' and the title 'psychiatric case worker' held professional status. The case manager model originates from psychiatric case work and shares the same principle purposes; to accomplish a reintegration of clients into society and to

avoid readmission into institutionalized care. However, where the case work function was aimed at clients of psychiatry in general, the case management model was specifically aimed at clients who had, previous to the psychiatric deinstitutionalization during the 1960's and 70's, spent their lives in institutions (Piuva & Lobos, 2007).

### 2.1.1 The Case Management Models

Categorizations of case management models are based on levels of intensity, where intensity is measured with reference to the amount of clients per case manager. In less intensive models such as the Broker Model (BM) the case manager will have 30-50 clients and functions as a 'broker' for the client, referring clients to services and maintaining contact with the same. In the intensive models, commonly also called multi professional models, such as Assertive Community Treatment (ACT), Clinical Case Management (CCM) and Intensive Care Management (ICM) the case manager handles 5-15 clients. (Holloway & Carson, 1998; Socialstyrelsen, 2011b). In the intensive or multi professional models the client is surrounded by a team of professionals who provide social and medical services which are coordinated by the case manager in accordance with the client's needs (Piuva & Lobos, 2007; J. Scott & Lehman, 2001; Socialstyrelsen, 2011b). An important difference between the international and Swedish implementations of case management models is that Swedish clients reserve the right to refuse case manager treatment (Piuva & Lobos, 2007).

ACT - Assertive Community Treatment is the model which has been implemented in the Swedish context<sup>1</sup>. ACT relies on highly accessible multidisciplinary teams called 'resource groups' capable of responding to a variety of client's needs (Mueser, Bond, Drake, & Resnick, 1998). The case manager works together with the client to determine his or her needs with the help of a number of exploratory tools. The needs are then conceptualized into personalized goals and officially documented into a personal development plan<sup>2</sup>. This plan then serves as a guide to all services aimed at the individual. Furthermore, ACT incorporates that which has been called 'the case manager philosophy' (Payne, 2000); that the case manager and the members of the resource group work with, rather than for or above the client; that focus should be placed on what the client can achieve rather than the clients disabilities; that the resource group members should be local, accessible and flexible

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<sup>1</sup> However in the Swedish context the term ACT is sometimes disregarded in favour of the more Swedish term 'integrerad psykiatri' (IP) which can be loosely translated as 'integrated psychiatry'

<sup>2</sup> example of personal development plan provided in appendix II

and that the case manager, has the closest relationship with the client and is able to advocate the clients perspective (Piuva & Lobos, 2007).

### 2.1.2 The Implementation of Case Management and Case Managers in Sweden

In Sweden attention was first drawn to case management in connection to the Swedish Mental Health Reform of 1995. The reform was despite its name, not aimed at a reformation of the Swedish mental health care system, but instead at a clarification and division of responsibilities and jurisdiction between different organizations and social actors (Grönberg Eskel, 2012; SOU, 2006:100). The background of the reform of 1995 relates to a parliamentary commission of 1992 (SOU, 1992:73) within which the Committee on Psychiatric Care concluded that the efforts of social services were largely inadequate with regards to a lack of coordination, not only between the different organizations, but also within them, which led to mentally disabled clients being put at risk. SOU 1992:73 describes the case management method as a vital part of the solution to the problems identified<sup>3</sup>.

In 2003 the National Psychiatry coordination published the results of an evaluation concerning organizational collaboration, resources, competences and rehabilitation of the mentally disabled. The evaluation (Nationell Psykiatrisamordning, 2003:9) emphasized the need for the development and implementation of evidence based psychosocial methods such as case management<sup>4</sup>. The report resulted in a proposal to the Swedish Ministry of Social Affairs which concerned financial means for the development of a project of knowledge development with regards to case management. In 2006 the government allocated 20 million SEK to a five year knowledge development program; 'for case managers who will work according to the ACT-model' (Socialstyrelsen, 2011b). Initially the project encompassed 15 municipalities and 5 counties. The program included, introductory courses for politicians and other officials, physicians, and potential resource group members, as well as in depth courses for case managers to be, method and implementation support to organizations(Socialstyrelsen, 2011b).

Today case managers work in a variety of organizations, examples include: primary care, psychiatric hospital care, psychiatric outpatient care, municipal psychiatric care, social work, employment agencies, the Swedish Social Insurance Agency, the client, the clients' social network (family, friends, colleagues etc.)(Malm, 2011). The National Board of Health and Welfare defines the overarching

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<sup>3</sup>In a lecture concerning the implementation of case management in Sweden the psychologist Lennart Lundin mentions that while it is the term "personligt ombud" which is used in SOU 1992:73 the intention is in fact to point to case managers (Lundin, 2012)

<sup>4</sup>The evaluation was led by Anders Milton and is, because of that, sometimes referred to as 'The Milton investigation'

purpose of Case management as a means to the end of ensuring clients with mental disabilities the possibility to live as independently as possible. The more concrete goals are: To form and maintain contacts between the care and welfare systems and the clients, to reduce the number and length of hospitalizations and improve the clients' social function and quality of life (Socialstyrelsen, 2011a). The political motivation for the implementation of functions like case management derives from ambitions regarding empowerment of mentally disabled clients (Grönberg Eskel, 2012). Thus in light of history, the political ambitions of the empowerment of mentally disabled clients can be understood as a controversial transformation of contemporary Swedish mental health care.

### 2.1.3 Scientific Studies of Case Management and Case Managers

The scientific research on case management has above all focused efficiency in terms of decreased costs. Several studies have shown that implementation of ACT and ICM models have led to a reduction of time spent in intensive mental care facilities (Bond, Miller, Krumwied, & Ward, 1988; J. Scott & Dixon, 1995; Wasylenki, 1995). Furthermore results showed that the level of success of the ACT-model was directly related to close adherence to the ACT model guidelines (Bond et al., 1988). Other case management models did show effects but none was comparable to the high results shown by the ACT-model (J. Scott & Dixon, 1995). No case management model showed significant effects with regards to psychological health, substance abuse, income or self-assessment with regards to well-being (Morse et al., 1997). However, the ACT-model demonstrated significant decreases in clients' resource consumption and mental health care costs in comparison to the control group during a three-year period (Clark et al., 1998). Several studies called for better description of the concrete case management practices and more evaluations of the meaning of the close relationship between the case manager and the client (Mueser et al., 1998).

A systematic research review (Marshall, Gray, Lockwood, & Green, 2000) showed that so called less intensive case management models focusing administrative coordination such as BM demonstrated less results in comparison with ACT, clients with ACT had longer and more regular contacts with health care facilities after discharge from intensive care units, better conditions of living and fewer readmissions into intensive mental health care facilities.(Marshall et al., 2000). In the latest updated systematic review the same authors found that the better results demonstrated by the ACT model with regards to consumption of health care resources and living conditions were consistent. As a result they recommended ACT as an effective method, especially for those clients that are high consumers of psychiatric care (Piuva & Lobos, 2007). Clients report a higher level of satisfaction with the ACT model in comparison with other case management models (Holloway & Carson, 1998).

In Sweden the Mental Health Care Reform of 1995 that led to a higher level of responsibility for the municipalities but also less organizational resources for care led to an increased interest for methods and models capable of reducing costs for psychiatric care (Piuva & Lobos, 2007). Two categories are discernable with regards to Swedish research studies of case management; emphasis on client empowerment and emphasis on results from a clinical perspective.

There are a number of Swedish medical research studies that describe the clinical results of case management. Åberg – Wistedt, Cresell, Lidberg, Liljenberg, and Ösby (1995) performed a two year study comparing multi professional case management to regular psychiatric care for clients diagnosed with schizophrenia. Their results show that the use of case management led to a decrease in hospitalized care and pressure on the client's family. Björkman (2000) evaluates 10 municipal projects which were initiated after the Swedish Mental Health Care Reform of 1995 and finds that clients reported a significantly better satisfaction with case management services compared to clients in standard care. The results further showed a significant reduction in use of psychiatric inpatient care for clients with a case manager, and that interventions directed towards finances and co-ordination of care and support were related to less use of psychiatric inpatient care. Björkman and Hansson (2000) examine the amount and frequency of contact with health care providers for a group of long-term mentally disabled individuals, both with and without case managers. Their results showed that clients with case managers fulfilled treatment plans and had a better functioning social network than clients without case managers.

Focusing issues of client empowerment Järkestig Berggren (2006) explores the functional role of case managers rather than the results of their work and points to a paradox; case managers perform social practice in a medical discourse. Järkestig Berggren (2006) further argues that medical discourse is characterized by its tendency to construct mental disability as an above all individual condition, disengaged from psychosocial and structural aspects in the surrounding environment. Järkestig Berggren (2006) also points to medicine's history of dominance and interpretative prerogative and argues that this has led to the notion that any other perspective should be rejected as irrelevant meaning that medicine thus harbours tendencies of paternalism towards both other professional opinions as well as patients' life-world perspectives on their experiences. The citizen discourse, identified by Järkestig Berggren (2006) as the discourse related to the aforementioned political goals of policies aimed at empowering clients. It builds on neo-liberal ideology and emphasizes empowerment through the individualization of care.

Markström, Lindqvist, and Sandlund (2009) analyse the implementation of a case manager model in rural Sweden using a sample of 15 case management teams. Their results indicate that rural case

managers design their work methods themselves and that these entail several deviations from the national policy guidelines in this field, that case management boards have a low capacity to direct and manage the activities of the case managers and that case managers as a result develop into 'welfare entrepreneurs'.

With regards to the Swedish research on case managers and case management there is however one important aspect that seems to have gotten 'lost in translation'. This literature un-problematically equates personliga ombud (PO's) to case managers (Björkman, 2000; Björkman & Hansson, 2000; Järkestig Berggren, 2006; Markström et al., 2009). But while PO's do share case managers' history with regards to how and why they were implemented into the Swedish system and academia seems to share the understanding that PO's and case managers despite their many differences, are still comparable due to filling the same function of empowering clients, this understanding is not shared by the practitioners in the field. With the risk of forestalling the analysis a quote from the empirical material highlighting this issue is presented here

*'They don't follow an entire concept so to say [...] often it's about legal stuff like appeals, to apply for services and make appeals when they don't get the services they need, stuff like that. So it's not like they work with resource groups and such'*

## 2.2 Translating Policy to Practice

The sociological service literature offers a conceptual tool for understanding the interlocking relations in any given service encounter; the service triangle. The service triangle identifies three stakeholders in any given service encounter; the customer or client, the human service worker and the organization. When managers of any kind are considered they are commonly conceptualized as a proxy for the abstract 'organization' (Lopez, 2010).

The process of transforming political policy into practice in the public human service organizations<sup>5</sup> is a complicated and often problematic venture; it can be understood as including two separate but relational and interdependent processes of 'translation'. One which occurs at the administrative level and one which occurs in situated service encounters.

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<sup>5</sup> The terms used to describe and conceptualize these organizations vary in the literature, here the term used is 'public human service organizations'; and includes organizations such as care, welfare and the educational system. Within these organizations, a large part of the labour consists of service encounters with clients meaning that interventions are directed at people rather than machines, a labour condition identified as typical for post-industrial society (Bell, 1973). The people who work in these organizations, providing care, welfare services, advice etc. will be termed "human service workers".

Leppänen, Jönsson, Petersson, and Tranquist (2006) discuss the process of translation which occurs when public human service organizations are to incorporate new political policy into the already existing local routines in terms of a paradox with regards to goal orientation. They argue that public organizations are dually governed; on the one hand by politically formulated policies in the form of over-arching and general goal descriptions that relate to issues such as clients' rights, and on the other hand by local detailed regulations which are financially and practically oriented. Consequently situations arise where the two means of governance come into conflict with one another and a situation of 'translation' occurs, often resulting in the more vague political formulations giving way to the more detailed local financial goals.

A similar process occurs in situated service encounters between human service workers and their clients. The 'raw material' that professionals in human service organizations work with are clients, human beings who present a variety of concerns which are to be solved with the help of the tools provided by the organization the human service workers work for. However the political policies which have been translated into local organizational administrative routines may or may not be in harmony with the concerns presented by the client (Hasenfeld, 1992; Markström et al., 2009; Rosenheck, 2001). Michael Lipsky's (1980) concept of street-level bureaucracy effectively conceptualizes this aspect.

Lipsky (1980) argues that street-level bureaucrats labour conditions are defined by the position of handling the daily and practical contact with client, representing the organization in the service encounter and accommodating the needs of both. The role of the street-level bureaucrat is to execute organizational policy in practice, or, as Lipsky and Weatherly (1977) argue; the street-level bureaucrats' handling of matters within the confines of their discretionary space constitutes the final product that is finally delivered to the public

*These accommodations and coping mechanisms that they are free to develop form patterns of behavior which become the government program that is "delivered" to the public. In a significant sense, then street-level bureaucrats are the policymakers in their respective work arenas (Lipsky & Weatherly, 1977, s. 172)*

Thus, street-level bureaucrats aren't passive conduits of organizational policy; organizational directives aren't simply transferred to situations that arise. Political policy as it is delivered to clients in the form of a service product, is ultimately a social construction; a translation. What this means is that human service workers and their experiences of their situation as they deal with situated problem-solving in one-on-one service encounters, must be recognized as pivotal lynchpins in the translation of political policy to practice. But case managers don't merely deliver service to clients in one-on-one service encounters. They also coordinate the client's resource groups, meaning that they

function as a form of middle-manager to the other human service workers providing services to the clients.

Case management and case managers were implemented into the Swedish Mental Health Care system as a result of political policy. Case managers perform their duties in human service organizations governed by both political goals in the form of policies and financial goals. Case managers performing case management and delivering empowerment to clients can be thus be understood in terms of translators of political policy into practice.

### 2.3 Problematizing Case Managers and Case Management

The research on case management in Sweden is largely concentrated on the effects of the ACT-model with regards to efficiency in terms of decreased costs. Studies of case managers show that they may deviate from policy guidelines of empowering clients as they perform their labour and that the arenas where they fulfil their function is characterized by discursive conflicts. We also know that political policy isn't unproblematically transferred into practice but socially constructed in processes of translation. First at the administrative level by the local human service organizations in conjunction to local financial goals. Secondly at the operative level by human service workers within the confines of their discretionary space as they interact with clients.

There are however no studies of how case managers experience their situation or purpose, in which situations they perceive that they are free to act at their discretion and in which situations they must follow administrative routines and regulations. Nor are there any studies of how case managers understanding of such labour conditions correlates to what they experience as necessary, impossible, strategic or suitable actions, or of how such understandings relate to the performance of case management in terms of translating policy to practice. Finally there is no Swedish research on case managers and case management that doesn't include and sometimes even limit the selection of study objects to PO's. Consequently there are a number of knowledge gaps to be filled which can be usefully conceptualized in terms of understanding what it means to be a case manager and perform case management in Sweden.

The comprehensive purpose of this study is to address this gap empirically by applying a critical social psychological perspective and grounded theory analysis to an empirical material consisting of interviews with, and observations of, case managers<sup>6</sup>, thereby contributing to the understanding of

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<sup>6</sup> These and other aspects are further discussed in chapter 3



what it means to be a case manager performing case management in Sweden and how this impacts on the final product of empowerment which is delivered to the clients.

This comprehensive purpose encompasses three aims. The first is to form an understanding how the case managers understand their situation in terms of labour conditions. This aim is addressed in chapter 4 and fulfilled through analysis of the descriptions the case managers make of themselves with regards to their situation and their purpose in terms of social constructions, as well as contextualising the same by pointing to the structural elements that surface in the descriptions; thus explicating the aspects and issues that frame the situation of being a case manager and performing case management in Sweden.

The two subsequent aims are connected to the case managers' understandings of their labour conditions in terms of elements that structure what the case managers' experience as necessary, impossible, strategic or suitable actions with regards to managing their situation. Chapter 5 addresses the aim of forming an understanding of the case managers' experiences of being disempowered and managing situations where they feel compelled by the organization to act in ways that could be understood as disempowering for clients. This aim is accomplished by applying a dual analytical focus engaging both observations of acts as well as the case managers' explanations of the same. Chapter 6 addresses the aim of forming an understanding of the case managers' experiences of delivering empowerment to clients. This aim is fulfilled by applying an analytical focus to observations of service encounters as well as the case managers' descriptions of how they empower themselves as well as their clients.

### 3. PERSPECTIVE, METHODOLOGY AND REALIZATION OF THE RESEARCH

*The aim of this chapter is to present and discuss the perspectives and methodology applied in this study, explaining and contextualizing perspectives in methodological choices and concerns.*

*Section 3.1 presents the ontological and epistemological points of departure and discusses theoretical and practical issues and implications of applying a critically relativist social psychological perspective in a study of case managers and case management. Sections 3.2 and 3.2.1 present the methodological framework applied as well as discuss choices and concerns. Section 3.3 presents and discusses the theoretical tools employed as well as the particular relationship between theory and empirical material. Sections 3.4 through 3.6 presents and discusses the issues concerning fieldwork and construction of the empirical material.*

#### 3.1 A Critically Relativist Social Psychological Perspective

One of the most fundamental questions any researcher must ask herself is ‘what kind of reality am I interested in, and what does truth mean in reality to this kind of reality?’. Chapters 1 and 2 answer this question fleetingly in the formulation “the comprehensive purpose of this study is fulfilled by applying a critically relativist social psychological perspective [...]” (pg. 3 and pg. 13). The first section of this chapter aims to explicate the meaning of this statement and answer questions like: what is a critically relativist social psychological perspective? What does it add to the study of case managers and case management? Which consequences has the application of this perspective had for the research process?

Johan Asplund (1983) makes a useful definition of social psychology when he states that it is a scientific discipline with an explicit interest for ‘the oblique between individual and society’ (pg. 62). What he means by this is that social psychology is the scientific study of the relationship between individuals’ thoughts, emotions, social acts, and the social world. The social psychology that Asplund defines<sup>7</sup> rests on the social constructionist notion that it is important to study the interplay between

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<sup>7</sup> There are several definitions and notions of what social psychology is or should be, a result of social psychology’s rather complicated background as a scientific discipline which has been claimed by both sociologists and psychologists. While social psychology is indeed regarded as a scientific discipline in its own right internationally this is not the case in Sweden. In Sweden (and a number of other countries) social psychology is regarded as a sub discipline to both sociology and psychology. Asplund can be said to represent what has become known as ‘sociological social psychology’ or ‘social constructionist social psychology’ in contrast to ‘modernist’ or ‘experimental social psychology’. Wendy Stainton Rogers (2003) provides a comprehensive and detailed history of social psychology for those interested.

the social world and individuals' social acts, emotions and selves because they are relational phenomena, constituting each other.

Although its roots go back much further the key text of social constructionism was Peter. L Berger and Thomas Luckmann's 'The Social Construction of Reality' (1967). They argued that all forms of knowledge including scientific knowledge; indeed social reality as we know and understand it is constructed through social interactions. Constructed through human meaning making, people's efforts to make sense of themselves and their experiences as they navigate the social reality which is their social context. In essence that the relationship between individual and society is relational.

*...the relationship between man, the producer, and the social world, his product, is and remains a dialectical one [...] the objectivity of the institutional world, however massive it may appear to the individual, is a humanly produced, constructed objectivity.*

*What remains sociologically essential is the recognition that all symbolic universes and all legitimations are human products; their existence has its base in the lives of concrete individuals, and has no empirical status apart from these lives. (Berger and Luckmann, 1967, p. 61, p. 60, p. 128)*

Consequently experiences are not only seen as products of the social world but constitutive of it. From a social constructionist perspective this means that it is possible to observe constructions of social reality through social acts as they constitute concrete and thus empirically observable, links between individuals and social reality.

But what then does it mean to define a social psychological perspective as 'critically relativist'?

Social constructionist social psychology encompasses two epistemological perspectives; critical realism and critical relativism (Stainton Rogers, 1996). At first sight the two may appear to be the same. However, there is an important difference. Whereas critical realism views social reality as arising from static underlying structures and mechanisms, critical relativism considers there to be a multiplicity of dynamic and changing social realities constructed through on going social processes, hence the term 'relativism'. The point being that from the epistemological standpoint of critical relativism, there is no denial of a 'world of death and furniture' (Stainton Rogers, 2003., p 220) there is however a denial of independent 'benchmarks' that can be used to establish which social reality is 'really, really true'. Instead of being something that can be interpreted, the social world is those interpretations.

*Social reality [from this approach] is regarded as the product of processes by which social actors together negotiate the meanings for actions and situations; it is a complex of socially constructed mutual knowledge – meanings, cultural symbols and social institutions. These meanings and interpretations both facilitate and structure social relationships. Social reality is the symbolic world of meanings and interpretations. It is not*

*some 'thing' that may be interpreted in different ways; it is those interpretations. (Stainton Rogers, 2003, p. 50)*

Thus interest is aimed at what is presented as truth and how these presentations negotiate specific versions of social reality, consequentially this also means that representations of reality are situated, i.e. due to specific circumstances and located in specific social and historical contexts and processes. Furthermore critical relativism rests on postmodern foundations, which means that truths and knowledge are not only viewed as social constructions, but also means by which power is exercised. Especially scientific knowledge because of the authority science holds with regards to 'truth production', and the power that accepted claims of truth result hold over others<sup>8</sup>. Thus, applying a critically relativist perspective means to take an interest in what M Foucault (1980) termed 'the micro politics of power' by which he implied the social processes in which power is being exercised and resisted as individuals and groups interact with one another, i.e. the relationship between power and knowledge. Consequently interest is aimed at the ends of those means; what are the effects of the acceptance of these constructions as 'truths'? Who benefits from them? Who is put at a disadvantage?

Instead of establishing 'facts' of social life, social processes or phenomena critically relativist social psychology is aimed at what is perceived and/or presented as 'truth' in order to discover how and why different social realities are constructed and deployed. The point is to gain understanding and insight into the purposes to which specific constructions of social realities are put.

Consequently, to state that the comprehensive research purpose of this study is to contribute to the understanding of what it means to be a case manager performing case management in Sweden by applying a critically relativist social psychological perspective, means to say that the comprehensive purpose of the research study is to study case managers in terms of human beings in their social context. How they act and talk about their acts i.e. how they understand, produce and manage their social reality and which consequences that come of these particular processes of understanding, producing and managing their social reality. There are a number of theoretical schools of thought suitable for studying the aspects of social interaction and meaning-making included in the research purpose and aims; such as symbolical interactionism, ethnomethodology, and Foucauldian discourse analysis. It must however be stressed that while such theoretical constructs are included in the analysis of the empirical material they are not viewed as models holding explanatory power, they are merely a set of tools in a toolbox put together to construct, rather than extract, understanding (further discussed in section 3.3).

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<sup>8</sup> Topics studied by critical social psychologists are generally concerned in some way with the abuse of power. Examples include Wetherell and Potters (1992) study of racism, Kitzinger and Frith's (1999) study of how men exploit women's difficulties in rejecting unwanted sexual advances, and Stenner's (1993) study of jealousy.

To apply a critical relativist perspective methodically entails a special relationship towards the empirical observations made in the sense that the researcher cannot claim to hold any superior knowledge on 'truth'. Therefore any attempt to determine whether interviewees are 'telling the truth' or whether their interpretation of their reality is indeed 'correct' is both futile and irrelevant. Instead interest is aimed at what it is that is treated and presented as truth in situated context as well as the consequences of that particular discourse or construction of reality; conditioning what can be accepted as 'true' or 'valid' social actions in a given context, setting the conditions for what is possible to do or say, as well as to whom the privileges of speaking or doing are awarded, thus excluding or rejecting alternative constructions.

## 3.2 Grounded Theory

The purpose of grounded theory is to generate theory from empirical material. Grounded theory was first presented by Barney Glaser and Anselm Strauss (1967) in 'The Discovery of Grounded Theory'. Essentially, Glaser and Strauss argued that systematic qualitative analysis has its own logic and could generate abstract theoretical explanations of social processes. Charmaz (2006) provides a useful summary of the aspects that Glaser and Strauss (1967) identifies as the defining components of such a grounded approach to analysis. These components are however more than just prerequisites to be filled before one could say that a study has indeed employed a grounded theory approach and not something else; they are concrete methodological tools and have been employed as such.

'The literature review is conducted after the analytical process is complete' (Charmaz, 2006, p. 6). The point of performing the literary interview after the analytical process is complete is to not 'contaminate' the analysis with preconceptions. I had no previous knowledge of case managers, case management, psychiatry, processes of political policy implementation, nor did I have any previous knowledge of the scientific study of human service workers or human service organizations. Therefore the contents of chapter 2 are the result of an exploration into these fields of study performed after the completed analysis.

The aspect 'simultaneous involvement in data collection and analysis' (Charmaz, 2006, p. 5) meant that data collections and analysis of the empirical material progressed together and that the analytical process of this study started as the fieldwork was initiated. This decision tied into another aspect; 'sampling is aimed towards theory construction, not population representativeness' (Charmaz, 2006, p. 5). While this aspect is discussed in further detail with regards to selection of participants in the study in section 3.4.1 it should also be mentioned that this had a crucial impact on the abstract understanding of what 'being a case manager' means and led to the inclusion of

theoretical tools with regards to understanding social constructions of selves, identities and social memberships. Furthermore the notion of sampling isn't limited to the selection of people to interview and observe. As the construction of codes and categories progressed it became clear that an important part of the empirical material concerned the explaining of circumstances that had led to specific actions. As a result I began to explore theoretical tools such as accounts, motives of vocabulary and boundary work as a means of understanding the social act of explaining. Theoretical discussions relating to social memberships professionalization processes and power relations in service work were also explored and implemented as tools for understanding social constructions of professionalism and professional empowerment respectively.

'Analytic codes and categories are constructed from data' (Charmaz, 2006, p. 5) meaning that there are no preconceived deducted hypotheses. Line-by-line coding was employed as first means of 'opening up' the empirical material by applying analytical attention to social acts (sample of line-by-line coding provided in appendix VI). Codes, and subsequently categories were conceptualized using verbs. Focusing action in this manner made it easier to relate the analysis to the social actions in the empirical material. Instead of serving as mere descriptions the codes 'came alive' and it also became easier to relate to one another in order to construct categories. This process also helped steer me in the direction of sensitizing concepts, such as 'telling', and 'doing'. These concepts helped to open the material to further analysis in the later stages of the project and led to further sensitizing concepts such as 'being' and 'hoping'.

'Constant comparison is used as a methodological tool, meaning that comparisons are constantly made between analytical codes and categories' (Charmaz, 2006, p. 5). Constant comparison has been employed continuously throughout the analytic process; comparison between occurrences through coding, comparison between codes through categorization, comparison between categories through theorization and comparison between empirical observations and relevant literature through theoretical integration with. In this manner constant comparison served as a tool to 'distil' the empirical material.

'Memo-writing elaborates the codes, categories and finally the theory, meaning that constant analytical reflections are made at each step of the research process' (Charmaz, 2006. p. 5). The writing of memos has similarly been an important part of the process of understanding the social acts in the empirical material. The design of the memos, both regarding contents and form, differs in accordance to their purpose but also in accordance to when they were written. They range from being descriptions of observations made during the fieldwork to being reflections regarding possible relationships between codes and categories. Generally it can be said that memos written follow and

consequently describe, however abstractly, the process of understanding and constitute the analysis in fragmented form (sample of memo provided in appendix V).

The point of adhering to these methodical tools is to ground the theory developed through analysis meaning that it is the continuous data collection and analysis throughout the research process that advances and motivates the formulation of a theory.

### 3.2.1 Situational analysis

Critics of grounded theory have focused on the lack of considerations regarding epistemological claims, such as referring to the empirical material as 'data' as well the claims that theory is 'discovered' (see for example Anthony Bryant and Kathy Charmaz (2007), Charmaz (2006) and Adele Clarke(2003, 2009; 2005) . Charmaz (2006) points to the distinction between 'discovering' and 'constructing' theory, and argues that when Glaser and Strauss, both together (1967) and individually (Glaser (1978; 1992, 1998; 2001) Strauss (1987), relate to theory as something which is 'discovered' thus implying that the emergent grounded theory on the whole is something which is separated from the researchers interpretations.

*'neither data nor theories are discovered. Rather we are part of the world we study and the data we collect. We construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices.'* (Charmaz, 2006, p. 10 emphasis in original)

Charmaz (2006) argues that the first and foremost difference between applying a social constructionist perspective when approaching analysis through grounded theory lies in a different view on the researcher's role in relationship to the material and a different view on what it is that categories and concepts do. The point Charmaz (2006) is making is that a social constructionist perspective transfers focus from the notion of 'charting' the social world which is understood as something 'out there', to producing and presenting empirical and theoretical discussions as representations of a socially constructed social reality.

*'Raising categories to concepts includes subjecting them to further analytic refinement and involves showing their relationships to other concepts. For objectivists, these concepts serve as core variables and hold explanatory and predictive power. For constructivists theoretical concepts serve as interpretative frames and offer an abstract understanding of relationships. Theoretic concepts subsume lesser categories and by comparison hold more significance, account for more data and often are more evident. We make a series of decisions about these categories after having compared them with other categories and the data. Our actions shape the analytic process. Rather than discovering order within the data, we create an explication, organization and presentation of the data'* (Charmaz, 2006, p 130-140, emphasis in original)

In this study this entails two practical consequences. First of all there are no claims or aspirations towards objectivity, the analysis and theory presented are interpretations; social constructions in themselves. Secondly; the final product of the analysis isn't aimed towards producing general knowledge of case managers and case management, but instead towards a situated understanding of how case managers understand themselves, their labour conditions and what they do.

However, Charmaz's (2006), despite clear references to the research process as primarily a social construction in itself, still insists on referring to empirical observations of the social world as 'data'. A problematical notion in critical relativist research as it references a positivistic discourse, touching upon epistemological notions such as the ability as well as the desirability of being objective. As Stainton Rogers (2003) points out the term 'data' implies objectivity and 'factual' truth, as if empirical observations made are reflecting rather than interpreting the social world. For this reason the term 'empirical material' is used in this study.

### 3.2.2 Contextualizing and Situating the Social Acts

As previously discussed the critically relativist perspective entails a view on social reality as the complex, and continuously renegotiated, result of power laden and situated social interactions. However, as Clarke (2003) points out, grounded theory traditionally focuses simplifications and processes over time rather than context, as well as aim towards general and objective knowledge. While some aspects were solved applying Charmaz's (2006) perspective on the researcher's role in relationship to the material and what it is that categories and concepts do, the issues of context, complexity and power remain to be dealt with methodically.

Arguing for a grounded theory method capable of encompassing, not only social processes and action, but also context, complexity and power, Clarke (2003, 2009; 2005) proposes situational analysis as a means of methodically remedying traditional grounded theory's lack of analytical means of focusing such issues. Situational analysis is intended as a development of grounded theory analysis that aims to put social actions in dialogue with the contextual elements that lend them meaning, thus generating a thick analysis paralleling ethnographic thick descriptions.

*"situational analyses [...] center on elucidating complexities – the key elements and conditions that characterize the situation of concern in the research project broadly conceived [...] Their outcomes should be "thick analyses" (Fosket, 2002) paralleling Geertz (2003) "thick descriptions" (Clarke, 2003, p 254)*

By going 'beyond the knowing subject'; taking nonhuman as well as implied actors into account when constructing what Clarke (2003, 2009; 2005) refers to as 'situational map(s)' a focal shift to situations as units of analysis occurs.



The creation of situational map(s) is an on-going process throughout the research process and occurs simultaneously as coding and categorization progresses. However, as previously mentioned situational analysis goes ‘beyond the knowing subject [...] following in Foucault’s footsteps by taking the non-human explicitly into account’ (Clarke, 2009, p. 200). What is meant by this is that situational analysis is inspired by how Foucault (1975; 1980) demonstrated ways of empirically conceptualizing how ‘things’ order the world. This means that situational analysis includes non-human elements into the analysis, not only as resulting structures of human action, but as structuring of the same, thus adhering to the critically relativist principle that experiences shape and are simultaneously shaped by social reality. According to Clarke (2003, 2009; 2005) an important part of compiling the first messy situational map is to identify all the major human and non-human elements. The first messy situational map was constructed on my living room wall with the help of post-its<sup>9</sup> (see appendix III). Emergent codes and categories were noted as analysis progressed. Thereafter the relevant human and non-human elements were added, as well as notes on social contexts. The result was a compilation of all of the elements that seemed relevant to what was going on in the empirical material.

What followed was what Clarke (2003; 2005) calls a ‘quick and dirty’ relational analysis. Each element on the map was put in relation to every other element, focusing the nature of the relationship (See appendix IV for sample of relational map). These relational aspects were then extensively reflected upon and documented in memos. Taking Clarke’s (2003) advice literally these memos were allowed to be ‘partial and tentative, full of questions to be answered about the nature and range of particular social relations, rather than being answers in and of themselves’ (P. 569). At this stage the situational analysis produced more questions than answers. The process provoked frequent returns to the empirical material resulting in new answers to old questions, the development of new conceptualizations of codes and as well as a return to the field with questions of why it was necessary to act or to abstain from acting in certain contexts. Issues of power, money and administrative routines seemed to structure certain social acts as much as the resulting social acts structured the ‘product’ that clients received in terms of empowerment. As a result theoretical tools on the relationship between knowledge and power were explored as a means of understanding social constructions of order, legitimization and neutrality of ‘circumstances’, i.e. constructions of what it is that is accepted, understood or considered to be ‘true’ in a given situation (further discussed in the following section 3.3).

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<sup>9</sup> While it might seem a bit silly to mention a living-room wall and post-its specifically, these ‘physical tools’ facilitated the analytical process as they motivated physical involvement in the analytical process as well as enable continuous restructuring and manipulation between the different elements and possibilities to section off smaller maps as the analysis progressed; in short, getting out of the chair and looking at something else than the screen cleared the mind and inspired new perspectives.

### 3.3 Theoretical Perspectives on Constructions of Social Reality and Selves

To enable a construction of understanding with regards to the social reality and selves conveyed in the empirical material a number of theoretical concepts have been employed. It is however important to emphasize that a grounded theory analysis entails a specific way of handling the relationship between theory and empirical observation. Here it has meant that theory has been used as 'lenses' through which observations have been made rather than 'mirror images' of reality (Rorty, 1979) meaning that they were employed as ways of seeing and thinking about social reality rather than abstract representations of the same.

Goffman (1959) argues that people engaged in social interaction perform social acts which, intentionally or not, render meaningful impressions to others. These others may be social actors, audience, or when present in the situated or recounted interaction, both.

Goffman (1959) further argues that the social self needs to be constantly achieved in and through social interaction. That the ability to perceive and act towards the own self as a social object is the very prerequisite to seeing and understanding what it is we are doing and what we felt at the time. Individuals as acting social objects are able to reflect upon and understand themselves and their experiences retrospectively, and to put these experiences in relation to emotional meanings such as sorrow, stress, jealousy, love as they construct understandings of themselves intersubjectively. This notion is consistent with the work of other symbolical interactionists; such as Cooley (1922), Mead (1934) and Blumer (1969). The point is that this perspective allows for empirical observations of constructions of the self as well as emotions.

Using examples of human service workers such as teachers and waitresses Goffman (1959) further argues that individuals in an organizational context may become so accustomed to navigating specific types of social interactions that they learn or construct methods designed to express specific impressions in order to facilitate the performance of tasks. Such methods include impression management designed to 'repair' any dissonance which may occur of previously expressed impressions, challenge or redefine something which has previously been established as social reality, be it a condition or a social identity.

The point Goffman (1959) is making is that social constructions of reality and selves can be understood in terms of socially accomplished definitions; constructed benchmarks of reality and that social interactions and relationships can be understood in terms of social processes in themselves,

differing in length and nature, but ultimately dependant on maintenance. During the course of any social interaction such definitions may become challenged for various reasons. On such occasions a dissonance occurs, meaning that there is a need to either 'repair' previous impressions or constructing new ones in order to maintain social relationships and negotiated realities and identities.

However, while Goffman (1959) presents a useful perspective on the mechanics of constructing social realities it is a rather blunt analytical tool for sorting actual processes of social constructions.

In order to analyse the constructions of distinctions and demarcations between different conditions, activities and types of people more incisively the concept of boundary work (Gieryn, 1983, 1995, 1999) is employed. Gieryn originally used this concept to approach how differences were made between scientific and non-scientific truth claims. However, Malin Åkerström (2002) usefully points out that boundary work can be understood as the efforts of demarcation by which people distinguish and separate between activities, phenomena, objects, conditions or people from each other, thus widening the analytical applicability of the concept. Using Åkerström's understanding of boundary work as the social processes of constructing categories when people bring some social objects inside them and push others out boundary work allows for the empirical observation of how case managers distinguish between themselves and other as well as how what they do and do not do, should or shouldn't be understood. It is an especially useful concept from a critically relativistic standpoint as it provides an analytical focus to the case managers own processes of meaning-making through 'coding and categorization'.

The concept 'social membership' (Garfinkel & Sacks, 1970) applies to people's shared experiences and knowledge of a social reality as constituent for social constructions of groups. Garfinkel and Sacks (1970) argue that membership constitutes a range of processes, methods activities and knowledge enabling people to give sense to social reality. It is a person who embodies the ethnomethods of a particular group and consequently is able to exhibit the social competence that affiliates her with this group thus rendering her recognition and acceptance within it. By combining the notion of member with boundary work it became possible to go beyond formal organizational categorizations and titles and make empirical observations of how case managers constructed and understood themselves in terms of a social group.

In order to allow for an incisive analysis of repairs and redefinitions of previously established benchmarks of reality the concept of accounts (M. B. Scott & Lyman, 1968) is employed. The term accounts conceptualizes explanations which not only construct social reality by 'telling how things are', but also make social acts understood as 'accountable' which according to Coulon (1995) means

that they are construed as social acts which are 'visibly-rational-and-reportable-for-all-practical-purposes' (Coulon, 1995, p 23).

Vocabularies of motives (Mills, 1940) are similar to accounts in the sense that they constitute resources which can be used to explain social acts and render them legitimacy. The difference between accounts and vocabularies of motive is that the latter explicitly connect social acts to contextual conditions and expectations. Vocabularies of motive relates to individuals knowledge of methods to socially manage situations which are known to them 'along with rules and norms of action for various situations, we learn motives of vocabularies appropriate to them [...] institutionally different situations have different vocabularies of motive appropriate to their respective behaviours' (Mills, 1940, p. 909). Thus, vocabularies of motive can fundamentally be understood as peoples methods for coordinating social acts with contextual social conditions using situated knowledge of how the institutional social reality 'fits together'. Consequently the concept of vocabularies of motive provides a useful tool for empirical observation of how peoples knowledge of their social world lead to specific social acts under specific circumstances in specific situations and under specific conditions.

Two concepts are used to analytically distinguish between two different aspects of power that impinges on social situations in an organizational context. 'Structure' which relates to rules, routines and policies that dictates 'the order of things' and 'discourse', which relates to the manner in which structures are made to seem ordered and neutral. This is a Foucauldian notion of discourse which draws on the relationship between knowledge and power. Foucault (1983) argued that mechanisms of power produce specific types of knowledge aimed at peoples' activities and existence. The point of which is that no form of knowledge emerges independently of power configurations and that the exercise of power produces specific types of knowledge and understanding which tie into what can be accepted, understood or considered to be 'true' in a given situation as well as which categories of people that are entitled to interpretative prerogative and make claims that are accepted as truth.

Inevitably, the analysis of constructed social realities and selves touches on the question of whether any kind of impression management implies a notion of social actors as cunning and cynical deceivers, hiding the 'real' truth and their 'real' selves behind clever social constructions, and whether analysis of impression management is ultimately an accusation of such behaviour. That is not the case here. As previously mentioned it would be pointless from a critically relativist standpoint to devote any analytical efforts to attempt to reach the reality behind the 'reality' as there are no independent benchmarks which could ever be used to distinguish the two from each other if a difference indeed existed. Consequently analytical attention is devoted to that which is presented and treated as truth, not speculation into people's motives for doing so.

## 3.4 Fieldwork and Construction of the Empirical Material

The empirical material is the result of 15 interviews, many more informal conversations and 3 participant observations. Fieldwork was initiated in October 2012, continuously on going until February 2013 and finalized after a brief return to the field in April 2013. The average interview and observation lasted for 60 minutes with two extreme exceptions of an interview which lasted for 4 hours and an observation which lasted for over 6 hours.

### 3.4.1 Sampling

Sampling in terms of selection of research participants was an on-going process for the duration of the fieldwork. In line with grounded theory methodology the sampling is '[...] aimed towards theory construction, not population representativeness' (Charmaz, 2006, p. 5). As a result the selection included in this study came to be mainly based on what is commonly called the 'snowball' method (Denscombe, 2000), where research participants referred me to other potential participants.

The reason for this specific design of sample is that I noticed a behavioural pattern which repeated itself every time I asked a research participant if he or she knew any other case managers whom I could meet with. Before answering me they would often think for a while, or even browse a list of contacts before deciding whom to refer me to. Their selection process was often accompanied by verbalized comments such as 'hmmm... no, perhaps not her or her.... Yes! Him [name]! Even if he doesn't work as a case manager he IS a case manager'. To me it seemed that this selection process revolved around what Garfinkel and Sacks (1970) terms 'the notion of member' (p. 339). The research participants didn't merely refer me to potential research participants that had undergone specific training or performed specific organizational tasks or held a specific title. They referred me to people who they identified as case managers and who identified themselves as such.

However, before making the final decision to limit the sample in this manner I attempted to implement some variation. The reason for this was simply that I didn't want to risk exclude perspectives and experiences without being in control of what it was that I would be excluding. This variation was accomplished by seeking contact and performing interviews with people who had had case manager training and performed case manager tasks in the organization. Even though these interviews aren't included in the final sample they filled the purpose of confirming my observation. Those who weren't identified by others as case managers despite having had case manager training

and performing case manager task didn't identify themselves as case managers. Consequently there seemed to be a shared consensus that 'being a case manager' meant something else. This conclusion led to the decision to limit the selection to those who identified themselves and were identified by others as case managers in order to be able to analytically pursue the specific situation of 'being' a case manager.

In relation to sampling another aspect should be discussed as well and that is the selection of quotes for presentation. Some research participants have been more quoted than others, however this does not mean that the perspectives of these research participants have been allowed interpretative prerogative at the expense of others in the analysis. The selection of quotes for presentation has been based on representation; some research participants simply produced quotes which are more suited for presentation in relation to the relatively limited space in terms of clarity and exhaustion of topics.

### 3.4.2 Methods for Gathering a Thick Empirical Material

Contrary to knowledge understanding implies immediate participation in social actors' shared social reality (Prus, 1996). In practical terms this means an ambition to share experiences, but not necessarily perspectives with research participants. It also means an acknowledgement that the researcher is a part of encounters in the field as they are above all social events. The ambition was to gather a 'thick' empirical material; encompassing context as well as content, meaning as well as action and structures as well as actors. K Charmaz and Mitchell (2001) present a range of abstract questions (see appendix VIII) which provided useful points of inquiry during encounters with the field. These abstract questions or pointers should not be seen as the 'recipe' which was followed, they are however indicative of what was paid attention to during any social encounter in the field.

#### 3.4.2.1 Interviews

The primary method of gathering empirical material was interviews. While these interviews were formal in the sense that they were booked encounters with selected research participants they were not structured with regards to questions. Essentially the first interviews revolved around a single question: 'what is case management?' The research participants were encouraged to speak freely and talk about what they thought was relevant, to explain and give examples. After a few interviews a few patterns or themes started to form. There was never any need for an interview protocol and the introduction of structured questions could possibly have inhibited the open social atmosphere of the interviews. Interviews performed after observations primarily revolved around what had happened during those encounters. These later stage interviews differed from the first in the sense

that a different strategy was employed. Instead of nodding acceptance to everything that was being said, aspects were sometimes implicitly questioned in order to elicit motives and reflections. These later interviews were also used to perform what could loosely be called 'member checks' (Jacobsson, 2008), meaning that they were used as occasions which lent themselves to confirm previous impressions, quotes and understandings.

Initially there was an ambition to record all of the interviews. This was however not always possible. When recording I used a digital voice recorder with an external microphone attached to enhance clarity of sound. During interviews it was placed openly between me and the research participant. In order to document the interviews which could not be recorded extensive notes were written during and after the encounters. While effective for documentation purposes this technique was inhibiting to conversation. However, it was possible to avoid awkward social situations by encouraging research participants to give examples and full descriptions; a technique which most often resulted in thick descriptions and in-depth reflections from the research participants. Furthermore the research participants often 'took charge' during these interviews, a common comment was 'I know you didn't ask this but THIS is really important'.

All of the recorded interviews were transcribed word by word. A time consuming but worthwhile task as it presented the possibility to revisit and re-examine the material in detail. Contrary to Potters (1996) recommendation i did not use a detailed transcription technique. Even though I was to some degree interested in *how* social constructions were accomplished, this interest limited itself to the rhetorical techniques applied to *what* was being said.

Most often interviews would be held at the interviewees workplace, in an office, a 'therapy room', or the office kitchen. However, some interviewees preferred to meet outside of the workplace or to be interviewed over the phone in order to avoid being seen by colleagues.

#### 3.4.2.2 Informal Conversations

Conversations often continued after the formal interview was concluded and then turned into informal conversations; over a spontaneous lunch or cup of coffee, when encountering research participants on their breaks as they were having a cigarette etc. None of the informal conversations were ever recorded. They were however extensively memoed upon as soon as possible. These informal conversations were immensely helpful with regards to gaining an understanding for contextual aspects that indirectly structured actions performed or abstained from.

### 3.4.2.3 Observations

After the first interviews it became clear that observations of the case managers meeting with clients and resource groups would be a fruitful source of empirical material in order to facilitate understanding of how the case managers understand and manage their social world.

Gaining access to opportunities for participant observation was a complex process. Nearing the end of initial interviews I would ask if there were any possibilities that I could accompany the case manager, perhaps during a resource meeting or a meeting with a client in order to better understand what it is that case managers do. The answer was always yes but with the reservation that the client must give permission as well. Because of this reservation the case manager would always ask to return to me with a suitable date after having spoken to their clients. Sometimes they called back, sometimes they did not.

On three occasions the case managers called me a few days before the planned observation and told me that the observation had to be cancelled due to the client having been admitted into intensive psychiatric care. On the fourth occasion when this happened I was already on the train and because of this the message didn't reach me. I met the case manager as she was leaving her office and was on her way to the client's home. Because I was already there I was allowed to accompany her to the client's home after promising that if the client asked me to leave I would. Arriving at the client's home I asked if the client would be comfortable if I stayed, having met me before the client agreed. This led to the observation of admission into intensive psychiatric care.

Observations of resource group meetings were performed in the clients' homes. One observation was made of the process of admitting clients into psychiatric care. It started in the client's home and progressed through transport to the intensive care unit, the initial admissions office, the waiting room and finally the final admission discussion between the doctor, client and case manager.

Having encountered many descriptions of the specific difficulties of negotiating mandate with medical personnel during interviews there were expectations that the observations would yield in vivo examples of such occasions. Such occurrences were indeed observed. However it also became evident that the conditions under which case managers operate are structured by organizational administrative routines. This hadn't been mentioned during the initial interviews but could be lifted as a topic in later interviews due to the observations made. The observations' primary contribution to the empirical material was that they enabled empirical observations of the research participants' tacit knowledge which could then be further investigated in subsequent interviews.



### 3.5 Quality

When Charmaz (2006) discusses quality of social constructionist grounded theory projects she refers to the criteria of 'credibility', 'originality', 'resonance' and 'usefulness'.

Credibility deals with a number of questions; such as whether there are strong logical links between the material gathered, the analysis and the argument presented, and whether the research has provided enough grounds for the claims made to allow for the reader to not only form an independent opinion but also agree with the claims presented. In practical terms this meant an ambition to present a thick description of all aspects of the research process. Quotes are presented in relation to arguments and original quotes, transcripts and samples of the analytic procedure are presented in the appendices and aspects of the fieldwork and construction of the empirical material are extensively discussed.

Originality refers to that which is original and new in the theory presented. The originality of this research project is discussed in chapter 2.

The concept of resonance touches on the notion of relevance to the research participants and as such can be said to deal with the issue of whether the grounded theory is indeed grounded, i.e. does it make sense to those who populate the social world described? As previously discussed member checks were used as a means of validating understandings and impressions conveyed.

Lastly Charmaz (2006) deals with the question of usefulness and suggests that a test of usefulness can be that the researcher asks of the research if people can use the knowledge generated in their everyday lives, how does it contribute to knowledge in the field and how can it be used to make the world better. The usefulness of the theory presented is hard to determine or evaluate precisely, the study isn't directly useful to case managers in terms of helping them to better achieve results in the course of their work. It might however be a useful tool when attempting to explain and understand the complex situation that case managers face and experience and how these conditions pertain to what they are able to 'deliver' to clients in terms of empowerment.

### 3.6 Ethical Considerations

The Swedish scientific council has formulated a number of guidelines with regards to ethical considerations (Vetenskapsrådet, 2014). These guidelines have been used as tools and adhered to during all stages of the fieldwork and construction of the empirical material, however some should be explicitly discussed.

All research participants included in the empirical material consented to participation and were informed of the conditions for their participation. In practical terms this meant that they were informed that participation was voluntary and could be terminated at any time.

All research participants were promised confidentiality and all personal data has been treated accordingly. In practical terms this meant that anonymity was promised to each research participant. Furthermore research participants are referred to with their title in the empirical material. One could of course protest that the elimination of names is unnecessary and that I risk depersonalizing the research participants. However, I would like to argue that a fabrication of false names would be even worse as it might lead to the false identification of persons. Nor are the biographies, geographic locations and organizational affiliations of the interviewees presented. This information is withheld to enforce the anonymity of participants. I never discussed with other research participants what anyone told me, nor did I discuss whom I had talked to. This was hard at times, especially when I met multiple times with a research participant whom had previously referred me to other research participants, and on some occasions even set up meetings. Naturally they would ask if it had been a good interview and I'm afraid I might have seemed distant or even ungrateful for their help when I answered that I couldn't answer their question or even confirm that I had in fact met with the person in question. However, I sincerely hope that these answers were perceived as caution and a sign of integrity rather than ingratitude.

## 4. FRAMING THE SITUATION

*This chapter aims to form an understanding how the case managers understand their situation in terms of labour conditions, thus explicating the aspects and issues that frame the situation of being a case manager and performing case management in Sweden. The aim is fulfilled through empirical analysis of the descriptions that the case managers make of themselves, their situation and their purpose.*

When Case Managers talk of their purpose with regards to the clients they often do so in relation to general descriptions of the mentally disabled's structural position in society. As quote 1 will exemplify the descriptions emphasize structural vulnerability and the positive changes that the implementation of case managers has brought to the clients. The case managers' purpose in relation to the client is described as being 'a spider in the web'. This can be understood as a coordinating function with regards to institutional or bureaucratic contacts, something which the clients themselves cannot do. But being a 'spider in the web, can also entail the provision of professional credibility to the clients truth claims, as mentally disabled clients are often met with disbelief and doubt from professionals. Thereby the case managers are helping clients to 'not get stuck' in the institutional care providing systems which are implicitly likened to a sticky web. The case managers' purpose in relation to the client is to counteract the disempowerment of clients with regards to lack of influence, something which is understood as counteracting the disempowering structures themselves. The client is consequently characterized as a victim of potential disempowering structures in the institutional service encounters, and the case manager is characterized as a group of professionals who counteract these structures and also counteract the clients' vulnerability, thus bettering their conditions of life.

Quote 1

*Well, you can imagine what it was like before CM. They're very exposed and can't really juggle the different agencies or instances, they're met with disbelief...they get stuck....they need someone who catches them and acts like a spider in the web in some way, I think it's great. They're really the ones that are the worst off, they die the youngest, they have the most illnesses and they're the most vulnerable, hierarchically they're the furthest down, and let's not even talk about the attitudes...*

The structures that can potentially disempower clients are described as manifest in the actions and attitudes of other organizational representatives. An example of this is the statement in quote 1 that establishes that clients are 'met with disbelief'. Furthermore quote 1 provides an example of how the case managers use explicit characterizations of the clients as incapable to navigate bureaucratic

systems and implicit characterizations of other professionals as prone to disempower, and possibly even stigmatize the mentally disabled: 'they are met by disbelief' as benchmarks of reality against which the case managers themselves are made understood as a group of individuals that are making a difference.

The same use of characterizations and contrasting work is demonstrated in quote 2 in which other professional groups, especially medical professionals are constructed as a group of individuals who often 'react' to the very notion of client directed support, these reactions are further exemplified as the invoking of professional hierarchy which is identified as a reason for case managers to engage in conflict. The result of which is that case managers are made understood as a group of individuals whose attitudes and actions are explicitly contrasted against other professional groups who are characterized as prone to routinely disempower clients.

As quote 2 will exemplify descriptions of organizational representatives acting in ways which are understood as disempowering for both clients and case managers alike, are common. Especially for medical personnel e.g. doctors who may invoke hierarchical aspects. In order to fulfil their purpose of empowering the clients this means that the case managers must sometimes engage in conflict. This is especially common in the beginning of the inter-organizational collaboration. Descriptions such as quote 2 underline the dynamics of the clients' vulnerability in the situation, depicting the very concept of client influence as so provoking and controversial that it inspires conflicts between professionals. Furthermore these descriptions touch upon the vulnerability in the situation for the case managers themselves. Professional disagreements between the case managers and other organizational representatives, medical or otherwise, are described as hard to handle.

Quote 2

*If I'm completely honest, those that you get into the most conflicts with are your own. Since you work with client controlled support it often raises opinions most often in the start-up stage of course but it raises a lot of opinions from the surroundings that you somehow have to handle where others hold other perspectives, maybe thinking a bit hierarchically, like a doctor that can have opinions [...] it's a lot of those things, partly it's within one's own organization, I think that's true for everybody, no matter if you're employed by the municipality or the county, that there's always some questioning since it's not always completely verified and you don't always have the professional role [...] and the mandate and no matter how carefully we write our agreements and such, concerning how it's supposed to be... reality doesn't always look like that with colleagues and such, I mean it's always a bit like that and many times it's really a STRUGGLE (uppercase formatting signalling verbal emphasis)*

What descriptions such as these do, is to not only reaffirm the position of the client as vulnerable in relation to disempowering structures manifested in the social acts of other professionals, they also highlight how the risk of disempowerment of clients, i.e. the client's vulnerability is understood as connected to the risk of disempowerment of the case managers themselves implying that not only is the case manager the only thing standing between the client and disempowerment but also that case managers themselves are vulnerable with regards to a lack of a professional role and mandate resulting in situations where their authority may be questioned and e.g. medical professionals can invoke hierarchy. This vulnerability is understood as a result of the case managers being positioned in between client and other professional representatives as well as a form of policy-practice gap where inter-organizational agreements on the administrative level aren't necessarily accepted in practice. Consequently the task of managing other organizational representatives in order to produce client influence seems to involve a social negotiation of mandate and professional authority.

It is easy then, to understand case managers as uncomplicated allies of the client and equate them with PO's as discussed in the literary review in chapter 2. However as quote 3 will exemplify, descriptions of the case managers understanding of their purpose with regards to the organizations that employ them reflect a complicated balancing-act between, on the one hand producing client empowerment in inter-organizational collaborative service encounters, and on the other hand being accountable to organizational goals and demands which may be in conflict with client influence. Thus the case managers must take care to not 'go too much on the client's perspective' and 'remember who signs the pay check'. While the organization isn't physically present in the service encounter to control the process directly, the case managers' knowledge of, and accountability to, the organizational expectations nevertheless structure and condition how the case managers act towards the client and to what degree they are willing to act as facilitators of client empowerment. Thus the organizations power as a stake-holder in the outcomes of the service encounter between case manager and client can be understood as internalized control manifested in the case managers tacit knowledge of the conditions of the relationship between themselves and their employer.

Quote 3

*It is a client oriented support but on the other hand you're held accountable because you're employed by an organization, I work for the psychiatry, I'm not a PO for the client and I can't...you have that in mind when you work and I think it can also be problematic if you go too much on the clients perspective, if you lose the perspective you're set to represent, I mean I work for someone, someone pays me*

Consequently the description in quote 3 positions the case manager in between the organization and the client and further highlights the understanding of a connection between the case managers' vulnerability of case managers and the vulnerability of clients. Case managers on account of experiencing demands from their employer to which they must adhere, or at the very least not openly oppose; demands which may or may not be in conflict with the purpose of producing client empowerment. Clients are consequently made vulnerable on account of being subjected to the same organizational demands through the case managers, i.e. the organizational representatives tasked with the production and facilitation of their empowerment in institutional service encounters.

#### 4.1 The Case Manager Situation; a Situation of Vulnerability

The case managers' framing of their situation points to how they understand themselves and their situation in terms of labour conditions.

Case managers understand their purpose with regards to clients as advocates and facilitators of client empowerment. Case managers understand themselves as different from other human service workers in the Swedish mental health care system because these are understood to routinely disempower clients and even be provoked by the very notion of client empowerment. To fulfil their purpose of empowering the clients, case managers must manage these other human service workers. A sometimes troublesome task which can lead to conflicts as case managers lack a professional mandate which is accepted in practice. Furthermore there seems to be limits to the level of client empowerment that is possible to produce without coming into conflict with organizational interests. Consequently, balancing between their purpose and the organization's demands and managing their lack of professional mandate when collaborating with other human service workers can be understood as structural labour conditions, the management of which characterizes the specific situation of being a case manager and performing case management.

This situation can be understood as a situation of vulnerability; a vulnerability which is transferred to their clients. Case managers are vulnerable to the organizations demands and they are vulnerable in conflicts with other professionals as they lack professional mandate. However, vulnerability is not understood to be the same as disempowerment. Vulnerability can thus be characterized and understood as the potential of empowerment and the risk of disempowerment, for case manager and client alike. The case managers cannot produce client empowerment in situations where they, themselves are subject to disempowerment they can however produce client empowerment if and when they find the means to empower themselves.

Consequently, the power relations which structure and condition the case managers' situation in terms of labour conditions can also be seen as structuring and conditioning if the clients possibilities of being empowered.

#### 4.1.2 Putting the 'Manager' in Case Manager; theoretical implications

An important part of the case managers framing of their situation is that the descriptions of labour conditions provide a relational positioning of the social actors involved in service encounters and the powers which connect them. Traditionally the service literature conceptualizes of service encounters as 'service triangles'; three-way constellations of powers which identifies and positions three types of social actors: human service workers (or with another term: street-level bureaucrats), clients, and the organization, positioning any manager figure as proxy for the organization. It should also be pointed out that not much scientific attention has been paid to the lived experiences of managers, with a few exceptions (Bolton & Houlihan, 2010) the focus has mainly been placed on the relationships between the social actors as defined in the service triangle (Lopez, 2010).

Case managers, while on the one hand being human service workers performing their tasks in one-on-one service encounters with the client, are also tasked with managing and coordinating the efforts of other human service workers. However they do not describe themselves as proxies of the organization, instead they describe how they lack official mandate which leads to conflicts that they must handle. Consequently it seems that the case managers lived experiences of being managers differ from the theoretical conceptualization of the manager position. Bolton and Houlihan (2010) make a similar observation in their study of frontline service sector managers. They find that frontline managers, lack important organizational resources to be able to fulfil their tasks. The point is that these results together suggest that 'management' cannot be unproblematically conceived of as a monolithic entity, for all intents and purposes an unproblematical proxy to the abstract 'organization'.

Thus, while Lopez (2010) concludes with the statement that 'perhaps it is time to consider the so-called "service triangle" as central to the sociology of work full stop' (p. 266) I would argue for caution. Empirical results such as those of Bolton and Houlihan (2010) and those presented here suggest that the theoretical assumptions in relation to managers in the service triangle seems to be so far removed from empirical reality that they risk obscuring the complexity of relations in service encounters. Therefore, before theoretical understanding of service managers as proxies of the organization is further cemented, a dedicated focus to empirical investigation into the lived experiences of managers is needed.

## 5. TELLING DISEMPOWERMENT

*The empirical material is characterized by a certain amount of ambiguity or ambivalence regarding the notion of empowerment and disempowerment of clients. On the one hand it is clear that the case managers understand their fundamental purpose in relation to clients to be the empowerment of the same. However, as discussed in chapter 4, the case managers are vulnerable with regards to organizational demands and there are instances when the case managers feel compelled to balance between their purpose of empowering the clients and 'not going too much on the client' perspective'.*

*This chapter aims to form an understanding of the case managers' experiences of being disempowered and managing situations where they feel compelled by the organization to act in ways that could be understood as disempowering for clients. The aim is accomplished by applying a dual analytical focus that engages both observations of acts as well as the case managers' explanations of the same i.e. how they are 'telling disempowerment'.*

*It should be emphasized that the accounts presented here should not be seen as an exposure of the various way in which case managers personally disregard or disempower clients, they are merely verbalizations of the case managers understanding of why they feel compelled to act in various ways.. It should also be noted that even though the case managers held absolute control over which situations I was allowed to observe they lacked the possibility to directly control what happened in those situations and consequently the case managers' possibilities of impression management during the observations were decidedly smaller than during the interviews.*

### 5.1 The Disempowerment of Staff Shortages

The following conversation in quote 4 unfolds during a drive from a case manager's office to a client's house where a resource meeting will be held. Three people participate; the case manager, one of the staff from the local psychiatric intensive care unit (PIVA) and me. Although the interaction primarily features the verbal participants; I am included as audience. The conversation is initiated when the representative from PIVA mentions that she's late for the pick-up on account of a shortage of staff which added to her duties that day and consequently delayed her. The case manager then brings up that the client has voiced a concern with, and a wish to lower, the level of medication she's taking and that the case manager expects this wish to resurface during the meeting.

Quote 4

*CM: When they manage to lower the levels of one medicine without falling ill it becomes tempting to lower the levels of all medicines and that's what she's wondering about now.*



*She can...I don't think she strives for a complete independence from medicine. I don't think even she believes that is possible, I'd say she wants to become free of the side effects. She explains her cognitive problems with the side effects from her medication and then it becomes very tempting to stop taking them, and of course, she tests it a little bit but she's adaptable and she manages her medication. I mean she doesn't think we're idiots and stop taking her medicine, she hasn't done that, not in that sense anyway.*

*Psychiatric nurse: Mm... no*

*CM: She's pretty adaptable in that sense so sure.... one could dare to*

*Psychiatric nurse: But not right now because now we're really not set to handle X (x replacing the clients name) when she's ill!*

*CM: No that's true... we'll have to hope, we'll see what (the doctors name) says ... and maybe it is so that she should continue with this does for a while longer and that she reaches the conclusion that there will be another visit to the doctors further ahead... cause it's not possible if you can't*

Some context is important to form an understanding here; in our first interview the same case manager explained that when levels of medication are altered in any way one must always be prepared for a reaction of some sort, a reaction which requires a readiness for support from those that surround the client

Quote 5

*And then the psychiatric staff come and say: 'Surely they can't decide, they're supposed to have power? God save us!' like that, but that's exactly what we're supposed to do, make sure that they get this power and that they can decide but we have to help them so that they get the right resources and that they feel that this is something that helps me or enables a higher level of well-being. Especially with the medical bits and all of the side-effects and that they're afraid to take all of these medicines. There's also a tendency to take old medicines out of habit and then when you take something away, the bodies are used to something and what happens when it disappears? Because something always happens and then you need to have an established safety-net in order be able to alter the levels of medication*

The conversation in quote 4 can be understood as the case manager's attempt to prepare for what she perceives as likely to happen in the upcoming meeting meaning that the client's wish to lower the levels of medication will resurface. As a means of preparation she collaborates with a representative for the psychiatric intensive care unit in order to gauge the level of support available on account of foreseeing a reaction due to an alteration of the levels of medication for the client. However the psychiatric intensive care unit currently lacks the staffing resources to handle the client becoming ill, or at least a client becoming ill if it can be prevented, which leads to the case manager concluding that it will not be possible, at least not for the moment, to alter the levels of the client's

medication. As such, the case managers preparations for the meeting may be seen as an attempt to produce client influence i.e. accommodating the clients wish to attempt a lowering of her levels of medication that 'fails' due to a lack of organizational resources in the form of staff. The case manager is vulnerable to structures, here manifested in the confirmed lack of resources which lead to disempowerment. Consequently the failure of producing client influence in the situation is not due to any unwillingness of any of the people involved but due to 'natural' restrictions surrounding and structuring the situation in an abstract sense.

The account makes it clear that if there wasn't a lack of staff altering the levels of medication would be possible consequently any blame or responsibility is placed on the conditions that surrounds the situation, not the nurse or the case manager who lack the means of influencing the amount of staff employed by the organization. Thus the account is centred on external conditions as limiting to any real choice in the situation and can as such be understood as an appeal of defeasibility (M. B. Scott & Lyman, 1968). It can also be understood as a 'justificative account' (Thelander, 2006) as the responsibility for the situation is accepted but the demeritative aspects of denying the client a choice is reduced by implying that there is a restriction in the case managers space of action; it's not possible to alter the clients levels of medication if the psychiatric intensive care unit can't receive her if problems arise.

Furthermore the lack of alternative constructions or understandings of the situation being voiced in the conversation bolsters the explanation because it implies an understanding of staff shortages as something which is accepted without question, possibly because staff shortages is so common that it explains something rather than imposes the need for further explanations, thus constituting a 'unquestioned' or 'unchallenged' motive of vocabulary (Mills, 1940). No one mentions the alternative of using a different psychiatric intensive care unit should the need arise, or asks when the lack of staff might be resolved. Instead the conversation moves on to the topic of how the situation may be influenced by what the doctor may say.

The lack of user influence regarding alterations of levels of medication is made reasonable, even the responsible choice of action, when it is connected; first to the pre-requisite of support from the surroundings and second to the lack of said support for which none of the involved parties is to blame. Consequently the choice of not advocating for an altered level of medication during the meeting is constructed, not so much as a choice but as the only alternative of action. It is important to note that no competing or constructions of reality are implied. Consequently the constructed account downplays the negative effects of the social action being planned i.e. that the client will not

be permitted to realize her wish of altering the levels of her medication and places the blame for this on the administration of the organization.

What the account implies but never explicitly formulates is that there is a difference between 'real' psychiatric problems, and psychiatric problems which occur as a result of an altering of levels of medication. Ultimately this implies two things: 1) medication is a way of saving organizational resources and 2) disempowerment can occur as a result of the organizational practices of economic rationality.

### 5.1.1 The Disempowerment of Administrative Routine

Organizational administrative routine is another aspect that regularly features in case managers' accounts of disempowerment. During the fieldwork the opportunity to observe the process of persuading a client<sup>10</sup> to admit himself into psychiatric intensive care presented itself.

The case manager explained that it was going to be a difficult task, primarily because the client had earlier expressed his unwillingness to have any contact with the closest psychiatric intensive care unit on account of previous negative experiences. When we arrived at the client's home this concern resurfaced and there was initially talk about a private care unit, however in the end the client expressed that he was 'ok' with being admitted into the care unit he originally wanted to avoid.

The following transcript unfolds during an interview after the observation. The case manager explains that even though she knew that the client wished to avoid the care unit where he was finally admitted she also knew that there was never really any other 'real' choice because of the disempowering restrictions posed by the organizational routines for economic efficiency.

Quote 6

*Jenny: I was thinking about... when we were at X's house (x replaces the client's name), and he needed to be persuaded to admit himself into psychiatric care. First we looked at that private facility in x (x replaces the name of the geographical location) but that's not how it went*

*CM: No and it never will be, ever. Because...or yeah of someone sponsored it or so and he doesn't have that need. What they can offer isn't really anything different than what he can get here but it's a matter of cost. I've called around and asked and he can seek care there himself but...no. Someone has to pay and they won't. It's basically the same thing as*

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<sup>10</sup> The wording used here; 'persuading a client' is not intended to passivize the client. When I arrived at the case manager's office for an appointed interview she had just been alerted that one of her clients, whom I had earlier met during observations, was experiencing an escalation of his symptoms. The case manager commented on this using the words 'I'm on my way there to persuade him now'. Thus, the wording used here is a reference to the case managers understanding of the situation, not a result of my analysis of the same.

*with private doctors that they have to pay themselves, the municipality will only place them if they don't have anything to offer themselves.*

*Jenny: Ok, I thought that it was ok if there's a contract, I had the notion that there was some collaboration between the different counties or something like that*

*CM: But there is, I mean they have to have an agreement so the municipality or the region has a contract so that bit is ok but the cost needs to come from the county and then there has to be something that motivates that they carry that cost.*

*Jenny: oh, and then the agreement on collaboration and the client directed work isn't enough of a reason?*

*CM: No it's not and it's the same as with elders, they buy placements they don't have themselves and that's because the National Board of health and Welfare fills the conditions in those aspects but the issue of costs still rests with the principals respectively*

*Jenny: oh ok, 'cause in other contexts it's possible to point out that the care should be client oriented*

*CM: Mm but... yeah but it is client oriented in the sense that you can claim a resource, you can do that, but you can't choose exactly where to receive it. I could argue that he needs a short-term accommodation due to these problems and he may very well get that but if they can offer the same on the home-ground then they will. That's the way it is. And it's the same with substance abuse treatments. If they can offer something on their own turf they'll do that instead of picking something private that costs three times as much*

The explanations explicitly establish that the client's wish to avoid the specific psychiatric intensive care unit will never be met because of decisions regarding economic aspects on the administrative level; it is simply cheaper for the organization to only offer one care alternative. Consequently it is also established that the outcome of the situation is not the result of the case manager's unwillingness to accommodate these wishes, but rather the result of her agency in the situation being limited; she is experiencing disempowerment.

Despite being a relatively short discussion it exemplifies a multitude of explanatory practices. My behaviour in the interview reflects the difficulties that the case manager is experiencing in convincing me. The explanations do not entirely convince me of the rationality in applying an economic perspective, ironically a result of the same case manager having done a very good job of convincing me about the vast possibilities of client influence during earlier interviews. Consequently I continue asking and the case manager continues to explain, attempting to explicate and make the situation rational and understandable. As a result the explanations become increasingly elaborate. Thelander (2006), referencing Antaki (1994), argues that the elaboration of explanations is a means to the end of increasing the inclination of the listener to accept the effects of the explanation.

Another important part of the first explanation is that the case manager states the conclusive: 'he doesn't have that need'. First of all because the statement fills a justificatory function, it implies that

because the client does not 'need' that which he is being denied, no 'real' (i.e. medical) harm has been done. Scott and Lyman (1968) argue that such a practice serves as a mitigating circumstance and downplays the seriousness of a given situation. However the statement is also important because it implies that there is another, and in the eyes of the organization, more accurate and relevant, means of determining the client's needs than listening to the client himself. That implies a shift in perspective from awarding the client power in terms of interpretative prerogative instead seeing client's needs as something that can be neutrally determined by medical experts and 'measured' against costs, consequently the matter no longer concerns the client's lived experience of his needs but instead the client's needs as evaluated by experts.

As such the statement refers to and reproduces a paternalistic institutional discourse where the client has his needs determined for him by experts, rather than determining them himself. Precisely the traditional practice that case managers describe that it is their purpose to counteract.

Furthermore the statements 'it is a matter of costs' and 'somebody needs to pay and they won't' are important as they refer to general principles of economic rationality. These statements define the matter of not fulfilling the client's perceived need to not have to subject himself to what he has previously described as a 'humiliating treatment' as reasonable because it saves money for the organization. The consequence of such a construction is that it neutralizes the structural and political implications of what happened, instead of it being a matter of disregarding what the client wants, it becomes a matter of rationality and reason.

Thelander (2006) argues that economic rationality is a vocabulary of motive which is especially convincing in modern society. He refers to Mills (1940) who pointed out that motives involving money in any way pervade the modern vocabularies of motive and that the rationality of monetary claims, because of their commonality, are seldom questioned: 'the pecuniary is now a constant and almost ubiquitous motive, a common denominator of many others' (Mills 1940., P. 912). The implication as Thelander (2006) understands it is that the monetary discourse is so well established in modern society that when invoked it appropriates and structures the meaning of any surrounding elements. The account draws on such a monetary vocabulary of motive, thus constructing the social act of disregarding the client's wishes as the reasonable or rational thing to do, implicitly equating cost efficiency with rationality. In this manner the account can also be understood as demonstrative of monetary discourse appropriating and structuring the meaning of client empowerment thus creating a base for the forthcoming redefinition of client empowerment as the client's right to medical treatment.

The remark that what the organization is offering the client is equal to what the client needs further justifies the disempowering practice by constructing the only difference between what the client wants and what he gets as monetary rather than psychosocial. This touches upon medical discourse in the sense that it constructs the provision of medical care as the only thing of importance, thus excluding any other interpretations and providing further justification and rationalization of disregarding the client's wishes.

A similar argument is made further down but then explicitly in relation to client influence where the very term 'client influence' is redefined as 'the clients right to receive medical care' rather than the right to make decisions for him- or herself. The comment 'oh ok 'cause in other contexts it's possible to refer to client influence' implicitly questions the actions taken by the case manager. This implicit 'accusation' provokes the formulation of a new definition of what user influence 'really' i.e. the right to receive medical care when it is needed. What the new definition adds to the account is that it constructs a new benchmark of reality where the actions taken are no longer in conflict with the task of producing user influence and consequently neutral. The new definition is then connected to the claim that this practice is the common institutional procedure, which construes the action as the 'normal' thing to do when providing care. Thus clarifying that since the organization reasons in the same way when it comes to other groups of clients the mentally disabled aren't being disempowered. Secondly it defines the practice of not providing alternatives on account of psychosocial reasons as something common, thereby implicitly equating 'common' to 'normal' and 'neutral'. In other words the actions taken are made understood as only parts of a larger structure, as well as something which the individual case manager cannot be expected to successfully counteract. Consequently the case managers' lack of intervention is further justified and rationalized. An important part of the understanding of the situation that the quote highlights is that the terms 'client influence' and 'client empowerment' don't have specific properties of their own but derive their meaning from situated context. In this particular setting 'client influence' means to be able to receive medical treatment when it is needed, nothing else. The implication being that financial aspects are being made understood as sovereign to the extent that client influence cannot, and should not, be exerted if it results in increased costs. The practical meaning of client influence is constructed by juxtaposing it against other discursive elements, medicine and economy when embedded in the social context of reflecting over the reasons for why a client will not have the possibility to choose which unit will provide care for him in order to explain and rationalize why this is the natural and rational way of things. As such the particular redefinition of the meaning of client influence is a method that isn't abstractly connected to the event of explaining, it provides the very specific feature of erasing any moral ambiguity in the situation. By redefining the meaning of client influence the

situation is 'repaired', it is no longer so that the client has been disempowered; instead the case manager's actions provided a successful facilitation of the same. As such the redefinition deals in a very effective way with the relationship between the case manager and the practical task, it constructs the particular action sequence of which it is part as appropriate, i.e. the account not only explains why things are the way they are, it also rationalizes and neutralizes practice of disregarding the clients wishes.

## 5.2 Being Disempowered but not Being Disempowering

The explanations in the excerpts above have one distinct social feature in common. In a number of ways they account for how the case managers' experiences of their own disempowerment lead to actions which may be understood as disempowering for clients. However, the point of these accounts isn't to justify the organizations routines and policies which disempower the clients. Disempowering of clients is never mentioned and even explicitly denied. This can be understood as a form of boundary work (Gieryn, 1983, 1995, 1999; Åkerström, 2002), in the sense that the case managers categorize organizational structural conditions such as a shortage of staff or administrative routines for cost efficiency into the category of elements which structure and determine the case managers' actions when they deny clients the possibility to choose.

But the accounts also demonstrate efforts to make distinctions between 'disempowerment of clients' and 'not being able to offer the clients a choice'. The point being that while case managers make understood that they may act in ways which can be understood as disempowering to clients, they are doing so because they have not choice, the blame is not theirs to carry.

What happens then is that the clients expressed wishes, become appropriated or transformed through administrative reduction. The wish to avoid a certain set of staff at a particular intensive care unit has nothing to do with the actual medical care provided, but administrative routines compare only medical treatment when determining the clients need for admission into a different care unit. Consequently, at the administrative level the client has suffered no disempowerment even though he is explicitly denied a choice in practice.

Similarly, the question of whether the client should or shouldn't alter the levels of her medications is ultimately not an issue of medical assessment or what the client wants, but of levels of staffing at the intensive care unit. Again, the client is denied a choice, although there is talk of future possibilities when the levels of staff have increased.

The structures that are understood as disempowering to case managers revolve around one common feature; financial assessment at the administrative level of the organization. It simply costs more to send the client to another care unit and it costs more to increase levels of staff to cover more than unavoidable emergencies. Consequently, what the accounts tell us is that the financial routines and policies of the organization disempower case managers and clients alike by justifying the omission of a psychosocial, life-world perspective on the clients' needs.

It must however be emphasized that nothing in the accounts suggest that the case managers in question hold the personal belief that what is going on is right. What they do voice is an acceptance of the conditions to which they must succumb as employees and what they strive to justify are their own choices of action in light of disempowering structures. Both case managers emphasize that while they may have to deny the client a choice they are doing so because they lack the ability to counteract contextual conditions.

Much like the structural elements disempower the clients by conditioning the possibility of choice the case managers themselves are disempowered. They cannot affect the amount of staff available or the administrative routines that decide what the organization does and does not pay for. They can however do the best of the situation, postponing rather than denying an alteration of medicine levels, persuading the client to accept the care he is entitled to rather than allowing him to be exposed to the reality of needing medical care but not receiving it. These acts could be seen as a way of handling what could be understood as the dissonance of the situation. The case managers' accounts are 'repairing' the disempowerment by substituting empowerment with concern and care.

As such, the accounts are social actions which coordinate the understanding of the situations of which they are simultaneously constitutive. These situated 'rules of conduct' are usually manifested in practice. They need only be reflected upon, explained and accounted for when subjected to the gaze of an outsider. In fact it is reasonable to assume that the reasons for the actions taken would not have been constructed or reflected upon at all were it not for the presence of an outsider who didn't quite 'get it'.

But however tacit or even possibly faulty this knowledge is, it structures the outcome of situations nonetheless. The explanations or accounts of disempowerment should consequently not be understood as mere reflections of the structural underpinnings of the situation but constituent of the same. The explanations don't provide 'factual' accounts for the structural limitations of the situation, what they *do* provide is an understanding of how the case managers understand and consequently feel compelled to handle situations such as these.



There is a paradox here. Case managers' act in ways which can be understood as disempowering to the clients but they are disempowered themselves. They have been recruited, trained and put in these situations by the organization with the purpose of producing client empowerment, but the policies and regulations of the very same organizations prevent them from doing just that. Indeed it seems that the situations accounted for above may be examples of such situations where the case managers must balance between the clients' right to empowerment and organizational interests as discussed in chapter 4.

### 5.3 Understanding Structural Disempowerment

Two discourses can be discerned in the above accounts, medical discourse and financial or monetary discourse.

In quote 6 the case managers explains that the client has no 'real need' that can be presented as a reason for the organization to pay for care at an alternative unit. She then further explains that there is 'no difference' between the medical care he would receive at the private unit in comparison with the local one. What happens is that the account equates 'a real need' with 'a medical need'. Note that this doesn't necessarily reflect the case managers own opinion, she is merely vocalizing her tacit knowledge of the organization's reasoning in these matters.

The situation of staff shortages in quote 4 touches upon the same notion, albeit implicitly. The account implies that because altering the medication might invoke a condition where the client must be admitted into psychiatric intensive care it would be careless, possibly even immoral, to start this process while there is a shortage of staff. Consequently, a difference is constructed in the account between medical conditions that arise spontaneously and acutely and medical conditions which can be controlled and therefore avoided. This boundary work or differentiation ultimately ranks the importance of problems into two groups; 'real problems' which occur spontaneously and which the organization must handle no matter what the level of staff; and "other problems' which have a lower priority and which may be handled when there is a surplus, rather than a shortage of resources.

Consequently, these conceptual understandings of valid and non-valid truth claims can be seen as demonstrative of how medical discourse functions as a form of organizational sorting device, allowing or disallowing the access to organizational resources, and ultimately choice and empowerment for clients.

However, medical discourse while structuring the validity of clients' truth claims in situations such as the above seems to primarily serve as a legitimizing and neutralizing construct to bolster financial rationalizations. These accounts make an important contribution to the understanding of

disempowering structures by highlighting how medical knowledge is deployed and used by the organization as a means of economical rationalization. By superimposing medical knowledge on the clients own perceptions allowing expert opinion to dictate what they need, it becomes possible to subvert the life-world perspective. The clients expressed will becomes something which is not 'real' and can therefore be justifiably disregarded. In this sense economic aspects of rationalization become depoliticized and neutral. Secondly, it is significant that the task of producing client influence has been placed on a group of staff lacking the institutional power to influence the organizations' structural means of disempowering the individual client. The task has not been placed with administrative personnel handling levels of staff, making economic decisions or handling the routines for admission into psychiatric intensive care. Instead the task has been placed on staff that lack control over policies and regulations and as such are disempowered by the same structures that disempower their clients. In deploying medical opinion as the sorting devise to determine who does and who doesn't fit the criteria of access to organizational resources the structural disempowerment of clients is obscured, instead it seems as if each case is assessed individually. However, as with any knowledge based on generalizations and pre-determined categories a medical examination which does not take into account the individuals own experience and life-word perspective and instead adopts the social role of 'expert' versus scientific object', the medical examination *becomes* structural by merit of reducing clients to a group of people primarily characterized by their lack of insight into the 'realness' of their own problems. A group whose problems, needs and experience, because of this inherit condition can be determined for them.

To paraphrase Foucault (1987) it could be said that if the avowed aim of the municipal and county psychiatric organizations is to render the treatment of mentally disabled people more humane, in removing the physical chains they merely substituted the far more insidious chains of science and economic rationalization.

What must be recognized then is that clients and case managers alike risk structural disempowerment under the guise of economic rationalization. The accounts of disempowerment imply a structural and organized limit to the possibilities of empowering actions where the demarcation or fault line seems to be made up of economic factors. The consequence being that client empowerment in terms of clients' power to choose for themselves becomes substituted for clients' relative well-being, as judged and determined by others and measured against cost.

## 6. DOING EMPOWERMENT

*As previously discussed in chapter 4 the case managers describe themselves primarily through boundary work where other organizational representatives are characterized as likely to habitually disempower clients whereas case managers work to empower the same. These descriptions also clarify that the case managers cannot empower clients when they are disempowered themselves and that they experience a vulnerability in relation to other professional representatives with regards to a lack of mandate and professional jurisdiction when directing the efforts of the same.*

*This chapter aims to form an understanding of the case managers' experiences of delivering empowerment to clients. This aim is fulfilled by applying an analytical focus to observations of service encounters as well as the case managers' descriptions of how they empower themselves as well as their clients, i.e. how they are 'doing empowerment'*

### 6.1 Hoping for Change

The case managers I met were constantly presenting the case that they needed their situation to change in order to facilitate their task of empowering the clients. They expressed frustration over constantly having to engage in conflicts and socially negotiate their mandate with other professional groups in the inter-organizational context and they expressed hope of being able to change the situation. The goal of their aspirations for change was presented as gaining a professional role as a means of gaining mandate.

Quote 7

*The purpose of CM is to prevent people from falling into the cracks that you somehow get stuck in the bureaucratic systems and the philosophy of the whole thing is supposed to be the interpersonal, there's a collision when an impersonal system is supposed to govern the personal but I think we can solve it with a professional role or so, that we get the mandate*

However, the case managers don't limit their actions of empowerment to merely arguing for change, they regularly engage in a variety of social activities, both individually and as a group, to advocate for, and provoke the change they aspire to.

#### 6.1.1 Using Democratic Process as Resource

One way of doing this is to recruit important and powerful allies outside of the immediate institutional context such as local politicians, scientists and larger institutional social actors such as the National board of Health and Welfare. Talking to local politicians and convincing them of the superiority of the case management method in comparison with other methods for client participation is one way of recruiting political allies, the demonstration of tools with their inherent reference to the scientific validity of the case management method is an important means of gaining political support. Especially since this facilitates a comparison with other methods which can then be identified as less scientific and consequently less dependable.

Quote 8

*This is the only system that is evidence-based, the others are so diffuse [...] to be able to demonstrate tools is huge and weighs heavily in negotiations with the municipality we've had to work the politicians!*

Affecting the opinions of local politicians can be understood as indirectly affecting decisions made on the administrative bureaucratic level of the own organization through political process. Consequently affecting the opinions of local politicians is an important part of advocating case management as the established method in the municipality and indirectly emphasizes the value of the case managers themselves as organizational and political assets. Not least because of the political value that is implicit in any political practice that can be interpreted by the general public, i.e. the voters as a political stand-taking for human rights, such as the empowering of a structurally disadvantaged group such as the mentally disabled. However, referring to the case management method as evidence-based is not the only way that scientific discourse is used as practical resource.

Participating and encouraging clients to participate in scientific studies is viewed as a potential means of demonstrating the benefits of the methods and indirectly advocating the advancement of case managers as a group. At the time that the empirical material was constructed another scientific study was performed by scientists at Kristianstad högskola at the initiative of the National board of Health and Welfare. The case managers didn't harbour a shared understanding of what the scientific aim of the study was, they did however share the understanding that participation in the study, both their own and that of their clients, was a practical means of strengthening their position and pointing to the benefits that case management brings to clients. Part of the study was a survey regarding client satisfaction, both regarding the method as such and the individual case manager connected to their case. The clients were supposed to fill out the survey; however the questions in the survey were perceived by the case managers to be too hard for the clients to understand

Quote 9

*I think those questions are.... When you read it, I mean they're directed at people with severe cognitive dysfunctions...I thought it was a bit cumbersome, I think the questions are cumbersome*

As a consequence the case managers experienced that they had to help the clients to understand and answer the questions as well as make sure that the results were mailed to the scientists for analysis<sup>11</sup> thus securing participation in the study. Regarding participation in this study several case managers explicitly expressed hope that studies conducted in the field would help spread the word regarding the benefits of case management. Looking at participation in scientific study from this perspective the accounts discussed in chapter 5 on disempowerment take on the potential meaning of being not just individual accounts of disempowerment experienced in the case manager role but also accounts serving to protect and 'repair' the beneficial image of case managers as a social group, thus 'recruiting' a potential ally in the interviewer i.e. me.

Collectively these social practices of acting for change can be understood as attempts to influence their situation, empowering case managers by pointing to the benefits they bring to clients thus equating their own cause; the empowerment of case managers, with the clients cause; the empowerment of the mentally disabled.

### 6.1.2 Recruiting Allies in other Organizations and Professional Groups.

Another way of rallying support is to recruit allies within the institutional context. Many of the case managers engage in lectures and seminars in various institutional contexts, within their own respective organization as well as any collaborative partner organizations with which they regularly interact but also in other counties and municipalities. It is common then to bring one or two clients and a member of an influential professional group such as doctors who participate in the lecture and can contribute with their perspective and experience of the method.

Quote 10

*And then I got the microphone from the doctor and then I said that 'well we're invited today to talk about case management which is a client oriented perspective so I'll give the microphone to our client' and then our doctors sits there and he says that 'well, if I would say something negative about this it's that I have to take a step back and I guess I'm not so used to giving up that power position' it was great! Everybody just sat there and nodded*

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<sup>11</sup> The study is not publically available and can therefore not be cited or referenced directly. However the case managers reported that the results were overwhelmingly positive.

This practice can be seen as a means of collecting three kinds of situated experiences that emphasize the importance and benefits of not only empowering the clients but doing so using the case management method specifically. As such it is not only a way to showcase the methodological benefits for the clients but also a way in which case managers themselves might be taken more seriously when interacting with doctors and other institutional professional groups who have not had case management training themselves since they get to partake of the positive experiences of their professional equals.

Regarding the recruitment of allies for the cause in other professional groups it is a common practice overall to refer, not only to the positive experience of clients themselves but also to positive experiences of how case management and case managers facilitate the interaction with clients

Quote 11

*You see the benefits fairly fast...I mean from your own position, it doesn't matter if it's with the psychiatry, the municipality [...]... anything, this shapes itself in a good way, that's what's so fantastic about the resource groups and that's because it's a client oriented support, you start with the clients goals*

Demonstrating the advantages of working with clients investigating their needs and goals using case management expertise can be seen as a using the client perspective as a practical resource in the form of a simplicity to handle clients, to overcome potential resistance amongst professional groups to client empowerment.

### 6.1.3 Constructing Empowering Resources

Supporting one another through collegial tutoring and supporting new colleagues through mentoring is an important part of the empowering practices of case managers. During these meetings questions of how to handle various problems can be discussed amongst peers and 'methods' for handling various difficulties traded.

As a complement to the tutoring and mentoring sessions, written material is produced by highly experienced case managers, this material (PsykiatriSkåne, 2013) is provided to all case managers as a resource to use alongside the educational material provided during the case manager training. The material is divided into two parts where the larger second part focuses the practical methodological aspects; however the first part concentrates on mandate, roles and definitions. As has previously been discussed, mandate and the lack of a formalized professional role is of great concern to the case managers and a common perspective is that because they inhabit a highly hierarchical

institutional environment it is important to have formal authority, preferably institutionally designated authority.

Quote 12

*I think we can make it work with a professional role, that we get the mandate to work with this with designated people because it has to be someone who is appointed by the authorities*

The text in the material regarding mandates, roles and definitions can be understood as part of the social practice of empowering case managers through social constructions. It states that the case manager does indeed hold a formal mandate, the contents of which then can be understood as an act of empowerment in the form of a bureaucratically documented construction of mandate

Quote 13

*The case manager is the person appointed by the authorities to coordinate all resources. [...] CASE MANAGER – the by authorities appointed person that coordinates the clients care and support, also called ‘care and support coordinator’. The case manager has the overall responsibility to see that the all of the commitments are fulfilled. [...] The case manager is the appointed person and has the mandate to be responsible for the organization and evaluation of all of the care and support resources (Psykiatri Skåne 2013, 2013, p 7, p 8, & p 11)*

The practice of case managers formulating the case manager mandate in official practical guidelines can be understood as connected to the statement in quote 2 where the case manager described a discrepancy between the mandates that case managers are supposed to have according to agreements made on the administrative level and the mandate that gets accepted in practice. Consequently, that case managers formulate a guideline and include not one, but three sections, which all emphasize and provide explicit definitions of the case managers mandate in practice can be understood as an attempt to bridge the gap between social reality on the administrative and the practical level as a means of empowerment.

This section has treated various acts of empowerment that spring out of hope and aspiration for change. As such these acts do not result in immediate empowerment, rather these acts of empowerment spring out of previous experience of disempowerment and are aimed at future events.

## 6.2 Socially Negotiating Mandate

But meanwhile case managers are hoping and advocating for future change there are also acts of empowerment that are aimed at immediate change, acts of empowerment that function as resources in the interactions as they occur. As such, they aim not at an abstract albeit foreseeable future but towards more immediate problems and issues.

### 6.2.1 Coming Well Prepared

One way to handle the vulnerability of the situation and avoid disempowerment is to come well-prepared to meetings. Preparing for meetings means different things depending on what sort of meeting the preparation is aimed at. Initial resource group meetings are known to present specific difficulties; first and foremost that professionals, if given the opportunity, have a tendency to start defining the problems as well as solutions, from their professional perspective, a problem which is emphasized by the clients' tendency to agree with professional opinion.

Quote 14

*So when the resource group gathers there's already a set goal, this is what we're supposed to work with, it's why you sit here and you and you and you and then it just somehow happens, if the goal is there and your assignment from the The Swedish Social Insurance Agency<sup>12</sup> or wherever you're at and you're supposed to tailor your efforts to that goal, then you do that in the best possible way. However if it isn't clear from the start why we're sitting here then it'll become someone else's goals or it'll get lost in the systems and the client sort of just tags along and thinks he needs whatever is offered*

By using the individual meetings with the clients to construct a documented plan that contains and specifies the clients personal goals as well as what the client wants and needs from anyone involved in the situation in order to reach those goals it becomes possible for the case manager to set an agenda for the collaborative resource group meeting which cannot be contested by any of the other organizational representatives unless they are prepared to openly contest the clients right to exert influence. In this context 'coming well prepared' means to anticipate the behaviour of other, potentially unknown, professionals as well as the clients typical response to that behaviour and make arrangements that will prevent these 'goings-on' before they occur.

Similarly, the ability to generalize observations from previous experiences and use these to foresee behaviour can be used as a resource to evoke as well as forestall specific behaviour. To have the members of the resource group sign the clients' documented personal goals and wishes is a way to

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<sup>12</sup> Försäkringskassan



avoid future conflicts regarding behaviour towards the client. Signing the document serves the same purpose of any signing of a contract; the members of the resource group commit themselves, individually to act accordingly to what the document describes. Any resource group member who has signed the document thus declines any future possibility to claim ignorance regarding, or lack of understanding for, what is expected from him or her.

Quote 15

*We've said that everybody signs, that we've read it and understood it so there's not issues later*

In this manner, the social ability to draw on previous experiences both of specific resource group member who might be well known to the case manager, as well as general impressions of other professional groups and use these experiences to form an understanding of what sort of behaviour is to be expected in the future is a strategic resource for empowerment used when constructing methods to forestall or evoke specific behaviour from others.

### 6.2.2 Engaging in Conflict

Conflicts with other professionals are common, especially with nurses. These conflicts usually concerns who holds, or should hold, the interpretative prerogative in the situation and consequently who should hold the power to define problems as well as solutions. When asked why these conflicts were so common with nurses many of the case managers stated that nurses more than any other professional group tended to disregard the opinions and observations made by case managers because they lacked medical training thus invoking institutional hierarchy and professional interpretative prerogative in situations where only the clients perspective is relevant with the result that the client becomes disempowered. The case managers who more often than not lack medical training must therefore find and make use of other resources in order to be able to empower themselves and the clients, one way of doing this is to point out the differences between clients as a group and clients as individuals.

Quote 17

It's really hard for him to handle certain kinds of conversations, it's hard for him to grasp the whole picture, he focuses on details and he has a tough time with irony. It's hard for him to grasp the context...those aspects are tough for him so it's a huge collision when he's supposed to receive help from them. Then they're with a person who is out and about, get nervous if time isn't kept in the sense that it triggers his illness when they're not on time and come when they've said that they will and all that. So we called to an extra meeting and informed the staff and one of the nurses was a bit like 'yeah but I've got my education and I know exactly how bipolar people work so you can't come and act like a teacher here', yeah but now we're not talking about bipolar people, we're talking about X (x replaces clients name) and his problems and he is bipolar

By taking conflict and invoking the individual perspective on the situation it becomes possible for the case managers to empower themselves with regards to their expert status in the situation with regards to their personal knowledge of the client. They cannot compete with the nurses regarding medical knowledge but they can disempower the nurses by constructing medical knowledge as something secondary, rather than primary to the understanding of the situation. Thus the act of empowerment in this situation relies on the disempowerment of other perspectives.

### 6.2.3 Reconstructing the Problem

As discussed in chapters 4 and 5 the organization, while lacking the means to directly control the processes in service encounters between the clients and organizational representatives, may still exert structural power in the service encounters. Case managers are vulnerable to the organizational power that presents itself in the situation through rules and regulations however this structural vulnerability need not necessarily result in disempowerment, much thanks to the very rigidity of regulation and policy. One way of using this regulatory rigidity as a practical resource in acts of empowerment is to make use of the possibility to interpret the problem in such a way that the rules no longer apply i.e. account for situations in such a way that policy and regulation serve the purposes of empowerment rather than disempowerment.

During one of the observations of resource group meeting a problem was encountered, the client experienced a need of getting out of the house and go into town sometimes in order to avoid an escalation of her illness caused by feeling trapped in the same environment at all times. Normally her husband would drive her as there are no real public communications in the area that the couple lives and she didn't have a driver's license of her own, but at the time of the resource group meeting it transpired that this was no longer possible as he had a medical condition of his own that prevented him from driving. A further problem is that mental disability isn't grounds for transportation service. However, physical disability is, furthermore, anyone who has the right to transportation service on account of physical disability has the right to bring an escort along on the trip.

Quote 16

*Home support: So the primary is to get out of the house then?*

*CM: Yes that's it, I know that sometimes you've solved it by going to your sister*

*Client: Mm yes...*

*Home Support: It's the change of environment that helps*

*Client: yes, as long as I can get out*

*Home support: But I don't think she's entitled to mobility service*

*CM: (turns to client's husband) are you entitled to mobility service after the surgery? Could we solve it so X (x replacing the clients name) can go with you if you use mobility service?*

*You are entitled to bring along an escort*

Thus the problem of the clients need to leave the house could be solved by reconstituting her as the escort rather than the patient being transported and the administrative rules could be used as a resource of empowerment. As well as being an example of how knowledge and discretionary space can be used as a source of empowerment for the case managers and resource groups this is also an example of how empowerment is used as a resource that in the end benefits the organization. As the case manager in question later explained, the client's condition had previously been known to escalate to a state of psychosis leading to long-term commitment in intensive psychiatric care when she couldn't leave her home on a regular basis. By circumventing the rules in this manner, the staff was attempting to avoid such a scenario thus saving institutional resources.

### 6.3 'Doing' Case Management as a Means of Empowerment

The case managers hope to change the frustrating situation of lacking a mandate which is accepted in practice. In order to do so they employ various means of empowerment aimed at constructing a recognized professional role as this is perceived as a solution.

Such methods of empowerment include: participating in scientific studies to demonstrate client satisfaction, engaging in local political discussions pointing to the scientific validity of the case management method in comparison with other methods for client empowerment. Holding lectures in other organizations and 'showing off' clients as demonstrable results of their successful method. Constructing written material which bridges the troublesome gap between case manager mandate agreed on the administrative level and mandate accepted in practice by other human service workers.

Furthermore they employ other means of empowerment to handle the frustrating situation at hand and socially negotiate situated service encounters to be able to perform their duties despite the lack of a professional role with a mandate of its own.

Sometimes these methods are aimed at other human service workers, such methods include: coming well prepared to resource group meetings where other human service workers are present,

preparation meaning different things depending on context e.g. making sure that other human service workers are kept well away from any decision making regarding what the client needs and making it impossible for other human service workers to claim ignorance with regard to the clients wishes. When such methods fail it may be necessary to engage in conflicts in order to establish interpretative prerogative by disempowering e.g. the medical perspective on a client's psychosocial needs. Some methods of empowerment are however aimed at the organization, specifically administrative routines. One such method is to construct the problem in such a way that organizational resources become available, thus using the rigidity of the bureaucratic system against itself.

Case managers that engage empowering activities aimed towards establishing case management as a professional role can be understood as case managers 'doing' case management in the sense that the empowering activities accomplish case management as a social construct. The point is that the case managers perceive that a recognized professional role is able to function as a resource of empowerment in itself.

The social activity of 'doing' case management leans on the construct of case manager empowerment being connected to client empowerment. The main reason presented as the grounds for a need of change is that it will facilitate the case managers' task of empowering the clients. This notion ties into descriptions discussed in previous chapters where the case manager identity is constructed as different from other human service workers who are prone to routinely disempower clients and that clients become vulnerable in situations where case managers are disempowered. The point is that the construction of case manager empowerment as connected to client empowerment presents a socially accomplished acceptable reason for why case managers have a moral right and even an obligation to their clients to become a professional category which holds mandate over other human service workers.

## 7. SUMMARY AND CONCLUSIONS

*This chapter summarizes and discusses the results of the empirical analysis. The chapter also includes a number of suggestions for further research.*

Case managers and case management were implemented into the Swedish mental health care system as the result of political policy aiming towards empowerment of mentally disabled clients. In their capacity of being the organizations representatives tasked with delivering empowerment to clients in terms of a service product their practice can be understood in terms of translating political policy to local practice.

Previous research on case managers and case management primarily focus efficiency in terms of decreased costs for the organizations, how well case managers adhere to policy guidelines and clinical results of the case management method. This is problematical for several reasons... finally there are no Swedish studies which do not include other functions resulting from the same political policies in their selections, equating them to case managers and case management. Consequently there was a knowledge gap to be filled with regards to the labour conditions of case managers, in other words what it means to be a case manager performing case management in Sweden and how this impacts on the final product of empowerment which is delivered to the clients in terms of a service product.

This study set out to fill this knowledge gap by applying a critically relativist social psychological perspective and grounded theory analysis to an empirical material consisting of 15 interviews and many more informal conversations with, and 3 observations of, case managers.

**Chapter 4** addressed the aim of forming an understanding of how the case managers understand their situation in terms of labour conditions. This aim was fulfilled through analysis of the descriptions the case managers make of themselves with regards to their situation and their purpose in terms of social constructions.

The analysis in chapter 4 conceptualizes and highlights two primary labour conditions that structure the specific situation of being a case manager and performing case management; to balance between their purpose and the organization's demands and to manage a lack of professional mandate when managing other human service workers by coordinating their efforts with regards to client empowerment. The management of these labour conditions are understood by the case

managers to structure the specific situation of being a case manager and performing case management. This situation can be understood in terms of a shared or relational vulnerability that structures the conditions of case managers and their clients alike as the case managers can only produce empowerment if they are not disempowered themselves.

The analysis further showed that case managers understand themselves with regards to their purpose as producers of client empowerment. They perceive that they bring change to their clients because they are different from other human service workers who are known to routinely disempower clients on account of their social status as mentally disabled. The case managers produce client empowerment from their position of being between clients and other human service workers and between the clients and the institutional systems. They provide client empowerment by managing and coordinating the efforts of resource group members.

The case managers' descriptions of their labour conditions differ from, and therefore push against, the theoretical conceptualization of managers in what the service literature commonly refers to as the service triangle where any manager figure is understood as a proxy for the organization. This result, together with other similar results suggest that the theoretical assumptions in relation to managers in the service triangle seems to be so far removed from empirical reality that they risk obscuring the complexity of relations in service encounters. Therefore, a suggestion for future research is to dedicate focus to empirical investigation into the lived experiences of managers.

**Chapter 5** addressed the aim of forming an understanding of the case managers' experiences of being disempowered and managing situations where they feel compelled by the organization to act in ways that could be understood as disempowering for clients. This aim was accomplished by applying a dual analytical focus engaging both observations of acts as well as the case managers' explanations of the same.

This analysis in chapter 5.0 showed that case managers understood organizational structures such as administrative routines and regulations as disempowering in the sense that they determine and limit the case managers' space of action. The analysis also showed how case managers construct a difference between being disempowered and being disempowering. They do not necessarily hold the personal opinion that clients should sometimes be denied a choice but their knowledge of how the organizational systems work creates situations where they feel compelled to do so anyway. Furthermore analysis showed how these structures serve to bolster and rationalize the measurement of client's needs against the financial interests of the organization.

The situation could be seen as symptomatic for the paradoxical dual government of public organizations. The overarching political goal of client empowerment comes into conflict with local

organizational financial goals with the result that the more vague political formulations give way to the more detailed local regulations and routines. An empirical contribution of this analysis is that it shows how financial goals of the organization are accomplished through a restriction of case managers' space of action through administrative routines. Another empirical contribution is that the analysis shows how medical assessment of the client's needs rationalizes and obscures structural disempowerment of the mentally disabled as a group. A suggestion to practitioners in the field on the operative as well as the administrative and political levels is to recognize that organizational administrative routines do not always accommodate for a psychosocial perspective on clients' needs at the cost of client empowerment. And that case managers experience that they must sometimes choose between delivering empowerment to clients and adhering to organizational demands.

**Chapter 6** addressed the aim of forming an understanding of the case managers' experiences of delivering empowerment to clients. This aim was fulfilled by applying an analytical focus to observations of service encounters as well as the case managers' descriptions of how they empower themselves as well as their clients. The analysis showed that case managers hope to change the frustrating situation of lacking a mandate which is accepted in practice by employing various methods of empowerment aimed at constructing a professional role as this is perceived as a solution. The analysis also showed how case managers employ other methods of empowering themselves in order to handle the frustrating situation at hand and socially negotiate situated service encounters to be able to perform their duties despite the lack of a professional role with a mandate of its own. Sometimes these methods are aimed at other human service workers and sometimes they are aimed at the organizations' administrative routines. The point is that while the case managers certainly experience that they are competent enough to handle difficult situations where other human service workers threaten to disempower clients, they perceive the situation as frustrating enough to seek a solution in the form of a professional role. Furthermore the activity of 'doing' case management in terms of social accomplishing such a professional role through empowering actions leans on the construct of case manager empowerment being connected to client empowerment in the sense that this connection functions as a socially accomplished acceptable reason for why case managers have a moral right and even an obligation to their clients to become a professional category which holds mandate over other human service workers.

Thus, an empirical contribution is that the analysis shows how both case managers and clients alike risk disempowerment on account of the case managers' mandate not being accepted in practice. A suggestion to practitioners in the field on the administrative and political levels is to pay notice to the difficulties that the case managers' are experiencing with regards to their mandate not being accepted in practice by other human service workers in the field and the possible consequences with

regards to a lack of empowerment that the clients may suffer thereof. It should also be said that while this study didn't encompass the exploration of case managers experiences of stress, labour conditions which are experienced as frustrating may lead to stress related problems.

**In conclusion** it can be said that 'being' a case manager means to be in the vulnerable situation of having to balance between their purpose and the organization's demands and to manage a lack of professional mandate when managing other human service workers by coordinating their efforts with regards to client empowerment. But it also seems to mean to hold a social membership. That not everybody who have had case manager training and perform case manager duties identify themselves as 'case managers' and aren't identified as such by others, may imply implementation problems. Therefore a suggestion for further research is to investigate this issue closer.

The product of client empowerment, such as it is delivered to the clients can be understood in terms of a social accomplishment positioned in a nexus of the power relations which make up the structural and structuring elements of the case managers' labour conditions.

Ultimately the final product of policy translated into local practice is dependent on the case managers' perceived possibility of producing client empowerment. While case managers emphasize their need for professional mandate over other human service workers, with reference to the risk of disempowerment that clients will otherwise suffer, it seems to be situations where the organizations' financial interests oppose the clients' interests that present the most significant risk of disempowerment for case managers and clients alike. The consequence being that client empowerment becomes substituted for clients' relative well-being, as judged and determined by others and measured against cost, rather than being a question of a principal right for mentally disabled clients to hold the power to choose for themselves.

A final contribution of the study is consequently methodological as it demonstrates how grounded theory can be accommodated to encompass a critically relativist social psychological perspective and used to explore how employees understandings and experiences of their labour conditions shape the manner in which they handle their everyday tasks which ultimately impacts on organizational results and service products delivered to clients in tangible and real ways. While a project on this level is limited with regards to length and time, under different circumstances it would have been possible to go farther and demonstrate empirical connections between case managers labour conditions and the final service product of empowerment which is delivered to clients and e.g. discourses of new public management as well as neo-liberalist governance of public institutions and an increasingly tough labour market. The point is that a critically relativist perspective enables researchers to not only provide new answers to old questions e.g. 'what is a case manager?' or 'what is case management?'



but also to ask entirely new questions; such as 'who benefits from this particular construction of social reality and who becomes disadvantaged?'. A suggestion for further research is to further develop and explore the possibilities of applying a critically relativist social psychological perspective in combination with methods for systematic and rigorous qualitative analysis to fields dominated by modernist assumptions, asking such new questions providing new understandings.

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## APPENDICES

### Appendix I: Original quotes in Swedish

Quote in Chapter 2.

de har ju inte ett helt koncept som de följer på det [...] ofta handlar det om överklaganden juridiska grejer söka insatser och överklaga när de inte får sina insatser och så då så det är ju inte en sådan som jobbar med resursgrupper det är inte

Quote 1

Du kan ju tänka dig hur det var innan CM. De är ju väldigt utelämnade och kan liksom inte själva bolla mellan olika myndigheter mellan olika instanser, de blir inte trodda... alltså de fastnar ... de behöver någon som fångar upp dem och är en spindel i nätet på något sätt, jag tycker det är jättebra. Det är ju de som har det sämst egentligen, de dör tidigast, de har flest sjukdomar och de är mest utsatta de är längst ned hierarkiskt, attityder skall vi inte ens tala om va...

Quote 2

de man ofta kommer i konflikt med det är sina egna då om jag ska vara riktigt ärlig. Eftersom du jobbar med brukarstyrt stöd så väcker det naturligtvis, oftast är det ju i ett inledningsskede, men det väcker mycket synpunkter från omgivningen som du på något sätt ändå måste hantera där man tycker annorlunda kanske lite hierarkiskt som en läkare som kan gå in där och tycka liksom [...] det är ju en hel del, dels så är det ju inom den egna organisationen, det tror jag gäller för alla om man jobbar kommunalt eller landstingsmässigt att det alltid blir lite ifrågasatt utifrån att det inte alltid är helt verifierat och man inte alltid har yrkesrollen [...] och mandatet med sig och hur mycket vi än skriver på våra avtal och sådär om hur de skall vara... så ser ju verkligheten inte alltid så ut alltså med arbetskamrater och så jamen det är ju alltid lite sådär och det är ju en KAMP det är det ju många gånger

Quote 3

Det är ju ett brukarstyrt stöd men samtidigt så svarar man utifrån att man jobbar inom en organisation, jag jobbar ju utifrån uppdrag ifrån psykiatrin. Jag är inget personligt ombud för brukaren och jag har inte liksom... det har man med sig när man jobbar och då kan det också bli lite fel kan jag tänka att man går för mycket på brukarenperspektivet så att man tappar det perspektivet man ändå sitter där för dvs. att jag jobbar för och får avlöning någonstans ifrån

Quote 4

CM: när de lyckas minska på en medicin utan att bli sjuka då blir det ju frestande att minska på alla mediciner och det är ju det hon undrar över nu. Hon kan... alltså hennes strävan är nog inte att bli helt medicinfri. Det tror jag faktiskt inte att hon tror på själv, men hon vill nog bli biverkningsfri skulle jag nog vilja säga. Hon förklarar ju sin kognitiva problematik med biverkningarna ifrån medicinerna och då blir det ju väldigt frestande att ta bort dem. Och det är klart att hon gör sina små tester men hon är ju följsam och hon sköter sin medicinering. Alltså hon tycker ju inte att vi är idioter och slutar ta sin medicin det har hon ju faktiskt inte gjort, inte så i alla fall

Psykiatripersonal: Mmm näe..

CM: Hon är ju rätt följsam i den biten så visst man skall väl våga också

Psykiatripersonal: Men inte just nu för inne hos oss just nu är det inte läge att ha (Brukaren) sjuk!

CM: Nej det är sant... vi får hoppas, vi får se vad (Läkaren) säger.. och kanske det är så att hon skall ha den här dosen en längre tid och att hon kommer fram till att det då blir ett nytt besök hos (läkaren) längre fram...för det går ju inte om ni inte kan

Quote 5

Och då kommer psykiatrins personal och så säger de:” Dom kan väl inte bestämma, skulle de ha makt? Gud bevare mig!” liksom men det är just det vi ska göra alltså se till att de får den här makten och kunna bestämma men vi måste hjälpa dem att det tas fram rätt insatser och att de känner att det här är någonting som hjälper mig eller som får mig vidare till ett bättre liv eller bättre mående. Framför allt med den medicinska biten och alla dessa biverkningar och att de inte vågar ta alla dessa mediciner. Sedan finns det ju också en tendens att ta gamla mediciner av gammal vana och så är det ju när man sätter ut någonting att kropparna är ju vana vid någonting och vad händer när det försvinner för då händer det alltid nånting och då måste man ha ett uppbyggt skyddsnät och för att kunna genomföra en medicinändring

Quote 6

Jenny: Jag tänkte på när vi var hemma hos X och han behövde övertalas att gå med på inläggning. Först tittade vi ju på det där privata hemmet i X men så blev det ju inte

CM: Nej och det kommer det heller aldrig att bli, alltså någonsin. För att... eller jo men det skulle väl vara om någon hade gått in och sponsrat eller så och det behovet har han inte. Det de kan erbjuda är egentligen inte något annorlunda än han kan få här men det är ju en kostnadsfråga. Jag har ju ringt och frågat och så och han kan ju söka själv men alltså...nej. Det krävs ju att någon betalar och det gör de inte. Det är ungefär som med privat läkare att då får de betala själva kommunen placeras ju bara om de inte har något att erbjuda själva.

Jenny: Ok, jag trodde att det gick bra om det fanns ett ramavtal jag fick för mig att det var som så att det var ett samarbete mellan landstingen eller att det var någonting sådant.

CM: Jamen det är det ju, alltså de måste ju ha ett avtal så att kommunen eller regionen då har de ju ett avtal med de här då så då är det ju lugnt med den biten men kostnaden måste ju komma ifrån landstinget och då måste det ju var något som gör att man tar den kostnaden

Jenny: Jaha och då hjälper det inte med samverkansavtalet och det brukarstyrda perspektivet som anledning?

CM: Nej det gör det inte, så det är likadant det här med äldre, de köper ju platser som de inte har själva och det är ju då för att socialstyrelsen i den standarden uppfyller de villkoren men kostnadsfrågan ligger ju då fortfarande på respektive huvudman

Jenny: Jaha ok, för i andra sammanhang så kan man ju hänvisa till att vården skall vara brukarstyrd

CM: Mm men... Jomen det gör det ju så sett men det är brukarstyrt såtillvida att man kan göra anspråk på en insats, det kan man ju men man kan inte välja exakt var man skall få den. Alltså jag kan ju hävda då att han behöver ett korttidsboende för den här problematiken och det kan han mycket väl få men kan de erbjuda samma på hemmaplan då gör de det. Så är det. Och det gäller ju missbrukarbehandlingar och så också. Kan de erbjuda något på hemmaplan så gör de ju det istället för att välja något privat som kostar tre gånger så mycket

Quote 7

CM syftar ju till att förhindra att människor faller mellan stolarna att man på något vis fastnar i de byråkratiska systemen och filosofin i det hela skall vara det mellanmännsliga, det krockar när ett opersonligt system skall styra det personliga men jag tror vi får till det med en yrkesroll eller att så, ja att vi får mandatet

Quote 8

Det här är ju det enda systemet som är evidensbaserat, de andra är så luddiga [...] att kunna demonstrera verktyg är stort och väger tungt i förhandling med kommunen, ja vi har ju fått jobba på politikerna!

Quote 9

Jag tycker de frågorna är... när du läser det, jag menar de riktar sig till personer med svåra kognitiva funktionsnedsättningar... alltså jag tyckte det var lite bökigt jag tycker frågorna är lite bökiga

Quote 10

och så fick jag mikrofonen då av läkaren och så sa jag då att ' ja, vi är ju inbjudna idag för att prata om case management som ju är ett brukarstyrt perspektiv så jag ger micken till vår brukare' och sen sitter vår läkare där och så säger han att "ja, om jag då skall säga något negativt om detta så är det ju att jag får ta ett steg tillbaka och den där maktpositionen är jag ju kanske inte så van vid att tulla på' skitbra blev det! Alla satt bara och nickade

Quote 11

man ser rätt så snabbt fördelarna med... alltså utifrån sin egen position det spelar ingen roll om det är med psykiatrin, kommunen [...]... alltså vad du vill, så formar detta sig på ett bra sätt, det är det som är så fantastiskt när man har resursgruppsarbetet och det är för att det är ett brukarstyrt stöd man utgår från brukarens mål

Quote 12

jag tror vi får till det med en yrkesroll, att vi får mandat att jobba med det här med utsedda personer för det måste var någon av myndigheter utsedd person

Quote 13

Case managern är den av myndigheterna utsedda personen som har till uppgift att samordna alla insatser. [...] CASE MANAGER - Den av myndigheterna utsedda person som samordnar brukarens vård och stöd, även kallad "vård- och stödsamordnare". Case Managern har ett samlat ansvar för att alla åtaganden i den individuella utvecklingsplanen fullföljs. [...] Case- managern är den som är utsedd och har mandat att ansvara för organisering och utvärdering av alla vård och stödsatser. (Case management i Nordöstra skåne.,(2013,. P 7, 8, 11)

Quote 14

Så när man träffas på resursgrupp har man redan ett framtaget mål, det är det här vi ska jobba med det är därför du sitter här och du och du och du då och då inträffar det på något konstigt vis att om målet ligger där och ditt uppdrag i från Försäkringskassan eller var du befinner dig och du då skall forma din insats utifrån det målet, då gör du det på bästa möjliga sätt. Har man inte det klart för sig innan, vad är det vi sitter här för för det blir ju andras mål eller så yrar det liksom runt i systemen och brukaren hänger liksom bara på och tror sig behöva det som liksom läggs på bordet då

Quote 15

Vi har sagt så att vi skriver under den alla att vi har läst det och sett det och förstått det så att det inte dyker upp en massa sen



Quote 16

Boendestöd: Så det är ju att komma hemifrån som är det primära då?

CM: ja just det, du har ju löst det någon gång genom att åka till din syster vet jag

Brukaren: mm jaa

Boendestöd: Det är liksom att byta miljö, det är det som hjälper

Brukaren: ja bara jag kommer ut

Boendestöd: Men jag tror inte att hon har rätt till färdtjänst...

CM: (vänder sig till brukarens make) Har du rätt till färdtjänst nu efter operationen? Kan vi lösa det så att X kan följa med dig om du åker färdtjänst? För man har ju rätt att ta med en ledsagare.

Quote 17

Han har jättesvårt att ta vissa snack där, han har svårt att se helheter, han plockar ut detaljer och han har svårt för ironi. Han har svårt för att greppa sammanhang... så sådana här bitar har han jättesvårt med, så det blir en jättekollision när han skall ha hjälp av dem. Då är de ju med en som alltid sitter hemma han är ju en människa som är ute och rör sig, har svårt med tider och blir nervös om de inte hålls så det triggas igång hans sjukdom jättemycket när de inte kommer i tid och kommer när de sagt att de skall och allt det här. Så vi hade ett extramöte och informerade nere i personalgruppen och eh sjuksköterskorna var lite såhär att "ja men jag har faktiskt min utbildning och jag vet precis hur bipolära funkar så du skall inte komma och lära mig det här", ja men nu är det inte bipolära vi pratar om utan vi pratar om X och hans problem och han är bipolär.

## Appendix II: Example of personalized development plan

**Personlig Utvecklingsplan/Individuell Plan**

Syftet med planen är att genom samordnade insatser tillgodose brukarens behov av vård och stöd.

**Kontaktlista upprättad (datum):**

Patientens namn	Personnummer
Adress	
Telnr	Närstående namn och Tel nr
Case Manager/Samordnare för Individuell Plan (namn och arbetsställe)	Tel nr
Patientansvarig läkare (PAL)	Tel nr
Kontaktman: Psykiatrisk slutenvård	Tel nr
Kontaktman: Psykiatrisk öppenvård	Tel nr
Kontaktman: Kommunen	Tel nr
Handläggare kommunen	Tel nr
Handläggare kommunen	Tel nr
Godman/Förvaltare	Tel nr
Annan resursperson	Tel nr
Annan resursperson	Tel nr

Nulägesbeskrivning (hur är det nu?)/utvärdering av framsteg mot personliga mål (hur märker vi att utvecklingen går åt rätt håll):

Mål (personligt, långsiktigt)

Delmål (mål jag vill uppnå närmaste tre månaderna)

Behov (detta behöver jag för att nå mina mål/delmål):

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Uppgifter för mig och mina resurspersoner:

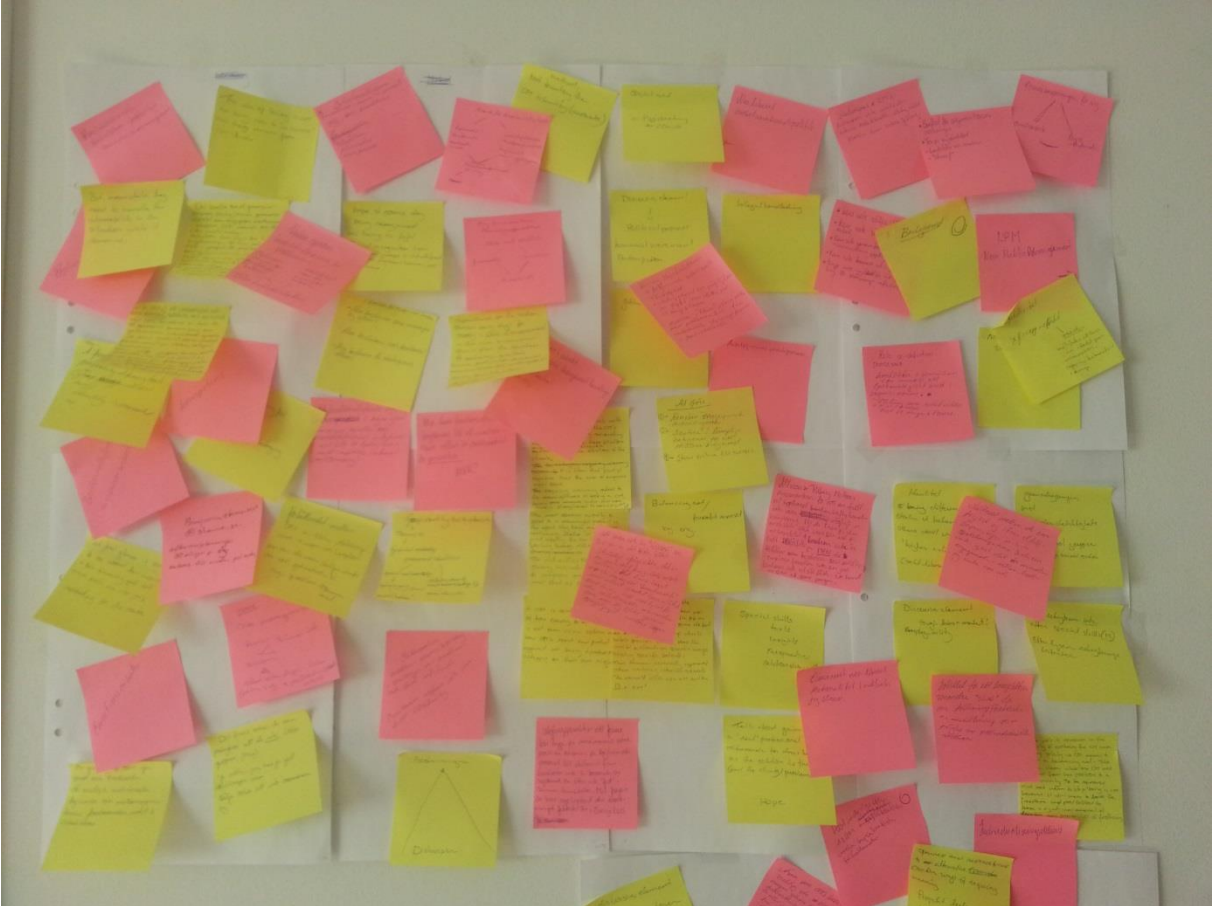
Ansvar: Vem ansvarar?

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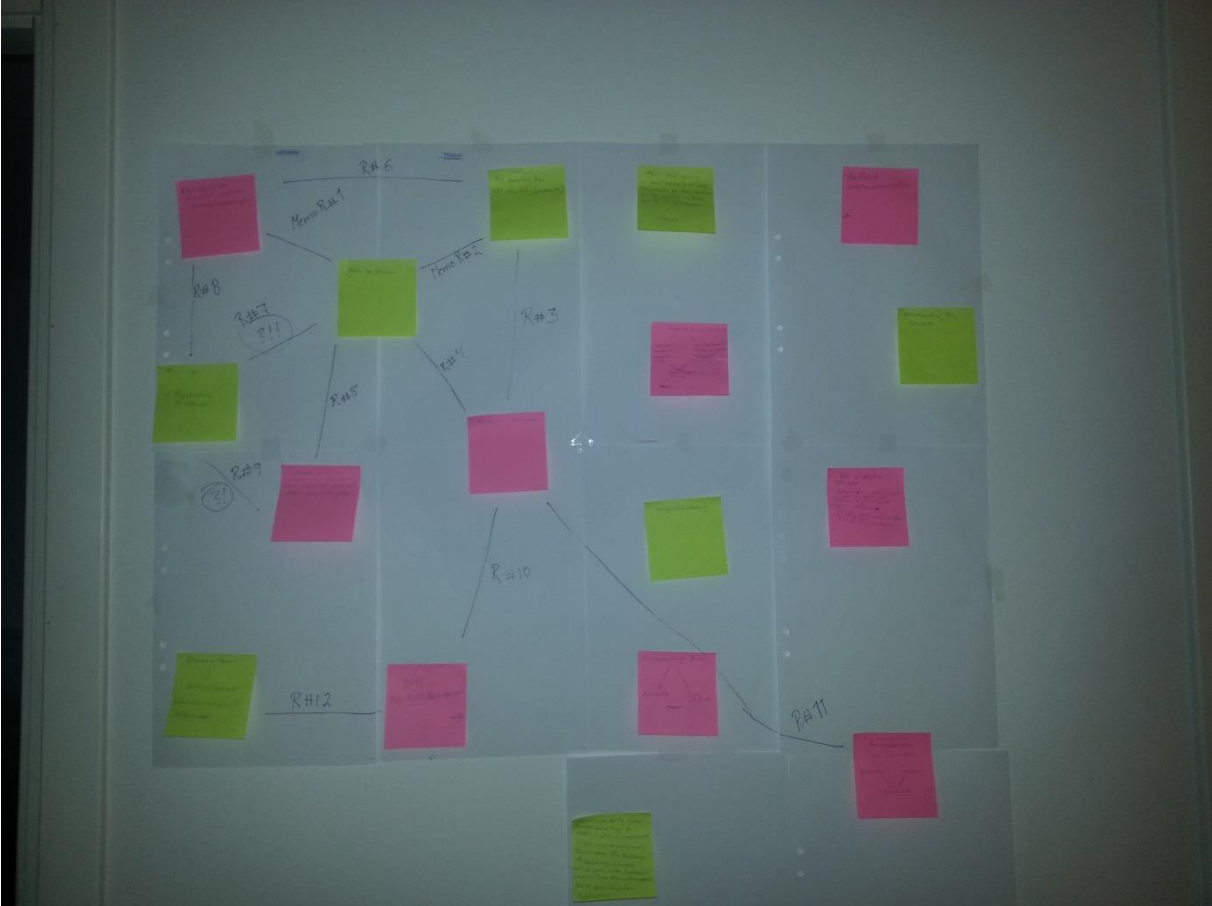




Appendix III: Sample of Messy Situational Map



Appendix IV: Sample of Relational Map



Appendix V: Sample of memo

Memo #137	'being a cm' is described; not primarily as holding a title, performing specific tasks (even if some do), or even as having the adequate training (although all do). But as being different from most others. Holding specific values (see memo #87), being different from others (see memo #43), seeing clients in specific ways (see memo 23), holding specific beleifs (see memo #4). This was especially apparent as they made interview referrals - he doesn't work as a CM but he IS a CM'
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## Appendix VI: Sample of initial line by Line Coding

609	I olkar psykiatrins personal som	609	Och då kommer psykiatrins personal och så säger de dom kan
610	ovilliga att jobba brukarstyrtd;	610	väl inte bestämma, skulle de ha makt? Gud bevare mig liksom
611	brukare kan inte bestämma.	611	men det är just det vi ska göra alltså se till att de får den här
612	Beskriver Cmsyfte; ge brukaren	612	makten och kunna bestämma men vi måste hjälpa dem att
613	makten, hjälpa och stötta till	613	det tas fram rätt insatser och att de känner att det här är
614	faktiskt välmående.	614	någonting som hjälper mig eller som får mig vidare till ett
615	Reflekterar över brukares	615	bättre liv eller bättre mående framför allt med den
616	situation; mediciners	616	medicinska biten och alla dessa biverkningar och att de inte
617	biverkningar, rädsla för	617	vågar ta alla dessa mediciner sedan finns det ju också en
618	medicin, vana att ta medicin,	618	tendens att ta gamla mediciner av gammal vana och så är det
619	beroende av medicin; behov av	619	ju när man sätter ut någonting att kropparna är ju vana vid
620	skyddsnet för förändring.	620	någonting och vad händer när det försvinner för då händer
621		621	det alltid nånting och då måste man ha ett uppbyggt
622		622	skyddsnet och för att kunna genomföra en medicinändring

## Appendix VII: Points of Inquiry

What is the setting of action? When and how does action take place?

What is going on? What is the overall activity being studied, the relatively long-term behaviour about which participants organize themselves? What specific acts comprise this activity?

What is the distribution of participants over space and time in these locales?

How are actors (research participants) organized? What organizations affect, oversee, regulate or promote this activity?

How are members stratified? Who is ostensibly in charge? Does being in charge vary by activity? How is membership achieved and maintained?

What do actors pay attention to? What is important, preoccupying, and/or critical?

What do they pointedly ignore that other persons might pay attention to?

What symbols do research participants invoke to understand their worlds, the participants and processes within them, and the objects and events they encounter? What names do they attach to objects, events, persons, roles, settings and equipment

What practices, skills, strategies, and methods of operation do actors employ?

Which theories, motives, excuses, justifications, or other explanations do actors use in accounting for their participation? How do they explain to each other and outside investigators, what they do and why they do it?

What goals do actors seek? When, from their perspective, is an act well or poorly done? How do they judge action? By what standards, developed and applied by whom?

What rewards do various actors gain from their participation?