THE INDIVIDUAL VERSUS THE INSTITUTION:

AN ANALYSIS OF POWER RELATIONS

IN IRISH SOCIETY

Jeannine Murphy B.A. (Hons)

**A thesis submitted in fulfilment of the requirements
for the Master of Arts Degree - by research**

Research supervisor:

Jonathan Culleton B.A. (Hons)

Submitted to Waterford Institute of Technology, October, 2007

ACKNOWLEDGEMENTS

To my fellow postgraduates, supervisor, friends & family, I would like to say thank you very much for all of your help and support.

Jeannine Murphy, 2007

DECLARATION

This work has not previously been accepted in substance for any degree and is not concurrently submitted in consideration for any degree.

Signed……………………………. (candidate)

Date……………………………….

Statement 1

This thesis is the result of my own investigations, except where otherwise stated.

Other sources are acknowledged giving explicit references. A bibliography is included.

Signed …………………………….. (candidate)

Date……………………………..

Signed…………………………….. (supervisor)

Date……………………………….

Statement 2

I hereby give my consent for my thesis, if accepted, to be available for photocopying and inter-library loans, and for the title and summary to be made available to outside organisations.

Signed……………………………. (candidate)

Date……………………………………

Abstract
The Individual versus the Institution: an analysis of power relations in Irish society
Jeannine Murphy

This thesis examines power relations in Irish society; specifically involving two key institutions; the Garda Síochána and the health service. The perspectives of both the representatives of the institutions and the public are examined. Sociological explorations of power and power relations are discussed with an outline of the development of the theoretical structure/agency debate. Issues ranging from class based society and capitalism, to categories of power and basic power relationships are included, creating a foundation for the investigation of the nature of power relations in a democratic capitalist state.

The four main questions investigated concern the effects that power relations have on the individual, as both a member of the public and as a representative of an institution, the central issues of concern between individuals and institutions that affect power relations, whether the nature of power relations within Irish society have changed, and if so, how this may have affected both individuals and the relevant institutions. A focus group interview was conducted with a group of students, and subsequently thirteen semi-structured interviews were carried out with a sample set of participants from the public, the Garda Síochána, and the health service. Methods of convenience (purposive) and snowball sampling were used to source suitable interviewees.

The key findings suggest that the concept of social class and interaction remains very important in the analysis of power relations in Irish society, from the perspectives of both the individual and the institution. Together with this, there has been a change in attitude in the area of power relations across all social classes for various reasons, with the effects of social mobility in a rapidly changing Irish society being of foremost importance. Finally, with a change in attitude among members of the public, has come a call for accountability within the remit of seemingly all institutions, particularly in this case, the Garda Síochána and the health service.

TABLE OF CONTENTS

APPENDICES

Appendix A   Focus Group Interview Topic Guide (12 Students)

Appendix B   Focus Group Interview Display Table

Appendix C   Formation of the Semi-structured Interview Topic Guides

Appendix D   Semi-structured Interview Topic Guide (Garda Síochána)

Appendix E   Semi-structured Interview Topic Guide (Health Service)

Appendix F   Semi-structured Interview Topic Guide (Public)

Appendix G   Partial Transcript of Semi-structured interview showing the process of data coding

Appendix H   Semi-structured Interview Transcript (Member of the Garda Síochána)

Appendix I   Partial Semi-structured Interview Transcript showing the use of Probes and Prompts by the researcher (Member of the Public: Frank)

Appendix J   Partial Semi-structured Interview Transcript showing the use of Probes and Prompts by the researcher (Member of the Public: Michelle)

Appendix K   Table showing the generation of themes and patterns; leading to generalisations in answering the four main questions of the research study (Garda Síochána)

Appendix L   Table showing the generation of themes and patterns; leading to generalisations in answering the four main questions of the research (Health Service)

Appendix M   Table showing the generation of themes and patterns; leading to generalisations in answering the four main questions of the research study (Public)

Introduction

'The Individual versus the Institution: an analysis of power relations in Irish society' will examine interaction between the Garda Síochána and the public, and interaction between the health service and the public, with regard to power relations. The aims of this research are to:

- Examine how individuals feel the 'powerful' (representatives of the Garda Síochána and the Health Service) interact with them
- Explore the perceptions of representatives of the Garda Síochána and the Health Service regarding their power relations with the public

Essentially, it will explore feelings, interpretations and perceptions from the perspective of both the individual, and representative of the institution. Therefore, this thesis will examine both structure and agency as being of equal importance.

In a democratic state, public service institutions such as the police can in fact have more of an impact on the life of the individual than the central government itself (Jones et al, 1994). However, it can be said that public service institutions in many cases are directly controlled by the state. Such is the case in Ireland, where the government control among others, the institutions involved in education, health, social control and social justice. The individual within a democratic state such as Ireland is therefore an agent living within a structured system which is maintained by a range of institutions. The everyday life of the individual is consequently somewhat constrained by an external force which both allows for, and limits certain actions. Therefore, 'the protection of liberty, social and economic opportunities, and the ability of individuals to shape and develop their lives are crucially affected by a range of public services' (Jones et al, 1994: 1). In relation to Irish society, the institutions of the Garda Síochána and the health service play a fundamental role in the everyday life of the individual. It can be inferred that each individual within Irish society has been, at some point throughout life, for whatever reason, in contact with a representative of the Garda Síochána and a representative of the health service.

Central to this study are the power relations involved in interaction between members of the public and representatives of the Garda Síochána and the health service. Such interaction and the power relations involved have not been examined specifically within the remit of the sociological study of Ireland. Therefore, the aim of this study is to fill what is considered a gap in the sociological study of power relations in Irish society. As has been previously mentioned, it is felt that both the Garda Síochána and the health service provide adequate representation of institutions that are important in Irish society. Through focussing on these particular institutions, it is hoped that some of the findings may be transferable to Irish institutions in general. According to Tovey and Share (2000), some topic areas have been overlooked in Irish sociology including many issues that relate to the daily occurrences and anxieties of the individual. This study examines issues that occur in everyday interaction between the individual and the institution relative to power relations. As will be evident in the latter half of the literature review, there are not many sources available regarding the sociological study of power relations in Irish society and, therefore, information has been drawn upon from studies carried out in countries such as the UK, USA, and Australia.

With reference to sociological studies in Irish society, Clancy et al (1995: 18) state that 'given the power and influence of the major institutions in Irish life, sociologists have paid scant attention to medicine, law or other leading professions'. Tovey and Share (2000) also argue that Irish sociology has failed to address the issues of overall changes in the life of the Irish individual. Therefore, the rationale behind this study centres on an exploration of perspectives from both the individual, and the institution in Irish society. In essence, this study looks at two highly influential and important institutions in Irish society and the relations between representatives of these institutions and representatives of the public. In doing so, the issue of changes in these institutions and life in general in Ireland also arises as a contributory factor to the changing nature of power relations in Irish society. As previously mentioned, both structure and agency are taken into consideration within this study and therefore, voices of the representatives of the institutions are seen as equally important to the voices of the representatives of the public. This maintains balance within the study and addresses the issue raised by Kane (cited in Tovey and Share, 2000: 37), 'that

Irish sociology (like most others) studies 'down, in class and power terms, rather than up', with very little if any research being done on the powerful social groups in society'. Kane (cited in Tovey and Share, 2000) also cites the lack of interpretative research in the sociological study of Ireland and states that for a society such as Ireland which is undergoing an increasingly fast level of transformation, and a high level of social inequality, more interpretative study is required). As is evident in the methodology chapter, the theoretical framework supporting this study is indeed interpretative, stemming from the constructionist epistemology. Overall, this study contributes to the sociological understanding of contemporary Irish society, providing a new insight into the interactions between members of the public and representatives of the Garda Síochána and the health service.

As this study is sociological in its outlook, within chapter one, the concepts of 'power' and 'power relations' will be examined first, in the context of theories that deal with wider social issues, ranging from capitalism to class reproduction. Power and power relations will be then looked at within more specific studies which deal with issues ranging from power as 'intentional' to the conditions necessary for the 'exercise' of power. A working definition specific to this thesis will be provided, for the terms power and power relations. Also, the role of the Garda Síochána and the health service in Ireland will be briefly examined. From there, power relations will be discussed specific to Irish society and interaction between individuals and the Garda Síochána, and the health service.

Chapter two will present the methodological framework including the underlying epistemological and theoretical perspectives which inform the research strategy. Sampling will be discussed with an outline of each participant targeted for the study. Access to the participants was gained either through direct contact or through the snowball sampling strategy, where some interviewees were asked to locate other suitable interviewees. The research methods used were qualitative, and involved a focus group interview and a series of semi-structured interviews. The focus group interview was conducted with a group of twelve first year students, and it was used as an initial part of the research, in that it helped with the planning of the topic guides, and with how to phrase the questions for the

interviews. Thirteen interviews were conducted with a sample from the public, the Garda Síochána, and the health service. A different topic guide was used for each group interviewed, and the questions asked were based on the following four main questions arising from the aims:

- What effects do power relations have on the individual (as a member of the public and as a representative of an institution)?
- What are the central issues of concern between individuals and institutions that affect power relations?
- Has the nature of power relations in Irish society changed? (and if so)
- How has this change affected both individuals and the relevant institutions?

Finally, the methodology chapter will include a section on ethics where the ethical implications of social research and this particular study are examined. Before the qualitative research was conducted, ethical approval was granted by the WIT Research Ethics Committee as they were satisfied that all the ethical implications of the research were considered. Ethical guidelines from the Sociological Association of Ireland were taken into account while drawing up the research plan and conducting the interviews. Each participant was informed that the interviews were to be tape recorded and transcribed, but that all information and personal details would remain anonymous. Consent from each participant for recording and transcribing the interviews was verbally given and recorded on tape.

Chapter three will present the data collection and analysis process. Access to each participant will be outlined in the three sections involved; the Garda Síochána, the health service and the public. Also, to be outlined is the process by which participants were interviewed, with regard to how the interview process was explained to each participant, what kind of opening questions were asked, and how participants were encouraged to ask questions if they were unsure of the question being asked or the research topic itself. Each interview was tape recorded and transcribed, and content analysis methods of coding were used while sifting through the transcripts and reducing the data being dealt with. Interview

data was analysed using a sequence of steps that involved the identification of similar and different themes, the identification of emerging patterns and the linking up of patterns with theory researched around power, and power relations.

The findings will be presented in chapter four with sufficient use of interview extracts combined with discursive analysis around theories examined within the literature review, and other relevant material including journal articles, newspaper articles and government websites. The findings chapter is subdivided into sections using the four main questions (previously stated) arising from the overall aims of the research study. Among others, three major issues are found to be common to both interaction between the Garda Síochána and the public, and between the health service and the public. It is inferred that, as the two institutions under discussion are particularly significant in the everyday lives of individuals in Irish society, three particular issues; social class and interaction, attitude change and a call for accountability can be attributed to a more general analysis of power relations in Irish society. The issue of social class background has indeed always been significant in Irish society, though no more than it is perceived to be today. However, there has been a significant change in attitudes towards representatives of institutions, particularly among the younger generation. Changes in levels of education and access to more information have contributed towards this overall attitude change among the population in general. Further, these factors have also contributed to a more 'confident assertive individual' that is willing to complain in the event of a problem. Therefore, a call for accountability is also a major issue in the area of power relations between the individual and the institution in Irish society.

Literature Review

The first section of this literature review explores how power is located within studies concerning wider issues such as Capitalism, Bureaucracy, Social Facts, Domination, the History of Discipline and Class Reproduction. The second section of the literature review deals with specific explorations of the concept of power itself, within Sociology and other disciplines. The second section is fundamentally an exploration of what is meant by the terms 'power' and 'power relations', in order to provide a framework for understanding these issues throughout the rest of this study. A definition of power is outlined for the purpose of this research, and power relations are defined in terms of individuals and their interactions with the Garda Síochána and the health service. Finally, there is also an investigation of the role that representatives of both the Garda Síochána and the health service play in relation to individuals in Irish society. This will therefore outline the dynamics of power relations discussed at length, in subsequent chapters.

Sociological Explorations of Power

Marx, Weber and Gramsci

The first part of this section examines the theories of Marx, Weber and Gramsci; all of whose theories privilege the study of power within a class based society. A very significant examination of power is that of Karl Marx (1818-1883) who explores 'power' in relation to labour, class, the economy and the system of Capitalism (Callinicos, 1983). In the examination of the labour process, Marx has indeed examined the overall development of human power (Callinicos, 1983). 'Under Capitalism, workers are forced to sell their labour – which Marx regards as the essence of human existence – to the capitalists, who use this labour to accumulate more capital, which further increases the power of the capitalists over the workers' (Singer, 1980: 45). The workers therefore become somewhat powerless. 'In the social production of their life, men enter into definite relations that are indispensable and independent of their will; these relations of production correspond to a definite stage of development of their material forces of production' (Marx, 1983: 159). Consequently, the

distribution of power within the labour process depends on the specific relationships that exist between the workers themselves. Also, together with the development of this new type of production, came the existence of a new stage in the development of society.

The distribution of power within the labour force influenced the development of class based society, in a cyclical fashion (as mentioned above - independent of the will of the workers) to cause further division in the distribution of power within the labour process. For that reason, Marx states that it is impossible to comprehend the type of production that exists in society, and as a result to comprehend society, without exploring exactly who has power over the type of production system that is in place (Callinicos, 1983). The power that the producer has over nature becomes insignificant, as, the results of that power now belong to somebody else, i.e. somebody from a higher class. As a result of ownership being in the hands of a minority, there is not only the development of a class based society, but also the development of a new economic structure; Capitalism. 'The social relations between producers are mediated by the exchange of their products on the market: it is this real feature of a commodity economy which facilitates the perception of Capitalism as a natural phenomenon outside human control' (Callinicos, 1999: 95). In other words, the ideologies that are created in order to justify the control of power by a minority hide the fact that the majority of society is being exploited as a result. Essentially, 'independent, or loosely connected provinces, with separate interests, laws, governments and systems of taxation, became lumped together into one nation, with one government, one code of laws, one national class interest, one frontier and one customs tariff' (Marx, 1983: 209).

For Marx, not only does the ruling class control the means of production, but also the state, and therefore, the ruling class possess the power – social, economic, political, and all the subcategories of power, including religious and educational power. Essentially, economic interactions within a society help to shape all other aspects of life, ranging from work and pay agreements to absolute beliefs and morals. Therefore, as behaviour is ultimately influenced by the economic system, a situation exists where society is based on the premise of competition as opposed to cooperation (Singer, 1980). Marx's analysis of power, evidently, focuses on the economic system as the most important contributory factor to

class struggle. With reference to power, it would appear that the analysis centres on structure. Power in this sense, is distributed among the top stratum of society; in the main amongst the capitalists. Through the possession of economic power, there is control over the state and therefore, there is possession of political, social and other types of power. The economic structure of a society, and the State of a society, are, for Marx, the fundamental contributory factors in the prevalence of the type of power that exists; in this case ruling class power.

'The nature of capitalist society has changed considerably since Marx was writing in the nineteenth century, and, accordingly, Marxist sociologists have developed more complex and sophisticated analyses of class while retaining the fundamental elements identified by Marx' (Tovey and Share, 2000: 134). Elements of this more sophisticated approach to class analysis can be found as early as in Gramsci's theory of Hegemony which is examined further in subsequent paragraphs. The main thrust of Marxist theory, both classical and contemporary, focuses on the ideological inevitability of the majority of wealth being distributed among a privileged minority within capitalist society. As previously considered, the Marxist perspective advocates the elimination of such inequality through the systematic overthrow of the capitalist system by the majority with the underlying belief that the root of all inequality lies within the very nature of the capitalist economic system and the class division that occurs as a result. 'Sociologists argue that class position is a major determinant of life conditions and resources, including access to property and income, to education, to housing, good health and to power. 'Class is also a significant element in consciousness and behaviour' (Drudy, 1995: 296) and therefore, linking class to consciousness and behaviour also signifies a move towards a more contemporary Marxist view of class. According to Tovey and Share (2000), class analysis research in Ireland from the Marxist perspective does not exist, as the general perception of modern Irish society is that it is broadly classless. However, it is recognised that inequality does exist in Ireland; the general perception being that there are two classes: 'the majority – the 'more or less middle classes' – and an 'underclass' made up of the poor, the long-term unemployed, substance abusers and marginalised groups such as travellers' (Tovey and Share, 2000: 122). Overall, class division today is perceived as less marked than in traditional Irish

society (Tovey and Share, 2000). This is due to the modernisation of society which has brought about many changes including more equal access to all levels of education and therefore all levels of occupation, more gender equality in relation to education and work, and, wider access to information through the media. Among others, these factors have all contributed to increased social mobility. Certainly, Breen and Whelan (1996), propose that reasons for discomfort on the part of Irish people when asked about Ireland as a class based society, stem from the common belief that changes within the economy have meant that Ireland is no longer structured relative to levels of inequality, and is instead a land of equal opportunity (Tovey and Share: 2001).

Max Weber (1864-1920) also deals with the distribution of power within the labour process. Within this analysis, power is explored in terms of authority and management within the bureaucratic state (Weber, 1948). According to Weber, power in general terms refers to 'the chance of a man or a number of men to realise their own will in a communal action even against the resistance of others who are participating in the action' (Weber, 1948: 180). In reference to chance, 'Weber is saying that it is 'probable' that an actor will be able to impose his will, not that it will 'necessarily' follow' (Brennan, 1997: 72). Distribution of power, whether it is social, political or otherwise within society leads Weber to his discussion on class, status and party. In this sense, 'power is not an independent quality; it is an attribute of economic, social and political relations' (Brennan, 1997: 71, 2). According to Weber (1948), an individual's class situation refers to the quantity and quality of power that they have to influence their chances of obtaining skills, an income and overall living conditions in comparison to other individuals within society. 'The probability of enforcing one's will depends on the different types of resources one possesses' and hence, 'the imposition of one's will over others draws upon resources not available to subordinate actors' (Brennan, 1997: 73). Weber (1948) reduces class to two basic categories; the property owners and the property-less, and therefore sees property as a basic means of power that results in the most basic division of class. Therefore, differences between life chances are a product of the established distribution of power among the classes.

It is apparent that through the examination of class, both Marx and Weber clearly set out to

show how this established distribution of power among the classes is not something that can be easily altered. Indeed, the situation remains due to the non-event of what Marx deemed the only true solution; revolution. However, in an effort to disestablish the dominant patterns within the distribution of power, class struggles arise. These may be considered as similar to mini-revolutions perhaps, as they may take the form of protests and strikes, for example. Group action on behalf of individuals within the same class category, towards issues such as economic interests, is one example of the consequences of 'class struggle' and according to Weber (1948), one of the first class struggles witnessed would have been competition within the commodity market. This suggests that antagonisms may have existed due to the price of commodities and control over the price of commodities equals power. This has changed however, to antagonisms between mostly managers and the producers about the actual price of labour (Weber, 1948). This is the classic example of class struggle for power. It is important to note that, as those in power are strategically positioned in such a way as to be able to source the very best of everything that is either wanted or needed, before those who are less strategically positioned, they already hold the key to continually maintaining their elevated position in society (Brennan, 1997). Status groups refer to the stratification of individuals within society into positions that have been taken over and given a special type of honorific label (Weber, 1948). These positions may be well termed positions of power.

The struggle for power within society is carried out in accordance with the political system that exists; in the case of Ireland, it is within a democracy (or at least it is within the ideologies of a democracy) that class struggle for power takes place. Weber examines political power vis-à-vis the term party – '*party* is the term used by Weber to denote the role of political (with a small 'p') power in shaping social inequality. In other words, it concerns the ability of groups to organise for their own ends' (Tovey and Share, 2000: 135). Power is located within state institutions and all other institutions that derive thereof, both political and non-political. It is through institutions therefore, that power is distributed in society. 'Like Marx then, Weber understands inequality as being significantly shaped by the nature of the formal political system in a given society and by relations to the state' (Tovey and Share, 2000: 135). The question then arises as to exactly how power is

distributed. Through the examination of the system of bureaucracy, Weber has examined the distribution of power and power relations within institutions of society (Weber, 1948). The importance of bureaucratisation to an everyday institution such as the police force, for example, becomes clear in the examination of how important the institution is to society. Not only do institutions need to maintain themselves through using the bureaucratic structure, but they need to exert the power that separates them from society, over society, using the bureaucratic structure. Therefore, according to Weber (1948), the extent to which a state institution is bureaucratised is determined by the demand that a society has for that particular institution. Marx and Engels suggest that the easing of contradictions and resulting class struggles within modes of production require the separation of state from society (Callinicos, 1983). In other words, power had to become the responsibility of the state and therefore the state needed to exist at a higher level than society in order to effectively use its power. Bureaucracy, as the most advanced and highly efficient form of organisation, helps institutions such as that of the police force, for example, to properly maintain its power. Indeed, state institutions are the most highly bureaucratic, and are usually deemed the most needed and the most powerful in a society, due to the direct influence they have over the everyday life of the individual. According to Tovey and Share (2000: 76), the

> *'state' refers to a set of institutions within a society that have some distinctive characteristics. These include:*
> - *the political institutions of government*
> - *administrative institutions such as the civil service and local government agencies*
> - *discursive institutions such as the mass media and health promotion agencies*
> - *institutions of control such as the courts and prisons*
> - *institutions of coercion such as the army and the police.*

The bureaucratic structure, according to Weber (1948), is based on the diminishing of economic and social differences between categories of people, including the category of class. The irony here is in the fact that, as it can be inferred that the bureaucratic structure actually supplies all the checks that are necessary to keep individuals and groups firmly within their 'appropriate' class. According to Weber, the system of bureaucracy, however

17

efficient and superior it is above all other administrative systems, 'was likely to have adverse consequences for society - in fact, was liable to become autocratic, with each individual clerk a mere cog in the wheel, arbitrarily and assertively determining the fate of the citizens whose interests were entrusted to his care' (Sheleff, 1997: 41). Bureaucracy helps to keep officials at the highest level always on top; thereby keeping the rest of the workers in a continual state of submission. Ultimately, this helps to maintain a class based society, ruled by a minority. It is of paramount significance to note that Weber examines power relations from the top down; usually a minority dominating a majority (Brennan, 1997). Furthermore, the power of the system of bureaucracy cannot be over-estimated – 'the term "bureaucracy", is not a mere causally inserted appendage, but is an integral and essential aspect of legal domination' (Sheleff, 1997: 45). Therefore, the importance of bureaucracy in relation to power and social structures does not remain solely with the bureaucrat in control as this situation itself cannot account for the true power position of bureaucracy in any social structure (Weber, 1948).

According to Westergaard and Resler (1976),

> *Firstly, Weber's own definition of 'class' was similar to Marx's, insofar as both saw class position as a matter of the place occupied by the people in the system of production. Secondly, both saw shared class position as a potential basis for recognition of common interests and for collective class organisation and action in consequence* (Drudy, 1995: 305).

Therefore, for both theorists, class position is directly connected to the economy. 'Like Marx, Weber related class to the distribution of the means of production and to the economic market' (Tovey and Share, 2000: 134). For Weber, however, the economy is not the ultimate factor in determining class position, as other factors such as status and party also determine class position. In fact, 'the three key aspects of power identified by Weber were economic power, prestige and political power' (Tovey and Share, 2000: 134). Studies in Ireland, however, often rely on an individual's direct relationship with an economy to determine their class position. 'Occupations are less than perfect indicators of class. In spite of this, survey investigations no matter what their theoretical origins rely on them as a form of measurement …' (Drudy, 1995: 305). The assumption for this being that an individual's

position in life, and all factors that derive thereof, are mostly influenced by an individual's source of income (Drudy, 1995). The helping hand of bureaucracy in keeping check of the individual's position in a democratic society also concentrates on occupation as the most important factor pertaining to the organisation of society. From this perspective, Ireland, as a democratic society managed through institutions both political and non-political, bureaucracy contributes to the persistence and maintenance of social inequality.

According to Poulantzas (1973), power can be analysed through examining the struggle between the classes on both levels of structure and agency (cited in Clegg, 1979). Class struggle refers to the ever-changing relations of power between the classes and is seen as a constant problem within society. As is evident in the work of Jessop (1976), agency and structure are equally important in terms of situating research against a relevant backdrop (cited in Clegg, 1979). 'The most significant advance in this form of analysis is that power is developed not in terms of social action or relationships, but in terms of its effects within a structural context' (Clegg, 1979: 78). Therefore, according to Jessop (1976), 'power is exercised when subjects engage in practices that produce effects on other subjects that, giving the prevailing combinations of structural constraints and social forces, would not otherwise have occurred' (cited in Clegg, 1979: 78). For that reason, not only is the subject taken into account but also the structural constraints and the social forces that the subject is exposed to. Jessop (1973) also states that 'it is essential to show how the agent's capacities and ideological formation combine with structural constraints and other factors to produce a given effect' (cited in Clegg, 1979: 78). A theory of power dealing with only one of either structure or agency or indeed both, but with certain structures and agents over others, would prove inadequate for the examination of the overall nature of power, and power relations that arise thereof. Antonio Gramsci's (1891-1937) theory of Hegemony is a perspective which examines both structure and agency. The theory of Hegemony is fundamentally based on Marxist thought, but can be conceptualised as a development of Marxism, in that it moves beyond economic reductionism.

Adamson (1980: 170) states that hegemony refers to:

the consensual basis of an existing political system within civil society. Here it is understood in contrast to the concept of "domination": the state's monopoly on the means of violence and its consequent role as the final arbiter of all disputes.

This type of domination only occurs in the event of crises as it is hegemonic domination, according to Williams (1960), that is the natural way through which society is controlled (cited in Clegg, 1979). Hegemonic domination is not based on force and coercion, but on subordination of the majority of society by their own consent. The ruling elite obtain and maintain their power over the rest of society through hegemonic means. Femia (1975) refers to hegemony as:

the predominance obtained by consent rather than force of one class or group over other classes...attained through the myriad ways in which the institutions of civil society...shape, directly and indirectly, the cognitive and affective structures whereby men perceive and evaluate problematic social reality (cited in Clegg, 1979: 84, 5).

Members of society accept the inevitability of their social class position to such an extent that, they are unaware that they are being dominated by the ruling class through hegemonic means of ideology installation and preservation. From this perspective, for power to exist there need not be resistance to it, unlike a definition of power put forward by Weber, referred to earlier, with the inclusion of the phrase 'even against resistance'. Not only can power exist in the absence of resistance but also in the absence of its activation. Indeed, for power to exist, power does not necessarily need to be activated, for there is always the existence of some kind of power. If it happens to be in a latent form, it simply means that there exists the possibility for a more blatant form of power (Clegg, 1979). Power is always present when potential power exists. Hence, Anderson (1977) states that:

the normal conditions of ideological subordination of the masses-the day to day routines of a parliamentary democracy-are themselves constituted by a silent, absent force which gives them their currency: the monopoly of legitimate violence by the State (cited in Clegg, 1979: 86).

The importance of the State and everything structural can not be over-estimated in the study of power relations (at least to the point of reductionism!). As a result, 'the necessary

task is to articulate concepts at the structural level, which can explain the emergence and the non-emergence of issues and interests, and their relationship at the level of action' (Clegg, 1979: 79).

The Irish democratic state rules without regular recourse to the use of force. However, there is a potential to use force due to the existence of an army, and also there is the exceptional use of weaponry by the Garda Síochána, in cases where the use of such force is needed for self defence and the prevention of violence (in riot situations), for example. 'In stable societies, most people obey the state because they accept its authority rather than from fear of its violence. Nevertheless, the state's capacity to coerce has been seen by many sociologists as its ultimate 'power resource' (Tovey and Share, 2000: 78). Once more, there is the potential to use violence as a form of social control, and as a result there is the underlying potential to coerce people if necessary. Then again, the majority of people in Ireland accept the law through their own consent. For this to happen people have to believe that the law exists to benefit the majority and as a result, the majority are willing to be dominated by a minority who instil and maintain certain ideologies. According to Gramsci, the minority consist mainly of the ruling class elite (Clegg, 1979). In Irish society, it has been shown that the ruling class elite, consisting of politicians, intellectuals and capitalists, among others, some of which have more than one of the aforementioned attributes, are indeed the powerful decision makers. However, 'while Peillon agrees that the state does generally privilege the interests of the capitalist class, in his view this is because the capitalist class controls a scarce resource required for economic growth, not because the state is merely its agent or mouthpiece' (Tovey and Share, 2000: 83). It is through the maintenance of ideologies pertaining to the benefit of the majority that the ruling class elite are able to maintain their dominance in Irish society. Such domination has been explained through the examination of Gramsci's theory of Hegemony which leads to further discussion on authority and legitimisation in the forthcoming contemporary discussion of power.

Thus far, power has been examined within the context of early explorations of the system of Capitalism, to the system of market conditions and bureaucracy, and the means of

domination that underlie class based society. Marx's exploration of power focuses on the role that the economy has to play within the existence of a class based society and the power struggles that arise as a consequence. Weber's analysis not only focuses on class and the economy; but also on social categories other than class which are not affected by the economy such as status and party. Finally, Gramsci's theory of Hegemony deals with contributory factors, other than the economy, that help to maintain class based society, i.e. the creation of ideologies and a false class consciousness. It is therefore imperative, to start the examination of power by referring to classical social theory. With Marx, Weber and Gramsci, theory relating to the relationship between the economy, the state and the majority of people, along with the existence of ideologies has been dealt with. The beginning of what can be referred to as a gradual shift from structure to agency can be clearly identified and the relevance of classical social theory in the context of modern society has been firmly advocated. 'Arguments about social class in sociology have been very much influenced by debates in social theory, in particular, that known as the structure and agency debate' (Tovey and Share, 2000: 137).

Durkheim and Parsons

The following section of the literature review deals with the best-known proponents of the Functionalist perspective of power, by Durkheim and Parsons. Emile Durkheim (1858-1917) believes that there are certain social facts that are imposed on the individual in society through a power that manifests itself as coercion (Durkheim, 1982). However, this power is not obvious to the individual unless the individual attempts to resist it (Durkheim, 1982). It is then, as a consequence to resistance, that power is demonstrated. 'If purely moral rules are at stake, the public conscience restricts any act which infringes them by the surveillance it exercises over the conduct of citizens and by the special punishments it has at its disposal' (Durkheim, 1982: 51). Certain social facts therefore, exist within the culture that an individual is born into. The culture, consequently, influences the collective thinking of a society and vice versa. Social facts can be anything from a moral rule, to a piece of legislation, to a way of eating food - 'they are the mental states which employ collective representations and derive their meaning and content from this collective currency' (Bloor,

2000: 161). The individual is, therefore, to some extent, unconsciously coerced into certain ways of behaviour. These types of behaviour '…consist of manners of acting, thinking and feeling external to the individual, which are invested with a coercive power by virtue of which they exercise control over him' (Durkheim, 1982: 52). Social facts, originally, surfaced from the individual or from a group of individuals. However, over time social facts become embedded within a culture; hence 'they come from outside the individual user and symbolize, or depend on, processes taking place in the social totality' (Bloor, 2000: 161).

Social facts of today are usually maintained by institutions; most of which, in one way or another, are directly or indirectly connected with the state. However, 'unlike Marx and Weber, Durkheim does not conceive the state as primarily a coercive institution, as, accordingly, 'a properly functioning state is a necessary condition of the realization of the individual' (Callinicos, 1999: 137). The state and social facts that arise thereof, perform a necessary function in the survival of society. Durkheim's 'collective consciousness' refers to a way of thinking that is universal to all individuals within a society (Callinicos, 1999) and it is the state that influences and upholds the existence of the collective consciousness. Social facts therefore both create and are created by institutions and the individuals that represent them. Being a representative of an institution can afford an individual certain powers and these powers are legitimised through back-up from the institution. Hence, from the Functionalist viewpoint, certain social facts exist that are in some shape or form, functional or dysfunctional for society. One of these facts appears to be social inequality, which could be considered functional for employers, for example, who could pay low wages on the premise of inequality and low status occupations. Inequality however, may be considered dysfunctional for those who suffer as a consequence and are forced to work in low paid jobs. According to Crompton (1998), 'inequality in complex societies [is] rendered legitimate via an emerging consensus of values relating to the societal importance of particular functions…such theories incorporate a moral justification of economic inequality' (cited in Tovey and Share, 2000: 133). People give their consent to live in such unequal societies because the existence of inequality becomes a social fact that is seen as functional/dysfunctional and therefore, legitimate.

Marshall (1971) affirms that 'Functionalists have contended that the state must preserve a measure of economic inequality, which it is suggested, is both legitimate and acceptable' (cited in Drudy, 1995: 297). In Irish society, the social welfare state, including political and non-political institutions, exists to counteract and support people who suffer as a result of inequality. Whether the state and the social welfare system work to their full potential in alleviating such inequalities is a question that can not be examined within the limited scope of this particular study. Pluralist theories which have their roots in Durkheimian theory go one step further in that they believe that the existence of inequality is beyond the control of the state (Tovey and Share, 2000). In essence, from this view, the state is seen as an impartial body which exists without prioritising the interests of any one particular individual or group and therefore, individuals and groups compete against each other from an equal platform (Tovey and Share, 2000). There is no doubt that, certain factors of social life such as inequality somehow become social facts that can be viewed as functional or dysfunctional for various members of society. However, the legitimisation and justification of such inequality is in doubt.

Parsons (1902-1979) also focuses on the legitimisation of power. According to Parsons, power is:

> *generalized capacity to secure the performance of binding obligations by units in a system of collective organisation when the obligations are legitimised with reference to their bearing on collective goals and where in case of recalcitrance there is a presumption of enforcement by negative situational sanctions – whatever the actual agency of that enforcement* (cited in Lukes, 1974: 27, 8).

This view of power as functional echoes Durkheim's account of the legitimisation of the power that institutional representatives have. Durkheim suggests that the individual is in some sense, unconscious of the fact that they have social facts imposed on them through a power that manifests itself as a latent type of coercion (Durkheim, 1982). In essence, Parsons equates the concept of power with the concept of authority (Brennan: 1997). 'Parson's conceptualisation of power ties it to authority, consensus and the pursuit of collective goals, and dissociates it from conflicts of interest and, in particular, from coercion and force. Thus power depends on the 'institutionalisation of authority' (Lukes,

1974: 28). This emphasis on authority suggests that power only exists in the political field (Brennan, 1997). The field of politics, in this sense simply being a means to a common end. Therefore, 'the conceptualisation of power which Parsons offers allows him to shift the entire weight of his analysis away from power as expressing a relation between individuals or groups, towards seeing power as a 'system property'' (Lukes, 1974: 30). In this sense, power is a mere entity used and distributed by people among people for the benefit of all. Thus and as already stated, for Parsons, '…'power' assumes the prior existence of collective goals' (Lukes, 1974: 30).

Parson's analysis of power therefore suggests that 'social ranking in the social system should now take place solely against the backcloth of a common value system' (Brennan, 1997: 75). This is in complete contrast to Marx, Weber and their successors, as, for them, power can exist in cases of resistance and conflict, whether or not they are apparent, fundamentally, due to the lack of a common goal. Parsons (1967: 306) states that

> *power is here conceived as a circulating medium, analogous to money, within what is called the political system, but notably over its boundaries into all three of the other neighbouring functional systems of a society (as I conceive them), the economic, integrative and pattern-maintenance systems.*

The emphasis here is on the functional role power has to play within society and all other connected fields. In the same way that 'the acceptance of this "valueless" money rests on a certain institutionalised confidence in the monetary system' (Parsons, 1967: 307), the acceptance of power, as previously mentioned, depends on the institutionalisation of authority.

Lukes (1974: 31) suggests that theorists such as Parsons:

> *focus on the locution 'power to', ignoring 'power over'. Thus power indicates a 'capacity', a 'facility', an 'ability', not a relationship. Accordingly, the conflictual aspect of power – the fact that it is exercised over people – disappears altogether from view. And along with it there disappears the central interest of studying power relations in the first place – an interest in the (attempted or successful) securing of people's compliance by overcoming or averting their opposition.*

Parsons argues 'that the use of power, as when the ruled have justified confidence in their rulers, may achieve objectives which all desire and from which all benefit' (Lukes, 1974: 31). There is no doubt that power can indeed achieve goals for the common good in certain cases. However, it is important not to forget that power can also be present in the event of conflict.

Again, Parsons describes power as a capacity to do things for the potential benefit of all. An example of such power in the economic sense is the existence of the social welfare system in Ireland. The potential power of those who govern the social welfare system is to alleviate the suffering of economically and possibly socially marginalised individuals and groups. Indeed, this is a very positive potential for economic power. However, as alluded to previously, can such potential power be actualised to its full degree in a society that seems to thrive on the existence of inequality? If the existence of such a positive entity of power that is portrayed in the writings of Parsons is in Ireland, why does Irish society (despite being ruled through consent by a democratically voted in government) feature many of the dysfunctions of inequality? The question then arises as to what role the state plays in Irish society:

> *Peillon (1995) argues that the state must be seen as an initiator of action in its own right, not merely a mouthpiece for another social force (as ruling class theory suggests), nor as a neutral arbiter between the projects of a number of other social forces (as in pluralist theory)* (cited in Tovey and Share, 2000: 88).

The state is an independent entity - although, all the while perhaps reflecting the power structure in Irish society; never exactly fully agreeing with and complying specifically with any particular other collective body within the existing power structure. Instead, the state uses what it needs, when it needs it, by literally managing all of the other collective bodies in ways that are a means to its own ends (Tovey and Share, 2000). This suggests that at certain times power is used to get things done for the benefit of certain people and at other times, power is used to stop or avoid certain things being done for the benefit of certain people. Institutionalised power, and personal power that derives thereof, as examined in this study, can also be used or not used 'when it suits'. Even the legitimate use of power

does not necessarily mean that the majority will benefit as a result. A prime example of such legitimate use of power in the political arena is that of the U.S. Army planes being allowed to stop at Shannon airport. Ireland's neutrality has been compromised as a result; just because it happens to suit the economy. Indeed, many campaigners are 'calling on the Government to observe the obligations that accompany Ireland's neutrality, and stop the practice of allowing US military planes, as well as civilian planes carrying US troops to the Gulf, to stop at Shannon' (www.rte.ie/news, 7/1/2006).

Durkheim and Parsons' emphasis on the legitimisation and institutionalisation of power mirrors certain elements of the common themes that run through the theories of Marx, Weber and Gramsci. The fundamental difference, as previously indicated, is that of the emphasis, that is put on the functional aspect of power. Parsons (1967: 313) suggests that 'a power system in which the only negative sanction is the threat of force is a very primitive one which cannot function to mediate a complex system of organizational coordination'. Parsons believes in the benefit of power to society as a whole but as already mentioned, power in this sense is only an entity similar to money, whereby people seem to have an equal chance to benefit from its inherent functions. In this respect, again, the whole idea of the existence of power relations and indeed the existence of power struggle is forgotten. Power, therefore from the functionalist perspective, merely exists as a means to an end, for it is in the interest of the common good. The Functionalist perspective of power denotes a move towards using a combination of both structure and agency in the analysis of society. Power exists on a structural level due to its legitimisation at an individual level. This is also reflected particularly in the similarity between Functionalism and Gramsci's neo-Marxist theory, as the concept of legitimisation is very close to the concept of domination through consent, i.e. Hegemony.

Mills, Foucault and Bourdieu

The following section deals with the theories of Mills, Foucault and Bourdieu; all of which differ from the theories discussed so far, in that they provide analyses that include, to a greater extent, the role of agency in the overall dynamics of power relations. Mills (1916-

1962) suggests that individuals are subjected to structural limitations in the everyday running of their lives.

> *What ordinary men are directly aware of and what they try to do are bounded by private orbits in which they live; their visions and their powers are limited to the close-up scenes of job, family, neighbourhood; in other milieux, they move vicariously and remain spectators* (Mills, 1959: 3).

In particular, Mills (1956) focuses on the idea of 'powerlessness' and refers to the different interpretations attributed to small scale and large scale unemployment. Personal character is sometimes blamed as the cause of unemployment in certain cases. However, in the event of widespread unemployment, structural causes are attributed. In the situation of structural causes, therefore, the individual is to a great extent powerless. The existence of powerlessness increases further when familiarity with the structural condition is limited.

According to Mills (1956: 321), in America at the time of writing, there was a situation where 'in every major area of life, the loss of a sense of structure and the submergence into powerless milieu is the cardinal fact'. This unfamiliarity with the structural situation on behalf of the individual indicates a situation similar to that of Hegemony, where, ruling class domination over the working class exists and is sustained from one generation to the next. The majority of society forms the lower classes, and the minority forms the ruling elite. According to Mills (1956: 324),

> *The top of American society is increasingly unified, and often seems wilfully co-ordinated: at the top there has emerged an elite of power. The middle levels are a drifting set of stalemated, balancing forces: the middle does not link the bottom with the top. The bottom of this society is politically fragmented, and even as a passive fact is increasingly powerless: at the bottom there is emerging a mass society.*

This annotation in particular, will be seen throughout the findings to mirror key socio-demographic changes in Ireland, over recent decades, where those at the lower end of society have felt that they have become increasingly powerless in connection with key institutions and aspects of their lived experience. Of course, it is imperative to examine individuals on either side of the spectrum and their relations to each other; therefore, this

study incorporates specific research on both structure and agency. It has been alluded to in Irish sociological study that there is in fact a group of elites in Ireland who have substantial power; Mill's 'power elite thesis' (Tovey and Share, 2000). A group of elites can be made up of many different people including intellectuals and church leaders, for example. The people within such a group of elites do not necessarily have to be capitalists or indeed politicians to qualify. They are however, usually representative of various capitalist or political interests. Although, the powerful elite are not equated to the ruling class, the study of both types of groups, points towards a huge difference in the amount of power held by either group who are always in the minority, as opposed to the little or no power held by the majority of society (Tovey and Share, 2000). It is argued that different people within a group of powerful elites play different roles; hence, not all are capitalists or politicians as mentioned earlier, but intellectuals and ideological leaders. A fundamental question centres on the importance of such people in a group of powerful elites. According to Tovey and Share (2000: 88), 'the role of the intelligentsia is to legitimate the elite's hold over power by providing ideas and concepts to help mobilise the support of the people it rules'. Indeed, legitimisation in Ireland is rarely questioned to enough of an extent, or indeed by people with enough power, for a change or improvement to be made in the event of criticism. The example mentioned previously of the U.S. army planes and Ireland's neutrality bears testament to this. 'A number of studies (for example, O' Dowd, 1996; Lynch, 1999b) suggest that Irish intellectual life has been characterised by a lack of significant criticism of or dissent from existing social arrangements' (Tovey and Share, 2000: 90). Once more, examining the role of members of the power elite, ties in with previous theory examined around the area of 'Ideologies', 'Consent' and 'Legitimisation'.

Foucault's (1926-1984) examination of power deals with the question of the extent to which individual action is determined by structure. However, 'while seeking to illuminate 'the genealogy of power', Foucault explicitly rejects any explanatory scheme in which notions of central state power and the economic determination of action play any major role' (Cohen and Scull, 1983: 3). In studying power, Foucault highlights the significance of agency to a higher degree than his predecessors. Also, even though the importance of time and space is acknowledged within Foucault's analysis, it is not considered as the most

important factor in terms of the history of social structures, for example. According to Foucault (1980), power is the term ascribed to a premeditated situation in a specific society. This refers to the idea that power exists on many levels and therefore, the way in which power exists is influenced by the time and space in which it is being studied. Indeed, according to Cohen and Scull (1983), Foucault maps out the key changes which have occurred throughout history in connection with societal response to various deviant behaviours such as, for example, crime and madness, and, in doing so, Foucault does not however, specifically tie his research to exact periods of time. This supports the idea that perhaps Foucault considered power as manifest in various but constant ways throughout history, not just sometimes in existence and sometimes not. Power is regarded not a possession as such, but as an underlying factor in all types of situations within all types of societies. Pasquino states that 'this [power] is not conceived as something to be possessed, the attributes of a subject, but as a relation, the site of a constant tension which sometimes assumes the form of a collision' (cited in Gane and Johnson, 1993: 42). This suggests that power always exists but not always in a negative sense, where it can cause conflict, for example.

In the analysis of how social structures form power, Foucault states that power is not the innate property of an individual but is gained from a set of forces that influence people's discourse and behaviour, and it is from this that people acquire their social position (Danaher et al, 2000). Also, according to Foucault (1980), power is only accepted within society with the condition that a substantial part of it is concealed, and that it allows a certain amount of freedom. The suggestion here that power is not total reflects Gramsci's reasoning, when, noting that hegemony would not be possible without some concessions given to the dominated class by the dominating class. Hence, 'power as a pure limit on freedom is, at least in our society, the general form of its acceptability' (Foucault, 1980: 86). For Foucault, constant surveillance is the key to the overall functioning of the power system within institutions. This form of disciplinary power relies on the network of relations from top to bottom but also from bottom to top and laterally. This allows for power to be everywhere and always present, which in turn holds the network as a whole, together (Foucault, 1979). To be concise, institutions throughout society punish by

excluding people who do not comply with the norm. 'The perpetual penalty that traverses all points and supervises every instant in the disciplinary institutions compares, differentiates, hierarchizes, homogenizes, excludes. In short, it normalizes' (Foucault, 1979: 183).

As we have seen, Foucault's initial writings that deal with power locate the individual's search for truth and freedom within discourses that have been developed to interpret and regulate the world through conformity. In his subsequent writings, Foucault began to see discourses of truth that were produced by humans, for example the discourse of psychiatry or criminology as discourses of power that were exercised in and through people. That is to say that Foucault no longer considered power as a completely external factor of human existence but as an internal factor also. Foucault (1980: 90) remarks that 'we shall try to rid ourselves of a juridical and negative representation of power, and cease to conceive it in terms of law, prohibition, liberty and sovereignty'. This innovative way of examining power through concentrating on techniques of social control such as surveillance and normalisation marks a trend towards incorporating agency into an overall theory of power. Foucault's examination of power reflects Gramsci's theory as he puts forward the idea that power can exist through a social hegemony.

> *It seems to me that power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organisation; as the process which, through ceaseless struggles and confrontations, transforms, strengthens, or reverses them; as the support which these force relations find in one another, ...* (Foucault, 1980: 92, 3).

Power can be seen as force relations that may become *[institutionally crystallised]* and as a result become 'embodied in the state apparatus' (Foucault, 1980: 92, 3). Therefore, power is seen as a form of agency that can also take on a structured form. Pasquino writes:

> *Insofar as it is the obedience of the subjects which founds, produces and renders visible the legitimacy of power, these same subjects, their bodies, and the range of ways in which they behave towards themselves and others are to become, increasingly the site of a new production of knowledge and the point of application of rules governing the conduct of life, objects of 'government' or, ...* (cited in Gane and Johnson, 1993: 38).

This re-enforces the point that power is both internal and external to the individual. However, it is important to note that similar to natural forms of ice and water in the same vicinity; internal and external forms of power are not the same, but can indeed exist at the same time, rendering it necessary to examine both.

Foucault's recognition of the dual existence of power, internal and external to the individual, is central to this particular study of power relations in Irish society. From this perspective, relations are developed from forces within an institution and also from forces within the individual representing the institution. Furthermore, relations are developed through interactions with people inside and outside the institution. Power in this sense, as opposed to Parson's concept of power, is always present in every aspect of social life, and not just a mere entity similar to money that can be considered functional for society as a whole. For example, disciplinary power exists in Irish society due to the constant surveillance of the public (which is demonstrated in most modern societies). This leads to conformity of the individual which can further lead to a process of homogenization and exclusion, as discussed previously. Homogenization of people in a state can only occur with the consent of the majority which, again, takes us back to Gramsci's theory of Hegemony. Further, exclusion can occur if people do not consent to conform to the accepted norm and usually, such people feel powerless against an inherent structural power force, i.e. the state and all institutions that derive thereof, both political and non-political. Indeed people may also conform to the accepted norm in society as a result of powerlessness and disillusionment with the existing power structure as referred to by Mills (1956). Also, and as mentioned previously, this is the reason that a society, such as is the case in Ireland, fails to question or criticise the existing social arrangements. Foucault also represents a move from structure influencing agency to agency influencing structure through his examination of discourse, and how ideas permeate through society from expert knowledge to everyday conversation and vice versa.

For Bourdieu (1930-2002), 'power is not a separate domain of study but stands at the heart of all social life' (Swartz, 1997: 6). This emulates Foucault's idea that power is everywhere and always present, and therefore, power cannot be reduced to a single structure, or indeed,

agency. 'A cultural field can be defined as a series of institutions, rules, rituals, conventions, categories, designations, appointments and titles which constitute an objective hierarchy, and which produce and authorise certain discourses and activities' (Webb et al, 2002: 21). The interaction and relations that occur within a cultural field are of supreme importance to Bourdieu's study. Relations within and between cultural fields are ever-changing and as a result require continual examination and investigation in order to understand their complexities. 'The boundaries of fields are imprecise and shifting, determinable only by empirical research, although they include various institutionally constituted points of entry' (Jenkins, 1992: 85). Not only is there an element of hierarchy in the construction of a field, but also in the relations between various fields. 'First, the relationship of the field in question to the 'field of power' (in reference to the political power prevalent in a society) must be understood. The field of power is thus to be regarded as the dominant or pre-eminent field of any society; it is the source of the hierarchical power relations which structure all other fields' (Jenkins, 1992: 86). Therefore, the dynamic nature of the field of power determines the fluid nature of all social institutions and relations. Also, the fact that institutions and relations within and between fields are ever-changing shows that they fundamentally evolve in the same way as society itself. The confines in which institutions operate are therefore, according to Bourdieu, constructed by society (Jenkins, 1992).

It is the obtainment of various types of capital within these fields which is of concern to Bourdieu. 'The amount of power a person has within a field depends on that person's position within the field, and the amount of capital she or he possesses' (Webb et al, 2002: 23). The main types of capital are economic, social (important others that an individual associates with), cultural (knowledge/education) and symbolic (status and prestige) (Jenkins, 1992). Each type of capital can be used to gain another type as for example, economic capital can be used to gain symbolic capital. 'Agents' strategies are concerned with the preservation or improvement of their positions with respect to the defining capital of the field (Jenkins, 1992: 85). According to Bourdieu, individuals with very little of each type of capital are less determined to change their social position and appear to be more contented with what they have (Webb et al, 2002). Similar to an element of Gramsci's

theory of 'Hegemony', Bourdieu concludes that this acceptance of social position leads to 'a reproduction of symbolic domination' (Webb et al, 2002: 23). However, Bourdieu rejects Marxist theories 'which presume that people are 'cultural dupes' mindlessly consuming the ideologies of government and capitalism' (Webb et al, 2002: 33). This is not to say that Bourdieu embraces all that is subjective either. Elements from both sides of the structure/agency debate were taken into consideration in the construction of Bourdieu's theories.

Indeed, according to Swartz (1997), Bourdieu is the first sociologist of the post World War ∏ era to unite structure and agency to form a link of paramount importance within all of his studies. 'The struggle for social distinction, whatever its symbolic form, is for Bourdieu a fundamental dimension of all social life. The larger issue, then, is one of power relations among individuals, groups and institutions…' (Swartz, 1997: 6). Despite the refreshing unification of structure and agency as a relationship where one wants for what the other has, criticisms arise as to the confusion that this may cause. According to Bourdieu, 'it is 'agents or institutions' which occupy the positions of the field' and this lack of differentiation between the two indicates that Bourdieu 'does not take seriously enough the difference between people and institutions' (Jenkins, 1992: 89). However, Swartz (1997: 9) recognises that 'Bourdieu wants to transcend this dichotomy by conceptualising action so that micro and macro, voluntarist and determinist dimensions of human activity are integrated into a single conceptual movement rather than isolated as mutually exclusive forms of explanation'.

Bourdieu examines the organisation of power in society in terms of fields of power that are hierarchically organised from the most powerful field such as (possibly) the political field to other fields with various types of capital. For example, the field of education may not be as prominent economically as the field of industry and commerce, but the type of capital to the fore of the field is education itself which can, as already stated, be converted to economic capital. Irish society is clearly organised into various power fields with people occupying various positions within each field. According to Bourdieu, each field may have both individuals and institutions which, as previously stated, form one type of activity.

However, it has been pointed out that individuals and institutions are not to be considered as the same entity and therefore, for this study, although they may form one activity, individuals and institutions are recognized separately. For this reason, both the individual as a representative of an institution, and in their own right, is considered within the findings of this study. Power relations among representatives of institutions and members of the public is the main concern in this study and this is examined against the background of what Bourdieu refers to as various types of capital and fields. As noted previously, Bourdieu contends that people with very little of any type of capital are usually content with their social position, at least in so far as they usually do not try to improve their situation. This contributes to what Bourdieu terms as reproduction of symbolic domination of one class over the other, usually the class that has the most of any or all of the various types of capital. As referred to previously, this can be seen in Irish society through the recognition of the existence and maintenance of the domination of the 'ruling class' and/or the 'power elite'. With regard to Ireland,

> *an implication of the ruling elite thesis is that we must look at the intelligentsia in Ireland as a powerful group. For Mills this sector played primarily a legitimating role within the power elite. Their job was to show that rule by the elite over the masses is right and natural* (Tovey and Share, 2000: 37).

The maintenance of the dominance of the power elite in Irish society, through the field of education and various others, indicates the existence of class reproduction. However, Tovey and Share (2000) question whether the role of the intelligentsia in Ireland has in fact been to create and maintain a 'hegemonic' society. Intellectuals in Irish society tend to view their creation of knowledge and the subsequent distribution of knowledge, as unbiased, and therefore, believe that the influence they have in the running of state and society is for the benefit of all (Tovey and Share, 2000). Whether this is indeed the case or not, is again, beyond the remit of this particular study. Therefore, it is sufficient to say that, there may be a situation in Irish society where knowledge is produced and distributed with a certain amount of bias in favour of the ruling class/power elite. In addition, due to the existence of the power elite, other contributory factors to the reproduction of symbolic domination may be considered as similar to what Mills describes as the feeling of powerlessness and also, to

what Foucault refers to as conformity, homogenization and exclusion. Certainly, each of these themes already compare to aspects of Gramsci's theory of Hegemony.

Overall, Mills, Foucault and Bourdieu discuss power relative to, the public and the private sphere, changes that have occurred in discourses throughout the history of society and class reproduction, field and capital. In doing so, power is located in the constant, though, ever-changing relations between agents and the social structures that influence such. Again, more emphasis is put on the role of agency than in previously discussed analyses of power and power relations. To re-iterate, the first section of this literature review has examined sociological theorising around issues of power and power relations within the realm of wider sociological concerns. The second part of the literature review explores more specific analyses of power, both within sociology and other disciplines. This is followed by a more detailed examination of what power and power relations mean in the context of this thesis and how they are embedded in the overall examination of the individual versus the institution in Irish society. In summary, there are a number of themes throughout each examination of the particular theories that can be compared to each other, despite the different positions held by each theorist. They are:

- the acceptance of 'ruling class ideologies'
- the maintenance of social inequality with the help of power with and surplus to economic power, i.e. 'status and party'
- the role of 'consent' in hegemonic domination
- the functions/dysfunctions of power and inequality
- the legitimisation of inequality
- the powerful elite and a feeling of powerlessness
- the homogenization of individuals and the exclusion of others in society
- the contentment with one's lot contributing to the reproduction of symbolic domination

To sum up, each theme has been explored corresponding to society in general and, has been further linked to study specifically relating to Irish society. It is important to note that the

studies covered relate to society in general, and elements that derive thereof, such as inequality and power. The next section, however deals with studies that concentrate on power itself, though, also connecting power to society. Each theme relates to another, for example, the maintenance of social inequality can depend on the role of 'consent' described in hegemonic domination which can further create the legitimisation of inequality. Indeed, each theme can be seen to contribute to legitimisation of power in society and so, with the legitimisation of power, comes the existence and maintenance of powerful institutions. This is discussed further in the latter half of the following section where subsequently, both sections will be linked together to provide the background to power relations between the public and, the Garda Síochána and the health service in Irish society.

Further Explorations of Power and their Derivatives

<u>Power and Meaning</u>

This section deals with the concept of power as something that humans strive for, whether it is intentional, or indeed unintentional in its consequences. The difference between the term 'power to' as opposed to 'power over' is briefly examined, and categories of power and power behaviour are identified. Also, the conditions necessary for the exercise of power are considered. According to Russell (1938: 4), 'it is only by realising that love of power is the cause of the activities that are important in social affairs that history, whether ancient or modern, can be rightly interpreted'. Also, 'like energy, power has many forms, such as wealth, armaments, civil authority, influence on opinion, etc. No one of these can be regarded as subordinate to any other, and there is no one form from which the others are derivative (Russell, 1938: 4). Therefore, power that results from knowledge does not supersede power that results from wealth, and although one type of power can be transformed into another type, as discussed in Bourdieu's examination of capital, no one type of power is the greatest. Indeed, according to Russell (1938), it is a major but common mistake, particularly in contemporary society, to endeavour to detach one 'type' of power from any other. Marxist economic reductionism is one of the many examples where the economy is seen as the ultimate source of power in any given society. Nevertheless, despite being criticised, Marxist theory still plays a fundamental starting point in any study of

power relations or power structures in society. In recognising both the value and limitations associated with various social theories, a pattern of development can be traced, showing the relevance of each and every perspective towards forming a definition of what power is understood to mean in this particular research study. Therefore, this section progresses in the direction of more finite examinations of the concept of power, and reflects on what is necessary to note when specifically focusing on power relations and institutions.

'The laws of social dynamics are laws which can only be stated in terms of power, not in terms of this or that form of power' (Russell, 1938: 4). It remains a difficult task to speak of power in general terms as there are so many fields and sub-fields within a society. It also remains difficult to speak of power in general without being able to make some kind of a connection between power and the economy. However, Russell (1938: 6) states that 'love of power is the chief motive producing the changes which social science has to study'. 'Love of power' may at the same time, also derive from elements of both structure and agency. This suggests that economic power, political power, military power, etc… all stem from the 'love of power' and therefore must be perceived as being of equal importance in any study. The distribution of power in any given society, even from the very initial stages of development, has always been unequal, for reasons involving both human nature and survival (Russell, 1938). Organisation is a key factor in the survival of society and for any organisation to work; there is the need for cooperation – cooperation between leaders and followers.

> *In fact, in every genuinely cooperative enterprise, the follower is psychologically no more a slave than a leader. It is this that makes endurable the inequalities of power which organisation makes inevitable, and which tend to increase rather than diminish as society grows more organic* (Russell, 1938: 8).

Further, Russell's (1938) theory of power deals with power that is intentional. Accordingly, '… A has more power over B, if A achieves many intended effects and B only a few' (Russell, 1938: 23). Intentional types of power are illustrated as follows:

> *When a pig with a rope round its middle is hoisted squealing into a ship, it is subject to direct physical power over its body. On the other hand when the proverbial donkey follows the proverbial carrot, we induce him to act as we wish by persuading him it is to his interest to do so. Intermediate between these two cases is*

that of performing animals, in whom habits have been formed by rewards and punishments; also, in a different way, that of sheep induced to embark on a ship, when the leader has to be dragged across the gangway by force, and the rest of them follow willingly. All these forms of power are exemplified through human beings. The case of the pig illustrates military and police power. The donkey with the carrot typifies the power of propaganda. Performing animals show the power of 'education'. The sheep following their unwilling leader are illustrative of party politics, whenever, as is usual, a revered leader is in bondage to a clique or to party bosses.

However, not all forms of power are intentional. Gibson suggests that 'intentions are irrelevant' as 'it prevents us at one stroke, from attributing power to inanimate things' such as that of a 'stormy sea has the power to wreck a ship' (Morriss, 1987: 26). According to Morriss (1987: 27), with a more nuanced view, 'intentions are [only] *sometimes* irrelevant to an actor's powers…' Having power does not equate to the intention of using it in order to gain a certain effect or indeed, consequences of power may turn out to be anything but the intention of the power holder. Therefore, intention can underlie the use of power but be lost in the effects.

Usually the power under examination is the power used to produce intended effects, whether or not it does just that is indeed irrelevant, as all consequences, intentional and unintentional are important. Morriss (1987: 32) suggests that 'when we are concerned with *social* power, it is natural to suppose that a *person* (rather than a thing) must be affected by the power' (Morriss, 1987: 32). However, power over things can at the same time, have an effect on individuals. According to Russell (1938), there is a possibility of the development of a type of power that derives from initial power over material resources that can in turn, control mankind. This echoes Marx's analysis of productive power within Capitalism. 'The only way that the English language allows 'power' to be followed by a word for a person is by talking of the power being *over* the person. Ergo, it seems, all social power becomes power over someone' (Morriss, 1987: 32). More often than not, ironically, people are uncomfortable with the idea of power being exercised over someone either by another individual or group. 'It is far more common to say that someone has the power *to do something* than it is to say that they have power *over someone*' (Morriss, 1987: 32). 'Power to' is always going to be different to 'power over' – though as has become clear, 'power to' can indeed lead to 'power over'.

Boulding (1989: 16) states that 'the general concept of power is often confused with the idea of 'force', which is a much narrower concept'. Power is therefore more often than not seen in negative terms. Force usually implies 'domination' and therefore 'there is a certain tendency among humans to identify power with the capacity for victory; that is overcoming some other person, will or institution' (Boulding, 1989: 16). Though the link is often made between power and force, the term power is more subtle than the term force, both in theory and in practice. Power can be examined in almost every aspect of social life, and therefore it is difficult to limit the meaning of power to just one definition; as similar to the difference among individuals within the human species, each existence or type of power always differs in some way, be it vast or minute, to each and every other existence or type of power (Boulding, 1989). However, it is necessary to form some kind of categorization of power in order to theorize about it. Boulding (1989: 24, 25) refers to three major types of power: destructive power, productive power and integrative power. Destructive power involves the means of destruction and there are two types: weaponry and tools/machinery (Boulding, 1989). 'Tools and machinery are also involved as a means of productive power. Productive power can also be found in the fertilised egg, in the blueprint, in the idea…' (Boulding, 1989: 25). Integrative power can be seen as an element of both destructive and productive power as it can involve 'the capacity to build organisations, to create families and groups, to inspire loyalty…' and it can also have 'a negative sense, to create enemies, to alienate people…' (Boulding, 1989: 25).

From the above categories of power arise three main types of behaviour. These are referred to as threat, exchange and love or respect (Boulding, 1989: 25).

1. Threat is the behaviour associated with destructive power. 'Threat originates when A says to B, "You do something I want or I will do something you don't want". For the threat to be carried out, of course, A must have control over some destructive power against persons or structures that B values' (Boulding, 1989: 25).

2. Exchange power is the next type of behaviour that forms as a consequence of power. 'Exchange begins when A says to B, "You do something I want and I will do something

you want" (Boulding, 1989: 27). This type of proposition can either be rejected or accepted. As previously discussed, 'the ratio of exchange – that is how much one gives per unit of what the other gives - is an important quality of the transaction' (Boulding, 1989: 28).

3. In the case of 'love' power, 'A says to B, "You do something for me because you love me" (Boulding, 1989: 29). Again ratio is an important element here as the possible reactions to this type of proposition depend on the extent of love (respect)/hate within a particular relationship. The above types of power behaviour are involved in 'institutions by which power is exercised' such as political/military power, economic power and social power (Boulding, 1989: 29-31).

Lukes (1974) discusses three views of power, one-dimensional, two-dimensional and three-dimensional. Each view is a development of the previous. According to Lukes (1974: 15), the one-dimensional view, put forward by Dahl, Polsby and Wolfinger, 'involves a focus on *behaviour* in the making of *decisions* on *issues* over which there is an observable *conflict* of (subjective) *interests*, seen as express policy preferences, revealed by political participation'. Here, emphasis is put on overt decision-making, and observable conflict. 'In their critique of this view, Bachrach and Baratz argue that it is restrictive and, in virtue of that fact, gives a misleadingly sanguine pluralist picture of American politics. Power, they claim, has two faces' (Lukes, 1974: 16). Bachrach and Baratz state that the one-dimensional view of power 'takes no account of the fact that power may be, and often is, exercised by confining the scope of decision-making to relatively "safe" issues' (Lukes, 1974: 18). Therefore, the fact that issues can in some way be kept away from political focus, shows that there is a certain element of power in existence. As a result, non-decisions are of equal importance to decisions (Lukes, 1974). According to Lukes (1974), the two-dimensional view of power is a valid development on the one-dimensional view but it is not completely adequate in a sense that it also emphasises the necessary existence of conflict, be it either overt or covert.

Lukes (1974: 23) states that conflict does not need to be present in the activation of power, as, similar to the underlying concept within Marx's ideology and Gramsci's theory of

Hegemony, 'A may exercise power over B by getting him to do what he does not want to do, but he also exercises power over him by influencing, shaping or determining his very wants'. That is to say, individuals may be influenced, through ideological means, into believing that certain situations are in their best interests, even in cases when that is not true. In such cases, power is exercised, but there is no conflict or resistance as a result. Lukes (1974: 24) asks the question:

> *Is it not the supreme and most insidious exercise of power to prevent people, to whatever degree, from having grievances by shaping their perceptions, cognitions and preferences in such a way that they accept their role in the existing order of things, either because they can see or imagine no alternative to it, or because they see it as natural and unchangeable, or because they value it as divinely obtained and beneficial?*

Hence, from this perspective, hegemonic domination is probably viewed as the most successful use of power, as it helps to disguise it and works without the use of coercion and violence. Power is always present as it can be exercised in either an overt or covert manner. Similar to the discussion of the phrase 'power over' as opposed 'power to' by Morriss (1987), according to Lukes (1974), using the phrase 'exercise' in relation to power adds to the confusion about whether power is present or not. The term 'exercise' may be too action-orientated, hence, 'some [people] appear to feel discomfort in speaking either of groups, institutions, or collectivities 'exercising' power, or of individuals or collectivities doing so unconsciously' (Lukes, 1974: 39).

To sum up, contrary to the explorations of power highlighted in section one, Russell (1938) states that it is love of power which is the strongest incentive in utilising it. This love of power is the root of all other types of power, such as economic power, for example. Power can be both intentional and unintentional, as one may or may not achieve the intended effects. However, all effects of power, intentional or otherwise, as previously indicated, are important. Power to do something, either to another individual or piece of matter, etc…can lead to power over an individual (Morriss, 1987). For Boulding (1989) there are three types of power – productive, destructive and integrative that direct three types of power behaviour – threat, love and exchange. All categories of power in all fields within a society

can therefore be traced back to either type of power or either type of power behaviour. Also, the exercise of power need not be overt. For example, in the case of hegemonic domination, power can exist without the presence of conflict or resistance. Furthermore, power can involve not only decision making but also non-decision making (Lukes, 1974). Indeed the exercise of power does not need to be conscious to the exerciser either. For instance, with regard to Lukes' third power:

> *The third dimension, unlike the second, does not necessarily involve a conscious exercise of power, but arises through people's wants being manipulated by socialisation processes. As a consequence, peoples articulated policy preferences may conflict with their 'real' interests* (Jones et al, 1994: 9).

Hence, through the implantation and maintenance of ideologies, power could be exercised by voting for a political party that an individual has possibly been socialised into thinking would benefit their lives, when all too often this may not be the case at all. The individual essentially could exercise their power to vote, unconscious of the fact that they are in fact utilising their own power in line with what others want and need as opposed to what they themselves want and need. Therefore, the individual could possibly be unaware that by exercising their own power, they may be also exercising the power of others. Finally, power is sometimes attributed *only* to circumstances where the result would not have been the outcome in any other situation, whereas, for Lukes (1974) any result of the exercise of any power is in fact the result of an exercise of power.

Power and Relationships

A basic but important representation of groups (social networks) and the power relationships that derive from them are Simmel's (1950) 'Dyads and Triads'. The dyad refers to a relationship involving no more or no less than two individuals; a triad refers to any relationship involving three or more individuals. The dyad forms a relationship of exclusive dependence upon the only other member, and is in that sense, very intensive and strong. 'Precisely the fact that each of the two knows that he can depend on the other and on nobody else, gives the dyad a special consecration-as is seen in marriage and friendship, but also in more external associations, including political ones, that consist of two groups'

(Simmel, 1950: 135). The important point to note is that within the dyadic relationship, there cannot be a situation where a majority can overrule the individual. Relations that allow the individual to be overruled by a majority lower the importance of individuality and devalue personality (Simmel, 1950). It is in this sense that a state of powerlessness can be identified, similar to Mills' (1959: 8) exploration of 'the personal troubles of milieux'.

Power relationships always have an element of power ratio in them. With regard to balances of power, if a person or group A lacks what a person or group B has the power to withhold; group B has a function for group A (Elias, 1998). The concept of function parallels with the concept of relationship. Just like in a parent/child relationship, enemies also provide functions for each other as they too form an interdependent relationship and can withhold several needs from each other, including the ultimate; the need for survival. Looking at function from this perspective shows that within relationships there is a fundamental connection between power and function (Elias, 1998). If person or group A bears a function for person or group B, they also hold a constraint over the latter due to the power that they have to withhold function. The constraining power of one side is usually greater than that of the other; i.e. a mother can withhold survival from a baby or a boss can withhold a promotion from an employee. 'Balances of power are not only to be found in the great arena of relations between states, where they are often spectacular and attract most attention. They form an integral element of all human relationships' (Simmel, 1950: 115).

Elias represents these changing relationships using 'game models' and likens them to real games such as board games and sport. However, the first model, referred to as the 'Primal Contest', is the only exception (Elias, 1998). The topic at the root of these game models is how it is that, people, due to their interdependence form figurations. All of the models represent two or more people in opposition to one another. Instead of using the term power ratio here, Elias uses a concept relevant to strength of the players (Elias, 1998). Of course a player's strength can change and is always different, relative to different opposing players. This is linked to the fact that all human relationships and societies form ever-changing, to use Elias' term figurations (or indeed processes). An example given of the Primal Contest model is that of a tribal group A and a tribal group B. They become rivals due to the lack of food in the area in which they both inhabit (Elias, 1998). Tribe A consists mainly of strong

men and women with few children, and tribe B are not as strong due to smaller builds, but are quicker on their feet and considerably younger on average. Each move of one tribe depends on and influences the moves of the other tribe and therefore a long struggle of killing somewhat tit for tat ensues (Elias, 1998). They have a bilateral function for each other as rivals. The fact that they are enemies of each other often misleads people to think of their relationship as dysfunctional. Therefore harmony is not a necessary condition of function.

The primal contest demonstrates the working of a conflict relationship and each move of the opposing groups is determined by what they think the other side has in terms of power resources in relation to their own. Not only can this type of relationship exist in the case of individuals but it can also exist in connection with whole nations, as is evident, for example, in the relationship that Ireland has had with England. 'If England had never existed, the Irish would have been rather lonely' as 'each nation badly needed the other, for the purpose of defining itself' (Kiberd, 1996: 2). In fact, even the strongest within this conflict relationship, needed the other country's existence in determining its own identity to such an extent that, according to Kiberd (1996: 7), 'if Ireland had never existed, the English would have invented it'. The process of conflict relationships within the primal contest are not rule-governed but are structured however (Elias, 1998). The primal contest differs to board games and sport contests as it functions without rules and norms. The following game models do involve rules and demonstrate clearly how changing webs of interdependency within relationships are influenced by changing distributions of power. Just as relationships and societies are ever-changing; so too are rules and norms. 'Rule-governed human relationships cannot be understood if there is a tacit assumption that norms or rules are universally present from the outset as an unvarying property of human relationships' (Elias, 1998: 116).

1. The first is a two person game where A has a greater power ratio than B, but both players still have a certain amount of dependence on each other. A has greater control, not only over B, but over the game itself. When the difference in the strength of each player decreases, neither of them has a greater power over the other and so the game could end up being controlled by either of them (Elias, 1998).

2. The second is between player A and players B, C and D individually. A is more powerful than each opponent on their own but A may lose strength due to the sheer amount of separate contests that are required to participate in. When A has to play B, C and D as a united front of weak players, A's superior strength may also be weakened. The united front of B, C and D can remain strong once they do not suffer internal antagonisms. The games in this type of contest could be won by any individual depending on several varying factors (Elias, 1998).

3. Another possibility within this type of contest is two groups of equal power against each other: B, C and D against X, Y and Z. As in the first game with rules, when the difference in power diminishes between A and B, this contest of equal strength on both sides could turn out either way with none of the players or the groups in control of the game. Games can also exist with increasing numbers of players being constantly added. The players in this case could either totally fall apart or organise themselves into smaller but united interdependent groups (Elias, 1998).

A balance of power not only exists between opponent groups but also between the two tiers that exist within a single group. Elias refers to this as the 'Oligarchic Type' model (Elias, 1998). The power balances get more complex with the addition of more tiers within, and the addition of more groups from without. Another two tier group may form what is referred to as the 'Democratic Type' model. This demonstrates a situation where the bottom tier possesses a certain amount of *indirect* control over the game. Again, balances of power exist on many levels but often the players on the top tier tend to feel absolutely independent and non-answerable to those on the bottom tier. They only feel obliged to cooperate with those on their own level (Elias, 1998). This mirrors Mills analysis of the powerlessness felt by those in the lower socio-economic sector of American society. 'In a two-tier game of the older, oligarchic kind, the balance of power in favour of the upper tier is very disproportionate, inelastic and stable. The smaller circle` of players on the upper level is very superior in strength to the larger circle on the lower level' (Elias, 1998: 127). However, in a two-tier game of the democratic kind, as exists in Irish society, although there is more equal distribution of power among the top and bottom sectors of society, there still exists, as suggested with Mill's analysis of American society, a feeling of

powerlessness among those positioned in the lower levels. Therefore, the existence of a democratic structure in Irish society, does not necessarily equate to a balance in the distribution of power. Indeed, according to Peillon (1995: 359), with regard to Ireland, 'the state has been presented by many as the upholder of the collective interest, of the common good. But what is the common interest of a society divided into classes, and who defines it?'

This aspect of game models is very important when discussing institutions and the power relations that are involved both within and between them, and also, those that have to deal with the institutions from the outside. As the game models become more complex, players as individuals and parts of groups find it more difficult to make the right moves in order to control the game, and carry out the intentions that they had in mind when they began to play. It has to be understood, however, that it is the interweaving process produced by the moves of the players themselves, and their dependence on each other, that stunts their ability to control the game. In other words, the game itself has no control; it is the players playing it, no matter how difficult it is to see that they have control of the game (Elias, 1998). Continuing with the analogy of game models, the game played within the democratic state of Ireland is indeed very complex, with a combination of the state, institutions, individuals and various interest groups, all vying for power. According to Peillon (1995: 360), 'the state can hardly be above the contradictions and conflicts of such society, and its activity reveals biases in the way it operates. The policies it pursues benefit some categories and disadvantage others'. From this, it is vital to note that these game models represent not only relations of power, and relationships involving power ratios, but also the figurations and processes of life, institutions, discourses and society in general. Representatives of institutions and of the public are clearly governed by rules and norms instilled by particular institutions, though this is not to underestimate their own control and personal power as participants in the game.

Access to anything within a society, including power, ultimately depends on the basic relationships that an individual participates in. From these relationships, power ratio can be calculated concerning which individuals/groups have most of the balance of power. Individuals/groups with the least amount of power within a relationship are therefore

deemed somewhat powerless. As can be seen in the analogy of the conflict relationship between Ireland and England, just because a player is powerless, does not mean to say that that player does not provide a necessary function for both a) the other player and b) the game/contest itself. Powerless players, however, within the game of life face dependency on a social structure involving institutions that regulate their every move.

Power and Institutions

According to Boulding (1989: 15), power is 'the ability to get what one wants' and 'the ability to achieve common ends for families, groups, organisations of all kinds, churches, corporations, political parties, national states, and so on'. Within an institution, the source of power and influence is usually the super-ordinate (Boulding, 1989). Within this study, any representative of an institution that deals with the public will be considered a source of power, regardless of their actual position within the institution. The position of an individual within the hierarchy of an institution is irrelevant here, as the aim of this thesis is to explore the power relations between the representatives and the public and not amongst the representatives themselves. It is, however, necessary to note that social class position may be defined as a contributory factor in the variety of perceptions and interpretations among the samples studied within the analysis of research findings. This is explored further in the following sections that deal with the particular institutions in question. 'Access to institutional resources elevates the source's self-esteem and encourages him to perceive himself as a locus of self-control' (Tedeschi, 1980: 7). This suggests that the source feels confident that he/she is in a position of power due to the re-enforcements provided by the institution. Therefore, as the source refers to a representative of an institution, the target refers to a representative of the public. 'Attributions of power depend upon the context of interaction, the outcomes for the parties involved and the perspective of the observer (source, target, neutral third party)' (Tedeschi, 1980: 7). This re-iterates the point that power as a term in itself bears different connotations, specific to varied situations.

It is often the case that the term power is linked with the term authority, or indeed the idea is that power is manifested within institutions through authority. 'The received view of

authority within the sociological tradition is that it is power plus: power plus consent, or power plus legitimacy, or power plus institutionalisation' (Barnes, 1986: 180). In fact, Barnes (1986) differentiates between the term power and the term authority, by stating that power can exist and be used in a not so obvious manner, whereas authority is the opposite, in that its use is obvious. The use of authority is therefore obvious in a sense that authority requires legitimacy from individuals who are aware of it. In order to gain legitimacy and therefore authority, individuals that represent institutions use 'resolution strategies' (Tedeschi, 1980: 8). These refer to how representatives of institutions try to make members of the public see issues from their point of view. In other words, according to Kelman, where individuals see 'social influence', institutions see 'problems of social control' (Tedeschi, 1980: 7). As a result, individuals view the role of institutions as necessary in maintaining control and therefore on the whole, institutions are seen as beneficial to society in general. Institutions are justified in using power and are therefore authorised to do so, as they are seen as having legitimacy in the public consciousness. Ultimately, justification, legitimisation and authorisation are the key ingredients in the recipe for the effective use of power within an institution. Again, both concepts of legitimacy and authority run throughout the examination of the historical analyses of power, along with various aspects of society in general, in the first half of the literature review.

To re-iterate, the justified and authorised use of legitimate power is not always used in the best interests of the majority.

> *Organisations, both public and private, affect an individual in two ways. There are those that are designed to facilitate the realisation of his own wishes, or what are considered to be his interests; and there are those intended to prevent him from thwarting the legitimate interests of others* (Russell, 1938: 166).

Most organizations, as previously indicated, are in some way, directly or indirectly, connected to the state. Perhaps, some of the most significant organizations in the life of the Irish individual are: the Garda Síochána and the health service; both of which are the direct responsibility of the government within Irish society. The successful utilisation of power by a government depends on the interpretations that individuals have of the overall social

structure.

> *Other things being equal, the risk of revolution will be greater where government cares little for the welfare of the citizens. But whereas in totalitarian States, the government has a monopoly, not only of physical coercion, but of moral and economic persuasion, it can go further in disregard of citizens than is possible for a less intensive government, since revolutionary sentiment is less easy to propagate and to organise* (Russell, 1938: 170).

As a consequence, and as has already been alluded to, if the best interests of the majority are not always being catered for within the institutions of a society (whether the majority is conscious of this possibility or not), it still remains difficult for individuals to become publicly aware and air their concerns through public discourse. This is due to the difficulty in questioning what has already been justified, legitimised and authorised.

Power and Power Relations

From what has been examined so far, it is clear that:

- Power is always present, even when it is not activated
- 'Power to' can potentially develop into 'Power over'
- Power can be exercised by individuals/groups who are unaware of their doing so
- Power can be exercised *over* individuals/groups even when they are unaware of it
- The effects of power can be both intentional and unintentional
- Power can be manifested in both action/inaction and decision making/non-decision making
- Power can exist in both times of conflict and in times of no conflict
- Power manifests itself in everyday life and in the structure of society through three specific behaviours – threat, exchange and love (respect)
- Power can be justified and authorized as legitimate even in cases when it is not used in the best interests of the majority

In this section, power has been examined in relation to meaning, relationships and

institutions, followed by a working definition of both 'power' itself and 'power relations'. The connection between the explored themes and Irish society is examined in the final section that deals with the institutions of the Garda Síochána and the health service. The themes explored in both the first and second part of the literature review are placed within the Irish context. Each theme corresponds to the role that representatives of the institutions have, and also, power relations that exist between representatives of institutions and members of the public. Hence, for the purpose of this thesis, power is defined as a social fact (to adapt Durkheim's term) that exists everywhere, constantly amongst all types of structures, all types of agencies, and between all types of structures and agencies. There are, therefore, no set conditions for power to exist. As we have seen, power can be studied relative to an overarching structural situation, such as an economic system or a personal situation, influenced by an individual's culture, for example. Of concern in this thesis are power relations that arise as a result of the existence of power:

- whether indeed it is overtly exercised, or not
- whether conflict exists or not
- whether the power holders (potential exercisers) and the agents/structures are aware of it or not

Therefore, for the purpose of this thesis, power relations are defined as: the effects of the existence of power on the thoughts, ideas, beliefs, interpretations, perceptions and actions/inactions of an individual as either a) member of the public or b) member of the institution.

The Garda Síochána and the Health Service

According to Whelan (1995), despite the fact that sociologists have been interested in the phenomenon pertaining to the diverse life situations of powerful people, as opposed to powerless people, most research in Ireland has been dedicated to the extent of inequality that exists, and the people that suffer as a result of inequality. Therefore, and as previously suggested, there is a lack of research in Ireland based on those who are indeed the power

holders occupying the top end of the inequality spectrum. In effect, according to Tovey and Share (2001: 90),

> *We remain ignorant of who constructs the state's project and who are its main intellectual architects and maintenance workers. As we noted above, power elite theory sees this as an important task of the intelligentsia. These are the people who translate the sectional interests of other members of the elite coalition-the military or big business-into a project for society that appeals to and appears to embrace the interests of all people.*

The phrase 'appeals to and appears to embrace the interests of all people' in the above statement emphasises the ideas explored in the classical theoretical section of the literature review concerning hegemony, legitimisation and class reproduction. With these concepts in mind including the theoretical background from which they were developed, and more contemporary concepts derived thereafter, this study aims to examine the perspectives of both the powerful and the powerless in Irish society.

Within the initial exploration of power through the examination of sociological studies of society itself, certain themes have been identified as most important. Among the themes, certain commonalities arise around the issue of legitimisation. For example, as previously stated, the acceptance of ruling class ideologies can lead to the acceptance of social inequality, which can further lead to consent of the majority to be dominated by a minority. Each issue, including the three mentioned here, has been dealt with separately in relation to Irish society as each theme in itself contributes to the background of power relations in Irish society. Overall, through the exploration of each theme, it has been inferred that they have all, helped to contribute to an acceptance of powerful institutions in society. This in turn can also bring about the acceptance of powerful people in society. In order to place this study within its appropriate context, the issue of legitimisation is addressed in this final section, in connection with the acceptance of the power of the Garda Síochána and the health service in Irish society. The issue of policy, however, is not covered in this study as the aims of the research are to examine feelings and explore perceptions 'on the ground' as it were, regardless of what is considered as actual policy. Therefore, it is feelings and perceptions surrounding actual discourse and behaviour with regard to power relations that

is being examined. Whether the discourse or behaviour is in line with policy, or indeed is not in line with policy, is beyond the remit of this particular study. If policy is not adhered to, it becomes obsolete, and taken over by a practice that is not true to policy; be it either discourse or behaviour. With regard to policing, for example, sometimes 'where a stated policy is contradicted by the actual pattern of policing, the real policy is likely to be that inherent in behaviour: to the extent that a policy is not carried through, it is merely rhetorical' (Jones et al, 1994: 7).

Irish society, as a democracy, with increasing levels of social mobility (Clancy et al, 1995), also, has increasing levels of inequality. Social mobility is a democratic ideal, putatively offering each and every individual the same opportunity of achieving their ambitions with regard to occupation and overall living standards. Ironically, however, with this sense of equal opportunity comes the legitimisation of social inequality; the idea being, that social inequality is inevitable and therefore, some prosper and some do not; those who do not, however, originally had the same chance as the next person! This reiterates the Pluralist perspective (briefly mentioned in the first section of the literature review), that each and every individual in a democratic society has equal opportunity. Some believed that this was also the case in Irish society. 'Furthermore, it was considered that maximum opportunity would ensure that elite positions were open to talent and guard against the formation of permanent elites (Whelan, 1995: 326). Hence, some believed that everyone had equal opportunity and that the existence of social inequality despite this fact was somewhat inevitable. In essence, social inequality, as discussed from the Functionalist perspective (informing Pluralist theory in the main) exists for the benefit of all. The notion that perhaps social inequality is inevitable or indeed functional helps to legitimise the existence of social inequality. 'The existence of high mobility can then be seen as contributing to the legitimisation of inequalities because of the incentives it offers for the development and application of abilities in a manner which is in the interest of the society as a whole' (Whelan, 1995: 326). Subsequently, the legitimisation of inequality in a society ultimately plays a role in the legitimisation of powerful institutions and powerful people. The institutions of the Garda Síochána and the health service in Irish society are considered as legitimate institutions of power. Many reasons contribute to the legitimate status attributed

to these institutions, none more so important than the essential role that the police and health service providers play in any society.

The police in a democratic society 'are there to protect our essential freedoms and, to do so have a monopoly over the legitimate use of force' (Jones et al, 1994: 1). Essentially, they are service providers, who have been allocated certain powers giving them the ability to carry out their various duties. In truth, as already stated, the police in a democratic society provide one of the most important services needed by the contemporary individual. According to Mulcahy and O' Mahony (2005: 3) 'policing remains the institution that has the most direct impact on people's status as full members of any society'. Indeed, the police in any democratic society exist to enforce the law, and their power to do so is usually accepted as legitimate by the majority. The police force in Ireland; namely An Garda Síochána, are indeed accepted as a much needed institution. They have managed to maintain their legitimate use of power through continuing to embrace the ideals of all that is deemed important in the protection of the Irish citizen and the nation state. 'The manner in which they embodied the cultural nationalism that dominated Irish political life provided them with considerable legitimacy' and it is the legacy of this tradition that has seen them through to the modern era' (Mulcahy and O' Mahony, 2005: 4). However, Irish society has changed, and whether the legitimacy earned through traditional means can sustain itself any longer with regard to the acceptance of the people of the institution of the Garda Síochána remains to be seen.

> *Today, the Garda Síochána (meaning in English: "The Guardians of the Peace") as the national police service, exercises all police functions in the country. It provides the State security services and all criminal and traffic law enforcement functions are performed by it* (www.Garda.ie/anGarda/history.html, 19/07/2005).

The Garda Síochána has many more responsibilities, other than the detection and prevention of crime. These include passport control, vehicle tax and insurance checks and several other administrative duties. According to Allen (1999: 217), 'as citizen police, servants of the people, the Garda Síochána has lived up to its undertaking to win respect based on moral authority'. This refers to the fact that all members of the Garda Síochána, apart from detectives, carry a truncheon as opposed to a firearm. Therefore, it seems that

respect for the Garda Síochána is earned through legitimisation which is not based on a coercion, which may use the threat of firearm violence, for example. 'However, the job has become much more complex and difficult and Gardaí still operate in an organisation whose basic structures have not been changed since the foundation of the state' (McNiffe, 1997: 174). Not only does this lack of development within the structures of the institution affect members of the Garda Síochána but also the general public. According to Professor Dermot Walsh,

> *This society has become more complex, much more questioning of authority, and the Garda Síochána is having difficulty responding to that level of change and they have been engaging in things over the last decade which represent the worst forms of policing. If you give individuals, as I say in Ireland, that means twelve thousand individuals, the power, the authority, to exercise control over the freedoms, over the movements of individuals, twenty four hours a day, seven days a week, you are inevitably going to find a significant number of those abusing those powers in terms of assaults* (RTE, Prime Time Investigates: The Force of the Law, 8/1/2004).

Change within the structure of the Garda Síochána is necessary in Irish society as a whole, taking into particular consideration, the needs of the most vulnerable members who suffer as a result of social inequality. However, according to Mulcahy and O' Mahony (2005: 2), 'the relationship between the police and marginalised communities in Ireland has received little sustained attention' despite the fact that they believe 'that issues of policing are fundamentally related to the broader context of social inclusion and exclusion in Irish society'. This suggests that perhaps power relations between the Garda Síochána and the public are determined by among other factors, social class. Therefore, perceptions relating to power relations and the Gardaí often include issues concerning social class. Indeed, it was found in research conducted by Mulcahy and O' Mahony (2005: 1), 'that while some improvements in policing were noted, members of marginalised communities consistently voiced a strong demand for greater consultation with the police and involvement in the policy-making process' and, for that reason, a difference is noted between marginalised and more affluent members of Irish society with regard to their expressed feelings about, and, perceptions and interpretations of, the Garda Síochána. Other factors connected with social class such as age also affect power relations between the public and the Garda Síochána:

Some sections of society – often older people – closely identify with the police and have a very positive opinion of them, viewing them as a last pillar of safety and stability in an increasingly insecure world. For other sections of society, however, the police represent not so much an idealised form of social control, as an alien force that all too exacerbates local problems and fails to provide effective solutions to crime and anti-social behaviour (Mulcahy and O' Mahony, 2005: 2).

It appears from this, that certain aspects of policing in Ireland are viewed as satisfactory, while others are not. Although the Garda Síochána is deemed as an institution based on equality, in summary of the findings within the Garda Public Attitudes Survey (2005: iii), O'Dywer et al state that:

Majorities disagreed that "the people around here have a real say in deciding what is important for the Gardaí *to attend to" and that "when people are dissatisfied with what the* Gardaí *do, it is easy to have the matter corrected". A third of respondents agreed that "the* Gardaí *serve the rich more than the poor".*

Therefore, when it comes to decision-making about, and dissatisfaction with the role of the Garda Síochána, the majority of people feel powerless, with some citing their opinion that the Garda Síochána operates to help the more affluent in society as one of the many contributory factors to this feeling of powerlessness. Indeed, it seems that individuals who feel powerlessness in dealing with the Garda Síochána are those who occupy the lower end of the inequality spectrum:

First, despite the longstanding view that policing in Ireland is largely unproblematic, and that public attitudes towards the police are very positive, for communities characterised by high levels of deprivation and disadvantage, policing is viewed as a major source of concern – whether in relation to over-policing (through allegations of harassment, etc.) or under-protection (through allegations of failing to respond adequately to victimisation of members of those communities) (Mulcahy and O' Mahony, 2005: 30).

The aim of this research, however, does not include a detailed examination of the plight of marginalised communities in dealing with the Garda Síochána but in more general terms, one of the aims is to examine feelings, interpretations and perceptions pertaining to members of the general public and members of the Garda Síochána with regard to power relations in an overall context.

As previously stated, communication between the Garda Síochána and the public with regard to what is within the remit of the institution's role and the issue of Garda accountability has not developed in accordance with the modernisation of Irish society. Apart from initiatives such as Neighbourhood Watch, communication between the public and the Garda Síochána is extremely limited. However, according to Mulcahy and O' Mahony (2005: 32), there has been policy put forward to ensure the development of more open lines of communication:

> *Overall, the rise of partnerships represents a considerable departure from established practices in the field of criminal justice policy in Ireland, some of which are reflected in the draft positions of the Garda Síochána Bill 2004. There is, quite simply, no tradition of formal police-community consultation in Ireland. Under the draft provisions of this bill, however, the force will have a statutory requirement to obtain the views of the public, providing, for the first time – a legislative footing for police - public consultation in Ireland.*

Whether such policy will indeed set in motion the necessary practices is beyond the boundaries of this study but it can be inferred at least, that there may be a long wait ahead for any signs of radical improvement:

> *Despite some notable improvements in policing and the presence of dedicated individuals within the force, persistent concerns remain about the force's willingness to be fully inclusive on this matter, and to complete the journey from promising initiatives to fully-resourced and mainstreamed approaches to the improvement of relations between the police and marginalised communities in Ireland* (Mulcahy and O' Mahony, 2005: 32).

Not only are structural resources needed for communication between the public and the Garda Síochána but also, there needs to be an overhaul with regard to the culture of mystery associated with Garda practice.

It seems that a number of similar issues arise in the area of power relations within the health service as within the Garda Síochána. 'At present, health and personal social services in Ireland continue to be delivered by what are known as Health Service Executive Areas (i.e., former Health Boards)' and each HSEA is responsible for the following in its own designated area:

- Promotion of good health

- Prevention of illness (for example, food safety services, immunisation and vaccination services, health screening, infant and child health services

- The diagnosis and treatment of illness (for example, general practitioner services, hospital services) (www.oasis.gov.ie/, 19/07/2005).

In the Health Strategy report published by the Department of Health and Children, Quality and Fairness: A Health System for You, the National Goal No 1: Better health for everyone, Objective 3 entitled 'Health inequalities are reduced' states that 'the most powerful influences affecting health and the promotion of health are socio-economic factors, in particular poverty' (2001: 60). Although this research does not aim to examine the actual existence of poverty or indeed inequality in Irish society, it does examine feelings, perceptions and interpretations that may indeed involve issues relating to poverty or inequality that, may affect power relations in Irish society. According to Objective 3 (2001: 60),

> *Every major health problem has a significant social gradient; with those at the lowest socio-economic level suffering most ill-health...This objective is about ensuring that disadvantaged groups get the help and support they need to ensure that everyone in society has an equal chance to achieve his or her full health potential.*

Therefore, individuals from all socio-economic sectors of society should receive equal opportunities with regard to their overall health and wellbeing. Whether or not this is indeed the case, or will be the case in the future, due to the fulfilment of the Health Strategy objectives, for example, is unknown and not within the remit of this study. One recommendation (Layte and Nolan, 2001) states that health policy in Ireland should aim towards providing a better structure taking into consideration the particular needs associated with various socio-economic sectors of society, and not just at providing improved and increased services with an emphasis on healthier lifestyles. Again, this is not a main concern within this study. However, feelings, perceptions and interpretations of the health service and its various influences such as socio-economic factors are certainly of great importance.

While we know that health services are not the only or indeed the main cause of health inequalities, we also know that health services are very important for people who are sick, for children, for women of childbearing age, those with chronic illness and disabilities and for older people. In Ireland, our health system is fundamentally unequal, allowing those who can afford it to get more rapid access to a better service (www.publichealthallianceireland.org, 7/12/2005).

The situation as it stands in Ireland, and as stated in the above, may affect the feelings, perceptions and interpretations concerning the health service and so, it is important to include socio-economics as one of the many influential factors within the overall examination of power relations between the public and the health service in Ireland.

With regard to interaction with patients,

In this Strategy, 'people-centredness' has been identified as a key principle. Feedback from the consultation process suggests that patients and clients often have to adapt to the way the system works, rather than the system responding to their needs (2001: 48).

Thus, similar to the institution of the Garda Síochána, it appears that the institution of the health service in Ireland has not changed, *enough at least*, to accommodate the people using the service. Indeed, the 'system' imposes itself on the users of the service; members of the public, and also, as a result, health service representatives. According to the Health Strategy (2001: 48),

the consultation process showed that:
- *people want to have a say in matters to do with their treatment*
- *people want to know what is happening when they have to wait for services and when they are receiving services or treatment*
- *systems and procedures need to be more user-friendly, taking account of the needs of particular groups*
- *having to give the same information 'over and over again' is a frustration for patients/clients in the system*

It would appear therefore; that perhaps patients in Ireland are becoming more willing to express themselves about what they expect with regard to the service they receive. Indeed,

it is possible that, with the introduction of changes in the health system relating to the findings above, the experience of both the patient/client and the health service representative may be vastly improved. Traditionally, however, with regard to the doctor/patient relationship, the doctor is regarded as the expert and the patient is regarded as the lay person with minimal knowledge about health care. This may suggest that it is the doctor who is in control when it comes to the consultation process. According to Fisher and Groce (2004: 437),

> *Patients are described as passive dependent; doctors as active and dominant (Parsons, 1951). This asymmetry is ascribed to doctors' specialised medical knowledge, their technical skill, the professional prestige of their role (Parsons, 1951), and the organisation of the profession and the practice of medicine (Freidson, 1970), as well as other demographic and interactional variables (Zola 1972, Mechanic 1968, Davis 1963, Roth 1963).*

In some instances, it is believed that both the doctor and the patient contribute to the overall control the doctor assumes in a consultation.

> *Hughes (1982), for instance, describes the absence of patient's initiatives in the encounter rather as indicating reluctance on the part of the patient rather than as the effect of the doctors' cutting off patients' utterances. He suggests that this reluctance has to do with difficulties that patient's have in recognising relevance and in offering organised descriptions of their conditions* (cited in Hak, 2004: 351).

As this study does not focus on the actual discourse between a health representative and a patient/client, the exact way in which doctors and patients converse is not examined in detail. However, according to Ten Have (1989) and Maynard (1991), 'it is certainly possible that institutional encounters differ from everyday encounters in systematic, describable ways' (cited in Hak, 2004: 362), and so, elements of the doctor/patient relationship are necessary to include here in order to provide a background to the study of power relations between health representatives and the public. Perhaps it is inevitable that the doctor has more control, not simply because the doctor is expert but perhaps, because the patient may be reluctant to express themselves due to their own lack of expertise in the subject area. An encounter in which the doctor has control over the conversation is referred to by Freidson (1970) as 'professional dominance' in which the perspective of the patient is

deemed by both as less important than the perspective of the doctor (cited in Hak, 2004: 359). Again this is not to say that the patient can not control anything within the consultation. Doctors and patients are not equivalent associates in the interaction sequence, and as doctors, due to their profession, control the medical encounter; patients are very likely to accept a secondary position (Fisher and Groce, 2004). However,

> *The issue here is not that the patient never has any power. Patients can and do ask questions, interrupt, change topics and claim/or maintain the floor. Doctors' styles of communication can and do vary – some being more dominant and others more equalitarian. It is the institutional authority of the medical role and the control it provides for medical practitioners that does not change* (Fisher and Groce, 2004: 438).

Within the western world, there are many factors contributing to an overall discontentment in the area of health care. According to Berliner (1984), among others, changes in the doctor/patient relationship, restrictions in the provision of hospital care, problems associated with medical technology and the cost of medical care are some of the main factors that contribute to this overall feeling of discontentment (cited in Turner, 1992: 155). Structural reasons as to why people may feel unhappy with the level and standard of health care provided are closely linked to the role of medicine as a profession in capitalist economies. Power rests not only with the professionals in medicine but also with the state and all other associated organizations, be they primarily political, social or economic in nature. Therefore, legitimisation of the medical profession also lies with the state and all other associated organisations, as above. Indeed, 'Navarro suggests that one important function for the state is to legitimize the continuing dominance of certain classes and interest groups in the decision-making processes relating to the development and maintenance of health-care systems' (Turner, 1995: 169). Issues such as the cost of medical care are therefore in the hands of the state and other organisations, in addition to the medical professionals themselves. With such issues being in control by a minority based on a capitalist economic system, it can be inferred that perhaps it is possible in some situations specific to some countries that the political and, the economic, override the social when it comes to the provision of a health service. According to Turner (1995: 182), 'Waitzkin and Waterman (1974: 15-16) have argued that it is not self-evident that: 'a humane health care

system is possible in a capitalist society. The institution of medicine is intimately tied to the broad socio-economic framework of a society'.

Despite the fact that medical professionals are powerless in some cases when it comes to decision-making for example, with regard to allocation of funds from the state and the overall bureaucratic structure that functions to maintain the health service as a public service provider, they remain powerful due to their expertise in the field. Again the system of bureaucracy, ironically has led to ultimate disarray, in that, 'despite the theoretical arguments of classical economics, it appears that most western societies possess health systems which are neither efficient nor egalitarian' (Turner, 1995: 195). Also, although the system of capitalism and bureaucracy may indeed hinder the medical professional in such a way as they loose their autonomous control within the overall medical field, it is important to note, for the purpose of this study, that 'the specialization of knowledge and the delivery of a service by the professional on the basis of skill and expertise are accompanied by the absence of specialised consumption by the client' (Turner, 1995: 133). Therefore, it is this power that the medical professionals have within the area of overall power relations, against a backdrop where perhaps their autonomy in their own field of expertise is being gradually eroded.

Again, regardless of struggle within the medical field between professionals and the system itself, it remains the interest of the medical professional to maintain control over expert knowledge in order to maintain a certain balance of power. 'In class terms, a profession will be forced to secure its means of reproduction through the educational system in such a way as to reproduce the systematic inequalities between social classes which are to some extent manifest in the inequalities between expert and client' (Turner, 1995: 135). Hence, there is once again, the need for legitimisation of the classes in order to maintain legitimisation of the power and autonomy of the health service representative. In essence, the initial development of professional power and autonomy has been aided by social inequality and its persistence also helps to maintain the continued existence of social inequality. 'The process of professionalisation itself has an effect on the distribution of wealth and status thereby contributing to social inequality, especially between labour and

capital' (Turner, 1995: 137).

Overall, through the legitimisation of class, with the help of capitalism and class reproduction, the health care representative has been able to maintain control over expert knowledge, and in doing so has helped to legitimise professional power and autonomy within the medical field. This has been achieved despite various struggles, namely the effects of bureaucracy, which have also developed as a result of capitalism. According to Turner (1995: 138), 'professions will resist the de-skilling which is involved in managerial strategies at the work place which fragment and routinize the work relationship between expert and client'. The concept of the expert's knowledge as opposed to the client's lack of knowledge is embedded within the biomedical model of the doctor/patient relationship first introduced by Parsons (1951) and developed upon by many theorists. It is not within the boundaries of this particular research study, however, to delve into the specifics of the doctor/patient relationship. Suffice is to say, when examining the situation in Irish society,

> *From a biomedical perspective, the practitioner is the expert who is responsible for the health of the patient. They take decisions 'in the patient's best interest'. The approach is characterised by paternalism. Biomedical practitioners impose diagnosis and treatment and complain about problems of non-compliance. This approach to medicine is based on a professional monopoly of knowledge and responsibility for health* (Tucker, 1997: 44).

The achievement in maintaining power relations as indicated in the above, has therefore maintained the balance of power in favour of the health service representative. It is important to consider all factors that influence the situation in Irish society, bearing in mind the historical context in which Ireland has become a capitalist economy typical of the western world. It follows that features of power relations have been somewhat constant due to the fact that 'the medical profession has been relatively successful in maintaining its position within the class structure and the professional hierarchy over the last 100 years by regulating and controlling access to health-care delivery' (Turner, 1995: 152). Hence, it is also important to note, that Ireland's health care system has also successfully maintained professionalisation within the field, not unlike many other western health care systems. Indeed, the question arises as to whether continued success relating to the power of the

medical profession and the health service representative is evident in contemporary Irish society. Tucker (1997: 46) states that 'the monopoly of biomedical knowledge and practice is still firmly established and this hegemony derives considerable support and legitimacy from government funding and legislation'.

Overall, both the Garda Síochána and the health service are seen and accepted as legitimate institutions which provide fundamental services in Irish society. Although both institutions have changed somewhat in accordance with modernisation, the evidence cited would suggest that the structure of each has not changed sufficiently, to suit the needs and expectations of contemporary Irish society. Both institutions, in their role as service providers are heavily influenced by the existence of social class in Irish society. With regard to the Garda Síochána, the terms 'social inclusion' versus 'social exclusion' have been referred to, along with the dichotomy of 'rich versus poor'. With regard to the health service, terms such as 'socio-economics', 'poverty' and 'social inequality' have been referred to, which perhaps can be realised in perceptions pertaining to 'public patient' versus 'private patient'. Apart from social class, age is also considered as a factor that may influence perceptions concerning the Garda Síochána, and it can be inferred that perhaps age could also be taken into account with regard to perceptions of the health service. Perceptions of both institutions usually take positive and negative factors into consideration when evaluating policy and practice, and also, structural aspects of the organisations. However, as previously indicated, practice, regardless of whether or not it exemplifies actual policy, is examined in terms of feelings, perceptions, and interpretations of the Garda Síochána and the health service.

Decision-making with regard to the role of the Garda Síochána, problems that may need correcting and accountability, are all issues that some members of the public, according to research carried out by Mulcahy and O' Mahony (2005), feel that they have no control over. The feeling of individual powerlessness may also be existent in relations between the public and the health service. This is alluded to through the examination of the importance of the doctor/patient relationship (Tucker, 1997). Research cited from the Health Strategy (2001), found that patients/clients were willing to express their needs and expectations of

the health service which may indicate a trend towards a desire to overcome feelings of powerlessness in dealings with institutions. Therefore, the need for structural change with regard to more open lines of communication between the public and both of the institutions is duly recognised. It has also been stated that an institutional encounter can be very different from an everyday encounter (Hak, 2004), as usually, it is the representative of the institution that is in control, in a conversation with a member of the public. Again, that is not to say that the individual has no control or no power, in an institutional encounter. Both institutions hold a professional monopoly in their specific area of service provision. From this, power relations are influenced by the existence of expert versus non-expert within the field, and therefore feelings of power versus powerlessness may result. Hence, in terms of the doctor/patient relationship, there may be an inevitable balance of power in favour of the doctor due to expert knowledge. This may also be the case with regard to a representative of the Garda Síochána and a member of the public.

All of the issues summarised so far exist in the context of, as previously indicated, a society that has undergone rapid social change leading to increased social mobility (Clancy et al, 1995). Themes established in the first half of the literature review combine to provide a historical background to power relations, and hence, power and institutions in Irish society. Capitalism and the role of the state, specific to contemporary Ireland, also typical of many Western countries, influence the services provided by the Garda Síochána and the health service. Hence, political, social and economic decision and non-decision-making greatly affect both institutions, and their representatives. This can also be said for members of the public, as they too are influenced, as a consequence of the state-institution relationship. An example of such influence is the existence and maintenance of the system of bureaucracy, as previously examined. Although bureaucracy is seen as vital in the running of such large organisations, it can sometimes undermine the status of institutional representatives. It is stated however, that the professional autonomy of the medical practitioner, although sometimes jeopardised by the bureaucratic nature of the health system, still remains due to expert knowledge within the field (Turner, 1995). Both institutions exist against the historical background of an ever-increasing social mobility with the decline of hegemonic structures, among others, for example, the power of the Catholic Church in collaboration

with various political and non-political institutions. Taking this into account, the future success of the Garda Síochána and the health service as they stand in contemporary Irish society is uncertain.

In summary, there has been an analysis of power and power relations within the Sociological field, with exploration of theory from Marx to Bourdieu; leading to exploration of more specific studies of power, not strictly within the remit of social theory. With this, there has been an examination of the terms power and power relations, specifically defined for the purpose of this study. There has been an exploration of the role of the Garda Síochána and the health service in Irish society. This has been supported by the integration of theories explored in the initial part of the literature review and contextualised in terms of contemporary Irish society as a democracy typical of the Western world. The state's monopoly in decision and non-decision-making is recognised as a fundamental factor in the examination of power relations in Irish society. According to Jones et al (1994), it is inevitable that power to make decisions and non-decisions lies in the hands of a minority, in order for a democratic society to be successful. However, it is the role of democracy to prevent one individual/group from having *all* of the power, *all* of the time. Hence, for the democratic management of power, structures need to constantly change in accordance with the ever-changing needs of society.

Methodology

This thesis examines power relations between representatives of institutions and members of the general public. The aims of this research are to:

- examine how individuals feel the 'powerful' (representatives from the Garda Síochána and the health service) interact with them
- explore the perceptions of representatives of the Garda Síochána and the health service regarding their power relations with the public

There are also many sub-questions arising out of this topic. These include:

- What effects do power relations have on the individual (as a member of public and as a representative of an institution)?
- What are the central issues of concern between individuals and institutions that affect power relations?
- Has the nature of power relations within Irish society changed? (and if so)
- How has this affected both individuals and the relevant institutions?

This chapter offers a brief outline of the epistemological background and the theoretical perspective, behind the chosen methodology. The sampling procedure with regard to the methods used in the data collection process is also outlined followed by a detailed examination of methods used in the data collection process. The initial phase of the research involved the use of a focus group interview. This was followed by a series of qualitative semi-structured interviews, used as the central research method. In examining these methods, there is a section included on the generalisability, reliability and validity of qualitative research. Also, included is a discussion of the transparency achieved throughout the research study. There is an outline of the analysis procedure used with regard to the interview data and the final section deals with the ethical implications of social research in general terms firstly, and then specifically the steps taken to address ethical issues specific to this research.

As the overall aims of this research study are concerned with relations between people and how people perceive and interpret those relations, with regard to the overall concept of power, the logical epistemological background is that of 'constructionism'. According to Crotty (1998: 42), constructionism is

> *the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context.*

In the same way that both structure and agency have been taken into account, this is a further attempt to avoid situating this study on either of the extremities of the theoretical spectrum. It is neither purely objectivist, nor indeed, purely subjectivist. 'Constructionism is the view that society is to be seen as socially constructed on the basis of how its members make sense of it and not as an object-like reality' (Seale, 1998: 218). Interaction between object and subject and how subjects perceive and interpret relations in which they participate is of key importance within this study:

- The objects within this study are the Garda Síochána and the Health Service (institutions)
- The subjects are both the individual representatives of the institutions and the individual representatives of the public
- From the perspective of a member of the public, it is through interaction with representatives of the institutions that feelings and interpretations are constructed about that institution (the object)
- From the perspective of a representative of an institution, it is through interaction with members of the public (other subjects) that feelings and interpretations are constructed about the institution and the public

It is also through interaction with other representatives of the same institution, and other institutions, that the construction of feelings and interpretations occurs. However, interaction between work colleagues, for example, and the study of hierarchical relations

are not included within this particular research study, as it is interaction between individuals and institutions, and the power relations that arise thereof, that are of fundamental concern. Within this frame of reference, specific feelings, interpretations and perceptions are examined. From there, the research strategy employed leads to questions about Irish society in general. This is in order to extrapolate about the overall nature of power relations within Irish society and the changes that may have occurred over time. Hence, construction of meaning between object and subject is clearly of particular relevance within this study.

The historical and social setting in which this construction takes place is also of importance, as cultural variables must be taken into account in the study of any social phenomena. 'As a direct consequence of the way in which we humans have evolved, we depend on culture to direct our behaviour and organise our experience' (Crotty, 1998: 53). Therefore, some meanings have already been socially constructed before a subject can construct meanings for him/herself. That is to say, a subject's perceptions and interpretations are influenced by culture. In the same sense, institutions that have existed previous to, during and after a subject's existence can influence perceptions and interpretations. 'Garfinkel argued that people were actively engaged in producing social institutions and that ordinary, everyday practices by which this was routinely accomplished showed the reality of society to be a social construction' (Seale, 1998: 31). Not only can a subject construct meaning but also meaning can be constructed for a subject. Construction of meaning depends on various fluidic factors including the individual mind, community, culture, society and social history. 'Thus, while humans may be described, in constructionist spirit, as engaging with their world and making sense of it, such a description is misleading if it is not set in a genuinely historical and social perspective' (Crotty, 1998: 54). Constructionism is therefore best suited to this study as essentially it is an exploration of power relations and the meanings that are constructed as both causes and effects of power relations.

The context of power relations is both historically and socially set within Irish culture and is taken into account in the overall analysis. Particularly, the rapid changes that Ireland has

experienced economically and socially are seen as imperative links to some of the changes that have been expressed throughout the interview data. The theoretical perspective underpinning the methodology is that of interpretivism. As opposed to positivism, the interpretivist approach sees the social world as 'an intersubjective world of culture, consciousness and purposive action, in which relationships are organised through the ideas, values and interests of members of society, producing human action and interaction' (Seale, 1998: 27). The main idea within the interpretivist approach is to gain an understanding of society and social phenomena through the examination of empirical evidence. This is what is referred to as Weber's 'Verstehen' (Crotty, 1998: 68). According to Weber, understanding leads to an ability to explain. 'For Weber, as far as human affairs are concerned, any understanding of causation comes through an interpretative understanding of social action and involves an explanation of relevant antecedent phenomena as meaning-complexes' (cited in Crotty, 1998: 69). Therefore, central to this research is the attempt to:

- interpret how people feel regarding power relations
- understand how people perceive power relations, and from there
- endeavour to explain why people perceive power relations in the way that they do.

Qualitative research which is closely linked to the theoretical perspective of interpretivism provides a mechanism towards gaining rich detailed data which can be analysed in terms of interpretation, understanding, and the possibility of further explanation (Snape and Spencer, 2003). Qualitative research, as discussed subsequently, is used in this study through the facilitation of a focus group interview and semi-structured interviews. In the examination of power relations in Irish society, interpretivism in preference to positivism is particularly useful in gaining an understanding of a social phenomenon that has received very limited attention in terms of native sociological study. The interpretivist approach lies beneath many of the methods used within qualitative research as it aims to provide an understanding of social action against the background of everyday life (Snape and Spencer, 2003). Everyday life, as previously indicated, can be examined in terms of both structure and agency, and also, on both levels of micro and macro. Therefore, the attempt to interpret, understand and explain power relations from an interpretivist approach are

embedded within the social context of everyday life in contemporary Irish society. Interpretivism also recognises that the ability of a researcher to explain a social phenomenon is based on the researcher's own interpretation and understanding of the phenomenon (Snape and Spencer, 2003). Hence, the social researcher as a social being, although in adherence to standards of objectivity, must also provide transparency in terms of bias relating to interpretation that they bring to the study of social phenomena. Issues of objectivity, transparency and researcher bias are dealt with accordingly in the data collection and analysis chapter.

Sampling

'Qualitative research uses non-probability samples for selecting the population for study. In a non-probability sample, units are deliberately selected to reflect particular features of or groups within the sampled population' (Ritchie et al, 2003: 78). The characteristic 'occupation' is the ultimate required variable within the sample set used in this study. Indeed, occupation is used as an indication of class in many Irish surveys and studies as it provides the nearest sign of an individual's class position (Drudy, 1995). However, in this particular study dealing with both members of the public and representatives of institutions, occupation as a variable is employed for two reasons; first to primarily identify representatives of institutions and, second to provide a wide range of various members of the public with various occupations. Class, as a variable in its own right is not specifically identified or analysed, despite the specific occupations being identified. Also, occupation or indeed class as variables are not identified within the focus group interview. The focus group are merely identified as a group of students in a third level institution identified through their gender and age. The focus group is used as an initial part of the research intended primarily to help formulate the phrasing of questions in the subsequent interviews. Indeed, aside from this, some findings from the analysis of the focus group interview have also been included the findings chapter. Note that analysis of the focus group in relation to both; subsequent interview topic guide formation, and the overall findings, are included further on in the relevant chapters. The interview participants in this study are divided into three sections reflecting the chosen population sample necessary to fulfil the requirements of the research aims. Purposive sampling is one of the methods used within this study. This

is where 'members of a sample are chosen with a 'purpose' to represent a location or type in relation to a key criterion' (Ritchie et al, 2003: 79). A representative of the Garda Síochána and a representative of the health service are the occupations required in two of the sample sets. However, in the representatives of the public sample set, occupations are less specifically required, though a range of occupations are indeed targeted rather than the participants being randomly chosen. By targeting a range of occupations from, for example, a manager to an administration assistant, it is hoped that a wide range of feelings and experiences that may or may not necessarily be class related will be explored. The use of a wide ranging sample will not automatically eliminate bias but ought to provide an extensive scope of interview data to analyse. A range of perspectives should be evident throughout the data analysis as a result of using a varied occupational spread in the interview sample set. In the following discussion of the focus group interview, it is clear that the issue of eliminating bias was compromised by using a 'one type' sample. However, the issue of eliminating bias has not been compromised in the sample set used for the semi-structured interviews.

As already alluded to, the approach used within the Garda Síochána and the health service sample sets is that of 'homogenous samples (Holloway and Wheeler, 1996; Patton, 2002; Robson, 2002), chosen to give a detailed picture of a particular phenomenon – for example, individuals who belong to the same subculture or have the same characteristics' (cited in Ritchie et al, 2003: 79). Interview participant's occupations are the homogenous elements within each section.

> *Sample units are selected on the basis of known characteristics, which might be socio-demographic or might relate to factors such as experience, behaviour, roles, etc. relevant to the research topic. Units are chosen to represent and symbolise prescribed groups or characteristics (symbolic representation) and to reflect the diversity of the study population as fully as possible* (Ritchie et al, 2003: 106).

Also and as previously mentioned, within the representatives of the public sample set, homogeneity is not the key criterion of selection. Instead, it is in fact diversity of occupation that is targeted. The only homogonous factor within the sample set is that, it is members of the public who are required, not members of the two institutions. The range and diversity of participant's occupations within the public sample set therefore contributes

to its overall balance. On the whole, the main criteria considered for each of the three sample sets designed for the interviews were both occupation and membership/non-membership of the Garda Síochána and the health service. As will be evident in the data collection and analysis section, details of age, gender and type of living area are also obtained as variables that can provide further information on the composition of the overall sample sets. However, these details are not included as variables in the sample matrix designed at the outset.

The other type of sampling used within this research study is snowball sampling. Snowball sampling is where 'you ask those who have already passed through the selection screen for their suggestions for participants. The logic is that those who have the targeted characteristics are likely to know of others who also have the same features' (Krueger, 1994: 84). This was the method used in relation to the sample sets of both institutions. The rationale for choosing this method is that once contact is made with one representative of an institution, this individual may be in a good position to find other participants with the required characteristic needed to fulfil the aims of the research study. The sample size for this research study may appear relatively small, especially in relation to the sample size usually required for a quantitative study. However, as this study is qualitative, the smaller sample size can be justified by taking into consideration that the aim of the research is not to be statistically representative but to be more detailed in its investigation. Therefore, due to the large amount of data that can be generated in qualitative interviewing, the relatively small size of the sample set does not necessarily have to be on a par with quantitative sample sets. 'Since qualitative research will be being used because of its in-depth coverage, it is usually better to retain depth of data collection rather than breadth in terms of sample size…' (Ritchie et al, 2003: 104).

In trying to access interview participants using the sample set, there can be an array of possible outcomes. For example: refusal versus agreement to participate. The sample sets of each section of interviewees that were in fact accessed and subsequently interviewed are presented in tables 1.a – 1.d. However, details on how the sample set actually worked out in relation to being able to access and not being able to access participants are included in the data collection section.

Four tables are used to identify each section of individuals interviewed;

Table **1.a** shows the Focus Group Interview:

Student	Gender	Age
1st Year Social Care	Female	18
1st Year Social Care	Female	18
1st Year Social Care	Male	18
1st Year Social Care	Female	19
1st Year Social Care	Female	19
1st Year Social Care	Female	19
1st Year Social Care	Female	19
1st Year Social Care	Female	19
1st Year Social Care	Male	20
1st Year Social Care	Male	25
1st Year Social Care	Female	37
1st Year Social Care	Female	39

Table 1.b shows the Garda Síochána:

Garda	Gender	Age	Living Location	Years in Force
A	Male	44	Rural	22
B	Female	32	Suburban	8
C	Male	23	Suburban	0-1
D	Male	33	Suburban	7

Table 1.c shows the health service representatives:

HSR	Specific Role	Gender	Age	Living Location	Years in the health service
1	Medical manpower manager	Female	43	Suburban	25 (Ireland)
2	Midwife	Female	46	Suburban	20 (In various countries, 6 of which in Ireland)
3	General Practitioner Trainee	Female	29	Rural	5 (Ireland)

Table 1.d shows the members of the public (identified using pseudonyms):

Pseudonym	Occupation	Gender	Age	Living Location
Michelle	Customer services manager in a bank	Female	45	Rural
Cathy	Coordinator of a Youth Project	Female	37	Rural
Frank	Mature student/Part-time care-worker	Male	28	Urban
Rachel	Administration assistant	Female	28	Urban
Louise	Chef	Female	33	Urban
Margaret	Semi-retired music teacher/examiner	Female	73	Urban

Methods of Research

Choice of methods essentially is decided by what the aims of the research are and what questions arise from those aims. In this case, the aims deal with an exploration of feelings and interpretations. Hence, the qualitative approach is very effective in fulfilling these particular aims and questions as it obtains a more in-depth form of data. Unlike some approaches taken in the quantitative method of research,

Qualitative researchers seek answers to their questions in the real world. They

gather what they see, hear and read from people and places and from events and activities. They do research in natural settings rather than in laboratories or through written surveys. Their purpose is to learn about some aspect of the social world and to generate new understandings that can then be used (Rossman and Rallis, 2003: 4).

One of the most commonly used methods of data collection within qualitative research is the interview. Interviews, both focus group and individual, can yield a substantial amount of information and more importantly an understanding of that information due to the context in which they take place (Ritchie et al, 2003). The context in which interviews take place involves the interviewer being present when responses are formulated by the interviewee and thus the opportunity arises to probe further for more detailed and extended information. The use of probes and prompts within the interview process are discussed further in the formation of questions section for the interviews and also within the data collection section. Also, instances of the same are detailed in appendices I and J. The qualitative method of interviewing is best suited to the questions being explored within this research as the aims of the research involve an in-depth exploration of feelings, perceptions and interpretations of power relations. Using the survey method associated with quantitative research is less likely to produce such in-depth data. 'Words, which are by far the most common form of qualitative data, are a speciality of humans and their organisations. Narratives, accounts and other collections of words are variously described as 'rich', 'full' and 'real', and contrasted with the thin abstractions of number' (Robson, 2002: 455).

Focus Group Interview

A focus group interview was conducted as a preliminary part of the research for this study. Stewart and Shamdasani (1990) state that 'a typical group interview involves between eight and twelve people who, guided by a group interviewer, discuss the topic(s) under consideration for anything between an hour and a half and two and a half hours' (cited in May 2001: 125). 'A focus group is a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment' Krueger, 1994: 6). The idea of a focus group is that participants can get inspired by each

others response within the interview to think about their own situations, and therefore feel that they can join in and make their own contribution to the topics under discussion. It is up to the interviewer to facilitate the focus group in such a way that each participant feels comfortable to express their opinions, though it is also up to the interviewer to keep the topic under discussion in focus (Krueger, 1994). The focus group interview held within this study involved a total of twelve participants. 'It is called a *focused* interview because it focuses on a specific topic, which respondents are asked to discuss, thereby providing their views and opinions on the research question' (Sarantakos, 1993: 184). Therefore, as thoughts are being accumulated by both the researcher's and the respondent's minds as the focused interview is in motion, new ideas and questions that may not have been thought of before can be introduced by the researcher, putting the researcher in control of the interview. This, however, does not mean that the interviewer should influence what the respondents say as 'the discussion is meant to be free and open, with the interviewer guiding rather than leading and restricting the respondent' (Sarantakos, 1993: 185).

Participants within this focus group were encouraged to discuss their relevant views and experiences. These discussions were extremely useful in providing a discourse framework for the setting of questions in the topic guides used in subsequent interviews. Within the data analysis section, the focus group is discussed in terms of how it is used to provide more specific question for the purpose of the semi-standard interviews. Therefore, the data from the focus group interview is analysed for the initial stage of the research and this analysis is not used for the actual findings of the study. As changes were made in relation to the questions asked in the subsequent semi-structured interviews 'the results of the first discussion are set aside and not used in later analysis' (Krueger, 1994: 69). The focus group interview was set up using students from the same lecture group in a third level institution. The strategy of using a group of students as opposed to a group randomly selected and not previously known to each other was based on the presumption that they would be more at ease with each other in the group, and thus help them to be comfortable and forthcoming with the topics under discussion. Three participants in the group were male and the remaining nine were female. Gender did not seem to affect any individuals' level of participation. However, a factor that was overlooked in the setting up of the focus group was age. Four participants were over the age of twenty (20, 25, 37 & 39) and the remaining

participants were all either eighteen or nineteen. This seems to be the reason that a certain number of participants were more willing to 'open up' and discuss topics than others. Conceivably, the younger participants felt slightly less comfortable 'opening up' in conversation with, and in front of the older participants, or indeed may have lacked the confidence to speak in front of a group. Therefore, it is clear that the focus group conducted was at least somewhat affected by not considering all of the factors which contribute to a comfortable group setting. According to Krueger (1994: 36), 'groups can vary considerably. Each focus group tends to have unique characteristics. One group can be lethargic, boring and dull; the next selected in an identical manner might be exciting, energetic, and invigorating'. The focus group conducted was indeed lethargic in parts, as only the older participants seemed willing to divulge information with regard to the majority of the topics covered.

Another limitation with regard to the composition of the focus group is the 'one type sample' used. This may indeed have led to a biased set of responses, specific to the type of responses that would be typical of first year social care students. A randomly chosen sample that is relatively small, such as is the case in many qualitative studies, may in fact unintentionally provide a set of participants that are too like-minded due to the fact that they may be in a similar type of occupation or indeed occupy the same overall socio-economic class position as each other. A small-scale random sample set of participants, therefore, may unintentionally be distorted (Miles and Huberman, 1994). Taking this into consideration, it is felt that the issue of eliminating bias has been compromised within the focus group. Also and as previously mentioned, the range of ages included in the group which may have contributed to a diversity of responses has also hindered the success of the overall interview. 'The focus group is characterised by homogeneity but with sufficient variation among participants to allow for contrasting opinions…The guiding principle is the degree to which these factors will influence sharing within the group discussion' (Krueger, 1994: 78). The homogeneity within the focus group is the characteristic of being a full time social care student. However, although there was diversity in the group due to the inclusion of mature students, this variation in ages as previously stated prohibited some of the interview participants in sharing their ideas. 'Some mixes of participants do not work well because of limited understanding of other lifestyles and situations. For example, care must

be exercised in mixing individuals from different life stages and styles…' (Krueger, 1994: 78).

However, it is felt that not all has been lost in relation to the focus group, as it has helped enormously, as mentioned earlier, with the phrasing and formation of questions within the topic guides for the subsequent interviews. Also, the focus group findings have helped to establish how individuals relate their feelings to the topic of power relations and institutions. Again, both of these issues are discussed respectively, in more detail within the data collection and analysis chapter, and the findings chapter. 'Focus groups produce qualitative data that provide insights into the attitudes, perceptions and opinions of participants' (Krueger, 1994: 19). The rationale behind using the focus group interview method as the initial part of the study is that, because the topic under examination is usually not discussed in terms of actual 'power relations' on an everyday level, it was thought that phrasing of questions needed to be piloted and tested out before putting the interview topic guides together. The range of perspectives that can be obtained from just one focus group interview therefore makes it ideal for a piloted piece of research. 'The interviewer creates an open environment, asking questions that focus closely on one topic (hence its name), to encourage discussion and the expression of differing opinions and points of view' (Rossman and Rallis, 2003: 193). Thus, another benefit of using a focus group is that it can obtain results from a range of perspectives in a single interview. For this reason, 'when compared to other means of obtaining information about behaviours and attitudes, the focus group method has a considerable advantage' (Krueger, 1994: 35).

Semi-structured Interview

Qualitative research usually employs the un-structured or semi-structured method of interviewing (Sarantakos, 1993). Within an unstructured interview, there is no set of questions to be followed, and the interviewer is able to add questions if and when desired (Sarantakos, 1993). Semi-structured interviews are a combination of structured and un-structured interviews. Within the semi-structured interview, 'questions are normally specified, but the interviewer is more free to probe beyond the answers in a manner which would appear prejudicial to the aims of standardization and comparability' (May, 2001:

123). The semi-structured interview was the type used within this study.

> *In semi-structured or semi-standardised interviews, the interviewer asks key questions in the same way each time and does some probing for further information, but this probing is more limited than in unstructured, in-depth interviews. There are different models of semi-structured interviewing and terms are not necessarily used consistently so that what some commentators describe as 'semi-structured' interviews may be described by others as unstructured or in-depth or, at the other end of the spectrum, open ended survey interviews* (Arthur and Nazroo, 2003: 111).

Depending on the type of topic being researched, the semi-structured interview can at different times, lean more to one of either the structured or unstructured interview method (Sarantakos, 1993). As this topic deals with feelings, perceptions and interpretations, the interviews leaned towards the un-structured format as questions were also asked on the basis of the interviewees' responses. Therefore, not only does the interviewer retain a certain amount of freedom in choosing and omitting questions new and old, but also the interviewee has the freedom to answer questions the way that they can and not in a fashion premeditated by the interviewer.

'These types of interviews are said to allow people to answer more on their own terms than the standardized interview permits…' (May, 2001: 123). Of course information about personal details such as 'age, sex, occupation, type of household and so on, can be asked in a standardized format' (May, 2001: 123). Response categories such as those used in a survey are used for standardized interviews, whereas within an un-standardized interview, there are no response categories and the respondent can answer freely (Sarantakos, 1998). The qualitative method of research, therefore, usually employs the un-standardized form of interviewing. Another characteristic of qualitative interviewing is the manner in which the interviewer conducts the interview; referred to as the soft interview.

> *In soft interviews, the interviewer holds a secondary position in the process of data collection, with the respondent being the major element of the process. Here the interviewer guides the interviewees through the process of interviewing without putting any pressure on them* (Sarantakos, 1998: 180).

Again as previously mentioned, the interviewee has a certain amount of control with regard to the answering of questions; they are not expected to answer within any specific framework; only the framework they choose for themselves. This control helps the

interviewee to be comfortable and feel at ease with the interviewer and the interview process itself. The facilitation of both the focus group interview and the semi-structured interviews is discussed in detail within the data collection section. Within this, both a summary of the interview procedures and reflection on the procedures are included. Among others, some of the issues dealt with in the facilitation of and reflection on the interviews section are: the procedures taken to make interviewees feel at ease, what went smoothly and what felt uncomfortable during each interview process, the pacing of the interviews and the overall outcomes of the interviews in relation to successful and non-successful data collection.

As will be evident in the subsequent chapter, there were very few limitations with the series of semi-structured interviews conducted. On the whole, the sample set identified, yielded a substantial amount of the interviews required to fulfil the aims of the research. Each interview conducted contributed to the data collection process. Also, as will be evident in the following chapter, as each interview was conducted and reflected upon, the interview method for subsequent interviews improved accordingly. However, it is necessary to note that the topic guide remained the same for each individual sub set of interviews conducted and that this has also contributed to the reliability and validity of the data collected throughout. 'Loosely speaking, reliability is the extent to which a measurement procedure yields the same answer however and whenever it is carried out, validity is the extent to which it gives the correct answer' (Kirk and Miller, 1986: 19). Therefore, any piece of research requires both reliability and validity in order for the results to be objective. However, total objectivity is usually not possible in any type of research, especially research within social science as there is always an element of bias on behalf of the researcher analysing and reporting findings (Kirk and Miller, 1986). The aim of the researcher, therefore, is to address this issue and show the steps that were taken throughout the research process to eliminate bias and subjectivity. In the main, 'objectivity is the simultaneous realisation of as much reliability and validity as possible' (Kirk and Miller, 1986: 20). Another element of the research process documented as helping to ensure reliability and validity is the fact that interviews were tape recorded and fully transcribed. Further discussion of the steps taken throughout the research process to ensure objectivity

is discussed in the data collection and analysis chapter.

> *Reliability, then - like validity - is meaningful only by reference to some theory. The implicit theory that requires all observations to be identical is rarely appropriate. In the natural sciences, this quixotic reliability is only expected in artificial experimental situations. Observational sciences generally rely on the contrast between things that change (as planets) and those that stay relatively the same (as 'fixed' stars)* (Kirk and Miller, 1986: 51).

Hence, total reliability is not attainable in this particular piece of research, as the issues of concern involve both elements that are constant *and* changing, such as, for example, various parts of the institutions in question. In general, elements of the social world can either remain constant or indeed change. This makes reliability of information collected at one time in one place impossible to fully guarantee in the event of the same research being carried out in the same place and in the same way at another time. In this context, 'reliability is best thought of in terms of repeatability, that is the extent to which another researcher using the same material would collect the same data, or the extent to which the same data would be collected at a different time or place using the same method' (Worsley, 1987: 109). Therefore, if a study is conducted rigorously enough and the correct steps are taken throughout the research process, reliability of information should be ensured. However,

> *the purpose of qualitative research is not to immaculately replicate what has gone on before; in fact such replication is impossible, given the dynamic nature of the social world...Instead, for qualitative studies, this historic concern shifts to a consideration of how thoughtfully and dependably the researcher conducted the study-it focuses directly on implementation* (Rossman and Rallis, 2003: 67).

Within qualitative research, the aim is to ensure that the data collected can be understood in terms of agreement on interpretation of results. 'Rather than judging whether replication would yield the same results, this standard for practice assesses the extent to which an outsider would concur with the results of the study, given the data collected and displayed' (Rossman and Rallis, 2003: 67).

Another issue to consider is the validity of the research conducted. 'Validity is the extent to

which the data really represent what they are supposed to represent' (Worsley, 1987: 109). This refers to the extent of truth obtained through data collection and whether the interpretation of the data has truth value. 'Validity can be assessed in several ways. The most basic level is *face validity*: do the results look valid? Another type of validity is the degree to which the results are confirmed by future behaviours, experiences or events: *predictive* or *convergent validity*' (Krueger, 1994: 31, 2). Therefore, looking at a piece of research conducted in the past which actually predicts or indeed suggests something that has happened or is happening can confirm the validity of the research analysis and findings. Face validity, however, is required in the event of assessing a current piece of research. Perfect validity entails perfect reliability but not the converse; perfect validity is theoretically impossible' (Kirk and Miller, 1986: 71). Hence, just because a certain piece of research repeated in the same place using the same methods yields the same results time, and time again, there is no guarantee that those results are indeed valid results. For example, if the methods used are completely inappropriate for the information required, then results may be repeatable but not in fact true. Validity of a piece of research being examined in the present can be checked by reviewing transcript questions, probes and prompts, and quoted answers. In order to maximise truth value therefore, the procedures used to collect and analyse data must be made transparent throughout the research study. It must be noted however, that 'all data should be regarded with a healthy scepticism whether it is obtained from official documents, personal interviews, questionnaires, standardized tests, opinion polls, or focussed interviews (Krueger, 1994: 31, 2). In addressing the aforementioned issues in both the data collection and data analysis sections, transparency has been achieved. Detailed accounts of how interviews were set up and carried out and how the data analysis was carried out contribute to the transparency of the overall piece of research along with samples provided in the appendices. These include a sample of the interview topic guides, a sample of the actual probes and prompts used along with the questions in the topic guides, a sample transcript of the interviews carried out and also a diagram of the configuration used in the analysis of the data, including the identification of common themes and the development of emerging patterns.

A final standard for conducting a qualitative study is its applicability to other

situations. This parallels the objectivist concern for generalisability in quantitative research. Strict, probabilistic generalizing, however, can be done only to the population from which a sample was (randomly) drawn (Rossman and Rallis, 2003: 68).

It is hoped that the results obtained in the findings can in fact be (in certain ways) generalised to the wider population of Ireland despite the fact that the sample set was not randomly chosen. The level of generalisation hoped for rests on whether it can be inferred that it is possible that many of the findings indicating various people's thoughts and feelings around power relations in Irish society can be identified and related to by many others in Irish society. Studying whole populations may indeed assure generalisability. 'It is more common, however, to study a *sample*, that is a sub-set of a wider population, and the question then arises as to whether we can generalise to the whole population: is the design externally valid?' (Worsley, 1987: 102). As detailed in the sampling section, purposive sampling was the method used in order to obtain interviewees that had certain characteristics. Occupation was the variable prioritised as the most important characteristic given the nature of the research aims and questions. Again, as previously mentioned, the sample size used in this piece of qualitative research is relatively small in comparison to the sample size usually required for quantitative research (Ritchie et al, 2003). It is once more felt that this does not compromise the reliability, validity or indeed the generalisability (to a certain extent) of the research findings. 'The standard of generalisability is not part of the qualitative research vocabulary, but what is learned in one study can still be useful for other settings' (Rossman and Rallis, 2003: 68). Indeed, total generalisability cannot be guaranteed in any piece of qualitative research due to the small nature of the sample sets used in comparison to quantitative sample sets. On the whole, what has been learned in this particular piece of research could be used as a basis perhaps for further investigation of certain issues raised within the findings. As a piece of research that is relatively novel (pertaining to Irish sociological study) in terms of its exploration of power relations in Irish society regarding the feelings, perceptions and interpretations of both representatives of institutions and members of the public, there is the possibility that an issue raised such as accountability of institutional representatives, for example, could be explored further using more specific questions on the particular issue at hand, and perhaps also, using a wider

variety of research methods. Overall, throughout the research process, and as will be evident in further chapters, issues of objectivity and subjectivity, reliability (dependability), validity (credibility) and overall generalisability have been considered and dealt with accordingly.

The formation of the topic guides used for the series of semi-structured interviews came after the analysis of the focus group interview. The analysis of the focus group interview and how it helped to format the topic guide questions, as previously mentioned, is examined in detail within the data collection and analysis section. However, the general principles pertaining to the formation and function of topic guides are of concern in this section.

> *The purpose of guided interviews is to elicit the participant's worldview. The researcher develops categories or topics to explore but remains open to pursuing topics that the participant brings up. The researcher identifies a few broad topics (perhaps framed as questions) to help uncover the participant's meaning or perspective but otherwise respects how the participant frames and structures responses. The balance of talk, then, is in favour of the participant: The researcher poses open-ended questions followed by requests for elaboration; the participant responds with long narratives* (Rossman and Rallis, 2003: 181).

The topic guides were designed in question format as can be seen in appendices A, D, E and F; broad open-ended questions that allowed the interviewee to express themselves as comprehensively as they wished. Therefore, the interviewees were also given the opportunity to raise their own issues throughout the interview if and when they felt the answer merited additional commentary or information. The question order was not strictly adhered to as in some cases a topic may have arisen naturally before a question about the same was asked. It is important to design a topic guide that is flexible in nature so as to accommodate the natural flow of conversation between the interviewer and the interviewee. 'A topic guide should be seen as a mechanism for steering the discussion in an interview or focus group but *not* as an exact prescription of coverage. If it is designed as a kind of semi-structured questionnaire it will limit the degree to which the researcher can interact with interviewees' (Arthur and Nazroo, 2003: 115). However, the topic guide is there to prevent the flow of conversation going off course and the interview being wasted on issues of non-

relevance. 'You ask questions for which you truly want answers, and you listen responsively to those answers. A flow develops between question, responses and the next question, all guided by the topic' (Rossman and Rallis, 2003: 183).

As previously stated, the use of topic guides is imperative in the interviewing process as a certain standard of comparability has to be maintained from interview to interview. Comparability therefore ensures reliability and credibility which as mentioned earlier, preserves an overall standard of objectivity within the research. In order for the issue of objectivity to be openly examined, 'displaying topic guides in study reports is an important element of documenting the research approach and making it transparent' (Arthur and Nazroo, 2003: 115). As can be seen in the examples of the topic guides provided (see appendices D, E and F), they are one page in length, with an introduction, a set of questions and a concluding remarks section. 'At its most detailed, the topic guide may contain a succession of carefully worded questions' (Arthur and Nazroo, 2003: 122) and 'on the whole, it is best to keep the topic guide as short as possible. Shorter guides generally encourage more in-depth data collection, provided the researcher is steeped in the objectives of the study and adept at qualitative data collection' (Arthur and Nazroo, 2003: 122). As previously stated, the questions within the topic guide are in a particular order; however, the order in which the questions are asked actually varies slightly in some of the interviews, depending on the natural flow of the conversation and the various issues raised by the interviewee throughout. 'In practice, the order in which topics are addressed will vary between different interviews or different group discussions, but it is nonetheless worth spending time thinking about a rational order and using this in designing topic guides' (Arthur and Nazroo, 2003: 112). As will be seen in the data collection section, the design of the topic guides generally entailed a very broad series of questions at the beginning followed by more detailed questions investigating feelings and interpretations. Also, consideration was given to the framing of the various questions, particularly the interviews involving the institutions under examination. For example, with regard to opening questions asked in interviews involving representatives of the Garda Síochána, the questions were asked in such a way as to avoid the interviewee becoming defensive about the power they have/appear to have as a result of their job. A thorough examination of the

formation of questions and the topic guides overall is included in the data collection and analysis section.

The use of probes and prompts is also examined within the data collection and analysis section. 'Most probes cannot be specified in advance since their wording and use depend on what the participant has just said. The researcher will always need to be developing follow-up questions on the spot' (Arthur and Nazroo, 2003: 124). Hence, flexibility in the design of topic guides is a necessity as a certain amount of leeway with regard to order and content of questions can prevent the interviewer from being thrown and caught off guard. In other words, the interviewer should be ready for any issue raised even if it is not strictly included within the forethought series of questions/topics. The event of new or alternative issues cropping up in an interview can indeed be beneficial to the findings of the overall interview, and inform the interviewer of something not previously thought of as important.

> *Probes are responsive questions asked to find out more about what has been raised. Their aim is always to obtain greater clarity, detail or depth of understanding – for example, to elicit further description, an example, an explanation and so on. Their key feature is that they relate directly to what has already been said by the interviewee, often referring to the exact term or phrase that they have used* (Legard et al, 2003: 168).

New or alternative issues being raised and the use of probes as a result can also lead to the use of prompts.

> *Prompts are questions which come from the researcher rather than directly from what the interviewee has said. They are used where the researcher wants to ask the interviewee to reflect on something else – perhaps something raised in other interviews, or that the researcher thought might be relevant from their own reading or thinking* (Legard et al, 2003: 168).

As each interview was recorded and transcribed in full, examples of probes and prompts are examined within the data collection and analysis section. Again, this examination helps with the transparency of the overall research study. 'Recording the questions that were asked contributes a great deal to the meaningfulness of notes' (Kirk and Miller, 1986: 55).

According to Robson (1993: 400), 'a surprising amount of counting goes on when judgments based on qualitative data are concerned'. 'Qualitative researchers use frequency counts to verify hypotheses' and there are two types of counting: 'covert' and 'overt' (Robson, 1993: 400, 1). Covert counting refers to generalizations that are made about data trends and are covered by terms such as 'many', 'frequently', 'common' and 'rare' and overt counting refers to actual numbers and is especially useful in combating human bias and when dealing with large amounts of data (Robson, 1993). 'The argument is not that all qualitative data should be converted into quantitative data, but that if you want to make statements about frequencies, it is better to use numbers-which you can subsequently label as 'frequent', etc. on the basis of overt decisions (Robson, 1993: 401, 2). However, with the relatively small number of interviews conducted within this research, it was not necessary to use numbers, as, stating for example that 'one out of every four members of the Garda Síochána feels that…' would be statistically irrelevant. Even so, the analysis of the interview data did require counting in order to highlight re-occurring themes.

The following is a table from Robson (1993: 401) that deals with the analysis of qualitative data:

Drawing conclusions from qualitative data – tactics

Counting	*Categorizing data and measuring the frequency of occurrence of the categories*
Patterning	*Noting of recurring patterns or themes*
Clustering	*Grouping of objects, persons, activities, settings, etc. with similar characteristics*
Factoring	*Grouping of variables into a small number of hypothetical factors*
Relating variables	*Discovery of the type of relationship (if any) between two or more variables*
Building of causal	*Development of chains or webs of linkages between*

networks	*variables*
Relating findings to general theoretical frameworks	*Attempt to find general propositions that account for the particular findings in this study*

The implementation of the above tactics and how they were adapted to this research analysis is examined in detail within the data analysis section. Also, display tables showing how themes were identified and explored during the analysis of the findings are included in appendices K, L and M.

Documentary Methods

As this study essentially deals with institutions, it would have been perfectly justifiable to use documentary research outside of the literature review and throughout the study as referential backup.

> *Consider, for instance, an ideal-typical organization. It goes virtually without saying that this quintessentially modern kind of social formation is thoroughly dependent on paperwork. Administrators, accountants, lawyers, civil servants, managers at all levels, and other experts or specialist functionaries are all routinely, often extensively, involved in the production and consumption of written records and other kinds of documents* (Atkinson & Coffey, 1997: 45, 6).

However, there are two reasons as to why this has not been utilised in this case. Primarily and as previously mentioned, there was a decision made to focus entirely on the interview data as it was felt that the qualitative research method has enough value to stand alone, particularly considering the time-frame that must be adhered to in this study. Further, as there has very little research carried out in this area in the Irish context, this newness requires in-depth enquiry that could not be gained by using documentary or indeed quantitative methods only.

Secondly, as the study is concentrated on the feelings, perceptions and interpretations of people 'on the ground' as it were, policy documents and other official documentation were not considered particularly analogous to the study of such 'emotive' subject matter. The reason for this decision being that one of the aims of the study is to investigate the overall nature of power relations in Irish society based on the 'individual' and 'representatives' of the Gardaí and the Health Service. None of the aims, however, deal with comparison between practice and policy regarding how representatives of the institutions should deal with and relate to members of the general public. Therefore, the documentary research carried out in this study involved the exploration of literature, contemporaneous media material and the coding of tapes and transcripts from the interview data. Documentary research can be referred to as content analysis which 'can be readily adapted for use in the analysis of qualitative interview and questionnaire data (in the coding of open-ended questions in surveys) and of direct observation (typically through coding of tapes and transcripts) (Robson, 1993: 274). Therefore as themes and patterns emerged within the interview transcripts, they were coded using a content analysis strategy.

Ethics

'The basic ethical principle governing data collection is that no harm should come to the respondents as a result of their participation in the research' (Oppenheim, 1992: 83). Therefore, a researcher must always consider the position of others within a plan of research. Ethical decisions 'are concerned with what is right or just, in the interests of not only the project, its sponsors or workers, but also others who are the participants in the research' (May, 2001: 59). According to Barnes (1979: 16), ethical decisions in research 'arise when we try to decide between one course of action and another not in terms of expediency or efficiency but by reference to standards of what is morally right or wrong' (cited in May, 2001: 59). Before the focus group interview was carried out, ethical approval was given for the study and research plan by the WIT Research Ethics Committee. The committee was fully satisfied that all the ethical implications of the research were considered, and this approval was conveyed to the Academic Council of the Institution.

All interview participants were over the age of eighteen and therefore were able to provide their own consent, after being informed of the nature of the study and the type of questions they were to be asked. Interviewees were put at ease with the interview process by choosing a location and time suitable to the participant and also by the adoption of an informal approach concerning the interview. The study was carefully explained to each interviewee and the opportunity to ask questions before the interview started was also given. Each interviewee was informed of the guideline questions process and that other questions could be asked due to prompts from given answers. Also each interviewee was made fully aware that the interviews were to be tape recorded and transcribed for analysis purposes, and that their anonymity was ensured throughout. Consent from each participant for recording and transcribing the interviews was verbally given and recorded on-tape. Finally, each participant was informed that all of the tapes and transcripts were to be secured in a safe in WIT, and destroyed once the overall research study was completed. The ethical guidelines of the Sociological Association of Ireland have been carefully adhered to. As is evident, each of the following ethical issues has been thoroughly considered in the execution of the research focus group and interviews:

- Relations with Research Participants
- Responsibilities towards Research Participants
- Anonymity, Privacy and Confidentiality
  (www.ucd.ie/sai/SAI_ethics, 9/06/2005).

In summary, this chapter has discussed the selection process behind the research methods chosen; providing a brief examination of qualitative data collection and analysis, pointing to further examination of the same within the data collection and analysis chapter. 'Constructionism' has been shown as a particularly suitable basis for this research, as it provides a balanced approach to understanding the social world. This is followed by a look at the 'interpretive' perspective which is useful in examining social issues that require in-depth analysis. The qualitative method of data collection is discussed relative to the aims of the research and the questions being explored. Issues pertaining to objectivity and subjectivity, reliability, validity and overall generalisability of the research have been

examined in detail. Also, the issue of transparency throughout the research process has been highlighted with a view to pointing towards the truth value of the overall study and findings. Samples of the various important works utilized throughout the data collection and analysis procedure are included in the appendices. A brief discussion of the focus group interview and semi-structured interview methods is provided with a section on qualitative data analysis. The ethical implications of the study are also discussed with a look at ethical considerations universal to all social research.

Data Collection & Analysis

Data collection

This chapter outlines the procedures used to carry out data collection and data analysis in the fulfilment of the aims of this research study. The range of interviewees targeted is outlined followed by a discussion of various factors involved in the process of gaining access to interviewees. The specific role of gatekeepers is discussed, followed by examples of how access to interviewees was sometimes delayed. Also, a brief summary of how each interviewee was accessed is provided. The formation of the topic guides for the interviewees is described with the use of examples, followed by a section detailing the facilitation and timing of the interviews. The interview process is examined drawing from the experiences encountered throughout various stages of each interview, with the development of interview techniques also considered. The final outcome of the interviews conducted is assessed in terms of effort and reward.

This research involves an investigation of power relations within Irish society, specifically involving the Garda Síochána and the health service. As previously indicated, this study is concerned with interpersonal power relations, and, how people perceive and interpret those relations. The methods used to investigate power relations between individuals and representatives of institutions were the focus group interview and the semi-structured interview. Overall, there was one focus group interview conducted, which was composed of twelve participants and there were thirteen semi-structured interviews conducted; six with a range of representatives from the general public, four with representatives from the Garda Síochána and three with representatives from the health service. The participants were sampled using a combination of purposive (interviewees targeted according to specific characteristics - in this instance, occupation) and snowballing ('with an interviewer asking each person they interview who else they know might be willing to be interviewed about a topic' (Seale, 1998: 139) strategies. A detailed account of these sampling methods is presented in chapter two. The focus group participants were not however, targeted on the basis of their occupation, as explained in the methodology. The criteria used for finding

participants in the focus group interview involved targeting a group of individuals who had some experience of communicating with each other already. The focus group participants are identified through their gender and age as opposed to their occupation. The targeted range for the focus group interview included twelve full-time students from a third level institution. The main reason for choosing such a group was to create an environment in which each participant felt comfortable discussing the topics at hand, due to being familiar with each other as students studying within the same course.

However, as discussed in the methodology, there were certain flaws with the targeted group as there was too wide an age range and also, the use of the 'one type' sample. Despite these drawbacks, the focus group interview aided in the design of the topic guides for the subsequent interviews, and therefore enhanced the richness of data collected and analysed, in the overall research findings.

The targeted range from the general public included a:

- o mature student
- o professional worker
- o professional manager
- o semi-professional worker
- o professional manager within the social field
- o retired worker

The main reason for choosing the above range was to engage with a cross section of social backgrounds, which are for that reason as representative of wider Irish society as possible. Within the analysis of data collected from interviews; details such as years of employment/unemployment/studentship, age, gender and dwelling type were included. The interviews with the Gardaí were conducted with no targets concerning rank divisions, due to the fact that internal hierarchical division within the institutions is not relevant to this thesis. Thus it is power relations between individual members of the public and representatives of the institutions that are of concern. Therefore, hierarchical division

within institutions, although, may be very important in the study of power relations as a whole, is not included within the scope of this particular study.

Rather than dealing with specific one to one interaction, this study focuses on general thoughts, feelings, and ideas that surround power relations between the individual and the representative of the institution, and so, does not focus on ultra-specific types of interactions. In general terms, with regard to one to one interaction, for the purpose of this study, it is felt, that there is a slight difference in how the public deal with the Garda Síochána and, with the health service. Usually, on a general level, without taking specific incidences into account, members of the public will more than likely experience one to one interaction with representatives of the Garda Síochána that are not necessarily of high position within the force. As opposed to this, also concentrating on the general as opposed to the specific, individual members of the public will more than likely experience one to one interaction with representatives of the health service who do indeed hold a variety of hierarchical positions within the institution. Therefore, although hierarchical division is not taken into consideration when targeting representatives of the Garda Síochána, it is used as a basis for targeting representatives of the health service. It is important to reiterate, however, that this is merely for the purpose of accessing a range of perspectives, not as a means for assessing internal hierarchy within the institution itself. Hence, the interviews conducted with representatives of the health service also targeted a particular range. This included:

- o An administrator/manager
- o A general practitioner
- o A nurse

Again, it is important to note that, the interview data collected is not analysed in terms of occupational divisions within either institution examined.

Access to Interviewees

Gaining access to interviewees was more difficult than originally expected. According to

Miles and Huberman (1994: 264), there are many pitfalls that can occur within data collection that may indeed lead to incorrect generalisations; one such pitfall refers to 'the fact that you can talk only with people who can be contacted; some people are harder to contact than others. This problem in itself signals something particularistic; their accessibility may be connected with workload, lack of cooperativeness or both'. Indeed, there is an element of *only* talking to those who *can* be contacted in this research, particularly with access to representatives of the institutions. However, it is felt that the interviewees that were successfully contacted and employed were certainly representative of the targeted population in the sample sets. In accessing interviewees, a lot of patience and persistence was necessary as more often than not, gatekeepers had to be constantly contacted and reminded about fulfilling their task. Indeed, in trying to pursue some of the gatekeepers, there were many anxious times encountered having to wait for responses and yet at the same time, trying not to seem too vigorous and too expectant of timely action. After all, goodwill was the primary reason that each gatekeeper was willing to help; there was no reward for providing access to interviewees other than a simple thank you.

The interview procedure was overall a very trying time; waiting for responses to messages left on answering machines, waiting for return calls, waiting for the final go-ahead and so on. Overall, due to various drawbacks and delays, the entire interview process took a lot more time than was planned for. Examples of such drawbacks and delays are described in the next paragraph. The use of gatekeepers was especially necessary in gaining access to the various representatives of the institutions. Indeed, it was a very challenging experience gaining access to the representatives; partially due to the very nature of their work and the understandable time constraints associated with the particular types of work in question. Although, there were many representatives of institutions that could have been accessed directly for interviews through knowing them personally, it was felt that this may have provided flawed or biased interview data. Personally known individuals were however, employed as gatekeepers.

The following is an example of one of the many delays experienced in gaining access to interviewees. A source provided the name and contact number of a Garda and on

telephoning the number provided, the Garda was unavailable at that time, and therefore a message had to be left. There was no response to the message after three or four days, and therefore, on telephoning again, another message had to be left, as the Garda was unavailable. The next day, the Garda returned the call and there was an opportunity to explain a little about the research being conducted. It was arranged to call into to the station to meet the Garda and fully explain the nature of the interviews that were to be conducted. After doing so, four weeks passed without any contact from the Garda. On telephoning the Garda again, the Garda explained that there had been an unusual number of investigations happening within the particular station due to an unusual number of recent murders, and that everybody in the station were particularly busy over the same period of time. Another week had gone before the Garda telephoned stating his availability to be interviewed that very day in half of an hour and that he would have other interviewees also ready to be interviewed on the same day.

The following is an example of another setback experienced with a health service representative. The snowballing technique was used with a health representative interviewee, where, after an interview had been concluded, the interviewee was asked about perhaps knowing of other suitable interviewees that may be available and willing to participate in the research. The interviewee agreed to contact another health service representative. The interviewee had to be contacted, and reminded twice about the task. On the second occasion, the interviewee turned gatekeeper provided a contact number for a nurse that was considered to be very obliging and helpful. It was recommended to telephone the nurse after half of an hour had passed, so as to allow enough time for the gatekeeper to telephone the nurse beforehand, and explain about the interview. On telephoning the nurse, a meeting was arranged for the following week. On the day prior to the arranged interview, the nurse telephoned to postpone the meeting to another day in the following week. On arrival at the specified office in the hospital at the arranged time, an individual in the office stated that the particular nurse in question was not in that day. The interview had fallen through, despite the huge effort put into its arrangement. Such delays and pitfalls contributed greatly to a sense of struggle in finding suitable interviewees and caused many setbacks throughout the entire interview process. However, despite struggles

with gatekeepers, refusals to participate and no-shows, each interview that was successfully completed, provided more and more confidence, as well as depth of knowledge concerning the topic, which helped with each and every following interview.

As previously stated, access to interviewees was gained through direct contact; and also through the snowballing method. Friends, relatives and colleagues also acted as gatekeepers to suitable interviewees. Once initial contact was made by gatekeepers with some interviewees, all were approached either through telephone calls or in person. Each location where the interviews were carried out was either at the interviewee's work place, study place, or home, and each of the interviews were conducted at a time suitable for the participants. This was a strategy implemented for reasons of convenience to the participants, and to help put interviewees at ease with the interview process. The snowballing strategy was implemented in the case of the three other Gardaí found by the Garda who was contacted directly. All other interview participants that were successfully interviewed were contacted directly using the purposive sampling method. The following is a succinct breakdown of how interviewees were accessed:

<u>Interviews with Gardaí</u>
- initial contact made with friend (source) working in the local city corporation who provided the name and contact number of a Garda – contact made with the Garda by telephone call
- meeting arranged with the Garda to explain research study and the types of questions being asked in the interview
- Garda volunteered to participate in an interview and found three other suitable interviewees bearing in mind range with regard to gender and age
- interviews were carried out with each participant in offices in the Garda barracks to which they were stationed

<u>Interviews with members of the health service</u>
- initial contact made with an external panel member of the WIT ethics committee who had previously worked for the health board (gatekeeper) – gatekeeper

contacted a suitable interviewee who works as a manager in a hospital – direct contact was made through a telephone call to the manager – interview took place in the manager's office in the hospital

- initial contact made with a friend (gatekeeper) – gatekeeper contacted a suitable interviewee who is a practicing nurse – direct contact was made through a telephone call to the nurse – interview took place in the nurse's own home

- initial contact made with a receptionist in a medical health centre (gatekeeper) - gatekeeper contacted a suitable interview who is a practicing general practitioner trainee - interview was arranged by receptionist and took place in the medical health centre

Interviews with members of the public

- initial contact made with a lecturer (gatekeeper) – gatekeeper contacted a mature student – direct contact made with student face to face – interview took place in an office within the institution

- initial contact made with a colleague (gatekeeper) – gatekeeper contacted a youth project manager – direct contact made through a telephone call to the manager – interview took place in the manager's office in the youth centre

- initial contact made with an assistant administrator (temporary) working in a third level institution – interview took place in an office within the institution

- initial contact made with a bank clerk – direct contact made with bank manager through a telephone call and subsequently face to face to explain research study – interview took place in manager's office

- initial contact made with a chef within a third level institution - interview took place in an office in the institution

- initial contact made with a work colleague from a previous job (gatekeeper) - gatekeeper contacted a retired music teacher/examiner - direct contact made through a telephone to the retired individual - interview took place in individual's home

<u>Formation of Topic Guides</u>

Initially, there was a preliminary topic guide designed for use in the focus group interview. This was composed of numerous introductory questions centred on what is meant by certain terminology, for example, power, power relations and institutions. The following questions centred on what types of power relations exist and what are seen as the most important power relations. Also, questions were asked about the occurrence of specific incidents both positive and negative that involved what participants believed to be a power relationship, for example. Note that the questions used were preliminary 'information gathering' questions designed specifically for the very initial stage of the interview data collection process. The questions therefore, are not as refined as would be expected in the formation of the subsequent topic guides. 'The production of a topic guide leads to a crystallisation of the research objectives and raises issues about overall fieldwork strategies – how to approach difficult issues, the appropriate order and so on' (Arthur and Nazroo, 2003: 116). The following three questions are taken from the focus group topic guide as illustrative examples (for the full topic guide, including the development of themes and patterns for the formation of the semi-structured interview topic guide questions, see appendices A and B):

- What do you understand by the term institutions? (Give some examples)
- With regard to power relations, describe some institutions that may have either, very distinctive and powerful representatives that deal with clients or that may have representatives that do not need to be distinctive and powerful when dealing with clients?
- Do representatives of institutions automatically become powerful due to their given position or do representatives decide for themselves whether or not to be/act powerful?

Once more, the focus group topic guide questions above are far removed from the semi-structured interview topic guide questions. The structure of some of the questions themselves are indeed flawed as can be seen in the third 'either/or' type question. However,

guidelines concerning the formation of qualitative questions are discussed in the methodology and are strictly adhered to in the semi-structured interview questions. Nevertheless, it is important to show all stages of the research process in order for transparency to be achieved and therefore, it is essential to include information on the development of questions from the very outset of the data collection procedure. Detailed examples of how the answers and discussions that were developed within the focus group helped to determine the subsequent formation of the semi-structured interview topic guides are included in appendix C.

There were three topic guides designed for the semi-structured interviews; one for the Garda Síochána, one for the health service and one for members of the public (see appendices D, E and F). Each guide started with an introduction explaining the research study, and steps taken to ensure anonymity, followed by a set of questions dealing with personal details. This was followed by the main set of questions, and finally some concluding remarks thanking the interviewee for their time and co-operation. Each question within the interview topic guides are embedded in practice related issues regarding how interaction occurs between representatives of the institutions, and members of the public. The opening questions for the interviews with the Garda Síochána were phrased so that the emphasis was put on the job that the Garda Síochána have to do and the difficulties that may arise in doing so. Similarly the questions for the health service interviews were phrased emphasising the nature of their work, and the difficulties that may arise. Examples of how the questions were formed as part of the semi-structured interview topic guides are also included in appendix C. The opening questions for the interviews with members of the public were phrased more directly, with an example also included in appendix C. Within most of the interviews, it was necessary to explain that both positive and negative experiences could be discussed on the subject of power and power relations. Participants were encouraged to ask questions if they needed clarification surrounding the questions being asked. However, for the most part, all of the interviewees understood the questions and were willing to answer them.

Facilitation and Timing of Interviews

In both the focus group and semi-structured interviews, participants were informed that the interviews would take up to an hour. The majority of the interviews conducted took between forty and fifty minutes. Some interviewees did not provide very lengthy answers in their initial response to questions and therefore, although asked for more details on their answers, some interviewees still tended to express their ideas and thoughts in a somewhat summarised format. This caused some of the interviews to be shorter than previously expected, as it was thought that they may take up to an hour. The various lengths of answers and responses, however, were not found to impact either positively or negatively on the quality and usefulness of the interviews. Each interview has provided rich data from which a quality analysis of all the interviews has been achieved. As previously mentioned, ethical considerations were taken into account with regard to the time and location of the interviews. Each interview took place at a location and time convenient to the interviewee, usually at their work place, home, or study place. Some of the interviews, as previously mentioned, were conducted at very short notice, once given the go-ahead. As many of the interviews were conducted in the work place, at the discretion of the interviewees, there was no time or access to a facility as such, to organise the availability of tea or coffee before, during or after the interviews. Each interview was conducted in an informal manner and the lack of refreshments, which are sometimes recommended as an aide to the interview situation, was not felt to have hindered the overall atmosphere of informality attained in each interview.

There was an effort to put each participant at ease through the adoption of an informal manner when approaching them, and in explaining to them the nature of the research, and what their participation added to the study. For example, before introducing what the actual interview entailed, there was a brief chat about the background of the research study in relation to WIT, what the aims were in relation to conducting the research and completing a Masters degree, and also, why the interviewee was targeted to participate in the research. Indeed, before chatting about the background to the research itself, some exchanges were passed about how the interviewee was found, and who helped to gain access to the

interviewee. Finally, each interviewee was briefed about the actual topics that were to be discussed, and the nature of the research questions. Each interviewee was assured that they did not have to answer any question they didn't want to, and that the questions were geared towards ascertaining feelings and perceptions, specific to their own thoughts. Therefore, any participant who may have been nervous about answering incorrectly or in the wrong fashion was re-assured, as it was explained that there was no 'right' or 'wrong answer'. Also, each participant was informed of the nature of a semi-structured interview, and that it was not necessary to strictly adhere to the topic guide, as other questions may have been asked, in accordance to prompts received from answers throughout the interview. Finally, with regard to recording the interviews, each participant was assured that all information would remain anonymous, and that tape recordings were to be kept locked away in a safe in WIT, and destroyed, once the overall research study was completed. Transcripts of the interviews were typed up and also secured in a safe in WIT.

Reflections on the Interview Process

Before exploring this section, it is important to note that throughout the paragraphs, there is liberal use of the 'first person'. This is due to the very nature of the reflective process, and the requirements of accounting for the various developments and setbacks encountered along the route towards gaining data for a piece of social research. Writing in the first person is considered to be more appropriate than using the passive voice, for example, particularly when dealing with issues that record a process of learning, and which also involve critical appraisal of the research experience (Oliver, 2004). It is important to include accounts that connect the researcher with the research study. Indeed, 'reflexivity is important in striving for objectivity and neutrality', and not only are 'technical details of conduct' essential, but also, details of 'potential bias' (Snape and Spencer, 2003: 20). Aspirations and pre-conceived notions, along with limitations and progress within the interview process are detailed in the following account. Reference to the necessary use of probes and prompts is also addressed, along with reference to feelings about the development of interview skills, and strategy. Thus, use of the first person is deemed necessary in this section as: 'after all, a reflexive account is about you [the researcher] as a

person' (Oliver, 2004: 65).

Each interview that was conducted was a learning process in itself. Initially, I had hoped that they would run very smoothly with the interviewees being very eager to get their thoughts and information across. However, the interviews proved to be more difficult than imagined. After the third or fourth interview, I had learned that the interviewees would not be as eager as previously hoped to divulge all of their thoughts and information on the various topics discussed. In fact, interviewees seemed to be slightly cautious about their responses, even more so in the very initial stages of each interview. As interviews progressed, interviewees naturally became more comfortable, and with this, more information was revealed. However, in some cases, it was more 'hard work' than previously anticipated to get the interviewee to this comfortable stage. At that, some interviewees opened up more than others. Particularly, with regard to speaking about the Garda Síochána, some interviewees were reluctant to get into too much detail about any of the stories/incidents that came to their minds, whether they were directly involved or not. Also, when it came to speaking about stories/incidents that involved the health service, some interviewees seemed to pass over any specific details that they themselves judged as unnecessary to include. In essence, it seemed that some of the interviewees appeared to suspend what they were about to say, and I felt that I was presented with a censored synopsis of what they originally thought that they wanted to say. Indeed, providing a synopsis is sometimes a crucial element in everyday conversation, but it was particularly noticeable in some of the interviewee's responses due the depth of knowledge being sought after. For this to be overcome, and with the intention of seeking satisfactory answers, it is essential for the researcher to help make clear what the role of the interviewee actually is, and in doing so the interviewee learns to expect probes and prompts as the interviewing process unfolds (Legard et al, 2003). Therefore, the interviewee becomes familiar with the idea that their role is to provide 'fulsome answers', 'as opposed to giving simple answers' (Legard et al, 2003: 147). Many difficulties were overcome using various interviewing skills that were examined in the various qualitative research texts consulted. Once more, when interviewees seemed to gloss over details during their responses, the probing tactic came into play. According to Arthur and Nazroo (2003), probing is a way of further

exploring factors, attitudes and behaviours that emerge during interviews. This technique is discussed at length in the methodology chapter.

When interviewees paused after discussing certain topics, I had to abstain from my urge to immediately probe into what they had said or to move on to the next topic. I felt uncomfortable at first, especially in the focus group interview and in the initial semi-structured interviews conducted, when there were silences, but learned not to interrupt the silences instantaneously, as often interviewees were simply thinking about what else to say or indeed were waiting for an encouraging nod or comment as if they wanted approval before continuing what they were saying. Overall, however, the interviewing process became increasingly comfortable and each interviewee appeared to be genuinely interested in the topics under discussion, despite an initial and slight reluctance by some interviewees to give details. I also learned that I would have to work really hard to gain the quality level of data that was required. Initially, I had not realised the extent to which I would have to psychologically prepare myself for interviews, and the physical energy that was required. Indeed, it was very surprising to find myself somewhat drained after each interview. On the whole, however, the richness of data gained from each and every interview carried out was satisfactory to the requirements of the research study.

Snape and Spencer (2003: 19) refer to Hammersley's (1992) concept of 'subtle realism' in the belief that 'the social world does exist independently of individual subjective understanding, but that it is only acceptable to us via the respondents' interpretations (which may then be further interpreted by the researcher)'. The collection of data through the method of a series of semi-structured interviews has been implemented within this research study in order to do just that: explore the interviewee's interpretations of the social reality associated with power relations in Irish society. From this, as stated by Snape and Spencer (2003: 19, 20), 'the diversity of perspectives thus adds richness to our understanding of the various ways in which that reality has been experienced, and our underlying aim is to apprehend and convey as full a picture as possible…' Apart form ensuring that the data collected throughout the interview process fulfilled the aims and questions identified as paramount to this research study, it has also been ensured that levels of reliability and validity throughout the data collection process have been maintained to

the highest standard possible. In summary, the data collection process is outlined through:

- examination of the sample set of interviewees used
- detailed exploration of how each interviewee was accessed, along with reference to examples of setbacks that were experienced
- discussion of how the semi-structured interview topic guides were formed with details of some of the questions formed, and included in the initial focus group interview
- setting out in detail how interviews were facilitated with reference to both timing and ethical considerations
- inclusion of a reflexive account detailing the experience gained throughout the data collection process with an overall exploration of both limitations and progress specifically associated with this research study

Details outlined in the data collection process, as summarised above, also ensure transparency in documenting research. In relation to reliability and validity, as discussed in the methodology section, the method of data collection remained the same throughout each and every interview. Again, although limitations and progress have been recognised as bearing significance; it is hoped that control over researcher bias has been maintained throughout the data collection process, especially perhaps in the use of probes and prompts, examples of which are included in appendices I and J. Researcher bias is further maintained throughout the analysis and findings, as adherence to Lewis and Ritchie's (2003: 279) recommendation that 'a clear account of the logical and conceptual links made in the researcher's interpretation, and evidence on which they are based' is clearly provided. This has been achieved through surrounding the research findings with backup from theoretical literature explored in the first chapter. In essence, the build up of themes and patterns, leading to generalisations found from the interview data have been contextualised within a theoretical framework linking both classical and contemporary research to the nature of power relations in Irish society. Therefore, researcher bias is further minimised in explicitly showing the background to, and reasons for the findings identified as significant in this study. Overall, standards of objectivity, i.e. reliability and validity have been adhered to

throughout the data collection process. Further discussion of objectivity together with generalisability, is included in the following data analysis section.

Data Analysis

All interviews were tape recorded, and transcribed in full by the researcher. All transcriptions were checked against the tapes again, and corrected as necessary. Although transcribing is an extremely time consuming task, it also helps with the subsequent analysis, as the researcher becomes very familiar with the exact nature of the data collected during the process. Transcripts also facilitate the process of data reduction, and further selection processes. Furthermore, 'detailed transcripts of conversation overcome the tendency of transcribers to 'tidy up' the 'messy' features of natural conversation' (Silverman, 1993: 117). In essence, using transcripts of original data ensures transparency within the process of analysis; turning interviewee's responses into researcher's findings. As discussed previously, however, generalisability within findings can never be absolute. Although, in ensuring standards of reliability and validity throughout the research process, it is inferred that perhaps findings can also relate to the general population from which the sample set of interviewees originated. For transparent evidence of a logical connection between raw material and processed generalisations, the particular aim associated with the methodological analysis of the research needs to be outlined. However, there are various standards of analysis involved in qualitative research:

> *For example, Whittemore and colleagues (1986) argue for narrative analytical methods which portray people's subjective experience, faithfully reflecting the way in which they give meaning to their lives, rather than 'pointillistic' and selective interpretations, or accounts which subordinate the reality of people's lives to the aim of wider generalisation. By contrast, other researcher's argue for the primacy of wider inference and the generation of theory* (cited in Spencer et al, 2003: 204, 5).

From this, there are two levels of abstraction identified as opposites within qualitative research analysis. The first states the importance of remaining close to the original material, and therefore, the interviewee's story being of primary importance for analytical value. The

second refers to Strauss (1987), stating that mere description of interview data, without taking conceptual advances towards generalisations, leads to nothing more than a summary of the interviewee's story (cited in Spencer at al, 2003). Indeed, there are many contributory factors that lead to the analysis of any type of research data in a particular way. Thoughts and ideas that are pre-existent in the mind combine with new thoughts and ideas that emerge as a result of the actual data analysis. 'The researcher attempts to capture data on the perceptions of local actors "from the inside", through a process of deep attentiveness, of emphatic understanding (verstehen), and of suspending or "bracketing" pre-conceptions about the topics under discussion' (Miles and Huberman, 1994: 6). Therefore, although there is recognition of the existence of researcher bias in the process of qualitative research analysis, there are ways of minimising the effects of such bias within the analytical stages. Within this study, minimal researcher bias is maintained with the use of original data transcripts, along with a conscious effort to abstain from influencing the analytical process, both beforehand within the interviews, and afterwards in the production of themes and patterns.

Within qualitative research, however, the analysis undertaken is not raw, in a sense that there has been a natural accumulation of thoughts and ideas relating to background research. Therefore, the data analysis is not approached with completely fresh eyes. Certainly, familiarity with other research is necessary in order to be able to verify the research findings with a credible amount of support. With this, the development of themes and patterns actually begins before the transcripts are even read. Hence, 'the researcher's analysis may also be more deductive; relying on categories she has developed through the literature or through previous experience that are expressed in the conceptual framework' (Rossman and Rallis, 2003: 283). Data analysis relies on a combination of previous research and analytical observation while the researcher is engrossed in the task of identifying the emergent themes and patterns. In summary, 'mindful of the research questions but open to the serendipitous; the researcher follows his intuition that suggests a deeper way to understand and interpret the data' (Rossman and Rallis, 2003: 284). Therefore, each and every step of the research process from the literature review to finalising the research aims and questions culminates in the *actual* data analysis process.

According to Miles and Huberman (1994: 9), most qualitative research data can be analysed in a certain sequence such as the following:

- Affixing codes to a set of field notes drawn from observations or interviews
- Noting reflections or other remarks in the margins
- Sorting and sifting through these materials to identify similar phrases, relationships between variables, patterns, themes, distinct differences between subgroups, and common sequences
- Isolating these patterns and processes, commonalities and differences
- Gradually elaborating a small set of generalizations that cover the consistencies discerned in the data base
- Confronting those generalisations with a formalised body of knowledge in the form of constructs or theories

This sequence has been followed in the analysis of the interview data. As set out in point one and two, initially, each transcript was coded in terms of the relevance of the material with regard to the semi-structured interview questions and also how the answers related to the four main questions arising from the aims of the study. In doing this, notes on the side of the transcripts were written to indicate the importance of the main points being expressed in each section which were deemed relevant to the specific research questions, along with point three, where; as themes were developed, they were marked out using coloured highlighters for easy identification. Therefore, each transcript was read several times keeping the development of each theme in mind while moving onto the next transcript. The first three points in the sequence are particularly useful in dealing with a vast amount of transcribed data, as they help to allocate importance to certain themes; while at the same time, reducing the amount of material being dealt with. As set out in point four, once similarities and differences were identified within the set of interview transcripts, patterns began to emerge. The patterns were then used to refine what had already been identified, until generalisations were inferred. Similarly, Robson's (1993) table of tactics with regard to drawing conclusions from qualitative data analysis, as referred to in the methodology chapter, also identifies steps taken towards the production of generalisations.

The first two tactics of counting and patterning (Robson, 1993) relate to the development of themes and patterns as shown above in the third and fourth point.

Robson's (1993) third tactic, clustering, refers to building up sets of themes and patterns that relate to each other, on the basis of having similar characteristics, and therefore, from there being able to infer generalisations, as set out in the fifth point, as above. A detailed account of the emergence of themes and patterns and the build up of clusters as part of the data analysis is too extensive to include here and therefore are better demonstrated in the form of display tables, which are included in appendices K, L and M. Robson's (1993) fourth and fifth tactics refer to factoring, and relating variables; therefore, setting out possible causal relationships between variables, and identifying actual relationships that exist between variables. This is followed with Robson's sixth tactic, building of causal networks; identifying a chain of inter-relational variables. As such, in this study, variables, for example age and gender, although identified as important factors, in that they influence the thoughts, feelings, and perspectives of interviewees, are not considered fundamental to the fulfilment of the aims within this research analysis. However, as two sections from the sample set of interviewees specifically focus on institutional occupations and the third section within the sample set of interviewees covers a range of occupations; as discussed in the methodology, the variable of occupation has been prioritised. Causal relationships between the actual findings and how they relate to each other are on the other hand, linked, and discussed within the final section. Finally, as set out in Miles and Huberman's (1994) point six, theory and other literature explored in this thesis were included in and throughout the findings and discussion to reinforce the analysis of the interview data. This final point relates to Robson's (1993) final tactic of relating findings to general theoretical frameworks.

As discussed in detail, 'the meanings emerging from the data have to be tested for their plausibility, their sturdiness, their "confirmability" – that is 'their validity' (Miles & Huberman, 1994: 11). With this standard in view, there has been an effort to strike a balance in the analysis of the interview data; whereby the level of abstraction from raw data to generalisations is not too far removed from the interviewee's thoughts, feelings,

perceptions, and interpretations. Therefore, in showing an example of how the data has been coded into themes and patterns, leading to further generalisations; it is clear that the level of abstraction 'remains close to the original material', while at the same time, being conceptualised beyond 'mere summary of the interviewee's story', into transparent inferences about the nature of power relations in Irish society. Further evidence of this process of generalisation, is included in the data display tables in the appendices. The purpose for the inclusion of such tables stems from an effort to sustain transparency throughout the research process. Exactly what is displayed in the tables, according to Miles and Huberman (1994), is determined by what it is that is being inferred or explained in the research study. In this study, there is an attempt to explore power relations in Irish society, and the main factors involved in determining those power relations. It is possible, when trying to display information in table format to show 'a general situation, detailed chronologies, the behaviour of people in different roles, or the interplay of conceptual variables' (Miles and Huberman, 1994: 93). In trying to understand the nature of power relations in Irish society, particularly focussing on the Garda Síochána and the health service, the data display tables are used to show how themes and patterns have culminated in the form of generalisations about 'a general situation'. Also, however, there is reference to 'the behaviour of people in different roles'. This is further supported by reference to the relationship between the main findings in the discussion of the research study in the form of a diagram, complemented by a more detailed data display table.

According to Spencer et al (2003: 216), 'qualitative explanations attempt to say why patterns and outcomes in the data have occurred. These explanations may use a causal logic in a loose, non-universal, non-deterministic sense, but the logic is not based on linear variable analysis'. Therefore, it is not necessary for the findings to be definitively rooted, as there may be a variety of factors that influence a variety of behaviours/social phenomena. It is noted, however, that 'essentially, the 'building blocks' of qualitative explanations need to be made clear so that others can view the sources and logic of the construction, judging for themselves the 'validity' or 'credibility' of the findings' (Spencer et al, 2003: 216). Despite what can be considered a lack of definitive answers as such, in qualitative research, indeed perhaps in any type of social research; there are still standards of transparency and

objectivity to be upheld throughout any research process, in order for the findings to really contribute to any form of social understanding.

In summary, the data analysis section provides evidence of minimal researcher bias and standards of objectivity throughout the analysis process, with the inclusion of both demonstration of coding within a transcript, and the use of data display tables (included in appendices K, L and M). The data analysis process is also embedded within a discussion of the steps taken throughout, to adhere to qualitative research standards of validity, reliability and generalisability. Overall, as outlined in the methodology, the analysis of the interview data collected is based within an 'interpretivist' framework, supported by the 'constructivist' epistemology. Again, the overall aims of the study involve an exploration of how the interview participants feel about power relations, and the perceptions and interpretations that follow as a result. In exploring this, an analysis has been developed with an emphasis on description, interpretation and understanding, and an attempt has been made to explore, and explain the nature of power relations in Irish society. Within the perspectives explored; the public, the Gardaí and the health service representatives; the analysis focuses on participant's feelings and opinions concerning power and power relations. The analysis is then combined with theory, and other literature explored throughout the research study. From this, the findings and discussion have been constructed, as shown in the final chapter.

Findings

Clearly, social class has always been an issue in Irish society; however, as is evident throughout the findings, social class, although often evaded as a topic of conversation, or indeed examination, continues to remain a genuine issue in 'contemporary' Irish society. In dealing with the area of power relations, issues relating to social class are explored through the identification of attitudes, interpretations, and perceptions. However, interaction between the individual and the institution is the key to this study, and therefore as previously stated, issues pertaining to social class, although recognised as fundamental to this particular research, are not examined exclusively. Attitudes in Irish society, as will also become clear, have changed concerning the area of power relations. The individual, as a result of more education and, access to information from media sources seems to be more empowered in one to one interactions with the Garda Síochána, and the health service. Individuals seem to be more assertive and confident in their interaction with the relevant institutions; and this has resulted in a call for accountability with regard to corruption, abuse and wrongdoing among representatives of institutions. Issues common to both the Garda Síochána and the health service are discussed in the literature review against the background of sociological analyses of power embedded in wider concerns relating to issues such as, capitalism, class, and hegemonic domination, for example, and also through the specific examination of power in its own right.

The following is a brief summary of the commonalities between the Garda Síochána and the health service in Irish society as indicated in the literature review:

- Both are seen and accepted as legitimate institutions that provide fundamental services
- Both are in need of structural change, as both have not changed enough in terms of the needs of contemporary society
- Both are heavily influenced by social class
- Both are perceived differently depending on an individual's age
- Both receive praise and criticism from the public regarding issues relating to

policy and practice

- Both can make people feel powerless in terms of decision and non-decision-making and their role as an institution
- Both can make people feel powerless when problems that are in need of correction and issues relating to accountability arise
- Both are sometimes perceived as serving the rich and not the poor
- Both need to implement more open lines of communication with the public
- People are more willing to express their wants and needs from both institutions as 'public service providers'
- Both institutions hold a professional monopoly in their specific area of service provision
- Representatives of both institutions may have more control in an institutional encounter due to 'expert' versus 'lay person' relations
- Both are influenced by the state as a democratic capitalist society typical of the western world
- Both are influenced by political, social and economic factors
- Bureaucracy has both positive and negative effects for both institutions
- Both institutions exist against a backdrop of a rapidly changing, ever-increasing socially mobile society
- The success of both institutions in terms of hegemonic domination and otherwise, as they stand, may be jeopardised in the future, taking the needs of contemporary Irish society, as a capitalist democracy into account

The questions asked in the interviews were based on the four central questions previously indicated in the methodology:

1. What effect do power relations have on the individual, as a member of the public and, as a representative of an institution?
2. What are the central issues of concern between individuals and institutions that affect power relations?

3. Has the nature of power relations within Irish society changed? (and if so)
4. How has this affected both individuals and the relevant institutions?

The chapter is divided into four sections, individually dealing with each question. In each section, themes are developed and examined in accordance with emergent feelings, interpretations and perceptions surrounding power relations. The following are examples of some of the guideline interview questions that were asked enveloping the effect that power relations have on the individual, as both a member of the public and a representative of an institution:

- Have you ever been in any situation involving the Gardaí?
- Have you ever been in any situation involving any member of the health service?
- The Gardaí sometimes have to work in difficult situations. Do you feel that the power within the institution of the Garda Síochána helps to protect you in your line of work?
- Do you feel that as part of your job within the health service, you have a certain amount of power when dealing with members of the public in various situations?

Of course, as these are guideline questions, probes and prompts as discussed in the methodology were used throughout the interviews, as a way of encouraging each interviewee to elaborate on, and explain further their individual experiences, and stories in general. Examples of actual probes and prompts used within interviews are included in appendices I and J.

With regard to the central issues of concern between individuals and institutions that affect power relations, some of the questions that were asked are as follows:

- How do you think people feel about the Garda Síochána and the health service as institutions in general?

- In your opinion, where do you fit in with power and institutions within society?
- Do you think that people's social background affects power relations between individuals and representatives of the Gadrda Síochána and the health service?
- Do you think that people feel that their social background affects power relations between them as an individual and you as a representative of the Garda Síochána?
- Do you think that people feel that their social background affects power relations between them as an individual and you as a representative of the health service?

Questions pertaining to whether the nature of power relations in Irish society has changed were asked as follows:

- Have power relations between members of the public and representatives of the Garda Síochána and the health service changed over time in Irish society?
- Have power relations between representatives of the Garda Síochána and members of the public changed over time in Irish society?
- Have power relations between representatives of the health service and members of the public changed over time in Irish society?

Depending on answers given to whether the nature of power relations in Irish society have changed over time; probes and prompts were used to develop answers further in relation to how (if power relations have changed), this has affected individuals in Irish society. Examples of each interview guideline used are included in the appendices, along with, as already noted, examples of the use of probes and prompts.

Question 1: What effect do power relations have on the individual, as a member of the public, and as a representative of an institution?

Section 1: The following analysis deals with power relations between representatives of the Garda Síochána and the public:

'Honest Decent People' and the Role of the Garda Síochána

It is the role of the Garda Síochána:

> *To prevent and detect crimes and offences, to protect life and property and to maintain public peace and good order and to do so without fear, favour, malice, or ill-will. Through statute and common law, society had conferred on individual guards the powers of interception, of search and arrest that can ultimately lead to depriving a citizen of the precious right of personal liberty. In the exercise of discretionary powers, a great deal of stress is placed on individual guards, who are seen by many people as first interpreters of the law* (Allen, 1999: 216).

The above statement refers to both the power and the responsibility of the Garda Síochána as a force and, also as individual Gardaí. Both structure and agency are therefore considered to be important in determining the role of the institution as a service provider in Irish society.

In general, the research findings suggest that people are happy with the actual role of the Garda Síochána. According to Garda D:

> Most people, do you know, honest decent people, I think that they believe, you know, it's probably the case in most jobs that most guards only do their job to the best of their ability, I mean obviously, I will only arrest someone who I believe has committed a crime…

In support of this, as stated in the Garda Public Attitudes Survey (O' Dwyer, 2005), there seems to be a positive attitude among members of the public towards the role of the Gardaí; that they exist to help people; and that the Gardaí carry out their duties in an even-handed way. Subsequently, Garda D refers to how the public accept the role of the Gardaí; in essence that they are simply doing their duty:

> I think most people accept that, to quote the word power, we only use that power when we have to and when, you know, it's our job to…

117

It is interesting to note here, the apparent reluctance of Garda D to use the word 'power' first hand. Throughout the interviews the word 'power' is dealt with in different ways by each interviewee, as it was decided in the preliminary stages of the research, not to specifically define 'power' for the interviewees but to let interviewees assess and employ their own understanding of the word, particularly used in this case; in the specific context of both institutions, and representatives of institutions and the public, and the power relations that exist as a result of everyday interaction between both. The use of the word 'power' will be further examined in subsequent sections.

With regard to policing in general, while it is accepted that Gardaí have to do their job properly and enforce the law, some people feel differently when it comes to their own personal experience. For example, Garda A believes that:

> Some people respond okay, ah…a lot of people, nobody likes being, what do you call it…nobody likes being spoken to in relation to a breach of any legislation. Like some people, for example, if I was to stop someone for speeding, generally people will act in a very aggressive fashion and say, 'well, why didn't you stop somebody else?' or else if you stop someone going through a red light, they would say what are you doing about the person in front of you…

> A lot of people would resent, yeah, that fact, that you can have the power to stop them and enforce certain laws. While they accept them generally, a lot of people don't like being stopped…

Therefore, it seems that the reason why 'honest decent people' seem happy with the Garda Síochána is because they may never have had to *actually* deal with the guards in relation to a breach of the law. In other words, if an incident directly involves an individual, the individual may feel victimised in a sense, when it comes to actually interacting with the Gardaí, in spite of the fact that (as noted by Garda D), reasonable suspicion must exist before an individual is arrested, or indeed stopped and questioned. It seems therefore, that those who are less likely to come in contact with the Gardaí, when they do come in contact,

an example of which may be in the case of traffic policing as referred to by Garda A; they may respond in indignation to actually being stopped. This suggests that the general principle of policing suits everybody, in theory at least, until it comes to actual personal experience with law enforcement. Hence, there is an apparent contradiction in perceptions of the Gardaí among members of the general public. These reappear throughout, and are examined further in the findings. While those who have little or no contact with the Gardaí may seem to possess contradictory attitudes towards representatives of the Gardaí and the role of the institution, it is those that have most contact with the Gardaí that seem to have mostly a negative attitude towards their role. Brennock (The Irish Times, 10/2/2004) suggests that, 'the categories of people who have least confidence in the Garda Síochána are those who probably have most contact with members of the force on the beat. They are young, male, single, urban dwellers and working class'. The importance of social class position is explored further in the findings.

At the same time, however, Garda A states that not everybody that has been spoken to in relation to a breach responds aggressively:

> I'd say not everyone, a lot of people would, ah…hold up their hand and say, look I'm sorry guard, I know I was speeding and I was doing a, b, c or d…

This suggests that people also greatly appreciate the role of the Gardaí in terms of law enforcement, even when it involves them directly. This reverberates what Garda D refers to as most people accepting that the Gardaí are only doing what is required of them in their job. Further, a lot of people recognise the necessity of the Gardaí and feel that it is nice to know they are there. In relation to crime, Michelle states that:

> There is an awful lot of it around unfortunately, so the guards are then as I would see it invaluable in trying to, I suppose arrest these people, and bring them to some kind of justice anyway…

Similarly, Rachel states:

I don't have any problem with them [the guards], I mean they serve, they are there for a purpose, I mean you know when you are coming out of a nightclub and things, and there is a lot of hassle on the streets, am…they need to be there to control things and you know it is, sometimes it's nice to see them around as well…

Garda A feels that the uniform helps people recognise that there are Gardaí present as:

With public order issues and that, and concerts and that, they would actually be very happy to see us out on the street…

From these statements, it appears that Gardaí play a vital role in the everyday life of the individual and that their presence is considered very important as a form of protection and control in society. The Garda uniform is considered symbolic of their presence and is deemed as a positive symbol of the role that the institution provides in society. While this portrays a very positive attitude towards the role of the Gardaí, subsequent explorations within the findings suggest that there is room for improvement. Accordingly, as stated in the Garda Public Attitudes Survey (O' Dwyer et al, 2005: ii) 'almost three quarters (73%) felt that the Garda service needed to be improved. The most frequent suggestions were for greater manpower, more foot patrols, Garda stations open longer and Gardaí to be friendlier'. As evident, the first three issues refer to structural development of the institution and the last issue refers to personal and professional development; however both types of issues are interwoven in the overall perception of the Garda Síochána as a service provider. Therefore, both issues are addressed in the overall findings in terms of the role of the Garda Síochána in society and the perceptions that derive thereof.

Power and the Gardaí

Garda B refers to how people used to react to Gardaí and how they don't seem to care as much anymore:

Whereas before in years in the past, the power perceived, I don't mean like even

power, like how would you define power really, am… I suppose the stature of a guard maybe used to be 'Oh God what have I done', kind of thing, whereas now it's 'Oh God, here they are again, Oh to hell with this'…

From this statement, it seems that the mere presence of a Garda in the past may have made an individual question themselves as to what they may have done wrong to warrant such a presence. Again, it is also interesting to note the apparent difficulty that arises in relation to the definition of the word 'power' here, as the interviewee questions how to actually define power, before choosing a different word, 'stature'. This suggests that 'power' is indeed difficult to define, even when used in a specific context. Also, it may suggest that power has very strong connotations, and to use it incorrectly would be deemed perhaps worse than trying to avoid using it at all. As the theme of power naturally flows throughout the findings, it will be discussed as already alluded to, throughout, and in the context of the overall discussion of the research study.

With regard to power relations, Cathy feels that there has been a change in the balance of power in the interaction between the Gardaí and the public:

There is more equality in the power relationship than there would have been…

Indeed, according to a study carried out in a Dublin community by Mulcahy and O' Mahony (2005: 9),

local demand for consultation and involvement in the decisions that the policing of the area reflects the broad social trends that have seen greater scrutiny applied to institutions and the professions generally, and a clearer understanding by citizens to their entitlement to accountability.

With this, there seems to be a general shift in the balance of power towards a more equal power relationship between members of the public and representatives of institutions. As stated, individuals are more aware of their rights as citizens of Ireland, and appear to be

more willing to exercise their rights more with regard to a call for institutional accountability. Accountability as one of the major themes throughout the findings is also discussed further in this chapter.

As referred to previously, it seems that contradictory feelings arise when discussing the role of the Garda Síochána, and the perspectives that members of the public have of the institution and its representatives. Garda B feels that the perception individuals have of the power that Gardaí have changes in accordance with what is being referred to at the particular time:

> Well some people obviously think we have too many powers, a lot of people think we have too many powers, a lot of people think we haven't enough, you know and when something bad happens, they say, well the guards should be given the power to do this, that and the other, I mean we have a lot of powers at the end of the day but they are powers that legislators have given us…

> You know you get these attitudes that you haul people in for nothing…At the end of the day if you have to arrest somebody, you have to justify that arrest so I mean you can't just go grab someone off the street. When you go into court to give evidence of the arrest, the charge, you know. You have to be very clearly defined on what you arrested the person for, you know, where you got your power, what your grounds for the arrest were…

This echoes a previous statement by Garda D who referred to the fact that Gardaí only use their power when it is their job to do so, and again, according to Garda D, the majority of people accept that. However, Garda B suggests that sometimes people do not appear to be happy with anything that the Gardaí do, stating that the Gardaí have either too many powers or indeed, not enough power, depending on the situation in hand. Also, according to Garda B, some people appear to think that the Gardaí, on one level, arrest people for absolutely no reason, and further explains that on the contrary, that Gardaí cannot just arrest anybody they feel like arresting, and that all arrests have to be justified in court.

There are indeed limitations too, when it comes to the power of the Gardaí. Garda A feels that some people don't understand the limitations that the Gardaí have in their line of work:

> There are different perceptions of what we can and can't do, and what we are allowed to do and what other people can do so whether that's…, whether people's opinion is reflected by the fact …we are sort of a government agency or where that's coming from but certainly, there are a lot of limitations as to what we can and can't do…

> We are constrained a lot in relation to what we can say like what I mean, someone could come in or someone could go on the radio tomorrow and make allegations about different issues. We are constrained from what we can say because of investigations and what have you…

Garda A appears to feel that there is a lack of understanding among the general public about the environment within which representatives of the Garda Síochána work. The very nature of their work causes constraints that affect how the institution as a whole is perceived, and it seems that this contributes to a variety of conclusions, whether true or false, about what the Gardaí can and cannot actually do. Also, many limitations exist beyond the control of the Gardaí as individuals, and as an institution. One example, as follows, refers to the constraints within the judicial system.

Here, Michelle talks about how easily the Gardaí can be overruled by the system:

> I think again the type of profession it is lends itself to that bit of power in that like, am…and then it can be taken away from them just as easily in a court situation which I have seen because, it might go to court and the whole thing is upturned because it mightn't be, am…sufficient evidence or whatever to prosecute, and all the rest of it, so many little things that could happen, until you actually see the system when it gets to that stage which I was amazed with because I just couldn't believe the things that could actually overturn a case or be dismissed. So it must be

frustrating from their point of view. So having power doesn't necessarily mean they will win in the end…

Garda B similarly points to the fact that the system is the ultimate decision maker:

> We do the best we can, we get people to court and it fails us, I mean it's so disheartening…It falls back on us and you kind of feel a guilt factor because you feel they didn't get the decision they wanted…

It appears that frustration occurs for both the Gardaí and individuals when restrictions and decisions within the judicial system are imposed on certain cases and proceedings, leading to cases being overturned, dismissed, etc… According to Garda B, when proceedings in court do not turn out as wished for, it can have repercussions on both a professional and personal level. As both a representative of the Garda Síochána and an individual, it is felt that responsibility about outcomes in court are attributed to the Gardaí, and for that reason, feelings of not only disappointment, but also, guilt can arise. Though problems associated with the judicial system are indeed structural, and perhaps beyond the control of the individual, and the representative of the institution, the effects of the structural limitations are felt very much on a more personal and somewhat emotional level.

The following example also deals with the issue of constraints within the Garda Síochána and public perception. Here, Louise recalls an incident where she perceives the Gardaí as not having done everything they should have:

> They broke into her car and took it one night and when she phoned the Gardaí, they weren't very cooperative to her, and then her car was found, her partner found her car, and they went to the guards and showed them where it was, the guards brought it to the pound or outside the back of the Garda station and said that there was nothing they could do because she was able to say who did it but they said it was only her word against theirs. She got nowhere with it…

The guards wouldn't do anything, they wouldn't patrol around, they wouldn't make sure that the kids were supposed to be in at a certain time…I mean it was just like they could do what they want, they basically terrorised the street and the guards didn't care less…

From the above, a feeling of wonder as to why the Gardaí did not act on information given to them and why the Gardaí did not do more to control the individuals deemed as causing the trouble in the area, lead to the perception that the Gardaí in question simply did not care about the victims of the car theft or any of the problems caused. This appears to reflect the struggle between the perception of the general public as to what the Gardaí should do, and what the Gardaí actually do or do not do, or indeed can or cannot do. Indeed, according to O' Mahony (2002: 429), 'popular images and stereotypes of the police as potent crime investigators, law enforcers and protectors of life and property often work to the detriment of the police, encumbering them with unrealistic expectations of their own and the public's making'. Therefore, perceptions of both the role and capabilities of the Gardaí versus the reality of the role and capabilities of the Gardaí are seemingly two very different matters. This has been referred to previously as perhaps a lack of understanding on the part of the general public about the limitations that exist within the Garda Síochána.

Margaret speaks about the attitude of the Gardaí in relation to prowlers making noise outside her house several nights in the week and her car mirrors being constantly broken:

Their attitude was well, what can we do and I did suggest at the time…but nothing seemed to happen there…

Again, from this statement, it is clear that there is a gap in common understanding between representatives of the Garda Síochána and members of the public, with regard to the role of the Gardaí and the restrictions imposed within the remit of their work. Expectations of what can and should be carried out in the line of duty therefore sometimes clash with the reality of what can and cannot be, and is, actually carried out. However, what constitutes reality in this respect is not examined in this study, as the important factor is simply the *existence* of

such struggles in perceptions, expectations and reality between the individual and the institution. Indeed, according to Mulcahy and O' Mahony (2005), when problems arise in the successful carrying out of the duties of the Garda Síochána or when the public begin to lose faith in the institution, for whatever reasons, relations between the public and representatives of the institution are greatly affected.

Cathy explains how her knowledge of the role of the Gardaí has developed since she was younger:

> I suppose now I would see that they are doing a really difficult job, that there is a mixed bag of guards, ah…that some of them can see that people's lives are difficult and they can get into trouble, and they can do their best ah…to make the whole experience of how to deal with them as easy as possible, am…but that there are others there that just have the attitude that you lock people up and throw away the key, so you know there is a bit of a difference there in the attitude that is coming out…

Cathy, now as an older individual, realises the difficult nature of the work of the Garda Síochána, and in doing so identifies two types of attitudes that Gardaí can have towards individuals who are in some kind of trouble. Cathy refers to the difference being, that one attitude is to try and help the individual in the best way possible, and the other is to just simply enforce the rigours of the law. From this, there is a clear contradiction between the perceived behaviour of one type of Garda over another. This reflects the contradictory perspectives often presented by members of the public towards the Garda Síochána throughout this study.

In relation to some representatives of the Gardaí, Garda B states:

> I mean it is terrible to be part of an institution and am…be hopefully carrying out your day to day job as best you can and I mean that goes for the majority you know, ninety nine point nine percent of people within the Gardaí, I have to say, I'm not

just saying that, but there is always that particular percentage that bring the whole thing down…

Similar to a previous statement by Garda D, the above alludes to the 'rotten apple effect', where it only takes a minority of representatives of an institution to create a negative perception of the entire institution. According to O' Mahony (2002: 425), with regard to examples of when Garda practice has been publicly questioned,

> *These cases are not readily discussed as instances of the "bad apple" theory – the view that every large organisation must have the occasional miscreant because they inevitably raise the more disquieting spectre of endemic, systematic Garda malpractice in the handling of evidence.*

Again, this is discussed further, in particular with regard to institutional responsibility and accountability, and the seemingly limited responsive action to such issues.

According to Louise, some Gardaí only see what they want to see:

> The Gardaí, I don't know, they're not very am…I wouldn't have much to say good about them, not that I have anything really bad to say about them but they don't do what they are supposed to do, like they stop people for silly things…

> I was so mad, I said if he pulls me for jay walking after him nearly causing an accident, and they never done anything that I just think they see what they want to see when they want to see it and they turn a blind eye to anything that they should be doing…

Again, here there seems to be a contradiction between the public perception of what the Gardaí should be doing and the reality of what the Gardaí can, or do actually do. This appears to reaffirm what has been already regarded as a lack of common understanding between the individual and the institution.

<u>Interacting with a Garda</u>

According to Garda A, some Gardaí get criticised no matter how good their attitude is in dealing with the public:

> At times maybe, we don't help the situation either. Maybe, I know with different people, some people have a bad way with dealing with people anyhow…I mean, here, I would deal with complaints from people about guards being very abrupt and one thing and another and it does happen but there are a lot of guards that I know within this station and within the country that are very good people, they have a good attitude with dealing with people and they would still get criticised…

According to the Garda Public Attitudes Survey (O' Dwyer et al, 2005: ii), 'satisfaction with overall contact with the Gardaí was 80 percent' and also when 'asked about Garda approachability, 91 percent of respondents described Gardaí at their local station as either approachable or very approachable'. This indicates that for the most part, people appear to be happy with their interaction with the Gardaí. When expressing dissatisfaction with their interaction with the Gardaí, 'the most frequent type of unacceptable behaviour was that a Garda was 'disrespectful or impolite' (5% of respondents)' (O' Dwyer et al, 2005: ii).

Michelle states how she feels when talking to the Gardaí:

> I suppose when they are talking to you directly, let's say if I was in the car now and they were stopping for the insurance and the tax, I'd know I'd have it and there would be no problem but, you would just feel like 'pphheeuusshh', you know, that could be just me you know, that they have you, or they are looking to get you nearly at times you know…

> Sometimes I would feel a little bit uncomfortable, and I don't know why. I think it is because of this power or that, or seen to have this power, or maybe that's my perception that there is a power over people…that they can do, they can actually kind of I suppose utilise their profession to get an end result…

The 'pphheeuusshh' in the above extract seems to refer to the way an individual exhales air in an effort to release the stress or pressure they are under. Therefore, it seems that Michelle may indeed feel somewhat under pressure or slightly uncomfortable when having to deal with the Gardaí, even in the event of the situation being absolutely neutral; for example, in a situation where tax and insurance is being checked.

Louise refers to how great an extent she would feel intimidated talking to the Gardaí:

> I would feel intimidated and it would just be, like I would probably go along, if they said I was after murdering someone, I would probably say I did it because they intimidate, I feel intimidated by them…

This is perhaps an extremely exaggerated way of expressing to what extent Louise would feel intimidated by the Gardaí, but it indicates a certain feeling, nonetheless.

Frank talks about how he used to feel in the company of the Gardaí:

> I'm a third year student now, hopefully I will get the degree this year, four years ago in the company of a guard, I would have been very intimidated you know, and I would have been very, you know, they are the law, at any moment they could take away my freedom as such if they wanted to…

> I think that they definitely kind of, people still have that, they don't see a guard as there is someone who is protecting the community; there is someone who is making us feel safer, I think it's more or less, something is after happening you know…

Therefore, it seems that as Frank has gotten more mature, his confidence may have been built up as an individual and that looking back in the past, he feels that he would have been more intimidated by the Gardaí back then, than he would be today. However, he still contends that many people feel kind of 'on edge' perhaps when they see the Gardaí as they feel that something bad or wrong must have happened to warrant their presence.

In relation to a car accident Cathy was involved in, she remembers:

> I was wondering if I said something, would I be putting myself in the wrong and that was only because he was a guard and you know because I didn't know whether I was in the right or the wrong and then he cautioned…he said it was only a matter of procedure…but he was nice, he was friendly, am…and official…
>
> am…just a bit afraid even in talking normally to him because I didn't know how that was going to be presented later…

The feeling portrayed in this extract is one of caution and wariness over what to say to the Garda, perhaps for fear that it may indeed be used against the individual or twisted to be used against the individual in the future. This indicates a lack of trust on behalf of the individual when interacting with the Garda in question. Overall, power relations between representatives of the Garda Síochána and members of the public appear to be slightly contradictory. It seems that people in general are happy with the role of the Gardaí, and recognise the need for Gardaí; but at the same time, when it comes to being approached by them, for whatever the reason may be, even in neutral situations, feel somewhat uncomfortable. Indeed, as suggested, it seems that those who are more likely to be in frequent contact with the Gardaí, are more likely to be negative towards representatives and the institution as a whole. However, it is also suggested that although many people have a positive attitude towards the Gardaí; positive attitudes can be eroded, by merely being checked for tax and insurance on cars, or indeed being checked for offences such as driving over the speed limit. This resonates with the fact that often members of the public have a different perception of what the Gardaí should be doing, as opposed to what they actually do. Being checked for what people may consider as minor, such as traffic offences for example, is often resented by members of the general public. Accordingly, Gardaí seem to feel that it does not matter what they do, or do not do, as they will always be criticised. Lack of understanding among members of the public about the limitations and constraints that the Gardaí have to work within contributes greatly to the feelings, perceptions and interpretations of power relations in interaction with the Garda Síochána.

Section 2: The following analysis deals with power relations between representatives of the Health Service and the Public:

The Power to Make Decisions

> *Doctor's interactional behaviours and communication skills are exercised through their own contextual experiences of types of patients, types of problems, and types of disposal options - in other words, through a repertoire of routine judgements about the possibilities presented by the individual patient, and the routinely available means of solving these* (May et al, 2004: 135).

Making decisions, therefore, seems to be a balancing act of judging what the patient needs and wants, against what is actually available to the patient. The onus is on the health representative to assess the situation and make the best decision with the resources that are available. Further reference in the findings, is made to the availability of resources and the difference between both structure and agency, in terms of how structural limitations in the health service are perceived.

HSR 2 refers to assessing situations, and the power to make decisions that affect patients:

> A lot of the times, I work in a clinic setting so if somebody came and they gave me a history, it would depend on which doctor I would send them into because if I thought that they were quite ill or something like that, I would make sure that they would see a consultant, I wouldn't just send them into see a junior doctor, so I suppose in that respect I would have power…

Accordingly, the power that HSR 2 has in making decisions with little or no input from the patient, is reflected in the medical encounter where 'doctors not only have medical knowledge and technical expertise, but during medical interviews they have the abilities to control patient's access to information and to health care services' (Fisher and Groce, 2004: 458).

HSR 3 talks about how patients leave all of the power with regard to diagnosis and

decision-making to the doctor:

> A lot of the time people would like, they wouldn't even question what they think about the disease a lot of the time or about whatever is wrong with them, like they would just automatically do what you tell them to do, so like that gives you a huge amount of power…

Indeed, 'often, the client does not know what their wants or needs are before the visit to the doctor. It is in this situation that trust in the physician is an essential feature of the medical service…' (Turner, 1995: 194). Patients therefore, tend to trust the health service representative as the expert in the medical encounter.

Despite this, HSR 3 talks about trying to involve patients in the decision-making process and, in that sense trying to share some of the responsibility:

> At the end of the day like I am responsible for their health…I mean obviously you would try and make it be a joint effort as much as possible for them to have an input…

> I do try and not let you know everything be on me do you know because ah…I would try and get my patients or whatever to make their own decisions as well…

It appears from the above that HSR 3 values any input that the patient may have in their own diagnosis, treatment, etc…, although still recognising that full responsibility remains in her hands as the doctor.

Frank talks about how people trust their doctors because they have to:

> This is someone who you deal with when you are in a situation where you are vulnerable physically and the onus is you are putting all your faith in him or you are putting it in another doctor, because it is rarely you would walk away and say, 'I'll

just take me chances on me own'…

As referred to previously, power, for the most part, remains with the health service representative, as they are considered to be the expert. As this is the case, Frank believes that patients who need medical attention have *no choice* but to trust the expert. Accordingly, 'given the uncertainty of the medical encounter, the physician defines the clinical situation and controls the evaluation of the product. It is this uncertainty which underlines the notion of the docile patient role in relation to the doctor's intervention' (Turner, 1995: 194).

HSR 1 talks about responsibility and authority in trying to facilitate individuals:

> In all the roles that I've had throughout my career, I've had levels of responsibility that has given me I suppose the authority to be able to facilitate people, you know in their requests…and then there are times when there's a line that you can't go, that you have to go to the next level up which is very bureaucratic in the health service…

HSR 1 refers to the bureaucratic nature of working in the health service and how there is a line that cannot be crossed, and a higher authority that has to be consulted when dealing with certain situations. From this, it appears that perhaps the power of HSR 1 as a professional working in the health service to make certain decisions is sometimes hindered. With regard to the social organisation of medical power, Turner (1995: 135) states that 'there is the growth of bureaucracy where professionals working in bureaucratic settings often find their professional autonomy undermined by the hierarchical structure of rules and authority'. However, although it is recognised that HSR 1 has not necessarily stated that her professional autonomy is undermined by the bureaucracy that exists, the reference made to the health service as being 'very bureaucratic' seems to suggest that there is indeed some sort of impact of bureaucracy on HSR 1's role as a health representative.

Interaction and Power Relations

HSR 2 talks about how a patient may feel having to interact with health representatives both in an unusual setting for them and perhaps in an unusual situation for them; being physically examined, for example:

> I suppose they feel especially when you come into a hospital, that am…they lose all control you know…they come in and you have a desk or something you know and your at one side and they're at the other, or if they have to get into a gown, or something like that, I think once they're in a gown and you're totally anonymous or you know all that type of thing…

This further supports that the power balance favours the health service representative in interaction with patients. HSR 2 refers to both physical objects such as the desk and the gown, and also, the physical position of both parties in the interaction sequence. HSR 2 states that patients may feel that they 'lose all control' in the medical encounter and that once patients are in a gown, they may feel 'anonymous'. This suggests that perhaps patients feel that they lose their importance as an individual; they perhaps feel they loose their independence, their autonomy, perhaps even their identity. Along with the perceived dominance of the physical setting of the medical encounter, there is also an element of professional dominance. According to Hak (2004: 352), many studies 'portray the [medical] encounter as an unequal transaction, following a course determined by the doctor rather than the patient'. Therefore, both object and subject within the medical encounter help determine power relations. Object, as above, may refer to the desk, gown and the position of both parties in the interaction, while also referring to the more structural elements of a medical encounter, such as medical products and procedures. Subject therefore, refers to the actual interaction process, with both professional and personal roles at play in the encounter; however, also influenced by overall structural constraints within the health service.

It is clear that elements of both structure and agency, which are intertwined as both the cause and effect of each other, are important in determining the overall outcome of the medical encounter. 'In Freidson's (1970) view, the typical form of professional dominance

in medical encounters is the exclusion of alternatives for the client with the effect that he or she has little choice but to accept the practitioner's opinion' (Hak, 2004: 353). Therefore, as already stated, the health service representative is the expert and, the patient is left with no choice but to accept what the expert diagnoses and recommends as treatment. This is evident, again as referred to by Freidson, in the '[medical] profession's … capture of exclusive control over the exercise of particular skills, and in its capture of the exclusive right of access to goods and services the layman needs in order to manage his own problems independently of expert advice' (Hak, 2004: 353). As stated, both the 'exclusion of alternatives' and the 'exclusive right of access to goods and services', ultimately results in the expert holding most of the power within the medical encounter.

With regard to the power of a health representative, HSR 3 states:

> It depends on the type of patient, some are grand with it, others I suppose are fairly resentful towards it…

HSR 3 recognises that patients are aware of power relations and that sometimes there are negative perceptions of the power that health service representatives have in the medical encounter. This may indeed be dependent, as stated above on what type of patient is in question. It is important to note that what constitutes 'type' of person may be determined by various factors, such as for example, age and social class. These contributory factors are discussed further in the findings.

Rachel feels that it depends on what health representatives you are dealing with, what the situation is and what their attitude is towards you:

> I find that nurses are a lot nicer than doctors, doctors are quite condescending, I think, it depends on the situation…

> Well I suppose in that situation, like, he [long term GP] knows me a long time, he knows me more on a one to one basis so he would know more about me whereas

they [consultants] only have like ten minutes to look at your file, so in that regard it would be a lot more personal…

Therefore, it seems that the health representative knowing an individual and, an individual's medical background helps enormously in interaction situations as opposed to when the health representative does not know an individual or an individual's medical background and only has limited time to interact with an individual. It is also interesting to note that there is a distinction made between the attitudes of nurses towards patients, as opposed to the attitude of doctors who are deemed perhaps 'quite condescending'. Although this study does not focus on hierarchical division within the health service, it is clear that perhaps various representatives of the health service are perceived differently, for different reasons. Again, factors that may contribute to various perceptions of various health service representatives are age and social class. These are dealt with in more detail subsequently in the findings.

Michelle considers her GP to be more like a friend and a confidant than just a doctor:

My own GP is fantastic, she is always there, like if I need to make an appointment, she will give me the time I suppose, I've been with her now an awful long time, I feel like I can sit down and talk to her about anything, not just about medical stuff…

Therefore, knowing the health service representative seems to help a great deal with interactions. Indeed, for an individual to feel that a health representative is a friend, suggests that perhaps the individual can identify with the doctor on a level beyond the doctor/patient relationship; beyond the professional versus lay person divide. The effect of actually knowing a health representative on a personal level in the interaction sequence is therefore reflected in the changing nature of the interaction between doctor and patient. Indeed, interactions between doctors and patients have been examined in terms of changing relations, moving from the objective to the more subjective, where:

In the beginning there was a disembodied, disinterested eye ('the clinical gaze'),

contemplating a depersonalised, disintegrated body ('the patient's body'). 'Bodies' were objects that were subject to examinations, operations, or symptoms but not to experience, and the individual doctor's view was indistinguishable from that of the collective 'body' of her professional peers. As the web of relationships in which the doctor was located became more diffuse and complex, the doctor's work became complicated by relativism and subjectivity and it became necessary to construct a new identity: a doctor with an individual 'self', containing an instrument – the 'doctors mind' – to examine the newly formulated 'patient's mind' (Gothill and Armstrong, 1999: 10).

In essence, there has been a shift from patient as object (body) to patient as subject (individual/mind), and a shift also, from doctor as object (professional) to doctor as subject (personal/individual). It seems that this change has helped to bridge the traditional gap between professional and lay person within the medical encounter, leading to perhaps recognition by both parties, of each other's commonalities as humans. Overall, the medical encounter, and also, the doctor/patient relationship are affected by both issues pertaining to structure and agency. Although there are positive changes towards what may be considered more equal participation in the medical encounter, the degree to which these changes vary is very much dependent on social class, and the inequalities that exist on a structural level within the health system in question. The changing nature of power relations within the medical encounter, in relation to both structure and agency is explored further in the findings.

Question 2: What are the central issues of concern between individuals and institutions that affect power relations?

This section deals with power relations specific to issues surrounding social class:

One to One Interaction with the Gardaí: Different Social Class Perceptions

Issues pertaining to social class in Ireland are a very real and obvious part of everyday living, and as such, in this sense, are not the core focus of this study. Issues of social class, and the feelings, interpretations and perceptions that derive thereof are indeed considered relevant to the study as a whole. Although, a range of interviewees with various

occupations have been targeted, a detailed examination of the exact socio-economic position of each is not necessary to include within the remit of this study. However, as evident throughout the literature review, class analysis is deemed essential in the examination and understanding of Irish society. According to Tovey and Share (2000: 150), 'class analysis is not only about uncovering the extent and distribution of inequality or poverty (or even wealth in society, but it is also an attempt to understand social dynamics, and the emergence and trajectories of distinctive and cultural worlds of being'. Therefore, for example, the issue of poor quality housing, or indeed, the issue of better job opportunities available to one class, as opposed to another, are not the issues of concern. The following interview extracts, as with the previous, will show that, the focus of this study is on interactions and the attitudes, interpretations and perceptions that arise in the area of power relations.

Cathy refers to an incident about a Garda's interaction with her friend:

> There is a person I know and she is a working class woman and a while ago, say a year ago or whatever, am…a guard knocked on her front door and walked into her house and ah…was looking for somebody and am…she was confident enough to stop him and say to him, 'If I was anybody else, would you have knocked on my front door and walked straight into my house?', and he stood back and he said sorry to her and that he shouldn't have done it but because she was in an estate, he thought he was going to get away with it…

> I think that is something that working class youngsters have to put up with as well, am…that do you know especially in a small town as well, people know who's in the town and that and I think there would be a distinction made with how youngsters are treated depending on, I don't know, what way they are living or who they are…

From the above, the importance of social class appears to be very conspicuous in the everyday life of the individual. Although in Irish society, as referred to previously, class distinction has become somewhat blurred due to the many factors associated with

modernity, most importantly that of social mobility, there still seems to be a recognition of some type of differentiation between people in the broader realm of society. It is therefore necessary to include class as an important factor in the Sociological analysis of Irish society. Indeed, Eipper (1986) refers to class as a valuable area of study in that 'it is not the evolution of classes as such, which explains change, but the evolution of the processes forming classes; it is the processes which create classes more than the classes themselves that are important' (Tovey and Share, 2000: 150). Therefore, social processes such as power relations are important as both a determinant and a consequence of class.

Also, in relation to 'working class youngsters' as quoted from the above interview extract, a report by Devlin (2006) entitled 'Inequality and the Stereotyping of Young People' based on research that involved ten focus groups with approximately 90 young people:

> *Identifies that, while there are exceptions, the young people involved see their institutional relationships with adults as for the most part unequal, troubled and rooted in stereotypical ideas about their attributes and abilities. Particular mention in this regard was made of the media, the local community, schools, politicians, the Gardaí and security staff in shopping centres.*

Accordingly, 'discussion(s) became particularly animated when the young people spoke about the perceptions that appeared to be held of them by members of the Garda Síochána and when they gave an account of their relationships and interactions with this category of adult'. Overall, 'poor relationships with the Gardaí, and the view that the Gardaí had a poor opinion of young people, dominated several of the focus group discussions' (Devlin, 2006: 27). It is important to note, that this particular theme alone, bears significant importance in the overall nature of power relations, and although it is examined in the findings, it cannot be explored to its full potential due to the nature and scope of this research study.

Rachel feels that attitudes and people's response to the Gardaí depends on social class background:

I think you know people from more working class backgrounds, although I don't

you know, I don't believe in class and all that, would have a more negative response, people living in different areas of the city, am…would you know, wouldn't really want to be dealing with the Gardaí whereas people in other areas wouldn't have a problem with it…

An interesting point from the above is the fact that Rachel appears to dismiss the category of class as being important, so much so that she states that she does not believe in class, and yet still refers to certain types of areas being different from one another. This may point to a perceived difference in the actual existence of social class backgrounds, and the actual belief that social class differentiates one individual from the next. In other words, for Rachel, personally, there may be a problem with giving the impression that class distinction means something significant to her as an individual; giving the impression that she may deal with or judge people in terms of class. This may indicate that perhaps there is an underlying denial in Irish society of the significance that class bears on the everyday life of the individual. Indeed, as is evident in the findings, many of the interviewees, were in some cases reluctant to refer to specific social class positions, and sometimes used locations and areas to portray class differentiation.

In the following extract Garda A talks about interactions with individuals from perceived lower social backgrounds:

Again from my experience, I would certainly say that an awful lot of people that would be from perceived what do you call it, ah…the poor strands of the social sphere as such around [], the vast majority of them that I have dealt with down through the years, I can deal with without any great bother and a lot of them ah…certainly there are certain people that are dysfunctional anyhow no matter which ah…area of society they come from and they just won't conform anyhow but I mean I would know an awful lot of people in different housing estates that would have had a bad name up through the years and I couldn't come across nicer people…
Certainly some people will believe that the Gardaí will deal with them differently if

140

they are from ah…one background or the other…

From our point of view I suppose, we would see that there are certain issues that are not ah…they are not related to the Gardaí alone. There are a lot of social issues there which problems arise from, which we then have dealings with people say that they might feel that they are being treated differently but there are a lot of issues outside of our control that we have to respond to, you know what I mean, am…for example, certain estates we would call to a lot more than others for different anti-social problems which are a combination of factors, maybe poverty, people dropping out of school at an early age, drinking, drugs, whatever, but we have to respond to them and certainly the fact that we don't, wouldn't know a lot of them individually, I would agree that they would perceive us as possibly treating them different to others…

Public perceptions of the Garda Síochána whether deemed real or indeed totally unfounded, have an impact on interaction sequences, as do perceptions of the public towards the Garda Síochána (Mulcahy and O' Mahony, 2005). It appears from the above that there is a negative impact on trying to deal with situations involving various people when the Gardaí do not in fact know the individuals involved. It is suggested that *not knowing* the Gardaí involved in interaction sequences actually contributes to certain members of the public feeling that they are being treated as somehow different to others. Therefore, it would appear that power relations between representatives of the Garda Síochána and members of the public are constrained by not knowing each other. 'Knowing' between individuals and the representatives of the Garda Síochána is explored further in the findings with regard to community policing. Also, it is clear that Garda A is reluctant to refer to social class as a definite distinction between people, as he uses the term 'perceived…the poor strands of the social sphere as such'. This echoes Rachel's method of classification by referring to places where people live, for example, certain housing estates. Garda A also states that whatever the perceptions are of certain social classes being treated differently to others, the reality is quite different:

We would often have that said to us, 'you are only arresting me because I am from such a place, if I was from some place else, you wouldn't arrest me'…

I keep a record here of arrests and I can guarantee there's as many been arrested from different areas of the city for public order offences, ah…at night time in particular, there is a lot of people down at the nightclubs, now a lot of the people that we are talking about wouldn't be able to even afford to go into nightclubs so we are arresting a huge amount of people down there that are not from ah…socially deprived backgrounds…

Garda B talks about dealing with every situation at face value:

If you're going to say a domestic in a socially say lower standard of the town in comparison to a domestic in another side of town, if you mean would you treat the whole situation differently, you wouldn't, a domestic is a domestic, you have to deal with a situation the way you deal with it…

At the end of the day, a victim of a car theft is a victim of a car theft and it is obviously a big thing to them and you obviously have to appreciate that you know…

In contrast to this, a report on Policing and Marginalisation in Ireland (Mulcahy and O' Mahony, 2005) stated that although there was a wide variety of accounts provided by interviewees on policing and their respective communities, there was an overall perception that their particular type of community was not given the same quality policing service as other communities, and that the type of service provided was indeed more severe and unsympathetic.

Garda D states:

Myself, personally, I don't treat people differently no matter where they are from…I

know you probably hear that a lot from guards but…

In saying this, Garda D recognises that of course representatives of the Garda Síochána are going to say that all members of the public are treated the same and provided with the same service. However, as above, it is clear that not all individuals feel that this is indeed the case, particularly members of the public that are perceived to be marginalised.

In relation to social class background, Garda B talks about certain families:

> Certain families would have, you know, it would come down through the am…generations, there might be something, be it political opinions, be it am…criminal backgrounds, be it whatever, that they would have had confrontation maybe with the guards in the past, you are at nothing really, it's just a terrible thing, there is no, it's kind of so in-built in the family or the community. It's very hard to work as a guard with these people and am…, you know, that's why, that's everywhere I mean, that's definitely evident…

> It's in all sectors of the community, not only maybe the lower classes as such but it's in every, middle class, everything…

Here, Garda B stresses that representatives of the Garda Síochána come up against confrontational/oppositional attitudes in 'all sectors of the community', not just the 'lower classes'. Garda B also reflects on the reality of the situation:

> I know it's a terrible thing to say but there is a certain social background you will see more often than not, that's just the fact of life. There are certain parts of the town you would never get a call to and there are certain parts you would know every single, you would be in there five or six times on a tour of duty…

It is felt by Gardaí that it is not in fact social background that affects interactions between Gardaí and individuals, but the individual's attitude. Garda C refers to interaction with

individuals from various social class backgrounds:

> I treat everyone…all different backgrounds, I treat everyone the same and so does everyone else in this station like, as far as what I can see anyway but am…I suppose it's whatever their attitude towards you, that's your, that will change your attitude then towards them…

Similarly, Garda A feels that interactions depend on the individual's reaction:

> Naturally, if I meet you in a situation where there is just say a conflict right and am…I explain to you, look there's a situation here, there is a row or whatever taking place, look please go home…and if you react to me in a certain way that you say look, fair enough, we'll go home or you tell me to 'fuck off' right, so therefore, a lot of the time, it's not where people come from, it's as much the reaction or the interaction between them and us…

> From my point of view, I mean, I have arrested guards, guard's sons, I have arrested doctors, nurses, solicitors, I have arrested students, I have arrested people from different social backgrounds depending on the situation…

> If somebody tells me to fuck off or somebody tells me what do you call it, that contradicts something, if you see them breaking and they say look I'm sorry…but if somebody tells you that they didn't do something, you are left with no alternative then only to take a certain course of action. I wouldn't say that there's ah…class has anything to do with it…

The perceived power of the Garda Síochána, therefore, appears to have somewhat of a negative effect on the feelings, attitudes, interpretations and perceptions of the individual. It has been pointed out that the Gardaí have to deal with situations as they arise; and that situations arise in many cases, in the same areas, or indeed, in the same families within a community. However, it is maintained that it is not in fact social background that affects

144

interaction situations with the Gardaí, but the reactions and attitudes of the individual that affects the interaction sequence. Therefore, it seems that contradictory interpretations exist around interaction and power relations between the Gardaí and the public, as some individuals appear to feel victimised by the Gardaí, as a result of their perceived social class background. It can be inferred, therefore, that this perception contributes to the negative response received by Gardaí in interactions with individuals from lower social backgrounds. However, as suggested previously, it is also evident that negative responses are also experienced by Gardaí in interaction with other social classes.

One to one interaction with the health service: Private and Public Perceptions

Once more, the focus here, is also on interaction, and the feelings, attitudes, interpretations, and perceptions that arise thereof, in the area of power relations. HSR 1 refers to an incident where a patient's next of kin got the impression that the patient was being treated differently on account of not holding private medical insurance cover:

> Recently one of my colleagues was telling me, she works in a rehab unit and they would have rehab patients in and part of that would be getting them ready to go home or whatever, you know, so in the morning, this man who'd had a stroke was given a basin of water to start to wash himself and when his son came in, his son was horrified and he said and 'why didn't somebody wash him?' and they said 'oh you know…' and he said is if because he hadn't got VHI that they made him wash himself, when it was actually part of his therapy…

> You know really when you are out on the ward, you are dealing with, you don't know whether they are private or public, it's not an issue, it's a patient and you deal with their condition…

> I kind of take everything at face value and kind of try to take the person away from what the issue is and deal with the issue you know…

It is clear from the episode referred to in the first extract that confusion between perception and actual reality, together with perhaps a hypersensitive awareness of the private/public patient divide created a somewhat skewed interpretation of the situation at hand. This echoes what has been referred to previously as a lack of understanding on the part of members of the public about what the health service can, should and actually provides. Therefore, in this particular case, the relative of the patient, on believing that his father was expected to wash himself despite being so ill, along with the pre-conceptual awareness of the effects of the public/private patient divide, felt the need to confront the health service representative about his father being treated differently. On the contrary to the perception that the public/patient divide means that patients are treated differently and, similar to what representatives of the Gardaí have referred to as dealing with situations as they arise, regardless of social class backgrounds, HSR 1 states that all patients are treated in accordance to their particular circumstances; therefore, everything is taken at 'face value'. In support of this, according to Fisher and Groce (2004: 436), 'Barr (1983) suggests that perceived seriousness of presenting complaint is the strongest predictor of doctors' responses to patients' and that many 'studies suggest that 'patient' is the master status operating when a person visits the doctor'. This suggests that the patient is seen as an individual in need of some form of treatment based on the condition that they have, and all other factors associated with the patient come in second in importance.

However, there are many factors involved in the medical encounter; socioeconomics for one is deemed very important. Accordingly, Ehrenreich and Ehrenreich (1970) state that 'patients at the lower end of the [socioeconomic] spectrum not only share different life experiences, have less medical knowledge, and have fewer choices over the medical setting in which they receive care, but they are also perceived as being irresponsible and forgetful' (cited in Fisher and Groce, 2004: 437). Individuals from lower social backgrounds are therefore more likely to suffer as a result of real inequalities that exist within society. Patients from the lower end of the socioeconomic spectrum therefore have the least likely chance of being empowered within the medical counter, not only in monetary terms, but also with regard to education and information. In relation to Parson's examination of the 'sick role', 'uncertainty is an essential component of patient compliance with the sick role'

as 'the patient has relatively little control over the norms of treatment in terms of the length, form and outcome of the service' (Turner, 1995: 194). With regard to this, patients who are least empowered, perhaps are least likely to be able to voice their expectations, needs and wants in relation to the medical care that they receive. Indeed, 'patients rarely say aloud that they do not trust their medical practitioners or that they feel unheard, manipulated and dissatisfied with the medical care they received' (Fisher and Groce, 2004: 441). However, as subsequently documented, it seems that patients from lower socioeconomic backgrounds do indeed expect certain standards of health care, and perhaps express their needs and wants within the medical encounter.

Margaret feels that although she is happy with her own GP, some other individuals in her position are not:

> I'll put it like this to you, I know a lot of people who complain about the health board, but then again we all complain about the rain…Obviously you are going to pick the doctor that you want to pick and that you are going to be happy with which in my case, it is…I do know people that are not happy with that end of the health service, especially who are on a medical card which I am but I've had no problems that way…

Though, a distinction is made between structure and the actual health service representatives; expectation is often aimed at the representatives as professionals within the health care system. HSR 1 talks about the expectations, individuals have of the health service:

> Sometimes the people from the lower socio-economic backgrounds wouldn't have an understanding of the system at all and would maybe have excessive demands on it you know, you try to bring them with you to try to explain…

> You know you find again its people that maybe hold very high level jobs that you would have a lot of conflict with…

Therefore, it seems that both individuals from lower and higher social backgrounds have high expectations of the health service. Often there is a distinction made between perceptions of the provision of service for private versus public patients, whether reflected in reality or not. However, from the above it appears that both sectors of society have demands that may in fact be unattainable within the current context of the health service. With regard to health inequality in Ireland, according to Colgan (2001), there is an enormous divide between those who can avail of healthcare and those who cannot, with those who cannot, suffering as a result of lack of education, information and funds (cited in www.publichealthallianceireland.org, 7/12/2005). It is understandable from this viewpoint therefore, why there is perhaps a lack of understanding of what can and can not be, and should be provided in the health service among the poorer within society. At the same time, it is also understandable, as indicated in the second extract, how demands of the more wealthy in society may also represent a lack of understanding of the constraints that health service representatives have to work within. Therefore, expectations of the individual, from both lower or higher socioeconomic backgrounds, appear to conflict with the reality of the health service.

Furthermore, HSR 1 talks about how 'undoable' expectations can lead to frustration on behalf of the individual; ultimately causing anger:

> They would have huge expectations now of the health service and expectations that probably a lot of the time can't be met, I mean if you look at the A&E, the bed crisis is the problem…unfortunately sometimes it's the people on the front line the anger is vented at…

Again, this indicates that although there is more recognition of the constraints that health service representatives have to work within, than there is of the limitations that representatives of the Garda Síochána have to work within, there still is the tendency for anger and frustration to be directed towards the actual representatives of the health service. The following extracts support the fact that individuals are also aware of structural constraints within the health service:

Rachel states that members of the public understand the pressure that health service representatives have in carrying out their work:

> I think that in general that people are trying to do their job in the time they have they have to do it, so I think most people are understanding, that they are under pressure…I don't think people want to blame them like, it's more the service as a whole…

Frank feels that health representatives do the best they can despite structural problems:

> I know there are problems with beds and all that…nurses and doctors are never going to get any flak for not doing their duty…

Also, Cathy refers to how people talk about structural issues and the government when complaining about the health service, not the actual representatives as such:

> I suppose its Mary Harney [Minister for health at time of writing] I think that people think of, am…it's the structure and stuff people just don't have time for…

Power relations in the interaction between health service representatives and the public, appear to be somewhat less personal than between the Gardaí and the public, in a sense that, individuals and health service representatives, recognise that there are structural constraints in existence, which ultimately affect the interaction situation. It appears that individuals can get frustrated for two very different reasons; some individuals are so aware of the private/public divide, that they get almost paranoid about the provision of treatment and feel that they are being treated differently, and others (both private and public) seem to be so unaware of structural constraints, that they demand too much of the service. Indeed, there are very real concerns about health care provision, as it is clear that 'health inequalities experienced by people in Ireland from lower socioeconomic and excluded groups mirror health inequalities between the North and South globally' (www.publichealthalliance.org, 7/12/2005). Individuals are very much entitled to be aware of the structural constraints within the health system as it is also very clear that there is

indeed a real divide between public and private health care provision:

> *Unequal access for public patients to public hospital services prevents many patients from accessing hospital care when they need it. It is public patients who experience significant waits before they see a specialist and further waits before they receive prescribed treatment* (www.publichealthalliance.org, 7/12/2005).

It is important to address the existence of structural constraints within the Irish health care system as they very much contribute to power relations between the individual and the health service representative. However, it is also important to note that along with the influence of the awareness, or indeed lack of, of structural constraints; it is the interaction between individuals and representatives of the health service that also influences attitudes, interpretations and perceptions of health care provision.

Referring to structural issues, Louise feels that too much of the funding for the health service is used in the wrong way:

> Ireland is just…It's all administration and all the money goes into the top half, they are all well paid and when it comes to where it should be going, it's not going there, I just, I don't understand that at all…

The above extract refers to the broader issue, addressed within the literature review of bureaucracy, professionalisation and managerialism within the health service. Also, as referred to previously, these issues can be examined within the framework of a capitalist society. According to Turner (1995), Freidson developed a perspective on the monopoly of power held by high ranking professionals within the health service, leaving all other health service representatives deemed as semi-professional. From this perspective of 'professional dominance', other theorists have developed a link between professional bodies and the capitalist state working in alliance to protect each other, and towards the maintenance of certain economic and political interests. It has been argued, as stated previously, that the professions within the health service have become somewhat eroded by the need for increased bureaucracy in their ever expanding organisation. Therefore, as 'medical professionals increasingly operate within bureaucratic settings, we may expect a decline in

the status of such occupations and the undermining of their professionalism' (Turner, 1995: 135).

Increased administration, as referred to in the above interview extract is the effect of the bureaucratic nature of the health service in Irish society. It has been argued that medical power is institutionalised and legitimised within the hospital, helping to preserve the doctor/patient relationship of expert knowledge versus lay person ignorance (Turner, 1995). However, although professional dominance still exists within the health service, it is important to note as suggested by Strauss et al (1963) that, 'the hospital should be regarded as 'a negotiated order' where professionals, administrators and patients are forced to seek a compromise in order to maintain the round of everyday hospital duties and activities (cited in Turner, 1995: 156). Therefore, as the bureaucratic nature of the hospital increases, power increasingly becomes decentralised, shifting the balance of power away from the professional. This ultimately results in the break down of the autonomy of the medical professional. To maintain 'professional dominance', it is in the interest of the medical institution, for both economic and cultural reasons to resist the ever changing nature of health care provision, towards a more egalitarian system. With regard to the US,

> *the development of social welfare reform was hindered and opposed to by various pressure groups, professional associations and business interests who saw centralised health care and welfare as a direct threat to their professional standing, their monopolistic control over services or their professional authority in relation to the patient or clients* (Turner, 1995: 184).

In essence, the medical profession in Ireland has also resisted change, mainly, as in the US, in the interest of capitalism. According to Tucker (1997), health care systems common to the Western world, as in Ireland, are based upon a series of myths emanating from the popular traditional ideology of the 'biomedical model'. Part of this ideology centres on the innate link between health and medicine; the maintenance and provision of which, both respectively being in the control of medical professionals and pharmaceutical companies. 'It is one of the characteristics of modern biomedicine that it has hegemonic designs and it has consistently discredited, marginalised or suppressed other systems or practices. The hegemony of biomedicine is reflected in the terms used to refer to other health systems' (Tucker, 1997: 30-1). This refers to terms used such as 'alternative' and 'non-western' to

describe other forms of health care.

Again, it is clear that the issues of concern between the individual and the health service representative stem from both elements of structure and agency. Although, health service representatives seem to express a work ethic of dealing with 'everything at face value'; many interpretations of health care provision focus on the private/public patient divide. As stated previously, the structure of the health service is often pointed towards as being the root cause of various problems in relation to resources, funding, and access to health care. However, there is also a tendency to 'vent anger' due to frustration with the provision of health care onto the health service representative. In spite of this, there is *more* recognition of the limitations of the health service, than there is of the limitations of the Garda Síochána. Lack of understanding therefore, exists on the part of members of the public to varying degrees in relation to both institutions. This is expressed in the different degrees to which attitudes have changed toward both institutions, and the degree to which responsibility and accountability are expected from both representatives, and the institutions as a whole. Indeed, respect for representatives has diminished somewhat in contemporary Irish society, however, more so in the case of the Garda Síochána than the health service. This is explored further in the following sections as it is inferred that the Gardaí are viewed as a collective entity, not very far removed from the actual structures of the institution; whereas, health service representatives are considered as a separate entity, particularly, doctors and nurses, to some extent disconnected from the structure of the service; for which the Government is seen as prominent in it's organisation. Of course, as will be explored, the different perceptions indicated in the findings, may not necessarily reflect the reality of the situation.

Question 3: Has the nature of power relations within Irish society changed?

This section deals with people's feelings, interpretations and perceptions of power relations in contemporary Irish society:

Change in Attitude towards the Garda Síochána

According to McNiffe (1997: 175), 'despite the soaring crime rate (not peculiar to Ireland), the Garda Síochána continues to enjoy the goodwill and respect of the population'. However, in more recent years, as will become clear, this has not always been the case.

Garda A states that:

> In recent years, there's been a huge change where even when we're working in the centre of town, people will target, go over and start abusing guards and start throwing items at us…
>
> It's just that when prior to now, that ah…, that, for example, that people had more respect for the fact that you were a member of the Garda Síochána. So, therefore, from that you felt that people wouldn't challenge you or am… use force against you…

This point is also made by Garda C, but the change in attitude seems to be attributed to younger men in particular:

> Talking to the older Gardaí now like, they were saying years ago when they were on the beat or whatever like that, like people used to be afraid of them and they used to look up to the guards like but I reckon nowadays, that young fellas like, they have no respect…

Indeed, according to Mulcahy and O' Mahony (1995), since the 1980's, certain issues surrounding the work of the Garda Síochána have become topical subject matter within the public domain. These issues, including increased rates of crime, together with the many changes caused by modernisation and other associated factors in Irish society, have lead to increased tension between the Garda Síochána and in particular, marginalised young men from lower social class backgrounds. Therefore, young males as referred to in the above extract, are considered to be the most likely opponents of the Gardaí. According to O' Mahony (2002: 427), 'there is considerable potential for stereotyping, stigmatising,

discrimination and other forms of systematic bias in policing. These kinds of police bias may have negative effects on whole communities, especially their young, male, unemployed members'. Power relations between the Garda Síochána and young individuals are clearly more strained than between Garda representatives and any other age group in society.

Garda B expresses a particular worry about the younger generation of today:

> There are problems obviously with every age group, but I mean that particular age group is one that I would worry about am…and that's the change I mean in eight years, that has definitely changed, say the twelve to fourteen year olds that I was dealing with initially in comparison to the twelve to fourteen year olds that are out there now, it would worry you really you know…

According to Garda D, with regard to people's attitudes:

> In some ways, it might have changed for the better, because I mean fifteen years ago, you know, there was always this thing, 'oh, I will get the guards, the guards will take you away', and children were brought up with a kind of inbred fear of guards which wasn't a good thing, I don't think…

> The only problem is, sometimes it can go to the other extreme, where they don't have any respect for guards or anything either…

Rachel compares younger people today to when she was young:

> It's probably younger people now as well, are, you know, they don't really look upon authority anyway, so I don't think they respect them at all like, they are not afraid of them or anything. Society in Ireland has changed over the last twenty years anyway, so I just think they are a lot more brave or something, and they just don't affect them, they see a guard and they don't care like, whereas when we were

154

younger, we did…

Overall, it appears that changes in Irish society in general, have lead to vast changes in the perspectives of young individuals towards the Garda Síochána, and power relations between both have therefore changed as a result. Changes as a result of the modernisation of Ireland have affected individuals of all ages across the board in terms of power relations and the Gardaí, most notably, however, feelings, attitudes and perceptions among the younger generation. As will be discussed further in the findings, increased social mobility, leading to wider access to education and increasingly modern sources of information, have lead to an overall change in attitude in terms of power relations. The media is certainly one of the many factors that have contributed to increasingly available information. 'There have been a number of serious problems, not necessarily related to the prevalence of crime, which have tarnished the reputation of the force against the general public' (O' Mahony, 2002: 424). Such incidents and stories, more often than not, receive a vast amount of media coverage. Therefore, with wider access to such information, members of the public become more aware of their position in society with regard to power relations. There is also increased awareness of the possibility of fallibility within the Garda Síochána. Indeed, 'it is only when the media focus on particularly newsworthy incidents involving possible police misconduct that the potential for public outcry begins' (Mendes, 1999: 25). This is discussed further in relation to accountability within the final section.

Garda C refers to how stories in the media have influenced young people's perspectives and made young people aware of the Gardaí vulnerability in a sense:

I suppose the media, especially with the May Day [Anti-globalisation protest held in Dublin, 1/5/2003 - alleged abuse of Garda power due to assaults carried out on individuals] riots now and all that, the younger people know that the Gardaí can't abuse their powers now like, but they never could abuse their power before now, but I suppose when they saw the May Day thing now that they feel that they can call the guards names now and do things to the guards because they know they are being watched now and video cameras everywhere and they are only looking for the

155

guards, drawing their attention…

Here, it is suggested that young people are more empowered within relations with the Gardaí, and as a result are more willing to confront, and perhaps are more likely to engage in conflict with the Gardaí. However, although young people may be more empowered in contemporary Ireland, there is also the view that stereotypical attitudes towards young individuals are indeed prevalent among older generations, including representatives of various institutions. According to a report entitled 'Inequality and the Stereotyping of Young People' (Devlin, 2006: 17), 'stereotyping can damage the relationships between the stereotyped and other groups in society as false assumptions rather than realities serve as the basis for relating'. In relation to stereotyping, from the younger person's perspective, Cathy states that often, younger people feel that they are being harassed by the Gardaí for no valid reason:

> A lot of young people think that they are…a lot of young people say…the youngsters that wear hoodies or stuff like that, they would be going around town, they would be stopped by the guards and they would be searched and they are saying, they're stopped and they are searched because of the way they look particularly, am…and ah…mobile phones are checked and stuff like that and they don't like that and they feel that they are getting harassed, am…generally they wouldn't be much liked…young people wouldn't like the guards…

Therefore, it is suggested that young people are targeted by the Gardaí, particularly young people who dress in a certain way, and who are as a result perceived to be of a certain type, who may warrant being searched, for no other reason than their actual appearance. It is suggested that young people feel 'harassed' as a result of constantly being deemed suspicious, and constantly being searched. This ultimately creates a negative perspective towards the Garda Síochána on the part of young people. Also, in relation to young people, 'stereotypes can have a very negative impact on the lives of those being stereotyped because the prejudicial *ideas* on which they are based frequently result in, and reinforce, discriminatory *practices*; and because these ideas and practices can be seen at work across

156

all the main aspects of people's lives' (Devlin, 2006: 19). Not only can young people hold a negative attitude towards the Gardaí; but the Gardaí can hold a negative attitude towards young people, and so, it seems that there is a two way system at work where, as quoted above, prejudicial ideas can indeed cause discriminatory practices. It is clear that some young people for various reasons have feelings of negativity towards the Garda Síochána as an institution and, therefore tend not to like individual Gardaí.

This is also the impression Frank gets about younger people's feelings towards the Gardaí and this he attributes to the majority of Gardaí being from rural backgrounds:

> Most of them I find are from rural backgrounds, find it difficult to relate to children from inner city; young people or even adults from inner city backgrounds…

This would suggest the need for a community based approach in policing in Irish society, where, as suggested previously, knowing representatives of the Garda Síochána may in fact lessen the tension and strain associated with power relations between the Gardaí and members of the public. Key to such an arrangement would be greater levels of consultation between the public and the institution. According to Bowden and Higgins (2000), one such development already in place is the existence of 'community Gardaí, a longstanding scheme of youth diversion operated by juvenile liaison officers' based in 'what typically are socially-deprived communities' (Mulcahy and O' Mahony, 2005: 188). Another development being that 'the Garda Síochána also operates a system of consultation with the public – albeit on a very limited basis – through the establishment of Community Policing Fora in Dublin' (Mulcahy and O' Mahony, 2005: 188). As will be explored further in the findings, concentration on the development of a community based approach in policing may be the solution to many of the problems that arise in the area of power relations between representatives of the Gardaí and members of the public.

<u>Change in Attitude towards health service representatives</u>

It is felt that communication ability plays a fundamental role in the interaction between the individual and the health service representative. Changes in attitudes are attributed to greater access to information from the media, and higher education levels among patients. It is clear that more information and higher levels of education lead to more assertiveness on the part of the patient. A study of the medical encounter in Australia revealed that:

> *The major reason put forward by the participants for these changes were better education levels on the part of the general public, a broad tendency of less respect towards professionals in general, and more attention given to medical and health forums, such as the mass media, including coverage of the failings of medicine, and the mistakes made by doctors* (Lupton, 2004: 171).

Cathy refers to medical terminology and being able to cope with talking to a medical professional; stating that it is a two-way process involving confidence on the individual's side and openness on the professional's side:

> It depends on people's level of confidence and their communication ability…it depends I suppose as well, a lot on the professional that they are meeting and whether or not am…that they are going to be accommodating or open in the way they are going to communicate with the patient coming in as well. Sometimes you know the medical profession can bamboozle you, the words they use or the terminology or sitting, clicking, at the computer instead of looking at you or talking to you and if you don't have the confidence to be able to deal with that, that can be very difficult and if your literacy levels are poor, that's going to complicate things even more…

Indeed, as suggested previously, 'clients as lay people, are by definition lacking the educational or experiential prerequisites that would allow them to decide, on grounds shared with the professional, whether to accept any particular piece of professional advice or not' (Hak, 2004: 352). The very nature of the medical encounter makes it difficult for the patient as lay person to retain the balance of power in the interaction sequence. It is

recognised that 'although discourse and outcomes are interactional accomplishments, doctors dominate in these interactions. Hence, 'doctors have the institutional authority to orchestrate the medical interview and the delivery of health care' (Fisher and Groce, 2004: 456). In a situation where an individual has to grapple with medical discourse, it is not surprising that confidence and the ability to communicate play a vital role in the outcome of the interaction sequence. This is further compounded by a situation in which perhaps a patient is either physically or emotionally vulnerable, or both. Indeed, as suggested previously, patients from lower social backgrounds may find such interactions most difficult, due to lack of confidence perhaps, for a variety of possible reasons.

Margaret also feels that interaction with a health service representative depends on communication ability and confidence:

> I mean if you can speak to the doctor, medical person or whatever on their level, show them that you are not ashamed to say what you think your trouble is or whatever, I think if people can speak on those terms, you are okay…people who are slightly educated if you like, now I don't mean university degrees when I say this, but who know a thing or two, will enquire a little further and will sort of say, 'well I know my rights'…

> I'm a medical card holder but I'm not a bit you know, I wonder if I was less educated than I am or had been around less…

With regard to patient confidence and empowerment within the medical encounter, Henwood et al (2003) studied a group of female patients based in the UK, and their use of the internet as a source of information. The overall conclusion stated that 'there are very real constraints on the emergence of the informed patient identity…' (Henwood et al, 2003: 604). In summary, three constraints are identified as particularly evident: the first that patients are not necessarily willing to become informed and take accountability for their own information, the second being that patients often did not appear to have the necessary proficiency to use the internet to its best in relation to health care, in both an efficient and

effective manner, and thirdly that health care practitioners are somewhat reluctant to participate in more equal power relations with their patients (Henwood et al, 2003). In the context of contemporary society, information sources such as the internet obviously equip patients with some information, whether indeed it is always valid or reliable being a separate issue. Armed with such information, patients should effectively become more confident, and 'not ashamed' as quoted from the above extract, within the medical encounter. However, as the study referred to suggests, there is still a long way to go before patients deem themselves to be, and therefore participate as, more informed within the medical encounter. Also, it is suggested that health service representatives may not be willing to participate on a more balanced footing with patients in the medical encounter. Overall, 'what is clear is that the informed patient will not emerge naturally or easily within existing structures and relationships' (Henwood et al, 2003: 605).

Aside from new technologies and wider access to information sources; higher levels of education due to the modernisation of society and increased social mobility have been pinpointed as another contributor to a more informed, if not empowered patient. Indeed, from the above interview extract, Margaret states her uncertainty about her power relations with representatives of the health service if she was indeed less educated and less informed. Also, it is clear that higher levels of education exist particularly among the younger generation in contemporary Ireland, and similarly, HSR 3 talks about why people, particularly younger people, have higher expectations of the health service than they had in the past:

> I think generation wise there is a huge difference, like older patients would tend to be very happy whereas younger ones like expect a lot more…education is another thing, degrees of education, you know you try to explain to people as well as you can…

Also, HSR 1 talks about how and why people are more willing to complain if they are not satisfied with the service:

They are much more ready to complain now whereas before they wouldn't have you know what I mean…I suppose it's maybe education on their part, there's a lot more stuff in the media…

Similarly, HSR 2 refers to how people become educated from the media as to how everything should be with regard to the service that the health service and its representatives should provide:

People are much more assertive and they know, there's a lot more information out there, like even reading the newspapers now, they pick up a lot of information and people with access to the internet and all that so they know when they are coming in what it should be, like what they should be getting, the type of treatment they should be getting and what their options should be, they are much more clued in…

From the above extracts, it is clear that better levels of education, along with increased access to, and exposure to information from various media sources such as the internet, newspapers and television have contributed to a better informed, more empowered patient. With this, has come a greater willingness to express needs and wants within the medical encounter, and also a greater willingness to complain in the event of dissatisfaction with the service provided. However, although there is a general recognition that the individual has become a more powerful entity within the medical encounter, as referred to previously, there is still empirical evidence from a study in the UK that suggests that changes are slow to take place, as the structures within the health system overall are also slow to change. This reverberates with the health system in Ireland, as according to the Health Strategy Report (2001: 125) with regard to Organisational Reform, 'the present structure in the health system have largely been in place for some thirty years, although there have been changes…The main conclusion is that while the system has served well in many respects, some significant issues remain'. Therefore, it is clear that reform of the health service in Ireland is a very slow ongoing process. As a result of this, health inequality continues to be a worrying issue in Ireland, where the private/public patient divide is a very obvious one, and certain sectors of society remain marginalised and under-represented in terms of overall

health, and the provision of health care. According to Layte and Nolan (2001: 22), 'at present, the Department's remit is the provision of health care services and the promotion of healthy lifestyles, rather than the development of health-promoting socioeconomic and community structures'. This suggests that the area of health inequalities is being overlooked in policy aimed for the development of the Irish health system.

HSR 3 states:

> A lot more people are way more educated and so they are not afraid to ask anymore. A lot more people have so much more available to them so like they just feel that they have the right…

It seems that individuals are becoming increasingly aware of their rights as 'consumers' of the health service, and what can be expected from health service 'providers'. The Health Strategy Report (2001) indicates that for patients, further availability of information with regard to health care and further power to participate more equally in the decision-making process, are two ways in which the health system could be improved and developed. In essence, the report recognises that the needs and rights of consumers of health care in contemporary Irish society need to be properly addressed. With this, the Health Strategy Report (2001: 49) 'points to a need to empower individuals through:

- improved ways of delivering services that take account of modern trends and lifestyles
- improved customer care procedures which are sensitive to the needs of particular groups and individuals ensure the greatest ease of access to information on eligibility for services and where and how to access them
- comprehensive, easily accessible complaints and appeals procedures
- consultation processes that engage the wider community in decisions about the delivery of health and personal social services
- mechanisms that capture customer feedback on a regular basis'

Similarly, in the UK, according to Henwood et al (2001: 591), 'the Centre for Health Information Quality (1999), has argued for healthcare practitioners to work in a partnership relationship with consumers to develop information materials and promote shared clinical decision-making'. However, it is also recognised that such measures are difficult to put in place, 'as one *British Medical Journal* (*BMJ*) editorial argued, there are two important questions to be asked here: how far do patients want to participate and how feasible is it in days of the eight minute consultation? (*BMJ*, 1999)'. As stated previously, structures within the Irish health system have been in place for some thirty odd years, and although some changes have been made, there is still room for further transformation and development. Therefore, it is clear that reports and recommendations may look all very well on paper; but it takes quite a long time for decisions to be made and action to be taken. Again, Layte and Nolan (2001: 24) suggest that issues relating to overall health inequality in Irish society should be addressed, and that 'the limitations of the current Irish knowledge base cannot be allowed to delay the development of concrete policy initiatives: it will be necessary to draw on what has been learned elsewhere about causal processes and effective policies, while at the same time seeking to improve the domestic knowledge base'. Indeed, apart from improved access to health care information and more equal participation in the decision-making process, more open 'complaints and appeals procedures' are also recommended within the report. Thus 'accountability' is deemed another important aspect of consumer rights. This is explored further in the final section of this chapter.

According to HSR 3, individuals being more informed (with access to the internet, for example) can affect interactions with patients in such a way that more pressure may be added to the situation:

> It depends like to a certain extent, it is very difficult if you have someone coming in say for example, am…they have been diagnosed with something and they have been receiving certain treatment in Ireland, and you know it's the best treatment we have here in Ireland, and they might come in with a sheet, a print out of a massive treatment available in the States, like, and it's very hard to say to somebody, well sorry but we don't actually have that available here even though it's very good

like…

The empowered patient therefore greatly affects the health service representative in dealing with medical issues and prescribing treatment. In addition to this, a report in Britain, researching General Practitioner practices (Weiss and Fitzpatrick, 1997), 'found that GP's were prescribing 'irrationally' as a response to the growing demands and expectations of patients' (Henwood et al, 2001: 591). Another result of the development of the more empowered patient is that responsibility for health care is put back to the patient. As mentioned previously, it seems that not only are health representatives reluctant for this to happen, but also, patients; as many prefer to opt for more passive participation in the health care decision-making process. However, according to Paci, 1987; Starr and Immergut, 1987), due to the enormous expense incurred by various governments with regard to public health care provision, there is a trend in contemporary society, 'to redirect responsibility for illness away from society towards the individual, who is now expected to engage in extensive preventative medical practices in order to prolong his/her longevity while also reducing morbidity' (cited in Turner, 1992: 156). It seems, therefore, that in capitalist society, where low cost, and maximum profit are the ultimate goals, neither the health service representative, nor the patient, has a choice in where responsibility for health care rests. The effect being that the power of the medical professional is being undermined, as referred to previously, due to systems put in place that increase levels of administration, managerialism, and bureaucracy. With regard to America, Navarro (1986) states that 'the implication of the managerial effectiveness and profitability of health-care delivery systems may lead to a massive McDonaldization (i.e. increase of 'no appointment, walk-in medical facilities modelled after fast-food restaurants') and commercialisation of health care' (cited Turner, 1992: 157).

Even with the emergence of the informed patient in contemporary society, there are still signs that the dominance of the bio-medical model of health care, which as discussed previously is favoured by capitalist driven societies due to profits made from the production of pharmaceutical products, remains in tact. According to Dixon-Woods (2001), 'the dominant discourse in this [consumer health information] literature tends to privilege bio-

medical over other forms of information and knowledge, and adopts a rather one-way model of communication' (Henwood et al, 2001: 591). This signifies further the take over of power within health care provision in contemporary society. As maintained by Tucker (1997: 30, 1), 'despite the fact that biomedicine retains considerable power and prestige, it is subject to mounting criticism and its limitations have become more transparent'. However, the realisation that biomedicine is not perhaps the only solution to the provision of health care in contemporary society is extremely slow to catch on. Indeed, 'the emergence of a holistic paradigm will require not only a change in the practice of medicine and health care, but also in the knowledge system and the model of science on which it is based. It will also require institutional changes…' (Tucker, 1997: 32). Overall, it appears that power within the field of health care provision in contemporary society rests foremost with those in pursuit of capitalistic goals, primarily, the state which is usually organised by and for the power elite, secondly with medical professionals and institutions, who may also have interests pertaining to, and as perhaps part of the powerful elite, and finally, the least amount of power rests with the majority of patients or clientele of health care provision, particularly those who are not part of the powerful elite.

However, notwithstanding the importance of social class background, and its effects on power relations; health representatives feel that the patient's condition is the most important factor involved within interaction sequences. HSR 1 refers to an incident involving a patient's visitor when she was nursing:

> Going back again to when I was on the wards which is where I would have had most contact with the public, it can be a bit of a power struggle you know…It was a superintendent came to visit a patient at the time and I kind of said it wasn't appropriate for him to visit at the time and he was quite abusive to me and I was doing it out of the best interest for the patient. Now, eventually, he came round to my way of thinking but it was quite, like I suppose he, I was, he was much taller than me, he was looking down on me and it was like, you know he more or less said, 'who do you think you are telling me that I can't visit my friend?' but like I had to have the patients interest at heart so that was quite a power struggle I think

with him…

'Doing it out of the best interest of the patient', as above, suggests that HSR 1 was not willing to let the status of the patient's visitor as superintendent to override what is perhaps considered 'best practice' based policy. Again, it is important to note that issues relating to *actual practice* are of central importance in this study, as opposed to whether or not the practice reflects *actual policy*. Although there was a 'power struggle' with HSR 1 alluding to feeling somewhat intimidated by the visitor who also seemed to be indignant by the whole situation; there was no allowance made for the visitor to be let in to see the patient, until it was deemed suitable. Social class background, and status, therefore did not affect the outcome of the interaction sequence in the hospital setting. Therefore, perhaps it can be inferred that as a health representative's response to a patient is based primarily on the patient's condition, as suggested previously, so too is a health representative's response to a patient's visitor. Similarly, with regard to social class background, Michelle feels that every patient should be treated the same; private or public:

> Again people have their VHI and all of the rest of it but, am…at the end of the day, everyone is the same when it comes to life or death situations, or health in general I think…I'm not sure if that is the case…

However, Michelle also states her uncertainty as to whether all patients are indeed treated the same, even in relation to *general* health care. With regard to the Health Strategy report (2001: 125), 'organisational structures must be geared towards providing a responsive, adaptable health system which meets the needs of the population effectively and at affordable cost'. Therefore, the population of Ireland as a whole, regardless of wealth, must be considered in the development of a better, more equal, and fully accessible health care system. Therefore, emphasis must be placed on a 'people-centred service' (2001: 125). As suggested previously, issues relating to health inequality in Irish society need to be addressed, with the development of structural changes across the full range of health services; giving increased and wider access to health care, for individuals from all sectors of society. Following this, there is also the need for more open lines of communication

between all sectors of society and those who are in power of the decision-making process within the health system. This is discussed further in the final research question in relation to patient empowerment and accountability.

Overall, changes in attitudes towards health representatives seem to be the result of a new phenomenon that has manifested in the empowerment of the patient, with the help of higher levels of education, and also greater access to information. This has both positive and negative effects, as, health representatives have to work within certain structural limits, and therefore, if a patient demands something that is not available, the situation becomes frustrating for both the individual, and the health representative. However, clearly, if the patient is more confident, and the interaction is more balanced in terms of power relations, a better service may possibly be provided.

Question 4: Has the nature of power relations within Irish society changed? If so, how has this affected both individuals and the relevant institutions?

This section deals with the effects of the changing nature of power relations in Irish society such as the call for institutional responsibility and accountability:

Accountability and the Garda Síochána

Frank believes that people have a right to air their views in relation to complaints if they feel the need:

> I think they are the guards, they are the law and no one is above the law, we know that, but I think people have got to understand, they do have a right view their concerns and have a right to make complaints you know, and I know probably a lot of complaints go in against them…

According to Mulcahy and O' Mahony (2005: 3),

> *the claim that there existed an innate link between the police and the public*

undermined any calls to develop structures that would facilitate or mediate police-public consultation. As a consequence, there was a general failure to develop a system of organisational oversight or any structured means for developing and consolidating formal links between police and public.

This supports the idea, as suggested in the above interview extract, that individuals are unaware of their rights as citizens to formally complain against members of the Garda Síochána; perhaps due to lack of information about complaints procedures, and the lack of accessible formal avenues to pursue such complaints. Therefore, there is a need for structural change within the Garda Síochána, in order to provide more open lines of communication with the public, and also, to provide an easily understandable and accessible system of processing formal complaints against members of the force. When there are very few instances of public complaints; there is little or no need for investigation against the police. Thus, 'the misapplication of rules, authority and most importantly force becomes especially problematic. In the United States, these misapplications were subjected only to internal review, but ultimately public dissatisfaction eventually led to demands for external review (Mendes, 1999: 23). Similarly, in Ireland, there have been calls for organisational reform, particularly in dealing with complaints, and instances of Garda misconduct and wrongdoing.

In the context of alleged Garda incompetence and malpractice, the issue of accountability of the Garda Síochána *is obviously of central importance and there is currently much dissatisfaction around this area. In reference to the Garda Complaints Board, the chief mechanism for processing citizen's complaints, the National Crime Forum (1998) stated that "many members of the public do not make a distinction between investigation by the Board using Garda personnel and investigation by the* Gardaí*, leading to the perception that the* Gardaí *are investigating complaints against themselves"* (O' Mahony, 2002: 426).

Cathy states that any complaint against the Garda Síochána that she may have made, would indeed be looked at, but is not so sure that accountability would be guaranteed:

I know that there would be redress as well if there was something that I said a guard had done wrong, and I'd be able to go and ask for that to be examined, am… now I still do think though that the system would support the guard, am…and I think,

ah…I don't know would I have faith in them to maybe come out on my side because I think that they would stick together…

Therefore, confidence in the complaints procedure against members of the Garda Síochána appears to be seriously lacking. There is the recognition that complaints will be heard and perhaps, formally processed; however, more than likely form there to be assessed in favour of the Garda(í) in question, and the force, as opposed to the individual. In essence, 'finding credible mechanisms for accountability with respect to individual citizen complaints about possible abuses of authority is obviously crucial, but there is also a need in Irish policing to redress what is perceived as a profound lack of democratic accountability' (O' Mahony, 2002: 426). Indeed, Minister of State (at the time of writing) Mr. Dick Roche refers to an incident with regard to an eighteen year old constituent of his that was mistreated by Gardaí and while at court as a witness to the injuries that were sustained by the male, observed the two accused Gardaí take the stand:

> *I saw no sign of compassion, or fear, or concern, all I saw was arrogance, there was a sense of invulnerability, I can do this and this doesn't matter* (RTE, Prime Time Investigates: The Force of the Law, 8/1/2004).

Garda D recognises that some people feel that there needs to something in the line of an ombudsman in relation to the Garda Síochána:

> Okay from time to time, some people might say 'Well, who's guarding the guards?' and that is fair enough. I would accept that there has to be some kind of watchdog on Garda behaviour…

Traditionally, as referred to previously, complaints against the Garda Síochána, as with representatives of the majority of institutions in Irish society, along with allegations of misconduct and wrongdoing, have been dealt with in a way as alluded to previously, and sometimes even referred to as 'the rotten apple theory', essentially, reducing 'all the problems that may plague an organisation to the deviant action of a few delinquent members, whose removal will purge the organisation and solve all its failings. However

simplistic, this prescription for rooting out rotten apples is still very powerful' (Brodeur, 1999: 155). The implantation of such measures to provide accountability primarily serves to protect institutions as a whole; with some protection for fellow colleagues, and perhaps the very least amount of protection to satisfy the public. In essence, the institution is *seen* to act in relation to complaints and allegations, by simply punishing or removing what is deemed to be the perpetrator of an *isolated* incident. However, internal procedures no longer appear to actually satisfy the public as internal investigations simply

> *Ensure that it is the individual or small group of police officers who will be held accountable for any wrongdoing that produces a public outcry, not the professional police organisation itself. This approach emphasises the cleansing of 'the rotten apple' as opposed to the whole barrel itself* (Mendes et al, 1999: 24).

Therefore, there is the need for, as referred to in the above interview extract, 'some kind of watchdog on Garda behaviour'. This perhaps could be executed in the form of an Ombudsman, as proposed by the Minister for Justice, Equality and Law Reform, Mr. Michael McDowell, T.D. This has been made possible due to The Garda Síochána Act 2005, which allows for the new Garda Ombudsman Commission.

> *The Ombudsman Commission will have a radically expanded role and will be required and empowered to:*
>
> - *Directly and independently investigate complaints against members of the Garda Síochána;*
> - *Investigate any matter, even where no complaint has been made, where it appears that a Garda may have committed an offence or behaved in a way that would justify disciplinary proceedings;*
> - *Investigate any practice, policy or procedure of the Garda Síochána with a view to reducing the incidence of related complaints.*
>   *(www.justice.ie/, 13/02/2006).*

Garda C refers to the Garda Síochána being watched as a result of more awareness through the media and how it actually benefits them in a sense:

> It makes it easier on us actually because it makes us do our job in a more efficient

and better way…

Also, with regard to openness about Garda behaviour, Garda B states:

> Oh I'm all for it, definitely, absolutely, accountability is where you know, where everything lies in relation to am…every institution. I think definitely, it's a good thing. I have no problem with it anyway…

Garda A, similarly, feels that criticism of the Gardaí can be justified:

> They are much more critical of what we do and as I said in fairness, they might be justified in criticising us in certain ways that we have done…and errors that we have made…

> I don't have any problem with criticism, we can't be seemingly doing everything correctly and I have no issues with it…

Overall, it seems that representatives of the Garda Síochána, as above, recognise that Garda behaviour is likely to be monitored more, due to 'the media', and more widespread access to information, and 'awareness' among members of the public. The need for 'accountability' within the institution is also recognised as important, and welcomed as something that needs to be implemented within every institution. Also, there is acknowledgement that members of the Garda Síochána, and the institution as a whole, are subject to 'more criticism', which is seen as necessary, as the institution in its entirety could not possibly be deemed infallible. Increased monitoring, awareness and criticism of the Garda Síochána as a whole, is therefore evident in contemporary Irish society.
According to Mulcahy (2002: 429),

> *The police must also forge new working relationships with all kinds of social agencies, which have in interest in crime reduction and prevention, and enter into a new form of partnership with the general public and local communities. In this immensely complex context, police respect for civil liberties and effective systems to*

assure police accountability will be more important than ever.

Garda C refers to negative media stories about the Gardaí; in particular an incident where there is a judicial tribunal investigating 'claims that Gardaí in Donegal fabricated confessions, planted explosives, harassed locals and obstructed enquiries into the death of cattle dealer Richie Barron' (RTE, Prime Time Investigates: The Force of the Law, 8/1/2004).

I suppose it doesn't give the guards a good name to start with, everyone is affected by it in the guards but I suppose we just have to go on and continue the way…It's only a minority like it's only one or two percent of the people in the guards which I suppose, you would get that in every job…

The two Gardaí in Donegal that changed statements and stuff, I suppose, people are looking at that as well and you would often get abuse on that as well, now like young people, if you arrest someone on a public order incident, they'd always bring up about the Donegal thing…

In relation to the same corruption incident, Cathy states:

I think the thing in Donegal that happened, didn't help at all. There were very senior detectives who were planting stuff and finding it, and all that and I don't think that would have helped…

Garda A believes that all individuals within an organisation suffer when particular stories about bad incidents are reported:

I suppose the difficulty we have no more than any other organisation, that if I do something wrong here in the morning, in relation to ah…just say I am what do you call it, involved as a guard in a rape or in a bad assault or in a robbery or in, ah…drink driving which you are aware of has happened up in Dublin, that it gets massive publicity and a lot of us are tarnished the one way and we get a lot of that

172

thrown back at us on the street when you are dealing with people in different issues…

I was never in Donegal in my life but I have got it thrown at me in court, on the streets in [], I have got it thrown at me about being corrupt, about ah…one thing or another in court by solicitors, on the street by civilians…

The effects of bad publicity for the Garda Síochána in the media seem therefore, to be very immense. It appears that incidents of wrongdoing within the force cause a ripple effect throughout the rest of the institution, whereby many representatives, whether linked to the incidents in question, or not, get criticised, 'abused', and, almost blamed. Garda C, as above, states that incidents occur involving only a minority of Gardaí within the institution, believing that all institutions would have the same manifestation of a minimal amount of incidents. Also, Cathy believes that incidents such as in Donegal reflect very badly on the institution, particularly when there are senior Gardaí involved. Again, Garda A refers to difficulties, 'no more than in any other institution', in stating that incidents involving the Gardaí, receive 'massive publicity' and 'a lot of us are tarnished'. Such publicity appears to also affect the actual work of Gardaí, as even solicitors seem to use it as a mode of criticism in court.

However, in spite of the immense effects endured by representatives of the institution as a result of bad publicity, 'little has been done by the Garda Síochána to assure the public that these kinds of problems, which have recently surfaced with some regularity, are not typical of Garda practice and that adequate internal mechanisms are in place to prevent their reoccurrence (O' Mahony, 2002: 425). Therefore, the Garda Síochána, are not only criticised for the actual occurrence of wrongdoing among enforcers of the law, and protectors of the people, and state, but can be further criticised by the public for not ensuring accountability, when such incidents occur. Indeed, perhaps it is accepted that incidents will occur, as representative of the police are but human also (Goldsmith, 1999). It is perhaps a given that sometimes 'challenges to their authority and dominion over public space can lead to overreaction. But self-restraint by state officials is crucial to the nature of

liberal democratic societies (Goldsmith, 1999: 34). Therefore, the real problem lies in the lack of accountability within the Garda Síochána, and the lack of reassurance given by the institution that such incidents are learned from, and adequate steps are taken to avoid similar incidents happening.

Garda D mentions the 'rotten apple' effect:

> In a lot of ways I suppose you feel annoyed because we are viewed as a kind of a collective group. It's like anything, kind of, one bad apple kind of gives everyone a bad name. It doesn't do the rest of us any favours and it hasn't made things any easier I suppose within the organisation…

Perhaps it is true to say that rotten apples exist in every institution and that perhaps there is a tendency for one bad apple to tarnish the reputation of everybody else. However, as suggested previously, there is also a tendency for some institutions to use this analogy as a way of excusing the occurrence of incidents of wrongdoing and misconduct. Often, as suggested, institutions, use the idea of rooting out the bad element among the collectivity, and therefore, assign responsibility in the exercise of so called accountability. Indeed, 'the 'rotten apple theory' is generally the initial strategy used by closed agencies to avoid any organisational accountability and any external oversight' (Brodeur, 1999: 155). In instances like this, responsibility falls on the individual representative of the institution, who is subsequently punished or removed in the name of accountability. However, according to Brodeur (1999), it is important to understand that institutional behaviour as a whole cannot simply be attached to isolated representatives of institutions, and their behaviour. The institution exists independent of representatives, and also serves to systematically control the behaviour of its representatives. In essence, it is too easy to assign blame to the individual representative, while at the same time protecting the institution.

It is important to recognise that there is a difference between a representative of an institution, and the institution itself, as there is between the individual as a representative, and the individual in his/her own right. Therefore, agency exists on three separate levels,

and each level can be combined with one or both of the other to varying degrees depending on what the circumstances are. Accordingly,

> *Within the organisational perspective that we try to articulate, accountability is a bottom up process. Besides individual agency, it might be useful to distinguish in this regard what we would like to call organisational or institutional agency. The latter kind of agency would be proportional to the power exercised by an office holder within an organisation. In highly structured organisations, the higher one is in the structure, the more one's person and one's organisation tend to blend* (Brodeur, 1999: 156).

Accountability is exercised through emphasising the 'isolation' of incidents of wrongdoing and misconduct, and therefore, emphasising the isolation of those who are deemed responsible for such incidents. The institution as a whole, along with those who are more tied to the reputation of the institution for self evaluation and identity, as suggested above, those located 'higher in the structure', therefore tend to evade responsibility. However, as much as the institution of An Garda Síochána works to downplay the occurrence of incidents, there is still the tendency for members of the public to project their thoughts, feelings, and perceptions onto the institution as a whole.

Similarly, Garda B talks about feedback from the public in relation to certain incidents:

> I haven't been out patrolling in a while but I was a community guard and I know the feedback in relation to say certain bad incidents that we got back and the verbal abuse we got in relation to certain things that they picked up…

> That's part of the job, I mean, I'm sure it's the same in every organisation…

However, it appears that it is not so much that people are shocked about corruption within the force or indeed members of the force breaking the law; it is more the fact that these cases do not seem to be properly investigated, and that the perpetrators are *not* seen to be brought to justice. The Irish Times/TNS mrbi opinion poll indicated that 'while the majority of the members of the Gardaí were first "class", the public perception was that

officers who behaved less than honourably were not been adequately investigated and punished' (The Irish Times, 10/02/2004). With increasing reports in the media about negative incidents in relation to Garda activity, there is a public awareness, not evident in the past, of what representatives of the Garda Síochána can actually do, like everybody else, in terms of breaking the law. Of concern is the fact that representatives of the Garda Síochána are not seen to be treated like any other individual that breaks the law. In other words, individuals want the Gardaí, and indeed representatives of all institutions, to be held equally accountable in the event of breaking the law, as would any other individual be, in similar circumstances.

Accountability and Health Service Representatives

According to the Health Strategy report (2001: 80), with regard to complaints procedures:

> *One of the areas which attracts particular criticism in this context is the perceived inability to question the actions or decisions taken by individual practitioners in regard to clinical matters. While acknowledging the need for freedom in exercising clinical judgement, the Government also accepts the need for a stronger framework for questioning and investigating clinical decisions in particular circumstances.*

HSR 2, in referring to responsibility, states that:

> If something happened, if some mistake happened, you know, if people got treated badly or got wrong results, or something or notes lost or something like that, I suppose most of the time, I would be up front and tell them straight away, admit to what happened rather than just say, 'oh it's just...', tell them what happened, what went wrong and usually people are much better then. If you apologise and say 'look it was mistake, something happened...', I mean you are better off being up front with them rather than trying to fluff it up and really they are okay then...

According to HSR 2, therefore, individuals are more appreciative if health representatives are up front with them about any mistakes or errors made. However, it appears that health representatives are not always so willing to admit to a mistake and apologise; as can be

seen in the following extract from Cathy:

> I had gone to my own GP, and he had confirmed this complication with me and then I went to the consultant, and I actually happened to see him on the same day am…and he didn't believe me, he examined and he didn't believe what I was telling him, and he said look all I can do is…I have to take things as I see them or something like that he said to me and I felt he completely dismissed me, am…and I went out and I cried in the car and that was only like four years ago…I went back to my own doctor because I was really upset with what had happened with the consultant and he said well look, I know this has happened to you and the nurse observed it as well…just don't let him away with it so I went back in the following month and I challenged the consultant over it and he took it, ah…said he was sorry that he had done that but again said, I have to take what I see so he was pacifying me but still he was going to stand his ground as well…

Louise refers to a situation where her mother was wrongly diagnosed:

> If the GP had done proper tests and sent her to the hospital on time, she wouldn't have went like, the night she was brought into hospital, she nearly died because she couldn't breath. They treated her for nearly eight months, like the inhalers and the steroids could have been damaging her heart more…but there was no comeback on that…they weren't like very apologetic…

Louise refers to another situation between her and a GP with regard to her daughter:

> There was a doctor there before, he had to leave because there were too many complaints going in, he wasn't very am…I wouldn't say customer, like what's the word for it, he had no relationship between patient/doctor, he was just very aggressive and kind of gruff, whether you said there was something wrong with your child or not, he would say you were over-exaggerating and you were wasting like, basically wasting his time…

To pay for a visit and to be told that there is nothing wrong with your child and because my daughter has asthma and they kept on telling me there was nothing wrong with her like, it was all in my head…he basically told me I was over-paranoid or you know over protective but it turned out that she had an asthma attack and I had to take her to the surgery after…

Greater accountability and delivery of service are indeed proposed to be addressed:

The Department of Health and Children will formally set out a statement of national priorities for health, which will be then addressed by the health boards in preparing their individual service plans. The new Health Strategy seeks to strengthen this process by providing for greater accountability and closer monitoring of performance based on the deliverables (specific stated goals) given in health service plans (www.oasis.gov.ie/, *19/7/2005*).

Louise concludes that doctors have a responsibility to listen to and respect clients:

You are taxed for everything and you pay you know, what I mean, you pay enough so you should be treated with some kind of respect, whether you are overreacting or not,…and that's what they are there for I mean there's been plenty of times that they've been wrong and things have happened…

Therefore, as stated by Cockerham (2004) with regard to health care in America, the individual as a consumer wants to participate equally in the decision-making process, having equal access to information about healthcare, and the options available; ultimately without being subjugated in the interaction sequence. In essence, the individual wants to be 'treated with some respect' within the medical encounter. With this new development over the latter half of the 20th century, there has been considerable strain on the traditional doctor/patient relationship. With regard to America,

The high cost of care, high salaries of many doctors, and superior attitudes on the part of some, along with organised opposition to health reform, caused some patients to become disillusioned with the medical profession. Doctors, on their part, became resentful about patients, and others who questioned their commitment. As a

result, Shorter (1991) concludes, doctor-patient relationships in the United States have seriously eroded in recent years (Cockerham, 2004: 199).

Furthermore, Freidson (1989) suggests that social class plays a considerable role in the degree to which the doctor/patient relationship has changed, where accordingly, those of lower status remain less troublesome for the doctor due to lack of information and education, and, those of higher status, are more likely to be troublesome for the doctor, due to being more aware of the health care options available (Cockerham, 2004). However, it is clear that there has been a change across the spectrum of classes in Irish society with regard to power relations in the medical encounter; as with the effects of social mobility, there has been more widespread access to information and education overall. This is not to say, however, that there are no differences, as social class remains very important as a determining factor in the doctor/patient relationship.

The change in attitude with regard to health care and 'consumer rights', which exists at varying levels across the social class spectrum as suggested above, has resulted in a call for accountability. Therefore, as Cassell (1986) explains, the belief among laypersons that the 'doctor knows best' is no longer virtually accepted (cited in Cockerham, 2004: 199). Indeed, there are various recommendations, as suggested in the Health Strategy report to put structures in place that allow a more open, and easily accessible avenue towards the implementation of more efficient and effective complaints procedures within the Irish health system. Indeed, as has been suggested previously in the findings, it appears that the majority of individuals consider the provision of health care to have an innate link with the Government. With this, representatives of the health service, particularly doctors and nurses are considered to be independent of the institution as a whole; indeed, working the best way that they can within the limitations of the health service. Accountability, however, is very much a priority for the general public when discussing the health service. Many cases of wrongdoing and malpractice have been highlighted as examples of areas of concern within the interview data. However, such cases, although explored through the various media, are not considered to tarnish the reputation of all health service representatives, at least not to the same extent as similar cases portrayed in the media in relation to the Gardaí, and how they seem to affect the perception of members of the public

with regard to all the representatives of the institution.

<u>Recommendations for the Future</u>

Frank proposes a solution to the problem of the Gardaí not being able to relate to children/teenagers:

> they need to go out into the communities where they are going to be working, and engage them earlier on as what do you call it, a prevention, meet the people, they can ask them questions, why is your attitude such?, and hopefully, that's my idea anyway, yeah, work with the kids in the community…

Similarly, Garda A states:

> I think that we just need to go back to grassroots and go out into the communities and to explain to people what we are about, yeah get to know people, it's all about working with people…

Also, Garda C states that more should be taught to young people about the role of the Gardaí when they are in school:

> I suppose if they were taught more about the guards in secondary school, do you know what I mean, like I would have known nothing about the guards now, bar that I have friends and family, I was never really taught anything about them in secondary school so if there was more emphasis in the schools…

This indicates the need for more effective community policing; a back to 'grass roots' approach perhaps. Indeed, shared responsibility between the individual and the institution in maintaining safety within society seems to be the way forward for policing in contemporary society. With regard to policing in South Africa, Oppier (1997) states that:

The new role of the 'neo-liberal' community is that of empowered individuals who voice their opinions, offer their expertise and take responsibility for their actions. Though this may be idealistic, it creates a sense of a responsible and empowered community. A professional police service and a responsible community in an open and honest partnership presents one of the most fruitful routes towards achieving a safer living and working environment (cited in www.iss.co.za, 24/10/2005).

This is referred to as the partnership approach, where one of the principles states that there should be a more equal spreading of power between the individual or community, and the police. It is also suggested that an organisation such as the police 'should not impose its views, priorities and objectives upon others with less power' (www.iss.co.za, 24/10/2005). Policing in Irish society has moved away from a community/partnership approach for various reasons, mainly associated with rapid modernisation. Among other reasons include 'the closure of rural Garda stations, the increasing reliance on technology, the growth of private policing security firms in shopping malls and other private areas where the public do business, and the move away from foot patrols to motorised policing (O' Mahony, 2002: 427). However, there have also been advances in steps towards partnership policing in Irish society as has been evidenced by the success of developments such as Neighbourhood Watch and youth diversion programmes, as previously alluded to. Accordingly, 'In some respects the new police "social contract" demands a return to more traditional methods' (O' Mahony, 2002: 429). 'Meeting the people' and 'knowing the people' as suggested are very practical ways of solidifying more genial power relations between representatives of the Garda Síochána, and members of the public. Therefore, as recommended, perhaps starting and improving levels of familiarity with the role of the Garda Síochána, and members of the Gardaí, starting in schools might be a very practical solution to a very widespread problem.

This is further supported by the following extract. According to Cathy, the Gardaí have two choices when it comes to young people giving back cheek and not doing what they are told:

It depends on the guard, he can either say well, I'm going to teach this youngster a lesson, they should have respect for the guards, or I'm going to interact and see what is going on here, and the kid could be brought up to the station or, they could

actually have a conversation, do you know, and learn something about each other. So, that all depends on where the guard is coming from, am…and if your idea about it is, well look, there is an inequality in society and am…either if I can do something small here in relation to this young person and talk to him, and get him to know that I am not just part of a system, that there's human beings behind all of this, well there is something that can be done there, but if you are just going to kind of, come down with the hard hand of the law, that's am…going to be different…

Therefore, it seems that perhaps for the Gardaí to try and get to know young people, through possibly, policy structures centralised from within the institution, there might be an improvement in the attitude of young people towards the Gardaí, and therefore, an improvement in the nature of power relations that derive thereof. Accordingly, Frank states:

I'm not saying that they have to go around being nicey nice but it's just, that their practice, I feel it is a time for change. They are not moving with the times basically…

Oppier (1997) asserts that 'the partnership approach to policing emphasises that relations between the police and public should be consultative, and extend into the process of planning' (www.iss.co.za, 24/10/2005). Therefore structural changes within police forces are needed to cater for the ever-changing needs of contemporary society. Indeed, according to O' Mahony (2002: 427), 'the paradigm of community policing is often regarded as the panacea for modern police forces keen to retain or win back the consent, support and respect of the community'.

With regard to power balances between health service representatives and the public, HSR 3 states:

I think it will probably maybe even off a little bit, I think people are a little bit ah…you know kind of too obsessed with getting it [power] back

It seems that there is a move towards patient empowerment in Irish society. Apart from patients being more informed with regard to decision-making about healthcare, there are also increasing levels of choice within the range of health care options. Although biomedicine remains dominant, as suggested previously, there has been a development in health care where by

> *the complex relationship between people's health and their social and material environment has led to a holistic or whole-person approach being viewed as central to health care practice, and as a corollary the patient is to be regarded as an active participant in the therapeutic process, rather than as a passive recipient of medicine* (McCluskey, 1997: 52).

With this, individuals have become more responsible for their own personal health care; and are expected to participate in a healthy living lifestyle incorporating better choices on a day to day level. Overall, as explored, there are many factors involved in the provision of health care. According to Turner (1992), Parson's examination of the sick role is an all-encompassing approach to understanding health care, and, therefore, despite being criticised, it still provides a very useful starting point in the sociology of health and illness. In essence,

> *following Parsons, the sociology of health and illness would be concerned with, at the level of the individual, the phenomenology of illness experience, at the level of the social and cultural categories of sickness in terms of a sociology of norms and deviants, and, at the societal level, with health-care systems and the politics of health from a macro-analysis of the function of illness in social systems* (Turner 1992: 161, 2).

Such an analysis involves issues relating to both structure and agency, as have been emphasised throughout this research study.

Rachel feels lucky to have a GP that isn't part of the futuristic type practice becoming more and more prevalent in Ireland:

> I think that in general, general practices are becoming more like supermarkets, you know, it's like a conveyor belt rushing people through, but I have been lucky

enough that my doctor has you know, he kind of knows my family and that so he's pretty good…

Margaret feels apprehensive about her future as an aging medical card holder:

I mean I'm seventy three now, I'm terrified in many ways, I think the worst thing that can happen to you in this country in the present day is to get old, I wouldn't have any confidence that I would be properly treated with any kind of dignity I don't think…

We are a country of 'haves' and 'have nots'…the poor people that end up on the streets, in hostels, who become winos for one reason or another, God knows and God love them, I feel that they are very badly treated, I really do…

The first extract indicates that there is a development towards a 'McDonaldization' of health care in Ireland, as previously mentioned in terms of the U.S. Again, this brings in issues of both structure and agency, as it appears that there may be further commercialisation of health care, treating the patient as a consumer; and as a result, there is also depersonalisation within the medical encounter. Although, the patient may benefit from a newly developing 'consumer rights' approach, there are also disadvantages associated with this, from the perspectives of both health service representatives and the individual. Similarly, from the second extract, it appears that there are still issues with regard to confidence about being treated as an individual, therefore with 'dignity' and respect, as an older patient in the care of the Irish health service. With this, there seems to be an issue with over-modernisation of the health service, and perhaps a need to retain some of the more traditional qualities associated with the provision of health care, such as at the very least, treating patients as individuals with citizen rights. On a final note, Margaret can also see that society is improving in general with regard to power relations and health service representatives:

Doctors were always doctor, you never called them Jim, John, Tom or

whatever…we were a very down trodden society, even in my lifetime…

Overall, from a global perspective, according to Cockerham (2004), although it is difficult to compare health systems across various countries, due to the many different variables prevalent in each; most countries, particularly in the developed world, seem to be aiming for a health system that has less inequality and expense.

Discussion

Therefore, there are three issues common to both interactions with the Garda Síochána and interactions with the health service:

1. Social class and interaction
2. A change in attitude
3. Accountability

The three main themes as above are discussed subsequently in relation to the overall research study. To begin with, it is inferred that each theme can be attributed to Irish society in general as:

1. Irish society is fundamentally a class based society affected by the economic system of capitalism and controlled by a government that works within the ideologies of a democracy
2. The attitude of the individual in Irish society is changing for various reasons including more availability of information and higher levels of education. Individual's expect more and know what services should provide them in relation to their rights
3. This change in attitude has led to more assertiveness and a willingness to complain on behalf of the individual. This leads to a feeling that everybody, no matter what institution they represent, should be accountable for their actions and their mistakes

The theoretical background underlying the analysis of class based society is discussed at

length in the literature review which deals with Marxist and Weberian class analysis followed by Gramsci's theory of Hegemony. Issues relating to class conflict within the economic system of capitalism, different types of power with regard to class, status and party (political power), and finally, the role of ideologies in the consent of one class to be dominated by another are considered as prevalent characteristics of non-traditional society. This is further supported by Functionalist analysis, which, although, fundamentally provides a more positive outlook with regard to the functions of power, still provides a basis for how power and institutions are accepted as legitimate in capitalist societies. The commonalities between Durkheim and Parsons, and the aforementioned theorists all point towards how the ideology of a democracy can exist within society, similar to that of contemporary Irish society. Indeed, Irish society is identified as an empirical example of how each theory remains indicative of capitalist society, up to one hundred and fifty years later than the time of initial writing of classical sociological theory. The importance of the role of the state and institutions that derive thereof is also indicated throughout this analysis. Also, the importance of the role of agency as a factor contributing to power relations, although introduced through Weber and Gramsci, is explained further through the analyses of Mills, Foucault and Bourdieu. The role of both structure and agency is examined in the dichotomy of the public versus the private sphere and the feeling of powerlessness that may occur when living within a system governed through structural constraints, and also, through the idea of changing discourses of power throughout society, shifting from private to public and vice versa. Finally, the role of class reproduction of power relations through various fields that produce various types of capital, which can further be exchanged from one type to another, also shows the importance of both structure and agency when studying power relations in society.

A more detailed analysis of the concept of power is provided against a backdrop of theory relating to power in its own right. The headings used are: power and meaning, power and relationships, power and institutions and power relations. Power, as examined by Russell, Morriss, Boulding and Lukes is discussed in relation to the origin of power, what types of power exist, the nature of power with regard to intention and outcome, the nature of social power, the exercise of power over something/someone, the overt or indeed unconscious

exercise of power and also, the legitimate use of power. The study of power in relation to groups of two or more; the dyad and the triad, power ratio within groups and also, balances of power, games models depending on group size, and ultimately the transition from oligarchic to democratic power is discussed in relation to theory provided by Simmel and Elias. Further examination of the nature of institutional power, provided by Tedeschi, as a background to the subsequent assessment of the role of the Garda Síochána and the health service, is discussed in relation to institutional legitimacy. Subsequently, power and power relations are defined for the specific purpose of this study. To recap, power is defined as a social fact (to adapt Durkheim's term) that exists everywhere, constantly amongst all types of structures, all types of agencies, and between all types of structures and agencies. Power relations that arise as a result of the existence of power:

- whether indeed it is overtly exercised, or not
- whether conflict exists or not
- whether the power holders (potential exercisers) and the agents/structures are aware of it or not are the main concern in this study.

In short, power relations are defined as: the effects of the existence of power on the thoughts, ideas, beliefs, interpretations, perceptions and actions/inactions of an individual as either a) member of the public or b) member of the institution. It is on this premise that the nature of power relations in Irish society is explored in this thesis.

In terms of power relations, through assessment of the role of the Garda Síochána and the health service in Irish society, the prevalence of rapid social change and other associated factors are discussed. Although it is recognised that both institutions work as service providers governed by the state; the role of the government, political parties, and other state institutions is not critically assessed, as, such an endeavour is beyond the remit of this particular piece of research. In general terms however, the power of the government and institutions in Irish society, directly or indirectly influenced by the State, is considered as a characteristic typical of democratic capitalist society. The Garda Síochána and the health service are inferred to be two of the most important institutions in the life of the individual

in Irish society and their role in society is examined in terms of Ireland as a capitalist democratic State. Therefore, the Garda Síochána and the health service are discussed in the context of contemporary Irish society. Overall, it is inferred that lack of structural change in both institutions demonstrates that neither institution has changed to enough of an extent to cope with the needs and demands of the individual in contemporary Irish society.

The finding 'social class and interaction' is used to describe the continued phenomenon of class stratification in Irish society (despite the fall of hegemonic domination of various institutions). This topic is examined in terms of people's feelings, interpretations and perceptions. As discussed in the literature review, there is a direct correlation between ill-health and socio-economic position in Irish society and it is suggested in the findings that social class does indeed affect people's perceptions of the care they receive as members of the public. It is also suggested that representatives of the health service are also aware of the affect that issues relating to social class have on people's perceptions of power relations within the domain of the health care system. An issue affected by social class in Irish society is access to health services. According to the Health Strategy Report (2001: 48), 'while individuals may be eligible for services, this does not mean that they will receive the services when they need them or in a reasonable timeframe. The situation is most evident in the hospital system where public patients may have to wait considerably longer than private patients…' The private versus public patient divide is clearly a contentious issue in Irish society and also emerges as an issue within the findings.

> *The Strategy must address the 'two-tier' element of hospital treatment where public patients frequently do not have fair access to elective treatment. All patients should have such access within a reasonable period of time, irrespective of whether they are public or private patients* (2001: 48).

Power relations between individuals, as members of the public and representatives of institutions, have changed along with the fall of hegemonic domination of many institutions due to factors that are both the cause and effect of social mobility. For example, more equal access to education and information has led to a better informed, more empowered individual who knows their rights and hence, what services *should* provide. As a result, with regard to the role of the Garda Síochána and the health service in Irish society,

attitudes pertaining to representatives of the institutions and the institutions as separate entities have changed. In fact, the attitude of younger individuals in Irish society shows the widespread levelling off of balances of power as they appear to be the most assertive and, in some cases, the least respectful of the wider population towards institutions, in particular, as explored previously, the Garda Síochána. This change of attitude, although particularly evident among perceptions associated with younger generations, is also evident among members of all generations.

Focussing on the change of the Irish individual's attitude in terms of power relations, against what has been noted as the continued existence of class stratification; the fall of hegemonic domination by the higher classes of Irish society in general, and the State, the government; and also representatives in the fields of economics, education, law, health, social welfare and religion is portrayed as key to the changing relations between individuals and state institutions. As a result, power struggles are becoming more and more intense between individuals and state institutions. To use an interview extract in support of this from a report on Policing and Social Marginalisation in Ireland (Mulcahy and O' Mahony, 2005: 13),

> *"For historical reasons…people were proud of the Gardaí, and I just think that more and more people are losing that pride. Maybe it's happening to all these organisations in Ireland. There's the church, there's the Gardaí, maybe solicitors, doctors are not in the same standing anymore. So, all these institutions are under scrutiny. And unless they stop, they take their head out of the sand, and start really honestly, sort of listening and changing, there is no future"*

Therefore, structural changes are necessary; however, as above, they need to be implemented in light of the needs of the individual in contemporary society. Individuals are more aware of the structural constraints that affect their day to day living conditions. Although social awareness, has traditionally correlated with the needs and wants of particular class categories, individuals across all class categories are now, again as a further cause and consequence of social mobility, more informed and aware of the role of institutions in the everyday running of their lives. Although class reproduction through the education system is still somewhat apparent in Irish society; it is becoming less prominent

as people in general seem to have higher levels of education and more access to media information, regardless of their social background.

One of the many issues present in the area of power relations between the health service and the public is education. It appears that change in education levels, and the availability of information through the media affects both the representative of the health service and the patient in different ways. A study on the informed patient in Britain reveals 'that constraints on the emergence of the informed patient identity exist within both patient and practitioner communities and within the space occupied by both in the medical encounter' (Henwood et al, 2003: 589). As has been indicated in the findings, the power of the health representative is based on existing inequalities within Irish society. 'In class terms, a profession will be forced to secure its means of reproduction through the educational system in such a way as to reproduce the systematic inequalities between social class which are to some extent manifest in the inequalities between expert and client' (Turner, 2001: 138). Inequality between doctor and patient is reflected and constantly reproduced in the inequalities that exist between higher and lower social classes. With wider access to education and the media, however, power relations change. '[Power] produces reactively as previous fields of power begin to fail, and fields of power begin to change when the wilful individual asserts herself/himself against power' (Arney and Neill, 2004: 162).

More assertiveness in general has resulted in the call of more accountability on behalf of representatives of institutions and the State in general. This can be seen through various tribunals being held in the areas of political corruption, Garda corruption, clerical abuse and medical wrong doing. As is evident in the findings, one of the many issues that arise in the interviews about power relations between the Garda Síochána and the public is accountability. At the time of writing, the legislative bill, proposed to solve the accountability issue, referred to in the following had yet to be realised:

> *The Minister for Justice, Mr. McDowell, will be hoping that his new Garda Bill, to be published shortly, will help deal with this problem. The bill will set up an ombudsman or inspectorate to deal with complaints. This body is now expected to be given the power to initiate its own investigations without receiving complaints. It*

was reported recently in this newspaper that the investigators are expected to have the powers of Gardaí to search and arrest, a key provision seen as giving the new body considerable authority (The Irish Times, 10/02/2004).

As opposed to the Garda Síochána, in terms of the health service, a major distinction is made between the actual structure and the representatives, for example, doctors and nurses. Nonetheless, it seems that the general expectations of the public, both in the private, and the public sector, have become higher, and that the demand for a better service is also directed towards representatives themselves. As is also evident in the findings, Gann and Needham refer to a new development in patient's discourse - 'the dominant discourse here seems to be one of 'rights', where patients have a right to information and are 'treated as individuals, not treatment opportunities' (cited in Henwood et al, 2003: 591). Therefore, patients appear to be more assertive, as they know what the service *should* be able to provide them as part of their basic rights. Not only does this assertiveness contribute to the patient's willingness to stand up for her/his rights, but it also contributes to a willingness to complain in the event of a problem encountered, or a health representative's mistake, for example. Similar to the situation with the Garda Síochána, therefore, individuals also want accountability when it comes to health representatives.

It is clear that both institutions have not changed enough in terms of overall structure, policy and practice, in order to meet the needs of the contemporary individual. As indicated in the findings, this can be frustrating for all concerned and there seems to be general recognition of the work that health service representatives do, despite the limitations of the system that they have to work in. This is in contrast to perceptions often denoted by members of the public in relation to the Gardaí, as it is the individuals that are often mentioned and not the structural system that the Gardaí have to work in. Indeed, structural limitations pertaining to the work of the Gardaí are also mentioned, but not to the same extent as they are mentioned in relation to the work of health service representatives. As indicated in chapter four, individuals want to be and perhaps are becoming more assertive in their interaction with health service representatives. Due to increased levels of education and access to information, individuals are far more aware of their needs and wants, and as previously stated, are far more willing to say as much.

In essence, changes in Irish society have improved the nature of power relations between representatives of institutions and the individual. However, these changes are slow moving and as has been seen, they can affect different individuals in different ways. As has been previously discussed, in general, structural changes do not seem to be able to keep up with the modernisation of Irish society and so this causes frustration in the field of power relations from the perspective of both the individual and the institution. The question remains as to whether the balance of power will even out, or whether the balance of power will lean more so in favour of the individual. It appears from the analysis of the interview data with regard to power relations that, problems will exist for quite a while to come in Irish society, particularly with the struggle of power between the individual and the Garda Síochána, and the between the individual and the health service.

The following diagram shows the relational aspect of the three main findings identified in this research study:
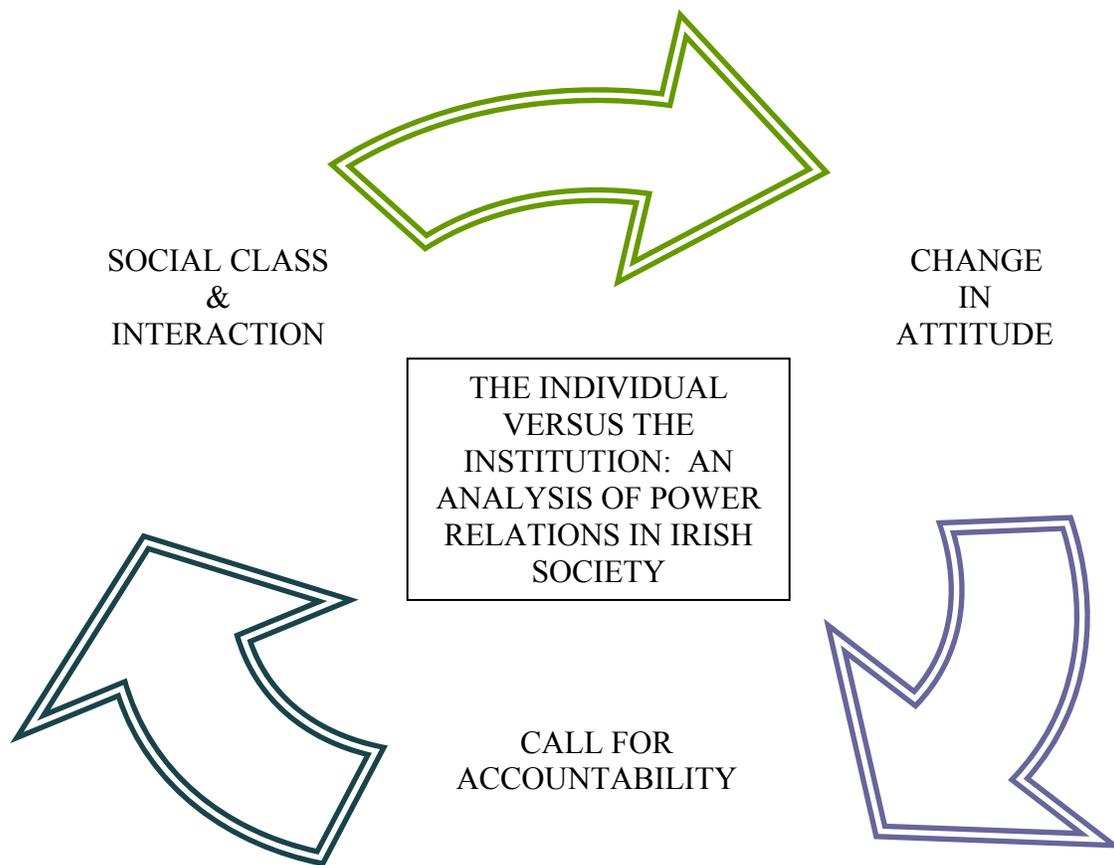
SOCIAL CLASS
&
INTERACTION

CHANGE
IN
ATTITUDE

THE INDIVIDUAL
VERSUS THE
INSTITUTION: AN
ANALYSIS OF POWER
RELATIONS IN IRISH
SOCIETY

CALL FOR
ACCOUNTABILITY

- Social class and interaction remains very important in the analysis of power relations in Irish society, from the perspectives of both the individual and the institution.

- With this, there has been a change in attitude in the area of power relations across all social classes for various reasons, with the effects of social mobility in a rapidly changing Irish society being of foremost importance.

- Finally, with a change in attitude among members of the public, has come a call for accountability within the remit of seemingly all institutions, particularly in this case, the Garda Síochána and the health Service.

A more detailed display of the significance of the three main findings is included on the next page, with a table showing how the key findings relate to each institution. The overall examination of the nature of power relations in Irish society is clearly set within the realm of a capitalist society based on democratic ideologies. In both interaction between members of the public and the Garda Síochána, and between members of the public and the health service, social class as an underlying factor remains important in determining power relations. The existence of social class stratification arising from the capitalist disposition of Irish society affects interaction sequences between the individual and the representative of the institution due to perceptions that are associated with various social class positions. However, it is important to note that whether indeed these are reflected in reality or not, is not the issue, and to examine this, is indeed beyond the remit of this study. Further to this, however, it appears that perceptions relating to social class remain particularly influential in power relations involving representatives of the Garda Síochána and members of the public from marginalised communities. Similarly, with the existence of a tangible division between public and private health care in Ireland, perceptions are influenced by what may be considered a hyper-sensitive awareness of the public/private patient divide, and therefore in relation to interaction between representatives of the health service and members of the public, this may further influence power relations.

Social mobility and more access to education and information have lead to an overall change in attitude across all sectors of society with regard to power relations. Both the

Garda Síochána and the health service are seen more and more as service providers in Irish society, and individuals are increasingly more aware of their rights. This awareness has been influenced greatly by the media, particularly due to high profile cases of wrong-doing and misconduct associated with representatives of the Garda Síochána. As a result, the hegemonic domination of the Garda Síochána has greatly weakened in contemporary Irish society. With regard to awareness of rights and the health service, individuals appear to have higher expectations of what the service should provide, and the care that patients are entitled to receive. However, higher expectations of the health service are not only due to increased education, but also appear to emanate just as easily from lack of education, and information on the part of the individual.

The change in attitude across all sectors of Irish society has resulted in a call for accountability on the part of institutions and their representatives. Incidents of misconduct and wrongdoing within the Garda Síochána are increasingly being highlighted by the media, as are incidents of malpractice and error within the health service. With these issues being more commonly portrayed in the media, there has been increased awareness of infallibility within both institutions. The call for accountability has also been intensified due to the individual becoming increasingly more aware of rights as a 'consumer' of the services provided by the Garda Síochána, and the health service. Interestingly, it appears that the perceptions of the individual with regard to issues of institutional accountability slightly differ between the Garda Síochána and the health service. With regard to the former, Garda representatives are usually perceived as closely linked to the institution, forming one entity which is further perceived as part of the Government. However, with regard to the latter, health service representatives are usually perceived as separate to the institution of the health service, and therefore, although the Government is recognised as the decision maker, health service representatives are generally not perceived as part of the Government.

Table 2: **Key Findings: The Nature of Power Relations in Irish Society**

Garda Síochána	Health Service
Social Class & Interaction ⇨ Remains important in interaction with Garda representatives due to perceptions (whether they reflect reality or not) ⇨ Remains important particularly within marginalised communities	Social Class & Interaction ⇨ Remains important in interaction, especially the doctor/patient relationship (medical encounter) ⇨ Very real divide between private and public patients ⇨ Perceptions are affected by hypersensitive awareness of the private/public patient divide (whether reality or not)
Change in Attitude ⇨ Social mobility, more access to education and information ⇨ Effects of various media ⇨ More awareness of rights ⇨ Hegemonic domination has weakened ⇨ Police seen as 'service providers'	Change in Attitude ⇨ Social mobility, more access to education and information ⇨ Effects of various media ⇨ Health service representatives are seen as 'service providers' ⇨ Higher expectations due to knowledge or lack of knowledge
Call for Accountability ⇨ Incidents of misconduct and wrongdoing portrayed in the media ⇨ More awareness of Garda infallibility ⇨ More awareness of 'consumer rights' ⇨ Garda representative and institution are perceived as one entity, no separation of institution and Government from individual Garda	Call for Accountability ⇨ Incidents of malpractice and error portrayed in the media ⇨ More awareness of infallibility ⇨ More awareness of 'consumer rights' ⇨ Health service representative and institution are perceived as separate entities, the Government is the decision-maker

With regard to the overall methodology and findings of the study, there has been an exploration of the nature of power relations in Irish society, particularly focussing on the Garda Síochána and the health service. With regard to the sampling rationale, 'your choices – whom to look at or talk with, where, when, about what, and why – all places limits on the conclusions you can draw, and on how confident you and others feel about them' (Miles & Huberman, 1994: 27). Therefore, with any research study, there are going to be a certain amount of limitations relating to the sample set targeted for the interviews, as the interviewee's data ultimately determines the outcome of the findings. In this research study, there was a total of one focus group and thirteen semi-structured interviews carried out. The focus group interview was used as a preliminary investigation into what types of questions were to be included in the semi-structured interviews; which were subsequently employed as the main method to gain data. The limitations associated with the specific data collection process utilized in this research as discussed previously, centre on three main issues: the first being that the focus group carried out consisted of a group of students, which were all from the same course, and same lecture group, and therefore, this places a compromise on the issues raised within the focus group interview due to the 'one-type' sample set, the second refers to the process of data collection, and the various obstacles that had to be overcome in gaining access to interviewees, and finally, the third limitation refers to the first time experience of carrying out qualitative methods of data collection; and therefore, the learning process of facilitating interviews.

The limitations have been discussed in detail within the data collection process. Along with this however, there has been discussion of how transparency has been maintained throughout the research process, and also discussion relating to the maintenance of minimum researcher bias throughout the data collection and analysis process. Further, with regard to the methodology and the findings, objectivity has been discussed in relation to the maintenance of reliability and validity throughout the analysis procedure. In taking the specific sample set used into account, the findings identified are not far removed from the interviewee's data, as discussed. Therefore, the level of abstraction is balanced between original data, and the generalisations derived from there, which are further embedded within the literature explored before, and throughout the data collection and analysis

process. Also, what has been explored within the research as discussed previously is a general situation, in a relatively untouched area in current Irish Sociological analysis. Any limitations thereafter may be attributed to the sample set targeted, and used within the research. However, it is inferred that the three main findings as discussed above, have been based on both adequate and solidly rich data, gained from a range of interviewees, which may reflect, to a certain extent at least, Irish society in general. Finally, with regard to ethical considerations, along with following the Sociological Association of Ireland guidelines, three basic principles as outlined by House (1990) cited in Miles and Huberman (1994), have been adhered to throughout the research data collection process:

- *Mutual respect – understanding others aims and interests, not damaging self-esteem, not condescending*
- *Non-coercion and non-manipulation – not using force or threats or leading others to cooperate when it is against their interests*
- *Support for democratic values and institutions – commitment to equality and liberty, working against oppression and subjugation*

Overall, it is inferred that the main aims of the research study have been fulfilled in answering each of the four central questions, and therefore, an analysis of power relations in Irish society has been completed within the remit of the research study. As can be seen in the diagram showing the relational aspect of the research findings, social class and interaction affects attitudes in Irish society which have changed due to modernisation, and its related factors. This has further lead to a call for accountability among institutions and representatives of institutions, particularly within the Garda Síochána and the health service. Again, as indicated in the table detailing the findings further, with regard to each institution, representatives of the Garda Síochána are often perceived to be closely linked with the institution as whole, whereas representatives of the health service, particularly, doctors and nurses, are perceived as separate to the institution as a whole. Therefore, there are varying degrees of expectation, and allocation of responsibility with regard to a call for accountability within each institution.

Conclusion

Sociological theories surrounding the exploration of power and power relations have initially developed from the study of structure being of paramount importance, such as the economy, to the study of a combination of structure and agency, both being of equal importance, such as the economy and status, for example. The development of the structure/agency debate has been traced from the work of theorists such as Marx, to that of Bourdieu. Further, power and power relations have been examined using theories that are not necessarily embedded in wider social concerns, for example, Capitalism, such as the study of power as intentional, for example. Power relations have been defined, specific to this particular study as the effects of the existence of power on the thoughts, ideas, beliefs, interpretations, perceptions and actions/inactions of an individual as either a) member of the public or b) member of the institution.

The methodology employed to collect data in this study is informed by 'constructionism' which supports the theoretical perspective, 'interpretivism'. The central aim of this research is therefore, in summary: to explore the nature of power relations in interaction between the Gardaí and the public and interaction between the health service and the public. The terms public and individual have been used interchangeably throughout, as the individual is a representative of the public. In exploration of this theme using the interpretivist approach, the aim is to be able to describe, interpret, understand and perhaps explain he nature of power relations. Constructionism is appropriate as an epistemological background for this study as it involves both perspectives; subject and object. The methods used were qualitative and involved a focus group interview, followed by a series of semi-structured interviews. Ethical considerations are also examined using the Sociological Association of Ireland research guidelines.

The data collection procedure is outlined with a breakdown of how each interviewee was accessed and approached. The interview setting is discussed among other issues that were considered, to make the interview participants comfortable with the process. Each interview was tape recorded with the interviewee's consent as all participants were over eighteen

years of age. Each tape was then transcribed and double checked for errors. The data analysis procedure is discussed in relation to the steps taken in the sorting and reduction of data. Both different and common themes and emerging patterns within the data set were identified as significant. These were selected and analysed using theory and other literature researched as part of the study.

The nature of power relations in Irish society is evidently in a state of flux where power in the past was very obviously in the hands of the power holders; usually representatives of institutions such as the Garda Síochána and the health service. These institutions in the present day are still controlled by the Irish government, which works within the ideologies of a democracy. Today, with the modernisation of Ireland, there are many issues that arise as both cause and affect of power relations, with regard to interaction between the individual and the institution. Among these issues, three have been identified as most significant as they are common to both interactions with the Gardaí, and the health service and as such, appear to have wider implications for power relations in Irish society. These are:

- Social Class and Interaction
- A Change in Attitude
- Call for Accountability

Class clearly remains highly significant in Ireland, particularly In relation to power relations. The reality seems to be that, for various reasons, when it comes down to actual service, individuals with different social class backgrounds get treated differently. There are very real reasons as to why this is the case, but also, and as can be seen in the findings, there seems to be a clear problem where individuals actually feel that they are being interacted with differently, regardless of what the situation actually is. For example, there is a major difference in the provision of service between a private patient and a public patient, as the former has private health insurance to pay for their medical care and the latter does not. However, this is not the issue being addressed in this study as; fundamental to this study are the attitudes, interpretations and perceptions that surround the power relations

involved in the interaction between the individual and the institution. For example, therefore, whether a patient is moved to the top of a waiting list because of private health insurance or whether the individual has never interacted with a guard due to a breach in legislation is not important. It is social class background and different attitudes, perceptions and interpretations that arise thereof, that is the issue.

It seems that power is being pulled back slowly but surely by the individual in Irish society. A change in attitude has occurred where it seems that the respect for the institutional representative is slowly diminishing, in particular and as can be seen in the findings, on behalf of the younger generation in Irish society. Overall the change in attitude can be attributed to a change in levels of education and access to more information, particularly in the media, in relation to what services should provide, people's rights and, the wider availability of general information such as that accessed on internet sites. Also, higher education and wider access to information across all social background, and all generations has resulted in a call for accountability in relation to representatives of institutions. Individuals now expect more and are more assertive, and willing to complain. The activities of state institutions in general are more and more 'under the spotlight' and therefore, individuals expect representatives of those institutions to be equally treated when involved in corruption, abuse, malpractice and wrong doing. All three perspectives; that of the individual, the Garda and the health service representative indicate that problems exist in the area of power relations. In conclusion, it seems that if structural changes were able to keep up with changes in society in general, 'the individual versus the institution' would not be such a power struggle.

Bibliography

Adamson, Walter L. (1980) *A Study of Antonio Gramsci's Political and Cultural Theory.* California, University of California Press.

Allen, Gregory (1999) *The Garda Síochána: Policing Independent Ireland 1922-82).* Dublin, Gill and Macmillan Ltd.

Arney, William Ray and Jane Neill (2004) The location of pain in childbirth: natural childbirth and the transformation of obstetrics IN: Annandale et al (2004) *Medical Work, Medical Knowledge and Health Care.* Oxford, Blackwell Publishing Ltd.

Arthur, Sue and James Nazroo (2003) Designing Fieldwork Strategies and Materials IN: Ritchie, Jane and Jane Lewis (eds.) (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers.* London, Sage.

Atkinson, Paul and Amanda Coffey (1997) Analysing Documentary Realities IN: David Silverman (ed.) *Qualitative Research: Theory, Method, and Practice.* London, Sage.

Barnes, Barry (1986) On authority and its relationship to power IN: Law, John (1986) ed. *Power, Action and Belief: A New Sociology of Knowledge?* Britain, Routledge & Kegan Paul.

Bloor, David (2000) Collective Representations as Social Institutions. IN: Pickering W.S.F. ed. *Durkheim and Representations.* London, Routledge.

Boulding, Kenneth E (1989) *Three Faces of Power.* London, Sage Publications Limited.

Bourdieu, Pierre (1980) *The Logic of Practice.* Oxford, Polity Press.

Brennan, Catherine (1997) *Max Weber on Power and Social Stratification: An Interpretation and Critique.* England, Ashgate Publishing Ltd.

Brodeur, Jean-Paul (1999) Accountability: The Search for a Theoretical Framework IN: Mendes et al (1999) *Democratic Policing and Accountability: Global Perspectives.* Aldershot, Ashgate Publishing Ltd.

Bryman, Alan (2001) *Social Research Methods.* New York, Oxford University Press.

Callinicos, Alex (1983) *The Revolutionary Ideas of Karl Marx.* London, Bookmarks.

Callinicos, Alex (1999) *Social Theory: A Historical Introduction.* Cambridge, Polity Press.

Clancy, Patrick et al (1995) *Irish Society: Sociological Perspectives*. Dublin, UCD Press.

Clegg, Stewart (1979) *The Theory of Power and Organization.* London, Routledge and Kegan Paul Ltd.

Cockerham, William C. (2004) *Medical Sociology* (9th Ed.). New Jersey, Prentice Hall.

Cohen, Stanley and Skull, Andrew (1983) Introduction: Social Control and History IN: Cohen, Stanley and Skull, Andrew (1983) eds. *Social Control and the State: Historical and Comparative Essays.* Oxford: Martin Robertson and Co. Ltd.

Crotty, Michael (1998) *The Foundations of Social Research.* London: Sage Publications Ltd.

Danaher, Geoff et al (2000) *Understanding Foucault.* London, Sage Publications.

Department of Health and Children (2001) *Quality and Fairness: A Health System for You: Health Strategy.* Dublin, The Stationary Office.

Devlin, Maurice (2006) *Inequality and Stereotyping of Young People (The Equality Authority).* Dublin, Brunswick Press Ltd.

Drudy, Sheelagh (1995) Class Society, Inequality and the 'Declassed' IN: Clancy, Patrick et al (1995) *Irish Society: Sociological Perspectives.* Dublin, UCD Press.

Durkheim, Emile (1858-1917) [1982] *From Emile Durkheim: The Rules of the Sociological Method/edited by Steven Lukes and translated by W.D. Halls.* New York, Free Press.

Filmer, Paul et al (1998) Developments in Social Theory IN: Seale, Clive (1998) ed. *Researching Society and Culture.* London, Sage Publications.

Fisher, Susan and Stephen B. Groce (2004) Doctor-patient negotiation of cultural assumptions IN: Annandale, Ellen et al (2004) *Medical Work, Medical Knowledge and Health Care: A Sociology of Health and Illness Reader.* Oxford, Blackwell Publishing.

Foucault, Michel (1979) *Discipline and Punish: The Birth of the Prison.* New York, Vintage Books.

Foucault, Michel (1980) *The History of Sexuality Vol. 1.* New York, Polity Press.

Goldsmith, Andrew (1999) Better Policing, More Human Rights: Lessons form Civilian Oversight IN: Mendes et al (1999) *Democratic Policing and Accountability: Global Perspectives.* Aldershot, Ashgate Publishing Ltd.

Gothill, Matthew and David Armstrong (1999) *Dr. Nobody: the construction of the doctor as the embodied subject in British general practice 1955-97.* Sociology of Health and Illness Vol. 23 No. 1. Oxford, Blackwell Publishing Ltd.

Hak, Tony (2004) The interactional form of professional dominance IN: Annandale, Ellen

et al (2004) *Medical Work, Medical Knowledge and Health Care: A Sociology of Health and Illness Reader.* Oxford, Blackwell Publishing.

Henwood, Flis et al (2003) *'Ignorance is Bliss Sometimes': constraints on the emergence of the 'informed patient' in the changing landscapes of health information.* Sociology of Health and Illness Vol. 25 No. 6. Oxford, Blackwell Publishing Ltd.

Jenkins, Richard (1992) *Pierre Bourdieu.* London, Routledge.
Kiberd, Declan (1996) *Inventing Ireland: the literature of the modern nation.* London, Jonathan Cape

Jones, Trevor et al (1994) *Democracy and Policing.* London, Policy Studies Institute

Kirk, Jerome and Mark L Miller (1986) *Reliability and Validity in Qualitative Research.* California, Sage Publications.

Layte, Richard and Brian Nolan (2001) The Health Strategy and Socio-Economic Inequalities in Health IN: Wiley, Miriam (2001) *Critique of Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990's.* Dublin: ESRI.

Legard, Robin et al (2003) In-depth Interviews IN: Ritchie, Jane and Jane Lewis (eds.) (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers.* London, Sage.

Light, Donald and David Hughes (2001) Introduction: A sociological perspective on rationing: power, rhetoric and situated practices. Sociology of Health and Illness Vol. 23 No. 5. Oxford, Blackwell Publishing Ltd.

Lukes, Steven (1974) *Power: A Radical View.* London, The Macmillan Press Ltd.

Lukes, Stephen ed. (1982) *The Rules of the Sociological Method by Emile Durkheim*

Translated by W.D Halls New York, The Free Press.

Marx, Karl (1818-1883) [1983] *The Portable Karl Marx/selected, translated in part and with an introduction by Eugene Kamenka.* Harmondsworth, Penguin.

May, Carl et al (2004) *Framing the doctor-patient relationship in chronic illness: a comparative study of general practitioners' accounts.* Sociology of Health and Illness Vol. 26 No 2. Oxford, Blackwell Publishing Ltd.

May, Tim (2001) *Social Research: Issues, Methods and Process* (3rd Ed.). Buckingham, Open University Press.

McCluskey, Des (1997) Conceptions of Health and Illness in Ireland IN: Cleary, Anne and Margaret Treacy (Eds.). *The Sociology of Health and Illness in Ireland.* Dublin, UCD Press.

Mc Niffe, (1997) *A History of the Garda Síochána: A Social History of the Force 1922-52, with an Overview for the Years 1952-97.* Dublin, Wolfhound Press.

Mendes et al (1999) *Democratic Policing and Accountability: Global Perspectives.* Aldershot, Ashgate Publishing Ltd.

Miles M.B. and A.M. Huberman (1994) *Qualitative Data Analysis.* California, Sage.

Mills, C. Wright (1956) *The Power Elite.* New York, Oxford University Press.

Mills, C. Wright (1959) *The Sociological Imagination.* New York, Oxford University Press.

Morriss, Peter (1987) *Power: A Philosophical Analysis.* Manchester, Manchester University Press

Mulcahy, Aogán and Eoin O' Mahony (2005) Policing and Social Marginalisation in Ireland. Combat Poverty Agency Working Paper 05/02. www.combatpoverty.ie

Norbert Elias (1987 - 1990) [1998] *On civilization, power, and knowledge: selected writings/Norbert Elias/edited and with an introduction by Stephen Mennell and Johan Goudsblom.* Chicago: University of Chicago Press.

O' Dywer, Kieran et al (2005) *Garda Public Attitudes Survey 2005.* Research Report No. 1/05. Templemore, Garda Research Unit.

Oliver, Paul (2004) *Writing Your Thesis.* London, Sage Publications.

O'Mahony, Paul (2002) *Criminal Justice in Ireland*. Dublin, Institute of Public Administration.

Oppenheim, A.N (1992) *Questionnaire Design, Interviewing and Attitude Measurement* (New Ed.). London, Continuum.

Oppier, Sarah (1997) *Partners Against Crime: From Community to Partnership Policing*. Crime and Policing Project, Institute for Security Studies. Occasional Paper No. 16 (www.iss.co.za./Pubs/PAPERS/16/Paper16.html, 24/10/2005)

Parsons, Talcott (1967) *Sociological Theory and Modern Society.* New York, The Free Press.

Pasquino, Pasquale (1993) Michel Foucault (1926-84): The Will to Knowledge IN: Gane, Mike and Terry Johnson eds. (1993) *Foucault's New Domains.* London, Routledge. Robson, Colin (2002) *Real World Research.* 2nd ed. Oxford, Blackwell Publishers Ltd.

Peillon, Michel (1995) Interest Groups and the State IN: Clancy, Patrick et al (1995) *Irish Society: Sociological Perspectives*. Dublin, UCD Press.

Richie, Jane et al (2003) Designing and Selecting Examples IN: Ritchie, Jane and Jane Lewis (eds.) (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers.* London, Sage.

Robson, Colin (1993) *Real World Research: A Resource for Social Scientists and Practitioner-Researchers.* Oxford, Blackwell.

Robson, Colin (2002) *Real World Research: A Resource for Social Scientists and Practitioner-Researchers* (2nd ed.) Oxford, Blackwell.

Rossman, Gretchen B. & Sharon F. Rallis (2003) *Learning in the field: An introduction to qualitative research*. California: Sage Publications.

Russell, Bertrand (1938) *Power: a new social analysis.* London, Routledge.

Sarantakos, Sotirios (1998) *Social Research.* New York, Palgrave Publications Ltd.

Sheleff, Leon Shaskolsky (1997) *A Critique of Weber, Durkheim and Marx.* Amsterdam, Rodopi.

Silverman, David (1993) *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. London, Sage Publications.

Silverman, David (2005) *Doing Qualitative Research.* 2nd ed. London, Sage Publications Ltd.

Simmel, Georg (1858-1918) [1950] *The Sociology of Georg Simmel/translated, edited and with an introduction by K.H. Wolff.* London, Free Press.

Singer, Peter (1980) *Marx.* New York, Oxford University Press.

Seale, Clive (1998) ed. *Researching Society and Culture.* London, Sage Publications.

Snape, Dawn and Liz Spencer (2003) The Foundations of Qualitative Research IN: Ritchie, Jane and Jane Lewis (eds.) (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers.* London, Sage.

Spencer, Liz et al (2003) Analysis: Practices, Principles and Processes IN: Ritchie, Jane and Jane Lewis (eds.) (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers.* London, Sage.

Swartz, David (1997) *Culture and Power: The Sociology of Pierre Bourdieu.* Chicago, University of Chicago Press.

Tedeschi, James T (1974) *Perspectives on Social Power.* Chicago, Aldine Publishing Company.

Tovey, Hilary and Perry Share (2000) *A Sociology of Ireland.* Dublin, Gill and MacMillan.

Tucker, Vincent (1997) From Biomedicine to Holistic Health: Towards a New Health Model. IN: Cleary, Anne and Margaret Treacy (Eds.). *The Sociology of Health and Illness in Ireland.* Dublin, UCD Press.

Turner, Bryan S. (1995) *Medical Power and Social Knowledge* (2nd ed.) London, Sage Publications Ltd.

Walsh, David (1998) Doing Ethnography IN: Seale, Clive (1998) ed. *Researching Society and Culture.* London, Sage Publications.

Webb et al, (2002) *Understanding Bourdieu.* London, Sage Publications Ltd.

Weber, Max (1864-1920) [1948] *From Max Weber: essays in sociology/translated, edited and with an introduction by H.H. Gerth and C. Wright Mills.* London, Routledge and

Kegan Paul

Whelan, Christopher (1995) Class Transformation and Social Mobility in the Republic of Ireland IN: Clancy, Patrick et al (1995) *Irish Society: Sociological Perspectives*. Dublin, UCD Press.

Worsley, Peter (ed.) (1987) *The New Introducing Sociology* (3rd ed.) Middlesex, Penguin.

The Irish Times, 10/02/2004

RTE, Prime Time Investigates: The Force of the Law, 8/1/2004

www.Garda.ie/anGarda/history.html, 19/07/2005

www.justice.ie/80256E01003A02CF/vWeb/pcJUSQ6K4QKG-en, 13/02/2006

www.oasis.gov.ie/, 19/07/2005

www.publichealthallianceireland.org, 7/12/2005

www.rte.ie/news, 7/1/2006

Appendix A: Focus Group Interview Topic Guide (12 Students)

Interview: Group of 12 students

Introduction:

My name is Jeannine Murphy and I am doing a research masters degree in Waterford Institute of Technology. My study is based on attitudes about power relations between individuals and representatives of the Gardaí and the Health Service. I would like to tape record this interview for transcription purposes but all information will remain anonymous. Do you agree to participate in this interview?

Before we begin, would you please write down your gender and age, but not your name, on this sheet for me?

Guideline Questions:

- ❖ What do you understand by the term 'power relationships'?
- ❖ What do you understand by the term 'institutions'? (give some examples)
- ❖ Describe some power relations that exist in various institutions? (both within institutions, e.g. employer/employee, and also between a representative of an institution and an outsider, e.g. doctor/patient)
- ❖ With regard to the internal versus external type (model), name some institutions that may have either, very distinct and powerful representatives that deal with clients, or that may have representatives that do not need to be distinct and powerful when dealing with clients?
- ❖ Taking an example of one of the aforementioned institutions, can you describe any contact situations you have had with any representatives from them, be they positive, negative, or both?
- ❖ Focussing on the idea of power relations, do you feel that the client of an institution, for example, a patient or a victim of a crime, has power? To what extent?
- ❖ Do you feel that power relations are a necessary and inevitable element of society?
- ❖ Do representatives of institutions automatically become powerful due to their given position, or do representatives decide for themselves whether or not to be/act powerful?
- ❖ What role do you believe institutions such as the ones mentioned play in society?
- ❖ Which of the institution mentioned do you believe has the most prominent powerful position within society?
- ❖ What role does socio-economic class play within various power relation situations?
- ❖ Does the socio-economic class of the client affect their level of power within power relationships?
- ❖ What do you think the dominant class position of institutional representatives is?
- ❖ Do you believe that an individual's socio-economic status affects the level of power that they use/or claim to have over others?

Concluding remarks: I would like to thank you very much for your time and co-operation in this interview.

Appendix B: Focus Group Interview Display Table (showing the generation of themes and patterns, generalisations, and the development of semi-structured interview questions)

FOCUS GROUP INTERVIEW QUESTIONS	THEMES & PATTERNS	GENERALISATIONS	DEVELOPMENT OF SEMI-STRUCTURED INTERVIEW QUESTIONS
WHAT DO YOU UNDERSTAND BY THE TERM POWER RELATIONSHIPS?	MOTHER/CHILD - NEED – LIFE - SURVIVAL POWER - DIFFICULT TO DEFINE RELATIONSHIPS – NEED/WANT EACH OTHER	UNSURE OF WHAT THE WORD 'POWER' ACTUALLY MEANS IN TERMS OF RELATIONSHIPS. POWER IS A STRONG WORD – DEPENDS ON CONTEXT. RELATIONSHIPS BASED ON NECESSITY & WANT.	INTRODUCE POWER WITHOUT DEFINING IT: LET THE INTERVIEWEE REFER TO OWN MEANING OF POWER.
WHAT DO YOU UNDERSTAND BY THE TERM INSTITUTIONS? (GIVE SOME EXAMPLES)	MENTAL INSTITUTIONS (PSYCHIATRIC HOSPITALS) INSTITUTION OF THE FAMILY – MOST BASIC INSTITUTION OF MARRIAGE SOCIAL INSTITUTIONS – THE GOVERNMENT	VERY NEGATIVE PERSPECTIVE OF WHAT AN INSTITUTION IS – MAINLY ASSOCIATED WITH THE PHRASE MENTAL INSTITUTION (PSYCHIATRIC HOSPITAL). USUALLY WOULD NOT THINK OF THE TERM INSTITUTION FOR EVERYDAY USE – CONJURES UP NEGATIVITY.	REFER TO SPECIFIC INSTITUTIONS IN THE SEMI-STRUCTURED INTERVIEWS.
DESCRIBE SOME POWER RELATIONS THAT EXIST WITHIN VARIOUS INSTITUTIONS. (BOTH WITHIN INSTITUTIONS, E.G. EMPLOYER/EMPLOYEE & ALSO BETWEEN A REPRESENTATIVE OF AN INSTITUTION AND AN OUTSIDER, E.G. DOCTOR/PATIENT)	TEACHER/PUPIL SOLICITOR/CLIENT SUPERVISOR/STAFF MANAGER/STAFF DOCTOR/PATIENT GARDA/INDIVIDUAL	RELATIONSHIP BETWEEN TEACHER & STUDENT, AND RELATIONSHIP BETWEEN MANAGER & STAFF MEMBER EXPERIENCED (AS NORMAL) BY MOST IF NOT, EVERYBODY. DOCTOR & PATIENT AND GARDA & INDIVIDUAL ALSO EXPERIENCED BY MOST, IF NOT ALL.	EASY TO GIVE EXAMPLES OF SPECIFIC POWER RELATIONS ONCE DIRECTED TOWARDS SPECIFIC TYPES. REFER TO SPECIFIC POWER RELATIONS – INSTITUTION & OUTSIDER.
WITH REGARD TO THE INTERNAL VERSUS EXTERNAL TYPE (MODEL), NAME SOME INSTITUTIONS THAT MAY HAVE EITHER VERY DISTINCT AND POWERFUL REPRESENTATIVES THAT DEAL WITH CLIENTS OR THAT MAY HAVE REPRESENTATIVES THAT DO NOT NEED TO BE DISTINCT AND POWERFUL WHEN DEALING WITH CLIENTS.	GUARDS – HAVE POWER - ARREST SOLICITORS – HAVE POWER – NEED THEIR SERVICES - COSTLY JUDGES – HAVE POWER – DECISIONS – JAIL - FREE DOCTORS – HAVE POWER – LIFE OR DEATH GOVERNMENT – VERY POWERFUL – ALL INSTITUTIONS	MOST REPRESENTATIVES OF INSTITUTIONS ARE VERY POWERFUL WITHIN THEIR OWN REMIT. MENTIONED MOST POWERFUL AS OPPOSED TO NOT SO POWERFUL. DOCTORS STAND OUT AS PERHAPS MOST POWERFUL DUE TO LIFE OR DEATH. ALL INSTITUTIONS ASSOCIATED WITH SOCIAL CONTROL AND THE JUDICIAL SYSTEM, ARE DEEMED VERY POWERFUL. THE GOVERNMENT CONTROLS MOST OF THE INSTITUTIONS IN SOCIETY.	FOCUS ON THE HEALTH SERVICE AND THE GARDA SÍOCHÁNA AS TWO OF THE MOST IMPORTANT INSTITUTIONS IN IRISH SOCIETY FOR THE OVERALL STUDY.
TAKING AN EXAMPLE OF	ELDERLY MOTHER IN	TWO MAIN STORIES	ASK ABOUT ALL TYPES

ONE OF THE AFOREMENTIONED INSTITUTIONS, CAN YOU DESCRIBE ANY CONTACT SITUATIONS YOU HAVE HAD WITH ANY REPRESENTATIVES FROM THEM, BE THEY POSITIVE, NEGATIVE, OR BOTH...?	HOSPITAL – DEALING WITH ADMINISTRATION STAFF, DOCTORS AND NURSES AS THE RELATIVE OF THE PATIENT (DAUGHTER) – CONDESCENDING ATTITUDE – NOT BEING TOLD EVERYTHING – NOT BEING KEPT INFORMED INVOLVED IN A CAR ACCIDENT AS A YOUNG MALE DRIVER – INCIDENT WAS THE FAULT OF THE OTHER DRIVER – HOWEVER, FELT THAT GUARD WAS NEGATIVE TOWARDS ME AS WAS YOUNGER THAN OTHER DRIVER AND NOT AS EXPERIENCED – FELT LIKE GUARD THOUGHT IT WAS MY FAULT – ATTITUDE OF GUARD TOWARDS ME – NEGATIVE GETTING PASSPORTS - NEUTRAL TEACHER/PUPIL RELATIONSHIP THROUGHOUT SCHOOL	ABOUT INCIDENTS THAT INTERVIEWEES EXPERIENCED – ONE WITH THE HEALTH SERVICE AND ONE WITH THE GARDA SÍOCHÁNA – NEGATIVE EXPERIENCES. ISSUE OF AGE AS A FACTOR IN ONE INCIDENT. ALSO, EXPERIENCES WITH TEACHERS – RELATIVELY NEUTRAL. OTHER NEUTRAL EXPERIENCES WITH GARDA SÍOCHÁNA - GETTING PASSPORTS.	OF EXPERIENCES AS NOT EVERYONE HAS EITHER GOOD OR BAD STORIES – INCLUDE POSITIVE, NEGATIVE & NEUTRAL IN THE SEMI-STRUCTURED INTERVIEWS IN ORDER TO GAIN A GENERAL SENSE OF POWER RELATIONS BETWEEN MEMBERS OF THE PUBLIC AND REPRESENTATIVES OF THE HEALTH SERVICE AND THE GARDA SÍOCHÁNA. NOT EVERYONE HAS STORIES/INCIDENTS IN WHICH THEY ARE INVOLVED IN DIRECTLY – INCLUDE NON-DIRECT INVOLVEMENT IN INCIDENTS – STORIES THAT INTERVIEWEES KNOW ABOUT OR HAVE HEARD ABOUT, ETC... BE SPECIFIC ABOUT THE INSTITUTIONS IN QUESTION.
FOCUSING ON THE IDEA OF POWER RELATIONS, DO YOU FEEL THAT A CLIENT OF AN INSTITUTION, FOR EXAMPLE A PATIENT OR A VICTIM OF A CRIME, HAS POWER? TO WHAT EXTENT?	CHANGES IN IRISH SOCIETY – PEOPLE IN TODAY'S SOCIETY SEEM TO HAVE MORE POWER THAN THEIR PARENT'S GENERATION OR THEIR GRANDPARENT'S GENERATION PATIENTS HAVE MORE SAY ABOUT CARE TODAY THAN IN PREVIOUS TIMES – DEPENDS ON AGE AND FINANCIAL CIRCUMSTANCES VICTIMS – POWERLESS – DEPENDS ON ACTUAL INCIDENT AND CIRCUMSTANCES	IRISH SOCIETY AND PEOPLE HAVE CHANGED OVERALL. MORE POWER, E.G. PATIENTS. AGE AND FINANCIAL CIRCUMSTANCES ARE SEEN AS FACTORS WHICH INFLUENCE POWER. VICTIMS ARE USUALLY POWERLESS – TWO FACTORS INFLUENCE THE POWER THAT THEY MAY HAVE – THE ACTUAL INCIDENT AND THE ACTUAL CIRCUMSTANCES SURROUNDING IT.	ASK A SPECIFIC QUESTION ON WHETHER POWER RELATIONS HAVE CHANGED IN IRISH SOCIETY AND THE REASONS WHY (CONTRIBUTORY FACTORS).
DO YOU BELIEVE THAT POWER RELATIONS ARE A NECESSARY AND INEVITABLE ELEMENT OF SOCIETY?	YES – NECESSARY FOR SOCIAL CONTROL, SOCIAL ORDER	POWER IS DEEMED AS NECESSARY. POWER EXISTS TO HELP MAINTAIN SOCIETY.	FOCUS ON HOW PEOPLE, BOTH MEMBERS OF THE PUBLIC AND REPRESENTATIVES OF INSTITUTIONS FEEL ABOUT POWER/POWER RELATIONS.
DO REPRESENTATIVES OF INSTITUTIONS AUTOMATICALLY BECOME POWERFUL DUE TO THEIR GIVEN POSITION OR DO REPRESENTATIVES DECIDE FOR	BOTH – POWER COMES WITH POSITION AND AN INDIVIDUAL CAN DECIDE WHETHER OR NOT TO USE POWER	POWER IS BOTH A PERSONAL AND PROFESSIONAL ATTRIBUTE – BOTH ARE INTERLINKED.	ASK HOW PEOPLE FEEL ABOUT POWER IN THE INSTITUTIONS OF THE HEALTH SERVICE AND THE GARDA SÍOCHÁNA (FROM BOTH PERSPECTIVES).

THEMSELVES WHETHER OR NOT TO BE/ACT POWERFUL?			
WHAT ROLE DO YOU BELIEVE INSTITUTIONS SUCH AS THE ONES MENTIONED PLAY IN SOCIETY?	INSTITUTIONS EXIST TO CONTROL SOCIETY - WHAT GOES ON IN SOCIETY - E.G. CRIME NECESSARY TO ORGANIZE SOCIETY	NECESSARY TO HAVE INSTITUTIONS OF SOCIAL CONTROL.	FOCUS ON HOW PEOPLE FEEL ABOUT POWER IN TERMS OF HOW THEY FIT IN WITH POWER AND INSTITUTIONS (FROM BOTH PERSPECTIVES). ASK ABOUT HOW PEOPLE (PUBLIC) REACT TO POWER.
WHICH OF THE INSTITUTIONS MENTIONED DO YOU BELIEVE HAS THE MOST PROMINENT POWERFUL POSITION WITHIN SOCIETY?	HEALTH SERVICE AN GARDA SÍOCHÁNA JUDGES THE GOVERNMENT	THE HEALTH SERVICE AND THE GARDA SÍOCHÁNA APPEAR TO BE TWO OF THE MOST PROMINENT (AS BEFORE).	FOCUS RESEARCH AND SEMI-STRUCTURED INTERVIEW QUESTIONS ON THESE INSTITUTIONS.
WHAT ROLE DOES SOCIO-ECONOMIC CLASS PLAY WITHIN VARIOUS POWER RELATION SITUATIONS?	INDIVIDUALS MAY FEEL JUDGED, STEREOTYPED DUE TO THEIR SOCIAL CLASS BACKGROUND	DIFFERENCE IN (PERCEIVED) PERSPECTIVES TOWARDS WORKING CLASS, LOWER WORKING CLASS BACKGROUNDS AS OPPOSED TO MIDDLE CLASS BACKGROUNDS.	INCLUDE SOCIO-ECONOMICS AS A POSSIBLE FACTOR IN POWER RELATIONS.
DOES THE SOCIO-ECONOMIC CLASS OF THE CLIENT AFFECT THEIR LEVEL OF POWER WITHIN POWER RELATIONSHIPS?	CLASS MAY AFFECT POWER RELATIONS – MANY REPRESENTATIVES OF INSTITUTIONS WOULD NOT BE FROM THE SAME SOCIAL CLASS BACKGROUND AS THEIR CLIENTS	AN ACTUAL OR PERCEIVED DIFFERENCE IN SOCIO-ECONOMIC BACKGROUND BETWEEN SOME MEMBERS OF THE PUBLIC (POSSIBLE CLIENTS/PATIENTS OF INSTITUTIONS) AND REPRESENTATIVES OF INSTITUTIONS COULD AFFECT POWER RELATIONS (FROM BOTH PERSPECTIVES).	ASK WHAT PEOPLE THINK ABOUT SOCIO-ECONOMIC CLASS AND HOW IT AFFECTS POWER RELATIONS.
WHAT DO YOU THINK THE DOMINANT CLASS POSITION OF INSTITUTIONAL REPRESENTATIVES IS?	DIFFICULT TO SAY – TIMES HAVE CHANGED –NOT NECESSARILY ALL MIDDLE CLASS OR HIGHER CLASS – PREVIOUSLY WOULD NOT HAVE GOTTEN INTO JOBS UNLESS FROM WEALTHY/POWERFUL FAMILY – DIFFERENT TODAY	IRISH SOCIETY HAS CHANGED – PROFESSIONALS COME FORM ALL SOCIAL BACKGROUNDS. PEOPLE ARE PERCEIVED AS MORE EQUAL IN TERMS OF CLASS. IT USED TO BE THAT PEOPLE FROM WORKING CLASS WOULD NOT ENTER PROFESSIONAL OCCUPATIONS. WEALTH WAS A FACTOR – NOT SO MUCH TODAY. CLASS - STILL AN ISSUE PERHAPS.	ASK ABOUT FEELINGS SURROUNDING THE ISSUE OF VARIOUS SOCIAL CLASS BACKGROUNDS.
DO YOU BELIEVE THAT AN INDIVIDUAL'S SOCIO-ECONOMIC STATUS (CLASS SITUATION) AFFECTS THE LEVEL OF POWER THAT THEY USE/OR	YES AND NO UP TO THE INDIVIDUAL ALSO	DIFFERENCE BETWEEN ACTUAL AND PERCEIVED SOCIAL CLASS. SOCIAL CLASS MAY NOT BE CONSIDERED IMPORTANT. IMPORTANCE OF SOCIAL	ASK INTERVIEWEES ABOUT PERCEPTIONS OF SOCIAL CLASS POSITION FROM ALL PERSPECTIVES.

CLAIM TO HAVE OVER OTHERS?		CLASS AS A FACTOR DETERMINING POWER RELATIONS DEPENDS ON THE INDIVIDUAL'S PERSPECTIVES.	

Appendix C: Formation of the semi-structured interview topic guides

Examples of how answers and the discussions that followed within the focus group helped with the formation of the semi-structured interview topic guides:

One discussion in the focus group centred on the question **'Focussing on the idea of power relations, do you feel that the client of an institution, for example a patient or a victim of crime has power?'** With this, certain themes emerged around changes in Irish society with regard to power relations, and the idea that people in today's society seem to have more power than their parent's generation or grandparent's generation. From this discussion, the following questions were constructed for the semi-structured interviews with the public: **'In your opinion, where do you fit in with power and institutions within society?'** and **'Have power relations between members of the public and representatives of the Gardaí and the health service changed over time in Irish society?'**

Another example of how the focus group interview helped to form the semi-structured interview topic guides is shown through the ideas that came up from discussing socio-economic positions of individuals, and how that might affect power relations. In the focus group interview the following question was asked: **'Does the socio-economic class of the client affect their level of power within a power relationship?'** Discussion emerged evaluating the possibility that class may indeed affect power relations, particularly as many representatives of institutions would not be from the same class as their clients. From this theme, a suitable question was constructed for the semi-structured interviews with the representatives of the institutions: **'Do you think that people feel that their social background affects power relations between them as an individual and you as a representative of the health service?'**

Examples of how the opening questions within the semi-structured interview topic guides are phrased:

The opening questions for both the Garda Síochána and the health service interviews were phrased emphasising the nature of their work, and the difficulties that may arise. For example, **'Often, some situations that arise in your work may be of a difficult nature, do you feel that the power within the institution of the health service helps you in your line of work?'** Phrasing the questions in such a way ensured that the interviewees would not feel required to 'defend' their role within the institution or perhaps, the 'power' they may feel they have as a representative of an institution. Also, it prevented the possibility of interview questions being perceived perhaps as an 'attack' on the institution the interviewees work for. Overall, the aim of phrasing the questions in such a neutral, open-ended manner was to ensure that the interviewees would answer in their own way, without feeling pushed into a certain way of answering. The opening questions for the interviews with members of the public were phrased more directly, for example: **'Have you ever been in any situation involving the Gardaí?'**

Appendix D: Semi-structured Interview Topic Guide (Garda Síochána)

Interview: Staff Member of the Garda Síochána

Introduction:

My name is Jeannine Murphy and I am doing a research masters degree in Waterford Institute of Technology. My study is based on attitudes about power relations between individuals and representatives of the Gardaí and the Health Service. I would like to tape record this interview for transcription purposes but all information will remain anonymous. Do you agree to participate in this interview?

To begin the interview, I need to get some background information:

❖ Do you mind if I ask you what age you are?

❖ Where do you live?

❖ How long have you been working with the force?

Guideline Questions:

❖ The Gardaí sometimes have to work in difficult situations, do you feel that the power within the institution of the Gardaí helps to protect you in your line of work?
❖ How do you feel about that power?
❖ How do you think members of the public react to that power?
❖ Do you think that people feel that their social background affects power relations between them as an individual and you as a representative of the Gardaí?
❖ When dealing with members of the public in any situation, do you feel comfortable with your role as a member of the Gardaí and the power relations involved?
❖ Have power relations between members of the Gardaí and members of the public changed over time in Irish society?

Concluding remarks:
I would like to thank you very much for your time and co-operation in this interview.

Appendix E: Semi-structured Interview Topic Guide (Health Service)

Interview: Staff Member of the Health Service

Introduction:

My name is Jeannine Murphy and I am doing a research masters degree in Waterford Institute of Technology. My study is based on attitudes about power relations between individuals and representatives of the Gardaí and the Health Service. I would like to tape record this interview for transcription purposes but all information will remain anonymous. Do you agree to participate in this interview?

To begin the interview, I need to get some background information:

- ❖ Do you mind if I ask you what age you are?

- ❖ Where do you live?

- ❖ What is your occupation?

- ❖ How long have you been working for the Health Service?

Guideline Questions:

- ❖ Do you feel that as part of your job within the Health Service, you have a certain amount of power when dealing with members of the public in various situations?
- ❖ Often, some situations that arise in your work may be of a difficult nature, do you feel that the power within the institution of the Health Service helps you in your line of work?
- ❖ How do you feel about that power?
- ❖ How do you think members of the public react to that power?
- ❖ Do you think that people feel that their social background affects power relations between them as an individual and you as a representative of the Health Service?
- ❖ When dealing with members of the public in any situation, do you feel comfortable with your role as a member of the Health Service and the power relations involved?
- ❖ Have power relations between members of the Health Service in general and members of the public changed over time in Irish society?

Concluding remarks:
I would like to thank you very much for your time and co-operation in this interview.

Appendix F: Semi-structured Interview Topic Guide (Public)

Interview: Member of Public

Introduction:

My name is Jeannine Murphy and I am doing a research masters degree in Waterford Institute of Technology. My study is based on attitudes about power relations between individuals and representatives of the Gardaí and the Health Service. I would like to tape record this interview for transcription purposes but all information will remain anonymous. Do you agree to participate in this interview?

To begin the interview, I need to get some background information:

- ❖ Do you mind if I ask you what age you are?

- ❖ Where do you live?

- ❖ What is your occupation?

Guideline Questions:

- ❖ Have you ever been in any situation involving the Gardaí?
- ❖ Do you know anyone that has been in any situation involving the Gardaí?
- ❖ Have you ever been in any situation involving any member of the Health Service?
- ❖ Do you know anyone that has been in any situation involving any member of the Health Service?
- ❖ How do you think people feel about the Gardaí and the Health Service as institutions in general?
- ❖ In your opinion where do you fit in with power and institutions within society?
- ❖ Do you feel that the Gardaí and representatives of the Health Service have power over you?
- ❖ Do you think that people's social background affects power relations between individuals and representatives of the Gardaí and the Health Service?
- ❖ Have power relations between members of the public and representatives of the Gardaí and Health Service changed over time in Irish society?

Concluding remarks:

I would like to thank you very much for your time and co-operation in this interview.

Appendix G: Segment from a semi-structured interview transcript showing the process of coding the data into relevant pieces relating to the central questions of the thesis, leading to the build up of themes and patterns:

Partial Semi-structured Interview Transcript (Member of the Public: Frank)

Researcher: So you've spoken about the health service, but there are various representatives within that. Have you ever dealt with *am* doctors or nurses or administrative staff in clinics, hospitals, GP's?

Frank: Yeah I have, like obviously, you see I suppose in a way that, you know when it comes to doctors and GP's, obviously when you are in a situation where your ill or someone else is ill, you do put a lot of faith in them, [A LOT OF TRUST] so there is a different kind of power [DIFFERENT TO THE GARDAÍ] there I feel, it's a power on more a person's life or a person's well being is in your hands and we have faith in them more or less, we don't question doctors [TRUST THEIR DECISIONS] that's, it's a different kind, where we can openly probably question the Gardaí, [DOUBT THE GARDAÍ & QUESTION MORE] and the social welfare and places like this because we probably feel that we have been hard done by, or you know what I mean, or they have an obligation to do this, that and the other, but in a situation where you are dealing with nurses and doctors, unless it's serious and you feel that you need a second opinion, you know, doctors do have the power to heal as such.[POWER LIKE NO OTHER: TO HEAL] Again, some doctors are better than others, not all of them are great, some get it wrong [THEY ARE NOT PERFECT] you know, and I've experienced that myself actually, when a doctor said I had a heart condition, and I had to go through the mill, and it turned out, thank God, touch wood, it never came to be and thankfully at the time, I was just happy that it wasn't, but obviously then, you are kind of saying, how could he have made that diagnosis when you know...

Researcher: So how did you feel? How did you feel in that situation, in that conversation, in the initial?

Frank: No, but I never got back to him about it. I went, I actually went to another doctor as such, and I actually, probably didn't, I wasn't as I would be, I had a different attitude, I think I was more relieved it was over, and it was a gradual thing, looking back, and I think maybe, that's the way doctors are, doctors don't get the flak [NOT LIKELY TO BE EXPOSED TO ANGER OR FRUSTRATION FROM THE PUBLIC] that say, I can, I just said you can throw a chair at a window if someone's there, you can shout and scream, or you can even, guards, you can be aggressive with them [GARDAÍ ARE MORE LIKELY TO BE EXPOSED TO PUBLIC ANGER FRUSTRATION] if that's your nature, but I think, it would be very rare now, if unless it's got to do with late night alcohol induced and nurses and doctors are attacked, because they gave a wrong prognosis, so their power is probably more subtly distributed, [INCONSPICUOUS POWER] but it's just as potent you know. [ALTHOUGH VERY STRONG POWER]

Researcher: Would you feel they have power over you?

Frank: *Ah* definitely without a doubt you know, this is someone who you deal with when you are in a situation where you are vulnerable physically [WEAK AS A PATIENT WHO NEEDS CARE] and the onus is you are putting all your faith in him, [TRUST] and if you are not putting it in him, you are putting it in another doctor because it's rarely you would walk away and say, I will just take me chances on my own, doctor myself, [NEED DOCTORS, ETC... NOT USUAL TO NOT USE ADVICE/HELP OF DOCTORS, ETC...]

219

you know, where when it comes to probably the social services, if you are financially secure, you don't need to go near them you know you can, you don't need them, you don't have to go near them [AS OPPOSED TO SOCIAL WELFARE REPRESENATIVES WHICH ARE NOT USUALLY NEEDED IN LIFE/DEATH SITUATIONS, DOCTORS ARE NEEDED, YOU MUST SEE THEM IF YOU NEED THEM] you know.

Researcher: So what if you were trying to pinpoint your feelings towards doctors, nurses, consultants what would they be in regard to power? You were saying the difference in the power, but what would your feelings be?

Frank: As on a personal level, if I walked into a doctor, I would feel I'm coming open and honest, and I'm hoping that obviously, if I have a problem, medical condition, that you have the power to fix it, rarely, unless it is something severe, I don't question, I put all my faith in them, [VERY TRUSTING OF DOCTORS DECISIONS – NOT USUALLY QUESTIONED] so I know there are problems with beds and all that, I don't think we are going to ever, nurses and doctors are never going to get any flak for not doing their duty. [IN THE LIGHT OF STRUCTURAL PROBLEMS, PEOPLE RECOGNISE THE CONDITIONS AND CONSTRAINTS THAT DOCTORS AND NURSES HAVE TO WORK IN; NEVER SEEN AS NOT DOING THEIR BEST] If anything, they are probably the opposite end of the health services you know, I would probably have an opposite attitude with regard to Gardaí and the social welfare service because they are in a job dealing with your health, [NOT REGARDED THE SAME AS OTHER INSTITUTIONS AND REPRESENTATIVES AS HEALTH IS VERY IMPORTANT] and if they are going to cure you, you know, these are the people if that they can cure you, they are the greatest people ever you know, [SEEN AS NECESSARY AND INVALUABLE] if you have an illness you know

Researcher: So with regard to power relations then over time within Ireland say within our society that we experience, *am* do you feel that the attitudes have changed over time with say, we will talk about the Gardaí first?

Frank: Yeah the Gardaí, definitely, I think there was the old kind of thing, where you were a doctor, a guard, a priest, kind of traditional you know, made you, had a high standing in Irish society, [INSTITUTIONAL REPRESENTATIVES ALL HELD IN HIGH REGARD IN TRADITIONAL IRISH SOCIETY] *ah* now I think a lot more people are questioning the guards obviously through the media [MORE PEOPLE ARE QUESTIONING OF THE GARDAÍ DUE TO INFLUENCE OF THE MEDIA] and such and you know obviously, more human rights coming around and you know I think, as well with social services, the health boards and all that, through a lot of public cases, [PUBLICITY OF INCIDENTS/ERRORS] a lot of you know, situations where there has been neglect as such, the media has a lot of power there, in changing attitudes, in shaping attitudes, [PUBLICITY OF NEGLECT, ETC... THE MEDIA ARE VERY POWERFUL] so I think we, you know, I know I would be more, but I think a normal person would challenge them a bit more [INDIVIDUALS ARE MORE LIKELY TO VOICE THEIR OPINIONS] you know, and I think obviously, with doctors and nurses, I think they, they still have that high standing in society [DOCTORS AND NURSES REMAIN EXTREMELY INVALUABLE] you know, I think that if you are in a room and there's a doctor there, like I said the guards, I think a doctor is held in very high regard, high esteem [DOCTORS – VERY HIGH ESTEEM] you know, unless obviously again, there's been Harold Shipman as such, but that's few and far in between but I think a stereotype of a doctor or a nurse is someone that is actually helping people and doing their job, you know whereas the Gardaí and the social services are a lot more, people are questioning them a lot more, there is still that negative aspect –DOCTORS AND

NURSES ARE SEEN AS DOING THEIR JOB DESPITE STRUCTURAL CONSTRAINTS, WHEREAS GARDAÍ AND SOCIAL SERVICES ARE SEEN IN A MORE NEGATIVE LIGHT] you know.

Appendix H: Semi-structured Interview Transcript (Member of the Garda Síochána)

Interview Transcript: Garda A
                Age: 44
                Residence: Rural
                Working in Force: 22 yrs

Researcher: The Gardaí sometimes have to work in somewhat difficult circumstances and situations, do you feel that the power within the institution helps to protect you in various difficult situations?

Garda A: Not any longer no, there was a time when I would have started working initially, I would have felt certainly that I would have walked around the town in Waterford on my own and would have felt yeah certainly from the point of view that I was a guard, that *ah…* that people would not have approached me in relation to abuse or things of that nature but certainly in recent years there's been a huge change where even when we're working in the centre of town where people will target, go over and start abusing guards, and start throw items at us, so it has changed, years ago yes, in more recent times it no longer holds the same security or whatever word you'd use, that is used to yeah.

Researcher: So how do you feel the power, you said it has changed in?

Garda A: It's not so much that years ago people sort of respected the Gardaí, if the Gardaí went down whatever the Gardaí said or did, it was sort of accepted and people took what they said whether we were right or wrong, they took what we said as what they were supposed to do, where as time has gone on people now would, its not unusual people would actually confront Gardaí to take us on or challenge us, particularly at night time with drink taken, where years ago people would there was more of *am*, just would have felt that the actual, they would have been more afraid of the law, you know what I mean, or the consequences of their actions, where now that same protection doesn't seem to be there, or I certainly don't feel its there anyhow.

Researcher: So initially where did you feel the power was?
The, well I suppose not so much power as protection from the law, yeah power might be the wrong use of the word. Like I mean I don't, it's just that when prior to now, that *ah*, that for example people had more respect for the fact that you were a member of the Garda Síochána. So therefore, from that you felt that people wouldn't challenge you or *am*, use force against you or there…felt a certain protection, maybe power is the wrong word, but felt a certain protection, yeah from being a member of the guards, where as time has gone on that has dwindled, *am*, as regards power, I'm just trying to *ah*, can you just ask the question again in relation to….

Garda A: No, I was just saying where does the protection come from?

The protection would have come from, I would have said, respect for me as being a guard, years ago, like I mean if I went out and walked down town on my own, I would do so in safety, I was never what do you call it, afraid of doing so. I felt that there was a respect for the uniform, not me, you know what I mean for example, people wouldn't break a window in front of me, people wouldn't do things in front of me where now people will openly drink in front of us, will cause damage, will start fighting directly in front of us, directly in front of us, would *ah* throw objects at us if were trying to deal with people, bottles, coins, whatever, where years ago, it was just that if u saw a

guard walking down the street, normally people wouldn't have approached for conflict, where now they do. I don't know if that answers your question?

Researcher: Yeah, yeah it does yeah. *Am*, so how do you feel about that protection now, do you know, as a guard?

Garda A: As a guard well, would certainly feel more vulnerable in what do you call, in working out on the street now as comparison with years ago, as I said years ago, I walked around this town on my own, I never had any fear for any situation, where now generally speaking particularly at night time, its not unusual where years ago for example, if I saw somebody urinating in a doorway or somebody doing something wrong normally, if you approach the person they would generally apologise and say they were sorry, now they would ask you what you're at, they become very confrontational, particularly if there is one or two, they will actually end up taking beyond, physically, using physical force towards me, where years ago that would never have happened. You see a lot of situations where it happens now, that there's more, I feel that there's more aggression amongst people, or something that it's not necessarily against the guards. It's just society in general. Years ago as I said, it was unusual, you would see *am*, very seldom you would see people doing something in front of you, where now it's not unusual that you would see people waking along, next minute one will flatten the other with a box directly in front of us. Where years ago, it wasn't as............ as prevalent as that.

Researcher: How do think members of the public react to the power that Gardaí might have from working in the institution of the Garda Síochána?

Garda A: Yeah, *ah*...some people respond okay, *ah*...a lot of people, nobody likes being what do you call it, nobody likes being spoken to in relation to a breach of any piece of legislation. Like some people will like unappreciate it, for example, if I was to stop someone for speeding generally people will act in a very aggressive fashion and say well why didn't you stop somebody else or if you stop someone going through a red light, they would say what are you doing about the person in front of you...where that sort of *ah*...has changed I think anyhow, that people are what you call it, people resent, yeah, resent the fact that they may be, would be spoken to in relation to a breach, that they don't see us as the people that enforce, that they the legislators have put in place, like I mean I've spoke ???? In relation to cannabis, for example, if, people often give out to us and say look it, you are going around searching us and taking cannabis off us, you are abusing your powers and all that, we're only smoking it, not doing any harm. And I'll say to them, well look it, if somebody in the morning decides to legalise cannabis, I've no problem with it - I'm just enforcing what legislation is there, the same people would say for example, that you are catching them doing forty in a thirty mile zone, and I would say the same, that look it, at the end of the day, we're only enforcing, it's thirty miles an hour, I didn't decide on the speed limit, if it has to be changed, someone else decides that. So there would be a lot of resentment to the fact that *ah*...you know that you can *ah*...I suppose that you can stop people in relation to certain issues. A lot of people would resent, yeah, that fact, that you can have the power to stop them and that to enforce certain laws, while they accept them generally, a lot of people don't like being stopped, I'd say not everyone, a lot of people would *ah*...hold up their hand and say, look I'm sorry guard, I know I was speeding and I was doing a, b, c or d. But a lot of more people in recent years in particular again would be more *ah*...confrontational in relation to, wouldn't really appreciate being stopped.

Researcher: Do you think they look at you as an individual, separate to the Gardaí, like you know you said they might respect the law, or well they might *ah*...generally they think the law is okay say, but, not when someone enforces it as such?

Garda A: I think that, I suppose it's like everything else, *am*...people react differently, I've always found, if they know ya, like I mean if somebody knows me as a person, knows me as [], for example, and knows me as a person, if I'm out doing something and even it has happened a lot of people, that I would have played soccer with, different things like that *ah*...played soccer against as the Garda team for example, then when we meet them down the town, it's a complex situation, they would relate to me as someone they played soccer with, and therefore it sort of calms the situation down and they react differently to me, where if I met up with someone I don't know, they more or less take, it's the uniform at that stage that they would react *ah*...someone in uniform, dealing with them in a certain fashion, rather than []as a person.

Researcher: What do you think about the uniform?

Garda A: In what respect?

Researcher: *Ah*, do you think, you know the way it hasn't changed so much...

Garda A: Yeah in relation to the appearance of a uniform or the *ah*...

Researcher: Well yeah, not so much the wearing of the uniform, but the uniform itself?

Garda A: The uniform itself, just the fact that everybody is in uniform?

Researcher: Yeah some people might say the...It's very, you know, the boys in blue, kind of, it's very *am*...not old fashioned but very formal still...
Garda A: *Am*, I suppose, I suppose I'd say...people...

Researcher: Are you happy with the uniform?

Garda A: Ahahahah...Am I happy with the uniform? Yes I would be happy with the uniform from the point of view, certainly if I had an option, I certainly, there are certains I would change, definitely, in appearance and that, they are going changing it slightly to more *ah*...shortly, to more of a military type with the boots and bomber type jacket, yeah, that's coming in, in April, or in May, yeah it's coming in shortly. But in relation to the overall uniform, yeah, I mean, I think, it looks well and I know we've a lot of people that would complain but I think it looks well, when somebody, when everyone is in the one dress, *ah*...with the tie and the shirt and that *ah*...it gives a good, people know, the only difficulty would be that with all the different services here, and there's, we're all very close to one another, it's very hard to distinguish between *ah*...at times *ah*...fire officer or prison officer and guards and that you know...so but *ah*...I would have no difficulty with the uniform per say, I think, cause a lot of people for example, with public order issues and that and concerts and that, they would actually be very happy to see us out on the street, you probably hear a lot about it, about the lack of guards on the street but certainly people are happy to see us out visibly in uniform, in a uniform, *ah*...approach...they can identify easily with us, the fact, or if somebody wishes to change the uniform. I am sure we wouldn't have any great difficulty with that either...If we need to be, what you call it, brought into the

modern era, and not to be too old fashioned, yeah...

Researcher: *Am*...do you think that people feel that their social background affects power relations between them as individuals and *ah*...members of the Gardaí?

Garda A: Would I feel that people *ah*...

Researcher: In general?

Garda A: It's hard to know with people in general, the only thing I can say to you is this....that *ah*, again from my experience, *am*, I would certainly say that an awful lot of people that would be from perceived what would you call it *ah*...the poor strands of the social sphere as such around []...the vast majority of them that I have dealt with down through the years, I can deal with without any great bother and a lot of them *ah*...certainly there are certain people that are dysfunctional anyhow no matter which *ah*...area of society they come from, and they just won't conform anyhow, but I mean I would know an awful lot of people in different housing estates that would have had a bad name up through the years and I couldn't come across nicer people. I would rather deal with them at times than ... I would find it easier to deal with them than I would dealing with somebody that would be from a perceived more higher social background, that if there's an issue with them that it is easier...it is easier deal with from our point of view with people but certainly some people will believe that Gardaí will deal with them differently if they are from *ah*... one background or the other...the only thing that I would say is that certainly from my own point of view, I've never had any issue or anything else and I suppose the point I made earlier that we played *ah*... we had a soccer team playing here...we used to play against all the local soccer teams, and it was one of the best things we ever did because there is a lot of people that we wouldn't normally be dealing with socially, that certainly we dealt with, that got to know us and made it easier ...I will say this much I suppose to answer your question...that certainly that it's easier to deal with people when you know them and certainly just from a number of reasons, a lot of people from certain areas in this town wouldn't want to be seen associating with guards...right, and any people that do associate with us again, when you know people it is easier deal with them, and I think they, it's easier for them to relate to us and I think a lot of our work in recent years is trying to drive that *ah*...neighbourhood watch area and again I find that, that if you know people no matter what, if you can put a name on someone no matter which social background they have, that if you can put a name on them and say [] look you are doing wrong there, and they know me by my first name and can converse with me, they know me as *am*...they know me as [] the person as much as [] the guard, and I think from that point of view people certainly perceive that there is an issue there but I think that a lot of it is got to do with the fact that *ah*...as the years have gone on in particular I suppose that a lot of guards wouldn't *am*...necessarily do you know what I mean do you know what I mean...a lot of people wouldn't want...from certain areas in town you know wouldn't want to be seen mixing with guards where for example if anyone is involved living in a certain area, a lot of people get to know them and wouldn't have any problem...so that it would yeah people would probably feel that the fact that they are from certain areas that they would be dealt with differently but unfortunately, from our point of view I suppose, we would see it that there are certain issues there that are not *ah*...they are not related to the Gardaí alone, there are a lot of social issues there which problems arise from which we then have dealings with people say that they might feel that they are being treated differently but there are a lot of issues outside of our control that we have to respond to you know what I mean *am*...for example, certain estates we would call to a lot more than others for different

anti-social problems which are a combination of factors maybe poverty, people dropping out of school at an early age, drinking, drugs, whatever, but we have to respond to them, and certainly the fact that we don't, wouldn't know a lot of them individually – I would agree that they would perceive us as possibly treating them differently to others, but it again when they get to know us, I know a lot of *am*... there is a lot of lads who got into bother throughout the years...I know them well...anytime they come in here to the station, they know my first name – [], how are you doing? I will always shake their hand...they will always have a word for me even if they are arrested for something you know, if once you get to know people, do you know what I mean, they appreciate where you are coming from but certainly once you don't know and a lot of guards won't. They build up a rapport with a lot of people after a while and then they look on them in a different light but certainly some people would perceive that they are treated differently...we would often have that said to us...you are only arresting me because I am from such a place, If I was from some place else you wouldn't arrest me but *ah*...unfortunately as I have said *am*...I keep a record here of arrests and I can guarantee there's as many been arrested from different areas of the city for public order offences *ah*...at night time in particular, there is a lot of people down in the nightclubs, now a lot of the people that we are talking about wouldn't be able to even afford to go into the nightclubs so we're arresting a huge amount of people down there that are not from *ah*...socially deprived backgrounds – I don't know whether that answers your question or...

Researcher: How do you think Gardaí in general feel about various social backgrounds, like is it a problem as such? You said you know we often, it is often said to us but how would you respond - how would you feel about that?

Garda A: How would I feel about social backgrounds?

Researcher: Not about social backgrounds but *am*...do you feel...yourself, you don't respond differently to people but Gardaí in general – what's the perception?

Garda A: Well I can only speak I suppose for myself and as I said I have worked on different units here...I mean there is a lot of people that I would have come across in different situations doing shall we say breaking the law, for want of a word, that I would have felt that they deserved a break or an opportunity in something and a lot of people, they took the chance and they accepted do you know what I mean, they accepted the break...similarly that would happen with anyone...anyone that I came across...I certainly wouldn't deal with anyone differently in one area, from one area to another, but it also depends I think on people's attitudes towards ourselves – naturally if I meet you in a situation where there is just say conflict right, and am...I explain to you look, there's a, there's a situation here, there is a row or whatever taking place, look please go home, we can't what do you call it, we have to try to keep the peace and whatever, and I mean if you react to me in a certain way that you say look fair enough, we'll go home or you tell me to fuck off right, so therefore a lot of the time, it's not so much where people come from...it's as much the reaction or the interaction between them and us, and that's why I'm saying from my experience, down through the years, the fact that I know if I know you, you are going to respond to me differently than if you don't know me, and again a lot of people that we would deal with as I said from, personally background doesn't come into it, from my point of view I mean...I have arrested guards, guard's sons, I have arrested doctors, nurses, solicitors, I have arrested students, I have arrested people from different social backgrounds depending on the situation and as I said a lot of the time, most people you deal with, you give them an opportunity and I said I can't speak for every other

guard ah…different people have…deal with people differently but I'm just saying from my experience and the unit that I worked with…we normally try to be as flexible or as reasonable as we can, and again if I go into any situation no matter who it is and I just say look it, there's a fight, or there is someone urinating in a doorway, or there's someone breaking *ah*…doing something that they shouldn't be doing and I just say to them look would you please go home, be quite or whatever and if somebody tells me to fuck off or somebody tells me that what do you call it…that contradicts something if you see them breaking and they, look I'm sorry, I didn't mean it and they go home but if somebody tells you that they didn't do something – you are left with no alternative then only to take a certain course of action, so I wouldn't say that there's ah…class has anything to do with it – I know a lot of people have a discussion and believe that the guards would, because if you are from a certain area that you would be arrested, but I mean it's *ah*…the same issue in England as regards race, but unfortunately if you have certain issues that are there, that I don't have any control over…shall we say social conditions or housing or a lot of those issues in any part of Ireland but if as a result of them, there is a lot of anti-social behaviour in certain areas, we have to deal with it so therefore naturally if there is more anti-social out the Dunmore road than there is in the city centre, a high proportion of people out there are going to get arrested so therefore, yeah I think that you respond to situations and you deal with them as they present itself but not necessarily personally I don't believe I deal with any as a result of social background.

Researcher: Yeah so even in victim situations you wouldn't feel that social background…

Garda A: In a victim situation, what do you mean now…in relation to…?

Researcher: If there was a working class…say a stolen car…a working class versus a middle class…you wouldn't feel that the situation varies…just I mean not just…

Garda A: From the point of view of…?

Researcher: Being dealt with…

Garda A: Being dealt with? Oh God no…I think in relation to any car that is stolen, I think…the vast majority of cars that have been stolen down through the years here are actually out in the what do you call it…working class areas of the city here, if you want to call it that *ah*…the vast majority of them are from there, so therefore we would investigate any of them that we can and again in a number of cases, there would be people from the local areas that would have stolen the cars and burnt them out that we would have caught, so therefore no, there wouldn't be any *ah*… difference, as I said we certainly would have apprehended a lot of people for stealing cars out in the as I said out in the housing estates around the city but *ah*…some of them would have been stolen from perceived socially better off areas out the [] road and that and we certainly wouldn't have been successful in the investigations there, where we were successful in a number out that side, so therefore I don't perceive that there is any difference, no I mean if somebody, if you report your car stolen and you come from Dublin 4 or you come from Ballyfermot, I mean the car would be technically examined where possible, and if someone can be got for it, they will be got for it you know…

Researcher: Do you feel comfortable now as a guard *ah*…with regard to any situation whatever it be, one to one, whether it be talking to a victim *am*…talking to somebody out on the street, checking someone's tax you know…do you feel comfortable as a

representative of the Gardaí with regard to the relation that are going on…?

Garda A: Do I feel comfortable in dealing with members of the public in general?

Researcher: Yeah…as a guard?

Garda A: As a guard…

Researcher: Yeah with regard to power say, do you know…there is a certain element of power relations going on when you are having any type of conversation for any type of reason as a guard with a member of the public…

Garda A: *Ah*…I wouldn't perceive …again I suppose I mean it is very hard to be objective…some people may say look that they have dealt with me and they might give a different version to what …but I believe that, I mean I have no issue in dealing with anybody in relation to any issue…I think I treat people fairly and once people are fair with me, I don't have a problem there *am*…I yeah…I feel comfortable enough dealing with anybody, I mean there's a lot of people while I was out on the street…well I'm inside now but there was a lot of people come through that door with various different problems to me and no matter what they are *am*…I mean I listen to what they have to say, I give as fair as I can to them and I would do what I can for them *am*…I don't know, I don't have any *am*…issue in dealing with people…I certainly would think that people have a different perception of us than they used to have or more *am*…questioning or whatever you know what I mean…people would question what we do and why we do certain things, much much more than here to fore – I don't have a problem with that…I mean I don't have *ah*… everything I do is not right you know what I mean, we all make mistakes – I don't have no I don't think I have any – I don't feel uncomfortable dealing with people *ah*…in uniform some people might, as I said still maybe not if you spoke to somebody in the morning in relation to an incident with [], they might feel differently…no I don't feel, no I feel happy enough…comfortable enough dealing with people…

Researcher: Yeah, *am*…you mentioned that it has changed, but *am*…what would you put that down to?

Garda A: Changed, *ah*…of…what do you call it…found to be what do you call it…to have *am*…done things wrong from what I have seen, the Donegal situation again, there is an awful lot more people at the moment that would question things that are done on the spur of the moment and they would make a judgment on it…maybe not based on all the facts you know…it's very hard for *ah*…people to get the full facts of something, anything that goes on you know…what I mean they make a judgment before *ah*…it's very hard like I mean we are constrained a lot in relation to what we can say like, what I mean, someone could come in or someone could go on to the radio tomorrow morning and make allegations about different issues – we are constrained from what we can say because of investigations and what have you, so therefore, I think people certainly question everything we do much more…they are much more critical of what we do and as I said in fairness, they might be justified in criticising us in certain ways that we have done and errors that we have made *am*…I think generally still, we have, we have a good rapport with people and I think the only difficulty I suppose, the difficulty we have no more than any other organization that if I do something wrong here in the morning, in relation to *ah*…just say that I am what do you call it…involved as a guard in a rape or in a bad assault or in a robbery or in *ah*…drink driving which has happened as you are aware of up in Dublin, that it gets massive publicity and a lot

of us are tarnished the one way, and we get a lot of that thrown back at us on the street when you are dealing with people in different issues you know so therefore I think people, people certainly question us more ah…I think that they at times, they expect an awful lot of us, would be very critical for example in a lot of investigations we do…that they perceive that we are the ones that should be able to catch (A) for breaking into their house or for committing a murder or whatever and bring it to the courts…where with us there is a lot of constraints on what we can and cannot do, the people don't necessarily *ah*…understand the limitations that we are working under but certainly would be very critical of the fact that they perceive that we are not doing enough now as I said whether that is the case as I said I don't have any problem with criticism – we can't be seemingly doing everything correctly and I have no issues with it but at the same time, there is a lot of criticism that's belted out at the organization in general whereas I have said I was never in Donegal in my life but I have got it thrown at me in court, on the streets in Waterford, I have got it thrown at me about being corrupt, about ah…one thing or another in court by solicitors, on the street by civilians, so I mean that…that is I suppose that is an issue that people do, people certainly would be…have a different, I think they have a different relationship with the guards now than they had years ago…years ago everybody knew the local guard, a lot of us would have been known in [] for years, everybody knew everybody else, where *ah*…times have changed…a lot of people are not known as well, so therefore when there is a certain stigma attached, there is a lot of people that would say jeepers, you can't say that about such and such while now, across the board that *ah*…you know if there is something done wrong in one place, it is associated with everybody – I don't know whether I have *ah*…given you…

Researcher: Yeah, you are grand, what do you think – have the media played a role in that do you know or is it to do with…

Garda A: No I don't think so, no more than anybody else but certainly am…the fact that yeah the fact that people perceive, it's no more than the clergy, people perceive that they should be all perfect and they should be all…do things correct…we have 11/12,000 people working in the guards, there is not a hope in hell of everybody doing everything correct…there are people that do make mistakes as I have said…there are guards that have been arrested and that have been prosecuted through the courts, there are clergy the same way but certainly yeah…that the stigma could be put on it, it certainly from our point of view like I mean if I do something wrong in the morning for example, the guard who was involved in the pornography allegation in…in relation to am…I think, it was above in Dublin and there was also a guard that was meant to going in to try and to obtain underage sex with a juvenile down in Limerick…that would…that would get huge publicity which would very much tarnish us as a group of people where if somebody in different professions were involved, you won't have every barrister going into court and being questioned by a judge about the …or thrown at him that they're what do you call it…insinuated that they are involved in underage sex where for example, there are several other court cases where in recent times where guards have been said to look it, we saw what happened up in Donegal, we saw what happened with the Guilford 8 or the Guilford 4, these types of things being thrown at us that yeah there is a certain…people feel that they are entitled to throw a lot of insinuations at us generally and you know that does…some people yeah…we would put up with certainly an awful lot more abuse than we used to years ago so whether that's people's attitude…I wouldn't necessarily say the media, I think as well as that, I think if you take, even if you take a family situation right…you are the mother or the father in a family situation, and you are looked on as a bad person where you correct your children for doing something wrong…right they would not obviously be too impressed

with being corrected now as they grow older...I am speaking from my own point of view here...as you grow older you appreciate what your parents were doing, the fact that they corrected you or pulled you up on something was the fact that they were trying to... (End tape)

Garda A: People perceive that we are there, that we are against people right...they don't believe that we are out on the roads for example doing speed checks that the main purpose that we are doing that is to try and stop people speeding...stop fatal accidents...people perceive it that we are trying to catch them and I mean we don't make the laws, we are only enforcing what the general population want done and as I said, if somebody wants to let somebody drive at 60 miles an hour down the street there, there is no problem but people do have a fierce resentment to us enforcing the laws that are meant to be enforced...that's my belief that as I said, like someone in the family, that people don't always appreciate where we are coming from...I think really you know that ah...it's a case that we are given a job and again as I said at times certainly, at times maybe we don't help the situation either, maybe I know with different people some people have a bad way of dealing with people anyhow, and it does happen, I mean here I would deal with complaints from people about guards being very abrupt and one thing and another, and that does happen, but there are a lot of guards that I know within this station and within the country that are very good people, they have a good attitude with dealing with people and they would still get criticized for stopping people speeding or for dangerous driving you know so whether that's am...media driven or it's just the general perception that people have been an awful lot higher *ah*...shall we say *am*...we would have been held in higher esteem I think that we are not held in the same esteem that we were held in now whether that's true as I said certain definitely part of it can be due to certain individuals doing things that were wrong that certainly do let down the side but I mean a lot of people still just that they what do you call it...a lot of people perceive that they should never be stopped either you know or prevented from doing something they are not meant to be doing so I don't know whether that answers your question or not...

Researcher: Yeah do you know the openness, the way the public are more aware now of certain incidents surrounding the Gardaí or whatever, do you think that's ...has that had a positive or negative effect in...overall now?

Garda A: On the guards themselves?

Researcher: Yeah on their job...on how they perform their...duties or...?

Garda A: I think...what do you call it...I think yeah...I think actually it is...it is much better that there is discussion out there...I think that it's no problem at all as I said I don't think that we have all the answers and as I say there are certainly a lot of people that have and can assist greatly I suppose where I would be coming from is that a situation where we would be...a lot of people I think expect...still expect too much from the guards, they believe for example, that if your window is put in that we should be able to prosecute [] for it, now [], you know that [] did it, I know that [] did it but there might not be sufficient evidence to go to court...a lot of people...we have a situation where a lot of people, they would know someone and they don't want to give evidence...people come to us and tell us ok look [] broke the window, I saw him do it, I am living five doors up from him and I don't want to go to court but the people whose window is broken, perceive it to be our duty to sort this out you know it's...I don't know whether that as I said answers your question...

Researcher: Yeah, you think that the openness is a good thing...probably with any institution....

Garda A: Oh I do yeah oh God yeah, I think openness is a great thing and I think that ah... as I said within the issues that are there...community policing and that...I mean a lot of it is having dealings with people ...it's to try and ah...decide what it...as much as what they ah…are looking for as what we want to provide...now the only thing is as I said at times the difficulty is...is trying to *ah*...with us for example that you are trying to spread your resources and you are not always able to do what you would like to do, for example, people might as I said again, we could go to a forum and people would look for different guards and the ??? might say right we will give your additional guards and then you are into a situation which we had for the last number of weeks, where we were exceptionally busy, a lot of people have to be pulled in you know...it's very hard to balance everything but certainly yeah I would agree with an openness and am...provided it was as I said was constructive and dealt with in the right way. Again I think people have *am*...they have a different perception of what we can do and an acceptance of what we can do at the moment than they have of what other people can do *ah*...I would just...relating to for example we are constrained as to what the amount of force we can use and there are statutory limitations there, there are disciplinary proceedings, there are guards that have ended up in court in relation to it but people would have no problem in a vigilante group setting up somewhere just say for example, you mentioned joy riding earlier, if the joy riding in certain areas ??? we deal with but the group maybe go out and threaten someone or whatever and it might stop but I mean if I was to go out in the morning and I know most of what is going on and threaten everybody within the city that's involved in crime altogether, I would be out of this job in the morning, out the door so there is different perceptions of what we can do and what we are allowed do and what other people can do so whether that's...whether people's opinion of us is reflected by the fact that we get perceived we are ??? or we are sort of part of a Government agency or where that's coming from but certainly there are a lot of limitations as to what we can and can't do and ah...people would...would certainly criticise us for a lot of you know what I mean a lot of a lot of are as certainly maybe rightfully so but I certainly would agree that openness yeah, if there is an open policy, that it can maybe ah...explain things more...again down through the years, yeah we have been yeah...curtailed by our what do you call it, our regulations of one thing or another as to what we can and can't do, what we can and can't say, like a number of years ago, I wouldn't be having this interview with you because it would have to go through Garda Headquarters to speak it simply whereas time has gone on, they have given us the opportunity to go on to the local radio and to speak to people on issues, provided it's not as I said sensitive policy-wise if they are dealing with a certain area.

Researcher: And do you think it's going to change, like in the future it it rebalances?

Garda A: Definitely, oh yeah things will change, I think that things have gone on alot, I mean we were in a situation where, *am* as I said years ago, what the guards said and the priests said, and what the teachers implied…and it was this, if you were, there was nothing wrong with a guard hitting somebody, parents giving their youngsters a kick in the backside or a clip around the ear…whatever you know, there was no problem with it…there was no problem with the teachers hitting us with the stick, we are gone from that era, which I agree fully with, but I just think society has balanced it up at the moment…I think that victims are possibly the forgotten people within society, I mean I don't in any way or I'm not advocating a system whereby we put alot of people away or anything like that because that doesn't achieve what should be achieved, but I do

231

think that there should be systems in place to assist people at an earlier stage, that if that was done, and possibly through education as well, explain our role a little more openly than it is, and I think by…in my personal opinion anyhow, that people's attitudes will change a lot, but I think that we just need to go back to grassroots and go out into the communities, and explain to people what we are about…yeah get to know people, it's all about working with people, *ah*…as I said, we are not sort of *ah*…we went away from it maybe through no fault of our own…just things have changed…we move to a faster pace in life, there's a lot more going on than years ago, *ah*…as I said to you, we had, we had no murder for years and years, and therefore, a lot of resources would be tied up, and we would be out more, *am*…a lot of things have changed administratively…in other words, do you know what I mean, we are responding to the incidents…so that certainly I think that people's opinions will change eventually, and *ah*…I think that *ah*…overall a lot of people appreciate we do a good job in very difficult circumstances, no more than do nurses or anybody else, and that we are not perfect, *ah*…we are not perfect.

Researcher: That's it, that's everything, thank you very much…

Appendix I: Partial Semi-structured Interview Transcript showing the use of Probes and Prompts by the researcher (Member of the Public: Frank)

Researcher: Have you ever been involved with any situation with the Gardaí, or do you know anyone who has?

Frank: Well basically growing up in an urban environment, situations where I would have met Gardaí, situations where, obviously particularly in my teens, when I'm hanging around streets and such, if that's what the aspect was, they would come up, tell you to move along very bluntly and more or less in a directive manner with directive statements even though, some who, always had the impression that they judged you with fear and suspicion because you were a teenager, so that was one of the...

Researcher: That's just your perception of what they thought is it?

Frank: Well particularly, I worked, I've done youth work, and this is related from my experience, I've a lot of empathy, that's why I like doing work in the area, particularly in areas where there is low income backgrounds, corporation estates, and such. The feedback that I've got from working with teenagers particularly is that they have very negative attitudes towards Gardaí, you know and I've experienced it first hand in their attitudes towards teenagers, so as a teenager myself, they have really kind of, my impressions, expectations, and as you say perceptions of them haven't really changed. I thought that as I would have got older, that they would have changed, so basically, that's been my impression; it's a worrying aspect I find personally...

Researcher: Do you think that's to do with your job, or would you feel that it would remain the same regardless?

Frank: I'd say it would actually probably be a little worse if I hadn't done the job I did, because I didn't have, I don't think I've ever, I've been in close proximity to a guard where I live so, I don't come from a low income background, so I would know him in a formal manner, and I've met him in a personal manner and I just feel that I have a stereotypical attitude towards him and it seems that my perception always lives up to what I base him on. Most of them I find are from rural backgrounds, so that's something that worries me, and it's always something I discuss that why can't we have, why isn't there advertising for the Gardaí in inner city places so we can get kids that relate to other kids and they grow up and they have similar backgrounds so they can relate to them, and I think that is a major problem...

Researcher: So you feel that there is a concentration of a certain social class position within the Gardaí?

Frank: Yeah I feel that they are from middle upper class backgrounds, again, this is as I said my personal point of view so I feel that it's very hard when they are going to be dealing with people from working class who are experiencing all aspects of hardship and they are going in there and they need to, as much as I know, they are the law, they have to enforce certain standards, certain laws, they have to go in there with an attitude that you're here basically as a service, they are service providers like I am a service provider in the job I do, so it's there that basically I feel that they need to actually work on relating to people more that actually kind of dividing people, and being more directive in their attitude towards...do this, do that...you know, and the one example I will use is I've worked in a community day centre for people with learning

disabilities and I know that the guards, as far as I know, I'm not aware of their curriculum or what they do, but basically they have to do some sort of social placement in the area of social work, now they come up two weeks, I've been there various times, different young Gardaí coming up, they have come in, they've basically not really engaged too much obviously because it's a difficult thing going in with learning disabilities because you have your own perceptions but I have discussed this with other PR's that have worked in the area…what'd the benefit of it? I feel there is no benefit whatsoever, because basically I don't think that they are going to be, on a Friday night there is going to be 100 people with Down Syndrome being drunk and disorderly, and they need to go out into the communities where they are going to be working and engage them earlier on as a what would you call it, a prevention, meet the people, they can ask them questions, why is your attitude such, and hopefully, that's my idea anyway…yeah work with the kids in the community.

Researcher: Just so as to get a better insight?
Frank: So they can get familiar with you, so that if they see Garda Kelly coming along, and the lads have just been hanging around, and up to mischief, they can say well look, I've known this man along time, he's still a guard, he is still a boy in blue, which they always see them as, but at least he can say, I've been around, I can relate to them, instead of just jumping out of a squad car and you know, all hell breaking loose basically…
Researcher: So you mentioned that they treat you as if, say teenagers, as if they have done something wrong before they have…

Exactly yeah, I think it's a kind of self fulfilled prophecy as such when they see a group of young people hanging around, they don't look at the aspects of why are these kids hanging around…this is all well and good I know coming from a social care background but if they are a service provider and they are getting paid by the state, they have to be aware of, is there a social club around, no, do we have the resources, no, therefore, kids are bored, they are hanging around so we have got to have a different attitude, okay, if they are getting a phone call or if a disturbance is after happening, you know a more relating approach than a directive approach, than just getting in there, move along and then creating problems basically, now this again is from my experience.

Researcher: Have you actually any incident, personal, or even a story, for example?

Frank: I would have a story as such because obviously I would have a couple of stories now but, which isn't very good actually considering…one story there, now this is a story I only heard recently, I was up at a wedding up the country, and I ran into my cousin who I hadn't seen in years so we were chatting and his best friend is a guard, he is my age as well, in his twenties, he was kind of more or less bragging to my cousin about a friend's you know his job is kind of you know for instance that if they hear that a house has been broken into, that three or four squad cars will pull up around the corner, and none of them would want to go into that house because they know it's paperwork so the four of them, it's a stand off, so eventually by the time they're after having their little chat, and this person's house is being wrecked and ruined and the four people' attitudes, the four Garda squad cars, are I don't want to go in because it is paperwork, I don't want to know about it. So they're not Gardaí, they're playing pool down the hall basically…It gave me the impression that these guards are in a job, they are picking up a wage, that's all well and good, but they are basically looking at their job with a lot of disdain, and personally for my confidence for a taxpayer, or well a potential taxpayer, well anyone who is a taxpayer, whose house, one of the most sacred things, to have that attitude, now that could just be an

occurrence, that's just probably, but to hear that, and I know it exists...

Researcher: That's quite shocking isn't?

Frank: It is quite shocking you know, and obviously you know the heavy handedness of the guards, I've seen it, I've seen it outside discos, I know I might have been influenced by alcohol or whatever, but I've seen the heavy handedness, and I just feel that practice, something has to change, because you know...

Researcher: And have you ever dealt face to face with a guard, you know in a conversation, regardless of the topic, even if it is positive or negative?

Frank: Well I've had, well, I live close to a guard, I say hello, how are you doing, you know, he is my neighbour, you know...

Appendix J: Partial Semi-structured Interview Transcript showing the use of Probes and Prompts by the researcher (Member of the Public: Michelle)

Researcher: How do you feel about encounters with the Gardaí say just even on the basis where you are not, you know a perpetrator in trouble, or?

Michelle: Yeah I suppose in general I have to say now that I mean okay, they are trying to do a job, and I suppose in a sense, I am trying to do mine, in that kind of situation, I feel you just need them to be there you know, there is no other way of dealing with it, and like we are not in a position where we can, we don't have to put up with that really and no one should have to put up with it, so while in some cases you think will we call the guards or not, of course you should because like who else is there, even in our own situation, sometimes I feel that maybe they could be doing other things I suppose you know in the job they are in, okay we are all I suppose anxious about preventing crime you know or whatever, they could be down the town looking at you, or you know, giving people parking fines and stuff when they shouldn't really be bothered about that kind of thing or stopping people when there is other stuff happening, I mean there is such a lot of big issues going on and I suppose they all have their targets to meet, then as well like you meet them down the road, and they are having to stop so many cars and vans and have their targets done for the month, and I gather that's what they are doing because they all have these kinds of targets, but I just find I suppose again, going back to my own I suppose from the professional side of dealing with them, we work together an awful lot with them, you know and we have to I suppose really, not only are I suppose the banks in general losing out money but these people are, they are criminals, and they have to be stopped, there is an awful lot of it around unfortunately, so the guards are then as I would see it invaluable in trying to I suppose, arrest these people and bring them to some kind of justice anyway.

Researcher: How do you feel about just one to one conversations, say with the Gardaí, from a personal and professional level?

Michelle: I suppose in general feel comfortable in that situation, because I am asking their help or something but like if I was approached by a guard, I would, sometimes I would feel a little bit uncomfortable and I don't know why, I think it is because this power that, or seen to have this power, or that's maybe my perception that there is a power over people, that they can do, they can actually kind of suppose utilise their own profession to get an end result I suppose, not saying that they're, you know that might paint a bad picture of them but it is just that at present dealing with them sometimes I would feel somehow you know probably grateful that they are around, you know when you meet them in the street or something, well it's good to see them out there because we need to have them, a feeling of security if there is something going on at least there is someone there.

Researcher: You mentioned that just their presence might make you have various feelings, what really would you be talking about?

I suppose when they are talking to you directly, let's say if I was in the car now and they were stopping for the insurance and the tax, I'd know I have it and there would be no problem but you would just feel like phheeuusshh, you know that could be just me you know, that they have you or that they are looking to get you nearly at times, you know, maybe they are not but that's really what I am talking about, I suppose other incidents that spring to mind are again in the court room situation you know,

kind of, it's hard to describe it I suppose but it's not that they are better than you, but they do have a certain kind of an aura, I suppose that they have some kind of power, they do, you know and that could be sometimes I think even some of the younger guys that you see, maybe relatively new to the force that they have a kind of power boost yeah the ego is boosted you know what I mean, yeah kind of, hahahahahahaha...

Researcher: Have you ever been involved in any situation with the health service, doctors, consultants, nurses?

Michelle: No actually, no nothing to do with the hospitals or anything like that, I mean only apart from my own GP, I wouldn't have any experience at all, of doctors, well I suppose yeah, when I gave birth to my two children, that was the only time really, that was a long time ago, but they were the only ones really that I had direct contact with, yeah...

Researcher: Just with interactions with your GP or those doctors with regard to your child birth situations, do any incidents arise in your mind I mean?

Michelle: No not at all, they are all just fantastic, I really do, I really mean that, my own GP is fantastic, she is always there, like if I need to make an appointment she will give me the time, I suppose I've been with her an awful long time, I feel I can sit down and talk to her, about anything, not just about medical stuff...

Appendix K: Table showing the generation of themes and patterns; leading to generalisations in answering the four main questions of the research study (Garda Síochána):

Garda A	Garda B	Garda C	Garda D
WHAT EFFECT DO POWER RELATIONS HAVE ON THE INDIVIDUAL (AS A MEMBER OF THE PUBLIC AND A REPRESENTATATIVE OF AN INSTITUTION)?			
HAPPY TO SEE GUARDS *ACCEPTANCE OF LAWS UNTIL BEING CAUGHT PERSONALLY ENFORCING THE LAW *JUST DOING OUR JOB EVERYBODY DESERVES A CHANCE *USUALLY THEY TAKE IT COMFORTABLE DEALING WITH ANYBODY *FAIR TO EVERYBODY ENFORCING THE LAW TO SAVE LIVES *RESENTMENT (CONNECTED WITH MIDDLE CLASS PERHAPS) PEOPLE (GUARDS HAVE DIFFERENT WAYS OF DEALING WITH PEOPLE)	SOME PEOPLE THINK GUARDS HAVE TOO MANY POWERS *AND A LOT THINK NOT ENOUGH *POWERS ARE GIVEN BY THE LEGISLATORS *IF YOU ARREST SOMEONE, YOU HAVE TO JUSTIFY IT DEAL WITH A SITUATION THE SAME WAY IN ANY PART OF TOWN THE COURT SYSTEM CAN FAIL US *DECISIONS MADE CAN FALL BACK ON US	SOME YOUNG PEOPLE MAY EVEN KNOW MORE ABOUT THE POWERS WE HAVE, THAN WE DO OURSELVES *IF WE DIDN'T HAVE THOSE POWERS, THERE WOULD BE MORE SCUFFLES (FIGHTING) IN DEALING WITH INCIDENTS, ETC… *NO PROBLEM AT ALL WITH ELDERLY PEOPLE, THEY CHAT AWAY GUARDS ARE TAUGHT GOOD COMMUNICATION SKILLS IN TEMPLEMORE AND LEARN TO DIFFUSE SITUATIONS WITHOUT USE OF VIOLENCE PROUD TO WEAR THE UNIFORM *MOST PEOPLE LOOK UP TO YOU *MOST ARE HAPPY TO STOP & CHAT, ESP. THE ELDERLY	PEOPLE CAN HIT A GUARD JUST AS EASY AS THEY WOULD AN ORDINARY PERSON *THERE IS STILL QUITE AN AMOUNT OF RESPECT FOR THE GUARDS POWER IS A STRONG WORD *THE RIGHT TO ARREST IF WE SEE AN OFFENCE BEING COMMITTED *MOST PEOPLE BELIEVE THAT THE GUARDS ARE ONLY DOING THEIR JOB *WE ONLY USE 'POWER' WHEN WE HAVE TO *WHEN IT'S OUR JOB TO *MOST PEOPLE ARE HAPPY WITH THE ROLE OF THE GARDAÍ THERE HAS TO BE A WATCHDOG ON GARDA BEHAVIOUR *SOME PEOPLE MAY LIKE THE GARDAÍ TO HAVE MORE POWER *CERTAIN ELEMENTS OF THE JOB ARE TOUGH
WHAT ARE THE CENTRAL ISSUES OF CONCERN BETWEEN INDIVIDUALS AND INSTITUTIONS THAT AFFECT POWER RELATIONS?			
KNOWING PEOPLE - PEOPLE KNOWING YOU *LOWER SOCIAL BACKGROUND - NO DIFFICULTY EXCEPT PEOPLE MAY FEEL TREATED DIFFERENTLY *SOCIAL ISSUES EXIST REGARDLESS *PROBLEMS ARISE(OUT OF	GUARDS HAVE TO EARN RESPECT *HOW YOU CARRY OUT DUTIES FROM DAY TO DAY *MANNER IS VERY IMPORTANT 99.9% ARE OK - JUST THAT PARTICULAR % THAT BRING THE WHOLE THING DOWN *ANNOYS EVERYONE CERTAIN SECTORS OF THE COMMUNITY AND CERTAIN FAMILIES ARE DIFFICULT TO WORK WITH	ONLY A MINORITY OF GUARDS (1% TO 2%) ARE INVOLVED IN INCIDENTS *BUT THAT'S IN EVERY JOB CRIME SEEMS TO RUN IN FAMILIES *TREAT ALL PEOPLE THE SAME *THEIR ATTITUDE TOWARDS YOU CAN CHANGE YOUR ATTITUDE TOWARDS THEM THE MAJORITY OF THE GOOD THAT	AN AWFUL LOT OF PROBLEMS WITH DRINK AND DRUGS *PERSONALLY I DON'T TREAT PEOPLE DIFFERENTLY *QUITE OFTEN THEY WOULD SAY TO ME, 'YOU ARE ONLY STOPPING ME BECAUSE I AM BLACK' *BOTH CLASSES ARE

GARDAÍ'S CONTROL - TREATING 'US' DIFFERENTLY - *IT IS ATTITUDES AND NOT SOCIAL BACKGROUNDS THAT IS THE ISSUE *REACTIONS & INTERACTIONS *RESPOND TO ISSUES & NOT SOCIAL CLASS	*SOMETIMES FILLED WITH HATRED AND TOTAL DISRESPECT *ALL SECTORS, NOT JUST THE LOWER CLASS, ALSO IN MIDDLE CLASS *VERY DIFFICULT EVEN IF GUARDS DID CHANGE, DIFFICULT TO CHANGE STRONG FEELINGS <u>THERE IS A CERTAIN SOCIAL BACKGROUND THAT YOU WILL SEE MORE OF</u> *PEOPLE FROM HIGHER SOCIAL BACKGROUND EXPECT MORE * ALL ARE PROVIDED WITH THE SAME SERVICE	<u>GUARDS DO IS NEVER PUBLICISED</u>	STOPPED
HAVE THE NATURE OF POWER RELATIONS IN IRISH SOCIETY CHANGED? (AND IF SO)			
<u>ATTITUDE CHANGES</u> *GARDAÍ ARE NO LONGER RESPECTED *JOB DOES NOT HOLD THE SAME SECURITY *MORE CONFRONTATIONS <u>NOT KNOWING HAS INCREASED OVER THE YEARS</u> *ALSO INCREASED (& REINFORCED) PERCEPTION OF BEING DEALT WITH DIFFERENTLY <u>PEOPLE DO NOT UNDERSTAND THE LIMITATIONS THAT GUARDS HAVE</u> *PEOPLE EXPECT TOO MUCH *PEOPLE DO NOT KNOW THE GUARDS LIKE THEY USED TO *STIGMA NOT AS EASILY ATTACHED IN THE PAST AS IT IS NOW <u>THE MEDIA IS A FACTOR (NO MORE THAN IN ANY INSTITUTION)</u> *HUGE PUBLICITY OF EVENTS SUCH AS IN DONEGAL *NOT HELD IN AS HIGH ESTEEM AS BEFORE *MOVED AWAY FROM GETTING TO KNOW PEOPLE (THIS WILL HAVE TO CHANGE)	<u>NOT AS MUCH RESPECT FOR GUARDS IN RECENT YEARS</u> *NO FEAR OF GUARDS ANYMORE *CHANGED EVEN IN THE LAST 8 YEARS *PEOPLE USED TO BE AFRAID OF THE GUARDS <u>BAD PUBLICITY HASN'T HELPED</u> *YEARS AGO, STATURE OF GUARD (POWER) USED TO BE BUT NOW IT'S 'OH GOD HERE THEY ARE AGAIN' <u>SOCIETY IN GENERAL IS CHANGING</u> *DUE TO BAD PUBLICITY NOT ONLY OF THE GUARDS BUT WITHIN HOSPITALS, SCHOOLS, EVERYTHING *MORE INFORMATION THROUGH THE MEDIA WHEN YOUNGER *NOT TERRIFIED OF GUARDS JUST RESPECTED THEM *A MASSIVE CHANGE IN JUST EIGHT YEARS IN 12-14 YR OLDS (VERY WORRYING)	<u>YEARS AGO, PEOPLE USED TO BE AFRAID OF THE GUARDS</u> <u>ON THE BEAT, ETC...</u> *TODAY, YOUNG PEOPLE HAVE NO RESPECT *DUE TO THE WAY THEY HAVE BEEN BROUGHT UP <u>ONE INCIDENT INVOLVING YOUNG PEOPLE</u> *BOTH VERBAL & PHYSICAL ABUSE *ONE GUARD IN ALL OF HIS 35 YEARS SERVICE HAD NEVER SEEN ANYTHING LIKE IT BEFORE	<u>CHANGES IN IRELAND</u> *MEDIA IS VERY POWERFUL AND SENDS OUT A STRONG MESSAGE *LITTLE THINGS THAT YEARS BEFORE NOW, NOBODY WOULD KNOW OR HEAR ABOUT *NO MASSIVE CHANGE IN THEIR ATTITUDE TOWARDS THE GARDAÍ *I HAVEN'T CHANGED THE WAY I TALK TO PEOPLE OR ANYTHING <u>TIMES HAVE CHANGED SINCE 30 YEARS AGO WHEN YOUNG PEOPLE WERE TOLD TO & FEARED THE GUARDS</u> *INBRED FEAR
HOW HAS THIS AFFECTED BOTH INDIVIDUALS AND RELEVANT INSTITUTIONS?			

AGGRESSION *CONFRONTATION *INCREASED PERCEPTION OF DEALT WITH DIFFERENTLY *TREATING 'US' DIFFERENTLY PEOPLE QUESTION THE GUARDS MORE *PEOPLE ARE MORE CRITICAL OF GUARDS AND JUSTIFIABLY SO *ONE GUARD'S ACTIONS TARNISHES EVERY GUARD DUE TO MASSIVE PUBLICITY *THROWING INSINUATIONS AT US (HAVE TO PUT UP WITH A LOT MORE ABUSE) DISCUSSION IS GOOD *TOO MUCH EXPECTATIONS (COURT SYSTEM) OPENNESS IS GOOD *PEOPLE'S PERCEPTIONS OF WHAT THE GUARDS CAN & CANNOT DO VARY GREATLY *OPEN POLICY TO HELP EXPLAIN THE ROLE MORE *THINGS WILL CHANGE *ASSIST PEOPLE AT AN EARLIER AGE *GET TO KNOW PEOPLE	'HERE THEY ARE AGAIN' ATTITUDE *JUDICIAL SYSTEM (PENALTIES INVOKED NOT THAT BAD): THAT'S THE MESSAGE BEING GIVEN OUT *FEEDBACK AND VERBAL ABUSE IN RELATION TO INCIDENTS *NOT ALL OF THE COMMUNITY *JUST A PARTICULAR ELEMENT SAME FOR ALL ORGANIZATIONS *ACCOUNTABILITY IS WHERE EVERYTHING LIES IN RELATION TO EVERY INSTITUTION CRIMINAL JUSTICE SYSTEM IS TOO LENIENT FOR JUVENILES *IT IS TOO LATE BY THE TIME THEY ARE GIVEN FORMAL CAUTIONS BAD PUBLICITY CAN GET YOU DOWN *MAKE YOU SOMETIMES FEEL LIKE SAYING YOU ARE SOMETHING ELSE (I.E. NOT A GUARD) WHEN ASKED WHAT YOU DO	YOUNG PEOPLE CALL YOU NAMES, YOU GET USED TO IT *IT'S WHAT THEY LEARN AT HOME *YOUNGER PEOPLE KNOW THAT THE GARDAÍ CAN'T ABUSE THEIR POWERS (NEVER COULD) BUT ARE NOW ESPECIALLY AWARE OF THE CONSEQUENCES FOR GUARDS WHO ARE CAUGHT ABUSING THEIR POWER, E.G. MAY DAY RIOTS… *THEY ABUSE GUARDS MORE ON THE BASIS OF THIS KNOWLEDGE BEING WATCHED MORE MAKES GUARDS DO THE JOB IN A MORE EFFICIENT AND BETTER WAY *A LOT BRING UP DONEGAL INCIDENT WHEN BEING ARRESTED FOR PUBLIC ORDER OFFENCES FOR EXAMPLE *DOESN'T BOTHER ME *DOESN'T GIVE A GOOD NAME & SO EVERYBODY IS AFFECTED BY IT YOUNG PEOPLE IN SCHOOL (U20) COULD BE TAUGHT MORE ABOUT THE GUARDS	SEVERAL CONTENTIOUS ISSUES *EGATIVE STORIES IN RECENT YEARS & RIGHTLY SO IN SOME CASES *DONEGAL, MAY DAY RIOTS *NEGATIVE EFFECT *IT GIVES PEOPLE A NEGATIVE PERCEPTION OF THE GUARDS AS A FORCE YOUNG PEOPLE DON'T FEAR ANYTHING *EXTREME OF NO RESPECT AT ALL ANNOYANCE THAT ONE BAD APPLE IN A COLLECTIVE GROUP GIVES IT A BAD NAME *CERTAIN AMOUNT OF DODGY ACCOUNTANTS, TEACHERS, ETC… ALSO EXIST *MAKES YOU FEEL A LITTLE LET DOWN ANY STORY ABOUT THE GARDAÍ SEEMS TO MAKE THE HEADLINES VERY QUICKLY

Appendix L: Table showing the generation of themes and patterns; leading to generalisations in answering the four main questions of the research (Health Service):

HSR1	HSR2	HSR3
WHAT EFFECT DO POWER RELATIONS HAVE ON THE INDIVIDUAL (AS A MEMBER OF THE PUBLIC AND AS A REPRESENTATIVE OF AN INSTITUTION?		
GOING BACK TO NURSING ROLES *I WOULD HAVE BEEN WARD SISTER *YOU WOULD BE ABLE TO DEAL WITH QUERIES, COMPLAINTS YOU KNOW *MAYBE FACILITATING RELATIVES, PATIENTS *YOU WOULD HAVE A LOT OF SCOPE WITHIN YOUR ROLE IN ALL THE ROLES THAT I'VE HAD THROUGHOUT MY CAREER *I'VE HAD LEVELS OF RESPONSIBILITY, THAT HAVE GIVEN ME THE AUTHORITY TO BE ABLE TO FACILITATE PEOPLE IN THEIR REQUESTS *THERE'S TIMES WHEN THERE'S A LINE YOU CAN'T GO *THAT YOU HAVE TO GO THEN TO A NEXT LEVEL UP WHICH IS VERY BUREAUCRATIC IN THE HEALTH SERVICE I KIND OF TAKE EVERYTHING AT FACE VALUE *KIND OF TRY TO TAKE THE PERSON AWAY FROM WHAT THE ISSUE IS *DEAL WITH THE ISSUE I WOULD SEE NURSING - HUGE PROBLEMS IN THAT POWER STRUGGLE *THAT THERE WOULD BE PEOPLE TRYING TO HOLD THE STRINGS AND NOT ALLOW PEOPLE	A LOT OF THE TIMES, I WORK IN A CLINIC SETTING *IF SOMEBODY CAME & THEY GAVE ME A (MEDICAL) HISTORY, IT WOULD DEPEND ON WHICH DOCTOR I WOULD SEND THEM IN TO *IF THEY WERE QUITE ILL OR SOMETHING LIKE THAT, I WOULD MAKE SURE THAT THEY WOULD SEE A CONSULTANT *I WOULDN'T JUST SEND THEM IN TO SEE A JUNIOR DOCTOR, *I SUPPOSE IN THAT RESPECT I WOULD HAVE POWER *IF SOMEBODY VERY OLD CAME, I WOULD PUT THEM STRAIGHT UP TO THE TOP OF THE QUEUE I SUPPOSE THEY FEEL, ESPECIALLY WHEN YOU COME INTO A HOSPITAL, THAT THEY LOOSE ALL CONTROL *THEY COME IN AND YOU HAVE A DESK OR SOMETHING *ONCE THEY'RE IN A GOWN AND YOU'RE TOTALLY ANONYMOUS...	AT THE END OF THE DAY, I AM RESPONSIBLE FOR THEIR HEALTH *OBVIOUSLY, YOU WOULD TRY AND MAKE IT A JOINT EFFORT *AS MUCH AS POSSIBLE FOR THEM, TO HAVE AN INPUT YOU DEFINITELY DO (HAVE POWER) - A LOT OF THE TIME, THEY WOULDN'T EVEN QUESTION WHAT THEY THINK ABOUT THE DISEASE *A LOT OF THE TIME, OR ABOUT WHATEVER IS WRONG WITH THEM, THEY WOULD JUST AUTOMATICALLY DO WHAT YOU TELL THEM TO DO *THAT GIVES YOU A HUGE AMOUNT OF POWER REALLY *I DO TRY AND NOT LET EVERYTHING BE ON ME *TRY TO GET PATINETS TO HELP MAKE THEIR OWN DECISIONS ASWELL
WHAT ARE THE CENTRAL ISSUES OF CONCERN BETWEEN INDIVIDUALS AND INSTITUTIONS THAT AFFECT POWER RELATIONS?		
GOING BACK TO WHEN I WAS ON THE WARDS *WHICH IS WHERE I WOULD HAVE HAD MOST CONTACT WITH THE PUBLIC *IT CAN BE A BIT OF A POWER STRUGGLE INCIDENT ON A WARD *SUPERINTENDENT CAME TO VISIT A VERY ILL PATIENT AT THE TIME *I KIND OF SAID IT WASN'T APPROPRIATE FOR TO VISIT AT THE TIME *HE WAS QUITE ABUSIVE TO ME *I WAS DOING IT OUT OF THE BEST INTEREST OF THE PATIENT	WAITING TIMES I SUPPOSE A LOT OF THE TIMES WOULD BE OR MAYBE IF THEY HAD A BAD EXPERIENCE WITH A DOCTOR OR SOMEBODY ELSE *IF SOMETHING HAPPENED *IF SOME MISTAKE HAPPENED *IF PEOPLE GOT TREATED BADLY OR GOT WRONG RESULTS OR SOMETHING *OR NOTES LOST OR SOMETHING LIKE THAT MOST OF THE TIME I WOULD BE UP FRONT AND TELL THEM STRAIGHT	DEFINITELY, WHEN YOU ARE IN THE HOSPITAL, IT IS SO MUCH EASIER TO ACCESS ALL OF THE DIFFERENT FACILITIES THAT ARE AVAILABLE TO YOU *BUT WHEN YOU ARE OUT IN A GENERAL PRACTITIONERS, IT IS THAT LITTLE BIT HARDER (PATIENTS REACTION TO POWER) DEPENDS ON THE TYPE OF PATIENT *SOME ARE GRAND WITH IT *OTHERS ARE FAIRLY RESENTFUL TOWARDS IT *JUST DEPENDS ON WHAT THEY GET OUT OF IT EDUCATION IS ANOTHER THING *DEGREES OF EDUCATION

*EVENTUALLY HE CAME ROUND TO MY WAY OF THINKING *IT WAS QUITE LIKE I SUPPOSE, HE WAS TALLER THAN ME, HE WAS LOOKING DOWN ON ME, HE MORE OR LESS SAID 'WHO DO YOU THINK YOU ARE TELLING ME THAT I CAN'T VISIT MY FRIEND?' * I HAD TO HAVE THE PATIENT'S INTEREST AT HEART *THAT WAS QUITE A POWER STRUGGLE I THINK WITH HIM *EVENTUALLY HE WENT AWAY *AND I SAID LOOK COME BACK IN AN HOUR BECAUSE HE WAS AFTER HAVING SOME TREATMENT AND HE DID COME BACK *HE KIND OF SAID, VERY SMART: IS IT OK NOW? *THAT WAS A HUGE POWER STRUGGLE *HE WAS SOMEBODY, OBVIOUSLY USED TO BEING IN AUTHORITY *YOU FIND IT'S PEOPLE THAT MAYBE HOLD HIGH LEVEL JOBS THAT YOU WOULD HAVE A LOT OF CONFLICT WITH *OR ELSE PEOPLE THAT ARE MAYBE VERY TRAUMATIZED BY WHAT THEIR RELATIVE IS GOING THROUGH *OR EVEN THE PATIENT THEMSELVES. SOMETIMES THE PEOPLE FROM THE LOWER SOCIO-ECONOMIC BACKGROUNDS WOULDN'T HAVE AN UNDERSTANDING OF THE SYSTEM AT ALL *AND WOULD HAVE MAYBE EXCESSIVE DEMANDS ON IT *YOU ARE TRYING TO BRING THEM WITH YOU *TRYING TO EXPLAIN *WITH REGARD TO TRAVELERS: IT IS THE SAME, YOU TREAT THE PATIENT'S CONDITION *BUT IT IS HARD TO IGNORE THE FACT THAT MAYBE FIVE OF THEM ARE BLOCKING UP THE WAITING ROOM WITH THE PATIENT	AWAY *ADMIT TO WHAT HAPPENED RATHER THAN JUST SAY, OH ITS JUST YOU KNOW *TELL THEM WHAT HAPPENED *WHAT WENT WRONG *USUALLY PEOPLE ARE MUCH BETTER THEN *IF YOU APOLOGISE AND SAY LOOK, IT WAS A MISTAKE, SOMETHING HAPPENED. YOU ARE BETTER OFF BEING UP FRONT WITH THEM, RATHER THAN TRYING TO FLUFF IT UP *REALLY THEY ARE OK THEN SOME DOCTORS SAY FROM DIFFERENT BACKGROUNDS MIGHT LOOK ON PEOPLE DIFFERENTLY THE ONLY DIFFICULTIES WE WOULD COME ACROSS ARE PEOPLE WHO COULDN'T READ AND THEN WE WOULD HAVE PROBLEMS WITH INFORMATION THAT WE ARE GIVING OUT	*YOU TRY TO EXPLAIN TO PEOPLE AS WELL AS YOU CAN *PATIENTS SOCIAL BACKGROUNDS, ETC... E.G. WAITING TOO LONG
HAS THE NATURE OF POWER RELATIONS IN IRISH SOCIETY CHANGED ? (AND IF SO)		
THEY WOULD HAVE HUGE EXPECTATIONS NOW OF THE HEALTH SERVICE *EXPECTATIONS THAT PROBABLY A LOT OF THE TIME CAN'T BE MET	I THINK BECAUSE THE EDUCATION SYSTEM FOR NURSES HAS CHANGED, THAT IT'S CHANGED FOR THE BETTER OF PATIENTS AS WELL	GENERATION WISE *THERE IS A HUGE DIFFERENCE *OLDER PATIENTS WOULD TEND TO BE VERY HAPPY *YOUNGER ONES EXPECT A LOT MORE

IF YOU LOOK AT THE A&E, THE BED CRISIS IS THE PROBLEM *UNFORTUNATELY, SOMETIMES IT'S PEOPLE ON THE FRONT LINE THAT ANGER IS VENTED AT PUBLIC PATIENTS IN GENERAL *THEY ARE MUCH MORE READY TO COMPLAIN NOW *WHEREAS BEFORE THEY WOULDN'T HAVE *MAYBE IT'S EDUCATION ON THEIR PART *THERE'S A LOT MORE STUFF IN THE MEDIA	*YOU ARE MORE INFORMED *IT GOES THE WHOLE WAY DOWN THROUGH PEOPLE ARE MUCH MORE ASSERTIVE *THEY KNOW *THERE'S A LOT MORE INFORMATION OUT THERE *EVEN READING THE NEWSPAPERS NOW *THEY PICK A LOT OF INFORMATION UP *PEOPLE WITH ACCESS TO THE INTERNET	
HOW HAS THIS AFFECTED BOTH INDIVIDUALS AND THE RELEVANT INSTITUTIONS?		
THE TYPE OF MANAGEMENT IS CHANGING, SO PEOPLE ARE BEING EMPOWERED MORE ON THE GROUND *I SUPPOSE THERE'S SYSTEMS THERE AS WELL THAT CAN SUPPORT YOU *AND SAY IF IT'S A BIG ISSUE, YOUR LEVEL OF RESPONSIBILITY, I THINK THAT'S MORE CLEARER NOW IN THE HEALTH SERVICE *IT WOULDN'T HAVE BEEN BEFORE, ROLES WERE VERY WOOLY BUT NOW YOU'VE GOT YOUR LEVEL OF AUTHORITY *SO IT'S EASIER DEAL WITH IT THEY SEE IT AS THE SYSTEM NOT BEING FLEXIBLE, WHEN YOU ARE ACTUALLY TRYING TO PROTECT THE RIGHTS OF THE PATIENT IN THE MIDDLE OF IT ALL *PUBLIC PATIENTS SOMETIMES HAVE A KIND OF FUNNY EXPECTATION OF THE SERVICE *I KNOW RECENTLY ONE OF MY COLLEAGUES WAS TELLING ME, SHE WORKS IN A REHAB UNIT, PART OF THAT WOULD BE GETTING THEM READY TO GO HOME *IN THE MORNING, THIS MAN WHO'D HAD A STROKE WAS GIVEN A BASIN OF WATER TO START TO WASH HIMSELF & WHEN HIS SON CAME IN, HIS SON WAS HORRIFIED AND SAID WHY DIDN'T SOMEBODY WASH HIM *THEY SAID OH YOU KNOW & HE SAID WAS IT BECAUSE HE DIDN'T HAVE VHI, HE WAS TREATED DIFFERENTLY *THE GIRLS THOUGHT THIS WAS SO FUNNY ON THE WARD THAT THIS WAS THIS MAN'S PERCEPTION	THEY KNOW WHEN THEY ARE COMING IN, WHAT IS SHOULD BE *WHAT THEY SHOULD BE GETTING *THE TYPE OF TREATMENT THEY SHOULD BE GETTING *WHAT THEIR OPTIONS SHOULD BE *THEY ARE MUCH MORE CLUED IN	A LOT MORE PEOPLE ARE A LOT MORE EDUCATED AND THEY ARE NOT AFRAID TO ASK ANYMORE *A LOT MORE PEOPLE HAVE SO MUCH MORE AVAILABLE TO THEM *MORE INFORMATION *THEY JUST FEEL THEY HAVE THE RIGHT VERY DIFFICULT *IF YOU HAVE SOMEONE COMING IN FOR EXAMPLE THEY HAVE BEEN DIAGNOSED WITH SOMETHING AND THEY HAVE BEEN RECEIVING CERTAIN TREATMENT IN IRELAND AND IT'S THE BEST TREATMENT WE HAVE HERE IN IRELAND *THEY MIGHT COME IN WITH A SHEET A PRINTOUT OF A MASSIVE TREATMENT AVAILABLE IN THE STATES *IT'S VERY HARD TO SAY TO SOMEBODY 'WELL SORRY BUT WE DON'T ACTUALLY HAVE THAT AVAILABLE HERE' EVEN THOUGHT IT'S VERY GOOD LIKE *THAT'S BAD BECAUSE THERE IS A TREATMENT ON OFFER THAT WE CAN'T OFFER THE FUTURE *I THINK IT [POWER] WILL PROBABLY MAYBE EVEN OFF A LITTLE BIT *I THINK PEOPLE ARE A LITTLE BIT TOO OBSESSED WITH GETTING IT [POWER] BACK

243

*THAT DOESN'T HAPPEN LIKE, REALLY WHEN YOU ARE OUT ON THE WARD, YOU ARE DEALING WITH, YOU DON'T KNOW WHETHER THEY ARE PRIVATE OR PUBLIC *IT'S NOT AN ISSUE <u>IT'S A PATIENT AND YOU DEAL WITH THEIR CONDITION</u> *BUT THE PATIENTS THEMSELVES WOULD HAVE HUGE EXPECTATIONS *MOST PATIENTS IN GENERAL ARE HAPPY.		

Appendix M: Table showing the generation of themes and patterns; leading to generalisations in answering the four main questions of the research study (Public):

Michelle	Cathy	Frank	Rachel	Louise	Margaret
WHAT EFFECTS DO POWER RELATIONS HAVE ON THE INDIVIDUAL (AS A MEMBER OF THE PUBLIC AND AS A REPRESENTATIVE OF AN INSTITUTION)?					
GUARDS TRYING TO DO THEIR JOBS * YOU NEED THEM TO BE THERE *WHO ELSE IS THERE? GENERALLY COMFORTABLE *IF ASKING THEM FOR HELP FEEL A BIT UNCOMFORTABLE *IF APPROACHED BY A GUARD POWER OVER PEOPLE *NOT TRYING TO PAINT A BAD PICTURE GRATEFUL THAT THEY ARE AROUND *GOOD TO SEE THEM *A FEELING OF SECURITY FEELING OF PHHEEUUSSHH *STOP TO CHECK CAR THEY ARE LOOKING TO GET YOU AT TIMES *THEY ARE A FORCE TO BE RECKONED WITH FEEL A LITTLE BIT NOT INTIMIDATED * NOT THAT THEY ARE BETTER THAN YOU THEY HAVE A CERTAIN KIND OF AURA *SOME KIND OF POWER YOUNGER GUARDS	INCIDENT WITH CAR ACCIDENT & GUARD *HE WAS VERY OFFICIAL *TAKING DOWN DETAILS & ASKED LOADS OF DIFFICULT QUESTIONS *HE WAS TALKING IN GENERAL CONVERSATION & SAID LOOK THERE WAS A WHITE LINE THERE A BIT FRIGHTENING *HAD NEVER BEEN OF QUESTIONED IN THAT WAY BY A GUARD BEFORE DIDN'T KNOW WHETHER I WAS IN THE RIGHT OR THE WRONG *THEN HE CAUTIONED *HE SAID IT WAS ONLY A MATTER OF PROCEDURE *BUT HE WAS NICE & FRIENDLY & OFFICIAL WAS WONDERING IF I SAID SOMETHING WOULD I BE PUTTING MYSELF IN THE WRONG *THAT WAS ONLY BECAUSE HE WAS A GUARD *BECAUSE I DIDN'T KNOW WHETHER I WAS IN THE RIGHT OR THE WRONG JUST A BIT AFRAID *EVEN IN TALKING NORMALLY TO HIM *BECAUSE I DIDN'T KNOW HOW THAT WAS GOING TO BE PRESENTED LATER AS A PUBLIC PREGNANT	IN MY TEENS *HANGING AROUND TELL YOU TO MOVE ALONG VERY BLUNTLY *ALMOST IN A DIRECTIVE MANNER JUDGED YOU WITH FEAR & SUSPICION *BECAUSE YOU WERE A TEENAGER *NEGATIVE ATTITUDE TOWARDS TEENAGERS *BOTH FIRST HAND EXPERIENCES AND FEEDBACK FROM TEENAGERS THAT I WORK WITH KNOW A GUARD *WHO LIVES NEAR IN BOTH A FORMAL AND PERSONAL CAPACITY *STEREOTYPICAL ATTITUDE TOWARDS HIM WRT CONFIDENCE *NO PROBLEM IN A CONVERSATION SITUATION *AS A YOUNGER PERSON ANYTIME YOU CAME ACROSS A GUARD THERE WAS A PROBLEM *ALWAYS NEGATIVE NOT DISCRIMINATING AGAINST GUARDS *IF I FELT A GUARD WAS DOING A GOOD JOB I WOULD COMPLEMENT THAT	WHEN BROTHER WENT MISSING *THE GUARDS WERE GREAT *POSITIVE REACTION BECAUSE OF THAT *VERY HELPFUL *I DON'T HAVE ANY PROBLEM FOR THEM THEY ARE THERE FOR A PURPOSE *THEY NEED TO BE THERE TO CONTROL THINGS *IT'S NICE TO SEE THEM AROUND AS WELL *IT MAKES PEOPLE FEEL SAFER NURSES ARE A LOT NICER THAN DOCTORS *DOCTORS ARE QUITE CONDESCENDING IN REFERENCE TO GP *WELL HE KNOWS ME ALONG TIME *HE KNOWS ME MORE ON A ONE TO ONE BASIS SO HE WOULD KNOW MORE ABOUT ME *WHEREAS THEY (CONSULTANTS) ONLY HAVE 10 MINUTES TO LOOK AT YOUR FILE *SO IN THAT REGARD DEALING WITH GP WOULD BE A LOT MORE PERSONAL IN GENERAL PEOPLE	GARDAÍ *I WOULDN'T HAVE MUCH TO SAY GOOD ABOUT THEM *NOT THAT I HAVE ANYTHING REALLY BAD TO SAY ABOUT THEM THEY DON'T DO WHAT THEY ARE SUPPOSED TO DO *THEY STOP PEOPLE FOR SILLY THINGS *THEY GIVE POINTS & WHATEVER THEY PULL YOU OVER BUT THERE'S TWO SIDES INCIDENT WITH TRAVELLERS *CARS WERE COMING UP & DOWN AND THEY JUST CROSSED OVER THE ROAD & A GARDA CAR WAS SITTING AT THE TRAFFIC LIGHTS & THEY NEVER AS MUCH AS TURNED AROUND WENT AFTER THEM SAID ANYTHING *I WAS MAD *I SAID IF HE PULLS ME FOR JAY WALKING AFTER HIM NEARLY CAUSING AN ACCIDENT I JUST THINK THEY SEE WHAT THEY WANT TO SEE WHEN THEY WANT TO SEE IT & THEY TURN A BLIND EYE TO ANYTHING THAT THEY SHOULD BE *IF THEY SAID I WAS	GARDAÍ *IN REFERENCE TO INCIDENTS HAPPENING OUTSIDE HOUSE & WITH CAR AT NIGHT: THEIR ATTITUDE WAS WELL WHAT CAN WE DO *AND I DID SUGGEST AT THE TIME I KNOW A LOT OF PEOPLE WHO COMPLAIN ABOUT THE HEALTH BOARD *THEN AGAIN WE ALL COMPLAIN ABOUT THE RAIN I THINK THE GENERAL SITUATION ON THE STREETS SHALL WE SAY IS THAT OUR RIGHTS ARE NOT BEING PROPERLY HANDLED AT ALL *TOTALLY LEFT DOWN I THINK THE GOVERNMENT IS HANDLING THE HEALTH SERVICE DREADFULLY I KNOW PEOPLE WHO ARE NOT HAPPY (WITH GP) *ESPECIALLY

245

*POWER / EGO BOOST HEALTH SERVICE (DOCS NURSES STAFF) *THEY ARE ALL FANTASTIC *GP IS FANTASTIC *WITH GP A LONG TIME *KNOW HER & CAN TALK TO HER COULDN'T FAULT HOSPITAL CARE *WHEN HAVING CHILDREN *FANTASTIC STAFF *BROTHER WAS IN INTENSIVE CARE & WAS REALLY WELL LOOKED AFTER UNDERESTIMATE WHAT THEY CAN DO & WHAT LIMITATIONS THEY HAVE *DO THEIR BEST WITH WHAT'S AVAILABLE GARDAÍ: VERY STRESSFUL *IF PEOPLE WORK WITH THEM IT WOULD MAKE LIFE A LOT EASIER FOR EVERYONE *COMMUNITIES HAVE TO WORK WITH THEM THEY WOULD HAVE TO HAVE SOME KIND OF POWER *TO IMPLEMENT WHAT THEY DO EFFECTIVELY *THEY HAVE TO HAVE SOME POWER PROVIDED IT IS USED	PATIENT *OWN GP CONFIRMED COMPLICATION WITH ME *CONSULTANT - DIDN'T BELIEVE WHAT I WAS TELLING HIM *HE EXAMINED & DIDN'T BELIEVE *HE SAID ALL I CAN DO IS I HAVE TO TAKE THINGS AS I SEE THEM *I FELT HE COMPLETELY DISMISSED ME *HE JUST DIDN'T BELIEVE THAT WHAT WAS HAPPENING TO ME *I WENT OUT & I CRIED IN THE CAR & THAT WAS ONLY FOUR YEARS AGO WHEREAS WHEN I HAD GONE TO THE GP *HE WAS ABSOLUTELY BRILLIANT & REALLY SUPPORTIVE *I WENT BACK TO MY OWN DOCTOR BECAUSE I WAS REALLY UPSET OVER WHAT HAD HAPPENED & HE SAID I KNOW THIS HAS HAPPENED TO YOU AND ONE OF THE NURSES IN THE PRACTICE HAVE OBSERVED IT *IN THE FOLLOWING MONTH I CHALLENGED THE CONSULTANT OVER IT HE SAID HE WAS SORRY *BUT AGAIN SAID I HAVE TO TAKE WHAT I SEE *HE WAS PASSIFYING ME BUT STILL HE WAS GOING TO STAND HIS GROUND AS WELL IN GENERAL PEOPLE THINK THE GUARDS ARE DOING A GOOD JOB	*I'VE YET TO HEAR SOMEONE SAY 'JOB WELL DONE' ABOUT A GUARD *DON'T WANT TO DISCRIMINATE *THERE COULD BE A GOOD GUARD OUT THERE FOUR YEARS AGO IN THE COMPANY OF A GUARD I WOULD HAVE BEEN VERY INTIMIDATED *THEY COULD TAKE AWAY MY FREEDOM AS SUCH IF THEY WANTED TO *NOW I WOULDN'T BE AS INTIMIDATED THEY HAVE A PRESENCE *THEY ARE IN UNIFORM *THEIR HEIGHT – UNIFORM IS A FACTOR *VERY DATED *VERY FORMAL *A GUARD STANDING THERE DOES SEND A MESSAGE THEY DON'T SEE A GUARD AS SOMEONE WHO IS PROTECTING THE COMMUNITY *IT'S MORE OR LESS SOMETHING IS AFTER HAPPENING HS: ANY STATUTORY BODY – THEY ARE AN INSTITUTION *SOCIAL WORKERS THEY ARE THE PEOPLE WHO CAN TAKE AWAY CHILDREN *THEY ARE REPRESENTING THE	ARE TRYING TO DO THEIR JOB WITH THE KIND OF TIME THEY HAVE TO DO IT IN *MOST PEOPLE ARE UNDERSTANDING THAT THEY ARE UNDER PRESSURE *THEY ARE WORKING 12 HOUR SHIFTS *I DON'T THINK PEOPLE WANT TO BLAME THEM (HEALTH REPS) *LIKE IT'S MORE LIKE THE SERVICE AS A WHOLE	AFTER MURDERING SOMEONE I WOULD PROBABLY SAY I DID IT BECAUSE THEY INTIMIDATE *I FEEL INTIMIDATED BY THEM HOSPITAL *MOTHER NOT CONSIDERED FOR HEART TRANSPLANT *MADE FEEL VERY SMALL *CONSULTANT SAID IT WAS BECAUSE OF HER AGE *HE SAID YOUR MOTHER IS 63 YEARS OF AGE A 30 YEAR OLD WOULD BE MUCH MORE IN LINE FOR *THAT'S LIKE SAYING *YOUR MOTHER WILL HAVE TO LIVE WITH IT *I MEAN ONE WOMAN IS THE SAME AS ANOTHER REFERRING TO THE 8 MONTHS OF TREATMENT THAT MAY HAVE CAUSED MOTHER'S HEART DAMAGE *WHO'S TO SAY IT WASN'T THEIR FAULT? *THEY ARE NOT GOING TO TAKE RESPONSIBILITY *IT'S THEIR WORD & THAT'S…UNLESS YOU CAN PAY FOR IT	MEDICAL CARD HOLDERS *I'VE HAD NO PROBLEMS THAT WAY BECAUSE I HAVE CHOSEN THE DOCTOR MYSELF *IT'S ALWAYS BEEN SOMEBODY WITH WHOM I INTERACTED VERY WELL VERY WELL TREATED IN HOSPITAL *NURSES ARE MUCH MORE KIND AND CARING THAN DOCTORS *THEY SEEM TO TEND TO YOUR NEEDS I FEEL THAT THEY (GARDAÍ & HEALTH SERVICE) ARE NOT ON MY SIDE *DO WHAT I TELL YOU…ESPECIALLY THE GARDAÍ

IN THE RIGHT MANNER HS: THE SORT OF POWER THEY HAVE OVER YOU *LIFE OR DEATH *TO MAKE DECISIONS ABOUT YOUR HEALTH *THEREFORE HAVE TO HAVE SOME POWER *TRYING TO DO HOPEFULLY THEIR BEST FOR YOU PEOPLE MAY FEEL THEY DON'T KNOW WHAT THE ANSWER IS *RELY ON THESE PEOPLE TO TELL THEM GARDAÍ: TYPE OF PROFESSION *LENDS ITSELF TO THAT POWER *CAN BE TAKEN AWAY FROM THEM JUST AS EASILY THE ACTUAL (JUSTICE) SYSTEM IS FRUSTRATING *HAVING POWER DOESN'T MEAN THEY WILL WIN IN THE END	*THAT IF YOU HAVE A PROBLEM YOU CAN GO TO THE GUARDS *THE BLUE FLU' *PEOPLE WERE SUPPORTIVE OF THE GUARDS BECAUSE THEY ARE DOING A VERY DIFFICULT JOB IT'S VERY STRESSFUL WITH THE HEALTH SERVICE NOT BECAUSE OF LONG WAITING LISTS AND ALL THE REST OF IT *IT'S THE INDIVIDUAL NURSES AND DOCTORS THAT PEOPLE DO HAVE RESPECT FOR & TIME FOR & WOULD SUPPORT IT'S THE INSTITUTIONS AND THE SYSTEM AND THE GOVERNMENT *WHEN YOU THINK OF THE HEALTH SERVICE THE PEOPLE TEND TO KNOCK IT *RATHER THAN THE INDIVIDUAL DOCTORS THEN YOU HAVE THE TRAGIC CASES *CHILDREN OR PEOPLE WHO DON'T GET TO HOSPITAL ON TIME *A FEW OF THEM ERR & THEN PEOPLE IDENTIFY THAT AS INDIVIDUAL THINGS IT'S MARY HARNEY & THINGS THAT PEOPLE THINK OF *THE STRUCTURES & STUFF THAT PEOPLE JUST DON'T HAVE TIME FOR THERE WOULD BE GENERAL SUPPORT FOR THE STRUCTURE OR THE SYSTEMS *OR MAYBE PEOPLE DON'T	HEALTH BOARD AND THE STATE *AFFECTS MORE PEOPLE FROM LOWER WORKING CLASS BACKGROUNDS *CONSTANT FEAR SOCIAL WELFARE BUILDING AND INTERNAL STRUCTURE *UNINVITING *THE SCREEN *SOCIAL WELFARE THEY ARE SERVICE PROVIDERS OF THE STATE *S. W. REPS. UNTACTFUL & TOTALLY UNSUITED TO THE JOB *WHEN DEALING WITH PEOPLE HOW YOU FEEL THAT DAY CAN BE PROJECTED ONTO THE INDIVIDUAL E.G. BAD MOOD *PEOPLE PARTIALLY ON THE HATCHES SHOULD BE MADE AWARE OF A LOT MORE SOCIAL ISSUES *SIGNING ON IN THE SUMMER AS SOON AS I SAY THAT I AM A STUDENT THEIR ATTITUDE TOTALLY CHANGES - BEFORE BEING A STUDENT WHEN UNEMPLOYED *NOBODY LIKES TO BE UNEMPLOYED SO IT'S LIKE ADDING INSULT TO INJURY THEY HAVE TO HAVE PEOPLE WHO ARE RIGHT FOR THE JOB *THEY ARE POWERFUL			

247

	EVEN THINK ABOUT THE STRUCTURES & THE SYSTEMS *I DON'T KNOW IF I DO WHEN I AM THINKING ABOUT THE GUARDS *I THINK OF INDIVIDUAL GUARDS OR THE COMMUNITY GUARD FOR THE HEALTH SERVICE I THINK OF LAYERS *BUREAUCRACY AND ALL THAT SORT OF STUFF THERE WOULD BE REDRESS AS WELL IF THERE WAS SOMETHING THAT I SAID A GUARD HAD DONE WRONG *I'D BE ABLE TO GO AND ASK FOR THAT TO BE EXAMINED *NOW I STILL DO THINK THAT THE SYSTEM WOULD SUPPORT THE GUARD *I DON'T KNOW WOULD I HAVE FAITH IN THEM TO MAYBE COME OUT ON MY SIDE BECAUSE I THINK THAT THEY WOULD STICK TOGETHER	PEOPLE *THEY CAN DENY YOU YOUR DOLE MONEY *NEGATIVE EFFECTS LEADS TO NEGATIVE ATTITUDES DOCTORS AND GP'S: *YOU PUT A LOT OF FAITH IN THEM THERE IS A DIFFERENT KIND OF POWER THERE I FEEL *THEIR POWER IS PROBABLY MORE EVENLY DISTRIBUTED *DEFINITELY HAVE POWER OVER PEOPLE *DEALING WITH PHYSICALLY VULNERABLE PEOPLE EVERYONE NEEDS DOCTORS NOT EVERYONE NEEDS SOCIAL WELFARE REPS *WOULD PROBABLY HAVE THE OPPOSITE ATTITUDE TOWARDS HEALTH SERVICE AS OPPOSED TO THE GUARDS & SOCIAL WELFARE			
WHAT ARE THE CENTRAL ISSUES OF CONCERN BETWEEN INDICIDUALS AND INSTITUIONS THAT AFFECT POWER RELATIONS?					
THEY COULD BE DOING OTHER [MORE IMPORTANT] THINGS *GIVING PARKING FINES WHEN COULD BE DOING OTHER THINGS *THEY HAVE TARGETS GUARDS ARE INVALUABLE *BRING CRIMINALS TO JUSTICE	SITUATION THAT HAPPENED IN THE YOUTH PROJECT *AN INCIDENT HAPPENED & THE YOUNG PERSON WAS PREPARED TO TALK TO THE GUARDS IF IT DIDN'T HAPPEN IN THE GARDA STATION *HAPPY TO TALK TO THE GUARD AS FELT MORE COMFORTABLE & IN	MOST GUARDS ARE FROM RURAL BACKGROUNDS *FIND IT DIFFICULT TO RELATE TO CHILDREN YOUNG PEOPLE EVEN ADULTS FROM INNER CITY PLACES *THIS I THINK IS A MAJOR PROBLEM *WHY NOT ADVERTISE FOR RECRUITS FROM THE	THE WAY YOU LOOK AT THE GARDAÍ *DEPENDS ON WHERE YOU COME FROM *HOW YOU ARE BROUGHT UP *PEOPLE FROM MORE WORKING CLASS BACKGROUNDS ALTHOUGH I DON'T BELIEVE IN CLASS WOULD HAVE A MORE NEGATIVE RESPONSE	GUARDS NOT VERY COOPERATIVE *INCIDENT WITH STOLEN CARS *SHE (FRIEND) WAS ABLE TO SAY WHO DID IT & THE GUARDS SAID THERE WAS NOTHING THEY COULD DO * IT WOULD HAVE BEEN HER WORD AGAINST THEIRS *THEY DIDN'T DO ANYTHING	I'M TERRIFIED IN MANY WAYS *WORST THING THAT CAN HAPPEN IN THIS COUNTRY IS TO GET OLD * WOULDN'T HAVE ANY CONFIDENCE THAT I WOULD BE TREATED WITH ANY KIND OF DIGNITY *I THINK MY

LESS EDUCATED OR UNDERPRIVILEGED *MAY HAVE MORE OF AN ISSUE IN TERMS OF SOCIAL CLASS BACKGROUND THE RULES SHOULD APPLY TO EVERYBODY AS TO WHETHER THEY (GUARDS) USE THEIR POWER OR NOT *IT SHOULD REALLY BE THE SAME FOR EVERYBODY EVERYONE IS THE SAME WHEN IT COMES TO LIFE OR DEATH SITUATIONS *YOU ARE GOING TO GET THE SAME TREATMENT BUT NOT SURE IF IT IS THE CASE *WAITING LISTS *PAYING PRIVATELY *IT WOULD HAVE TO BE LIFE THREATENING BEFORE THEY WOULD EVEN CONSIDER QUEUES & LISTS CAN MAKE IT MORE FRUSTRATING *DEPENDS ON THE SITUATION OR ILLNESS *IT COULD POSSIBLY INFLUENCE INTERACTION	CONTROL IF THEY COULD MEET IN THIS BUILDING *THAT MEETING HAPPENED & THE YOUNG PERSON & GARDA WERE ABLE TO TALK IN A NORMAL MANNER & THERE WAS A YOUTH WORKER PRESENT THE YOUNGSTERS THAT WEAR HOODIES OR STUFF LIKE THAT *THEY WOULD BE GOING AROUND TOWN & THEY WOULD BE STOPPED BY THE GUARDS *THEY WOULD BE SEARCHED BECAUSE OF THE WAY THEY LOOKED *MOBILE PHONES ARE CHECKED & STUFF LIKE THAT *THEY DON'T LIKE THAT *THEY FEEL THEY ARE BEING HARASSED *GENERALLY THEY WOULDN'T BE MUCH LIKED *YOUNG PEOPLE WOULDN'T LIKE THE GUARDS THE PUBLIC HEALTH NURSES ALWAYS STRIKE ME *THEY ARE LIKE THE GUARDS *THEY WRITE DOWN EVERYTHING YOU SAY & THAT'S OFF-PUTTING *THEY DETAIL EVERYTHING *SHE WILL HAVE WORD FOR WORD STUFF THAT I HAD SAID (5YRS PREVIOUS) *THAT'S OFF-PUTTING WHEN THEY DO THAT INCIDENT ONE YEAR AGO -	CITY? *THEY ARE FROM MIDDLE UPPER CLASS BACKGROUNDS *THEY ARE DEALING WITH PEOPLE FROM WORKING CLASS WHO ARE EXPERIENCING ALL ASPECTS OF HARDSHIP THEY ARE THE LAW *THEY HAVE TO ENFORCE CERTAIN STANDARDS CERTAIN LAWS *THEY ARE SERVICE PROVIDERS *THEY NEED TO ACTUALLY WORK ON RELATING TO PEOPLE MORE THAN ACTUALLY KIND OF DIVIDING PEOPLE *DIRECTIVE IN THEIR ATTITUDE – DO THIS – DO THAT *GARDAÍ DO SOCIAL PLACEMENTS: PEOPLE WITH LEARNING DISABILITIES FOR EXAMPLE - WHAT'S THE POINT? THEY NEED TO GO OUT INTO THE COMMUNITY WHERE THEY ARE GOING TO BE WORKING & ENGAGE THEM EARLIER ON *MEET THE PEOPLE THEY CAN ASK QUESTIONS *WORK WITH THE KIDS IN THE COMMUNITY *THEY CAN SAY HERE'S GARDA KELLY I'VE KNOWN THIS MAN A	*PEOPLE LIVING IN DIFFERENT AREAS OF THE CITY WOULDN'T REALLY WANT TO BE DEALING WITH THE GARDAÍ *WHEREAS PEOPLE FROM OTHER AREAS WOULDN'T HAVE A PROBLEM WITH IT THAT'S TWO BIG ISSUES *WAITING LISTS AND *WAITING TO BE SEEN IN CASUALTY WHEN IT COMES TO THE GUARDS *IT DEPENDS ON WHAT AREA YOU COME FROM WITHIN THE HEALTH SERVICE *LET'S BE HONEST WHETHER YOU ARE ON A MEDICAL CARD OR GOING PRIVATE IT HAS A BIG EFFECT ON THE SERVICE THAT YOU RECEIVE GARDAÍ – CERTAIN NAMES ARE KNOWN *CERTAIN FAMILIES ARE KNOWN SAY IN A PLACE & THAT DOES AFFECT PEOPLE	*COME AROUND TO MAKE SURE *THE SAME KIDS WERE DOING ALOT OF STUFF *THE GUARDS WERE AFRAID OF / INTIMIDATED BY THEIR FATHER *EVERYONE KNEW WHO WERE DOING IT EXCEPT THE GUARDS *BEACUSE OF THE AREA THE GUARDS DIDN'T DO ANYTHING *THE GUARDS DIDN'T CARE LESS *FOR THAT I WOULDN'T HAVE ANY MEAS ON THE GARDAÍ DOCTOR HAD TO LEAVE *TOO MANY COMPLAINTS *NOT VERY GOOD WITH DOCTOR/PATIENT RELATIONSHIP *DOCTOR WAS VERY AGGRESSIVE & KIND OF GRUFF *HE WOULD SAY YOU WERE OVER-EXAGGERATING & WASTING HIS TIME *YOU WERE PAYING TO VISIT TO BE TOLD THAT THERE IS NOTHING WRONG WITH YOUR CHILD *TELLING ME THERE WAS NOTHING WRONG LIKE IT WAS ALL IN MY HEAD *NO GOOD WHEN AT THE NIGHT TIME SHE COULDN'T BREATH *HE TOLD ME I WAS PARANOID *THEN I HAD TO TAKE HER INTO THE SURGERY AFTER BEACUSE SHE HAD AN ASTHMA ATTACK TO	DIGNITY WOULD BE TAKEN AWAY FROM ME *I AM NOT OPTOMISTIC WE ARE A COUNTRY OF HAVES AND HAVE NOTS *POOR PEOPLE HOMELESS ETC... ARE VERY BADLY TREATED *IF YOU CAN SPEAK TO DOCTORS ON THEIR LEVEL *SHOW THEM THAT YOU ARE NOT ASHAMED *WONDER IF I WAS LESS EDUCATED THAN I AM OR HAD BEEN AROUND LESS

	WORKING CLASS WOMAN *A GUARD KNOCKED ON HER FRONT DOOR & WALKED INTO HER HOUSE & WAS LOOKING FOR SOMEBODY *SHE WAS CONFIDENT ENOUGH TO STOP HIM AND SAY TO HIM IF I WAS ANYBODY ELSE WOULD YOU KNOCK ON MY DOOR & WALK STRAIGHT INTO MY HOUSE *AND HE STOOD BACK & SAID HE WAS SORRY THAT HE SHOULDN'T HAVE DONE IT *BUT BECAUSE SHE WAS IN AN ESTATE HE THOUGHT HE WAS GOING TO GET AWAY WITH IT THAT IS SOMETHING THAT WORKING CLASS YOUNGSTERS HAVE TO PUT UP WITH AS WELL *ESPECIALLY IN A SMALL TOWN PEOPLE KNOW WHO'S WHO THERE WOULD BE A DISTINCTION MADE WITH HOW YOUNGSTERS ARE TREATED *DEPENDING ON WHAT WAY THEY ARE LIVING OR WHO THEY ARE INTERACTION BETWEEN DOCTORS & DIFFERENT SOCIAL BACKGROUNDS *IT DEPENDS ON PEOPLE'S LEVEL OF CONFIDENCE & THEIR COMMUNICATION ABILITY *DEPENDS A LOT AS WELL ON THE PROFESSIONAL WHETHER THEY ARE	LONG TIME *AT LEAST HE CAN RELATE TO THEM *THEY DON'T LOOK AT WHY ARE THESE KIDS HANGING AROUND? *IF THEY ARE A SERVICE PROVIDER AND PAID BY THE STATE *THEY HAVE TO BE AWARE OF 'IS THERE A SOCIAL CLUB AROUND?' NO – 'DO WE HAVE THE RESOURCES?' NO *KIDS ARE BORED – THEY ARE HANGING AROUND *CAUSES PROBLEMS ONE STORY - A COUSIN'S FRIEND IS A GUARD *WAS ALMOST BRAGGING THAT WHEN A HOUSE WAS BEING BURGLED - FOUR SQUAD CARS PULLED UP AND NO-ONE WENT IN AS IT MEANT PAPERWORK *THIS PERSON'S HOUSE WAS BEING ROBBED *GUARDS ARE IN A JOB PICKING UP A WAGE *THEY ARE BASICALLY LOOKING AT THEIR JOB WITH DISDAIN *HEAVY HANDEDNESS OUTSIDE DISCOS *LIVE NEAR A GUARD – SAY HELLO HOW ARE YOU? IF SOMEONE HAS THE RIGHT TO QUESTION WHAT I DO I THINK		PAY FOR A SERVICE *YOU ARE TAXED FOR EVERYTHING *YOU PAY ENOUGH SO YOU SHOULD BE TREATED WITH SOME RESPECT *WHETHER YOU ARE OVERREACTING OR NOT *BETTER TO BE SAFE THAN SORRY *THAT'S WHAT THEY ARE THERE FOR *THERE'S BEEN PLENTY OF TIMES THAT THEY'VE BEEN WRONG & THINGS HAVE HAPPENED STORY ABOUT MOTHER *IF THE GP HAD DONE PROPER TESTS & SENT HER TO THE HOSPITAL ON TIME *THEY TREATED HER FOR NEARLY EIGHT MONTHS - THE INHALERS & STEROIDS COULD HAVE BEEN DAMAGING HER HEART MORE *THERE WERE SIGNS OF WHATEVER I CAN'T THINK OF THE MEDICAL TERM *THEY SAID THEY WERE THE SAME SIGNS AS *THEY WEREN'T VERY LIKE APOLOGETIC BOTH GUARDS & HEALTH SERVICE *UNLESS YOU ARE ONE OF THEM OR HIGHER ABOVE THEM YOU HAVE NO SAY IN ANYTHING *LIKE IF I HAD GONE OVER TO THE GUARDS THAT EVENING WHEN THAT YOUNG FELLA THAT TRAVELER WAS GOING ON THAT	

	GOING TO BE ACCOMODATING OR OPEN IN THE WAY THEY ARE GOING TO COMMUNICATE WITH THE PATIENT COMING IN SOMETIMES THE MEDICAL PROFESSION CAN BAMBOOZLE YOU *THE WORDS THEY USE OR THE TERMINOLOGY *OR SITTING CLICKING ON THE COMPUTER INSTEAD OF LOOKING AT YOU OR TALKING TO YOU *IF YOU DON'T HAVE THE CONFIDENCE TO BE ABLE TO DEAL WITH THAT IT CAN BE VERY DIFFICULT *IF YOUR LITERACY LEVELS ARE POOR THAT'S GOING TO COMPLICATE THINGS MORE THE GUARDS ARE NOT GOING TO BE UPSETTING THE STATUS QUO *IF YOUNG PEOPLE ARE GOING TO BE GIVING CHEEK BACK OR CHALLENGING OVER THE WAY THEY ARE BEHAVING OR THE PUBLIC DISORDER OFFENCE THING THAT THEY CAN GIVE A YOUNGSTER YOU ARE TO BE HOME AT 9 O'CLOCK AND OFF THE STREET *IF YOUNGSTERS CHALLENGE THAT WELL IT DEPENDS ON THE GUARD *HE CAN EITHER SAY WELL I AM GOING TO TEACH THIS YOUNGSTER A LESSON THEY SHOULD HAVE RESPECT FOR THE	THE GUARDS ARE NOT ABOVE IT MY ATTITUDE IS NEGATIVE *I DO MEET GUARDS THAT ARE GOOD AT THEIR JOB FATHER: BITTER ABOUT QUEUING FOR SOCIAL WELFARE *AFTER WORKING ALL OF HIS LIFE – FEELS LIKE HE IS BEGGING *BEING QUESTIONED AND INTIMIDATED BY SOMEBODY WHO HAS A SCREEN UP *EXPERIENCED MYSELF – BEING QUESTIONED WITH SUSPICION *SOMEONE WHO IS GOING INTO A JOB DEALING WITH PEOPLE THEY HAVE TO BE AWARE OF HOW BEST TO DEAL WITH PEOPLE IN TIMES OF CRISIS INSTEAD OF ESCALATING THE ISSUE *EMPLOYED BY THE STATE *BOTH PERSONAL ATTITUDE AND POLICY INFLUENCES BEHAVIOUR OF SW REPS *THEY HAVE TO DO THE JOB PROPERLY THE GARDAÍ AND THE HEALTH SERVICES ARE GOING TO BE DEALING WITH THE LOWER-END SPECTRUM OF SOCIETY *DEALING WITH PEOPLE WHO PROBABLY		CART & SAID IT TO THEM WHY DIDN'T THEY DO SOMETHING LIKE I'D PROBABLY BE ARRESTED FOR *WELL SURE I WOULD BE INTIMIDATING A GARDA OFFICER OR TWO GARDA OFFICERS *WHAT WAS IT WHY WAS I GOING OVER ABUSING THEM OR THAT'S WHAT THEY WOULD SAY *I'D WANT TO BE CAREFUL OR I WOULD BE ARRESTED *I WAS ABUSING THEM OVER DOING THEIR JOB OR NOT DOING THEIR JOB *IT WOULDN'T BE UP TO ME TO TELL THEM *YET IF THAT WAS ME & I WAS AN ORDINARY PERSON PROBABLY GOING FIVE MILES OVER THE SPEED LIMIT THEY'D PULL ME UP BUT THEY WOULDN'T PULL HIM UP	

	GUARDS OR I'M GOING TO INTERACT AND SEE WHAT'S GOING ON HERE *THE KID COULD BE BROUGHT UP TO THE STATION OR THEY COULD ACTUALLY HAVE A CONVERSATION AND LEARN SOMETHING ABOUT ONE ANOTHER *THAT ALL DEPENDS ON WHERE THE GUARD IS COMING FROM *THERE IS INEQUALITY IN SOCIETY AND I CAN EITHER - IF I CAN DO SOMETHING SMALL HERE IN RELATION TO THIS YOUNG PERSON & TALK TO HIM AND GET HIM TO KNOW THAT I AM NOT JUST PART OF A SYSTEM THAT THERE IS HUMAN BEINGS BEHIND ALL OF THIS WELL THERE IS SOMETHING THAT CAN BE DONE THERE *BUT IF YOU ARE JUST GOING TO COME DOWN WITH THE HARD HAND OF THE LAW	HAVE LOW SELF ESTEEM *HAVE FINANCIAL PROBLEMS *HAVE DOMESTIC PROBLEMS *WHO HAVE A LOT OF ISSUES *EDUCATIONAL LEVELS THROUGH NO FAULT OF THEIR OWN *MARGINALIZED BACKGROUNDS PEOPLE WILL NEVER GO NEAR SOCIAL WELFARE *IF THEY ARE FROM UPPER MIDDLE CLASS DEALING WITH DOCTORS IS MORE PERSONAL *RECENTLY READ THAT IRISH SOCIETY IS SECOND ONLY TO THE U.S. WITH THE LARGEST GAP BETWEEN RICH & POOR *LOWER CLASS MIDDLE CLASS & WEALTHY CLASS *BIG DIFFERENCE BETWEEN MEDICAL CARD HOLDERS GOING THROUGH THE STATE AND PRIVATE PATIENTS *MORE CARE *MORE RESOURCES *NO WAITING LISTS *DOCTORS GET PAID THE SAME FOR TREATING BOTH PUBLIC AND PRIVATE PATIENTS *PRIVATE PATIENTS STILL RECEIVE A BETTER REFERRAL SERVICE OR JUST BETTER HEALTH CARE			
HAS THE NATURE OF POWER RELATIONS WITHIN IRISH SOCIETY CHANAGED? (AND IF SO)				

252

HEALTH SERVICE: SO MANY STORIES ON THE PAPER & TV *SHOWING ALL THE AMOUNT OF PEOPLE LYING AROUND *PROBABLY NOT GOOD AT ALL DESPITE ALL THE HARD WORK FOR ALL THE GOOD WORK *IT'S OVERSHADOWED BY THIS STUFF THAT'S NOT BEING DONE NEIGHBOURHOOD WATCH *COMMUNITIES GETTING INVOLVED MORE *MORE OF AN ALLIGNMENT *WORKING WITH *NEIGHBOURHOOD WATCH *VERY PRACTICAL EFFECTIVE THINGS THAT PEOPLE CAN DO IN CONJUNCTION WITH GARDAÍ THE ELEMENT OF POWER WILL ULTIMATELY BE WITH THE GUARDS HS: DON'T KNOW WHETHER IT'S THE HIERARCHY INVOLVED OR SIMPLY THE STRAIGHT FORWARD LOCALISED STUFF *THE WHOLE THING HAS CHANGED SO MUCH *SOME GP MEDICAL CENTRES ARE LIKE	WHEN I WAS YOUNGER *I WOULD HAVE BEEN AFRAID OF THE GUARDS *I WOULD HAVE THOUGHT THAT THEY WERE THERE TO PROTECT US TO PUT BAD PEOPLE IN PRISON & STUFF *NOW I WOULD SEE THAT THEY ARE DOING A REALLY DIFFICULT JOB THERE IS A MIXED BAG OF GUARDS *SOME CAN SEE THAT PEOPLE'S LIVES ARE DIFFICULT & THEY CAN GET INTO TROUBLE & DO THEIR BEST TO MAKE THE WHOLE EXPERIENCE OF HOW TO DEAL WITH THEM AS EASY AS POSSIBLE *THERE ARE OTHERS WHO JUST HAVE THE ATTITUDE THAT YOU LOCK PEOPLE UP AND THROW AWAY THE KEY *DIFFERENCE IN ATTITUDES IT'S TO DO WITH THE WAY WORK HAS GONE *PEOPLE MAY BE AFRAID OF BEING SUED - OR A CASE BEING BROUGHT AGAINST THEM *THAT THEY WERE NEGLIGENT OR WHATEVER *LIKE SHE (PUBLIC HEALTH NURSE) SAID TO ME AT ONE STAGE WOULD IT BE OKAY TO SAY THAT YOU ARE LIVING IN COMFORTABLE ACCOMMODATION *SHE WAS CHECKING STUFF WITH ME BEFORE SHE	I'D LIKE TO THINK THAT I HAD AN INPUT & COULD QUESTION A GUARD *MAYBE IT IS NOT SOMETHING THAT I SHOULD DO *COULD GET ME INTO TROUBLE IN THE FUTURE THE PUBLIC HAVE A RIGHT TO KNOW *WORKING WITH PEOPLE WITH DISABILITIES – IF MY PRACTICE IS QUESTIONABLE THEY HAVE A RIGHT TO ENQUIRE AS A YOUNGER PERSON *THE (GUARDS) WEREN'T VERY APPROACHABLE *SW: I WOULDN'T HAVE QUESTIONED THEIR PRACTICES AS AN ESTABLISHMENT WE DON'T QUESTION DOCTORS *WE CAN OPENLY QUESTION THE GARDAÍ SOCIAL WELFARE ETC *UNLESS IT'S SERIOUS WE DON'T QUESTION DOCTORS *THEY HAVE THE POWER TO HEAL *SOMETIMES GET IT WRONG *PERSONAL EXPERIENCE – JUST WENT TO A DIFFERENT DOCTOR HS REPS: DON'T GET THE SAME FLAK AS OTHER	IN GENERAL TERMS GENERAL PRACTICES ARE BECOMING MORE LIKE SUPERMARKETS *JUST LIKE A CONVEYOR BELT *RUSHING PEOPLE THROUGH *BUT I'VE BEEN LUCKY ENOUGH MY DOCTOR KNOWS MY FAMILY HE IS PRETTY GOOD 30 OR 40 YEARS AGO PEOPLE HAD A LOT MORE RESPECT FOR THE GUARDS *IF THEY SAW A GUARD ON THE STREET THEY WOULD BE KIND OF FRIGHTENED *THEY WOULD ACKNOWLEDGE THEM *SAY HELLO TO THEM ON THE STREET IT'S NOT LIKE THAT NOW *NOT AT ALL *I DON'T THINK PEOPLE HAVE AS MUCH RESPECT FOR THE GUARDS ANYMORE *I'M NOT INCLUDING MYSELF IN THAT NOW	YOUNG PEOPLE TODAY DON'T HAVE ANY RESPECT *NOT ONLY FOR THE GARDAÍ BUT ANYONE IN GENERAL THE HEALTH SERVICE IS A JOKE IN GENERAL - IRELAND IS ALL ADMINISTRATION *THE MONEY GOES INTO THE TOP HALF *THEY ARE ALL WELL PAID *IT'S NOT GOING WHERE IT SHOULD BE *I DON'T UNDERSTAND IT AT ALL	WHEN I WAS YOUNG *TERRIFIED OF PEOPLE IN POSITIONS E.G. THE PRIESTS *DOCTORS WERE ALWAYS CALLED DOCTORS *WE WERE A VERY DOWNTRODDEN SOCIETY *EVEN IN MY LIFETIME THINGS HAVE IMPROVED SLIGHTLY *EDUCATED PEOPLE WHO KNOW A THING OR TWO WILL ENQUIRE A LITTLE FURTHER *WILL SORT OF SAY 'WELL I KNOW MY RIGHTS' *THERE'S MORE OF THAT AVAILABLE NOWADAYS FOR PEOPLE

253

CONVEYER BELTS	WROTE IT DOWN *IT'S PROBABLY A DRIVE FOR PROFESSIONALISM AS WELL *WE ARE ALL INTO THIS STUFF ABOUT THE EFFICIENCY AND THE EFFECTIVENESS OF THE WORK AND PERFORMANCE INDICATORS SO <u>MAYBE THE PERSONAL INTERACTION THAT USED TO GO ON MORE IS BEING PULLED OUT OF IT</u> *EVERYTHING NEEDS TO BE NOTED *IT'S BECOMING MUCH MORE OFFICIAL <u>GARDAÍ - THE THING IN DONEGAL THAT HAPPENED</u> *DIDN'T HELP AT ALL *VERY SENIOR DETECTIVES WHO WERE PLANTING & FINDING *I DON'T THINK THAT WOULD HAVE HELPED IRISH SOCIETY <u>INSTITUTIONS HAVE GONE DOWN A LOT IN PEOPLE'S PERCEPTION</u> *I SUPPOSE IT STARTED OFF WITH THE CHURCH MAYBE & THE DECLINE IN RESPECT THAT'S THERE FOR THE PRIEST *THE KILKENNY INCEST CASE <u>*</u>PROFESSIONALS HAD AN AURA ABOUT THEM *PEOPLE DIDN'T QUESTION THEM BUT THAT'S GONE OR IT'S GOING ANYWAY <u>DOCTORS PROBABLY STILL HAVE IT MORE SO THAN</u>	REPRESENTATIVES *THERE ARE PROBLEMS WITH BEDS AND THAT *BUT DON'T THINK DOCTORS & NURSES ARE EVER GOING TO GET FLAK FOR NOT DOING THEIR DUTY <u>OLD THING WHERE YOU WERE A DOCTOR A GUARD A PRIEST</u> *ALL TRADITIONALLY HAD A HIGH STANDING IN IRISH SOCIETY <u>STEREOTYPICAL VIEW OF A DOCTOR OR A NURSE AS SOMEONE HELPING</u> *DOING THEIR JOB *WHEREAS THERE IS A MORE NEGATIVE VIEW OF GUARDS & SW REPS			

	THE REST OF THEM *LIKE GUARDS 20 OR 30 YEARS AGO YOU WOULD NEVER THINK OF GIVING BACK CHEEK TO THEM *THE TEACHING PROFESSION ARE FIGHTING HARD TO MAINTAIN THEIR BIT OF POWER / STATUS THAT THEY HAVE AND THEIR UNIONS ARE VERY STRONG ON THAT <u>ANY INSTITUTIONS LIKE THAT PEOPLE ARE MORE WILLING TO CHALLENGE & GO FORWARD AND NOT LET THEM OFF WITH STUFF THEY USED TO GET AWAY WITH JUST BECAUSE THEY WERE PROFESSIONALS</u>			
HOW HAS THIS AFFECTED BOTH INDIVIDUALS AND THE RELEVANT INSTITUTIONS?				
<u>PEOPLE'S ATTITUDES HAVE CHANGED</u> *YEARS AGO THE PROFESSIONS IN TOWNS VILLAGES CITIES *YOUR DOCTOR YOUR GUARD WERE ALWAYS KIND OF LOOKED UP & TO HELD IN HIGH ESTEEM <u>AWARENESS AND RECOGNIZING THAT SO MUCH GOES ON IN THE GUARDS</u> *THEY ARE NOT GOING TO BE ABLE TO MANAGE IT ALL BY THEMSELVES ANYMORE *THEY DO NEED HELP <u>HS: IT JUST SEEMS</u>	<u>IF THE ECONOMICS OF THE HEALTH SERVICE WERE SORTED OUT & BUDGETS WERE MET ON TARGET THEN THE HEALTH SERVICE IS GOING TO BE FINE</u> *OR THE INTERACTION BETWEEN NURSES AND DOCTORS OR PUBLIC HEALTH NURSES IS GOING TO BE OK ASWELL *BUT I THINK THEY ARE TWO DIFFERENT THINGS THE ECONOMICS STUFF IS DIFFERENT TO THE INTERACTION BETWEEN CLIENT AND THE PROFESSIONAL <u>FROM THE YOUTH PROJECT YOU ARE ASKED FOR SO MANY REPORTS & STATISTICS & ALL THE</u>	<u>THEY HAVE TO DO THEIR JOB</u> *I'M NOT SAYING THEY HAVE TO GO AROUND BEING NICEY NICEY *IT'S TIME FOR CHANGE *THEY ARE NOT MOVING WITH THE TIMES <u>WE HAVE A RIGHT AS A CITIZEN BECAUSE BASICALLY WE ARE PAYING THEIR WAGES</u> *IF YOU HAVE A CONCERN YOU HAVE A RIGHT TO COMPLAIN *THEY ARE THE LAW NO-ONE IS ABOVE THE LAW *PEOPLE HAVE TO UNDERST *THEY DO HAVE A	<u>IT'S PROBABLY YOUNGER PEOPLE</u> *THEY DON'T REALLY LOOK UPON AUTHORITY ANYWAY *I DON'T THINK THEY RESPECT THEM AT ALL *THEY ARE NOT AFRAID OF THEM OR ANYTHING <u>IRELAND HAS CHANGED OVER THE LAST 20 YEARS</u> * THEY ARE JUST A LOT MORE BRAVE *THEY JUST DON'T AFFECT THEM *THEY SEE A GUARD AND THEY DON'T CARE *WHEREAS WHEN WE WERE YOUNGER WE DID <u>HOSPITALS ARE MUCH MORE COMMERCIAL</u>	<u>UNLESS YOU HAVE MONEY OR UNLESS YOU ARE SOMEONE YOU CAN'T YOU WON'T GET ANYWHERE OR GET ANYTHING</u> *UNLESS YOU CAN PAY FOR STUFF OR HAVE A GOOD NAME OR YOU COME FROM SUCH A NAME OR YOU BELONG TO SOMEONE THAT IS WELL IN WITH SOMEONE THAT'S THE ONLY YOU WILL GET ALONG IN SOCIETY *IT'S NOT WHAT YOU KNOW ANYMORE OR HOW MUCH YOU HAVE LEARNED OR HOW LONG YOU HAVE BEEN IN COLLEGE OR WHATEVER *IT'S WHO YOU KNOW	<u>MONEY RULES THE ROOST</u> *SORRY BUT IT'S TRUE *YOUNG PEOPLE HAVE ABSOLUTELY NO RESPECT FOR ANYBODY EVEN PEOPLE THAT ARE ONLY 50

TO BE SO MUCH MORE DIFFICULT TO GET WHAT YOU WANT *I DON'T KNOW WHO TO WHO IS RESPONSIBLE FOR THAT I STILL RESPECT THE GUARDS *MORE COMFORTABLE AS AN ADULT *THEY (GUARDS) ARE HUMAN BEINGS AT THE END OF THE DAY	REST *YOU COULD GET REALLY BOGGED DOWN & FORGET THAT IT IS THE INDIVIDUALS YOU ARE TALKING ABOUT & THEIR LIVES *ELITISM ON BEHALF OF SOCIAL WORKERS/HEALTH REPRESENTATIVES TOWARDS YOUTH PROJECT ON THE DAY TO DAY LEVEL THERE IS A LOT MORE CHALLENGE GOING ON TOWARDS THE HEALTH SERVICE *CAMPAIGN GROUPS ALL OVER THE PLACE *RADIOGRAPHY CROWD DOWN IN WATERFORD *LOCAL COMMUNITIES WANTING TO KEEP THEIR LOCAL GENERAL HOSPITALS OPEN *THE HEPATITIS THING & THE HEAMOPHEOLIACS *THAT WAS LIKE DOCTORS AND CONSULTANTS THAT COMPLETELY LEFT PEOPLE DOWN AND IT'S LIFE & DEATH STUFF DONEGAL AND THE MAY DAY STUFF WITH THE GUARDS GUARDS - THERE IS MORE EQUALITY IN THE POWER RELATIONSHIP THAN THERE WOULD HAVE BEEN INTERACTION WITH DOCTORS HAS NOT CHANGED AS MUCH	RIGHT TO VIEW THEIR CONCERNS AND HAVE A RIGHT TO MAKE COMPLAINTS PROBABLY A LOT OF COMPLAINTS DO GO IN AGAINST THEM *I DON'T KNOW HOW THAT IS ADDRESSED A LOT MORE PEOPLE ARE QUESTIONING THE GUARDS *THROUGH THE MEDIA AND HUMAN RIGHTS HEALTH BOARDS: A LOT OF PUBLIC CASES OF NEGLECT *DEFINITELY THE MEDIA HAS A LOT OF POWER IN CHANGING AND SHAPING ATTITUDES			