WORK, COOPERATION AND PROFESSIONALIZATION
A Multiple Case Study

by

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ABSTRACT

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This dissertation, originally aimed at investigating cooperation in heterogeneous as well as homogeneous groups, is based on a multiple case study presented in six separate, but partly related papers. These papers, preceded by part I with an introduction and by part II, dealing with the method used, are divided into three different parts. Part III a case study of the introduction of self-regulating work groups at a paper mill and in an office, both homogeneous groups. For various reasons, the project objectives regarding change in division of labor were not fully implemented. I argue that the reason can be seen in terms of the workers' collective and infer that "new" ways of opposing change might be observable in the future. Additionally, by analyzing my own recollections of blue-collar work, I conclude that the workers' collective in the future, as a result of globalization, labor-saving technology and new production concepts might take a differentiated form. This means also that the "collective identity" of the worker or the relations of workers to work and to life outside work will, instead of being uniform, be differentiated. Other changes might be understood in terms of a weakened or even obliterated workers' collective.

In part IV, based on empirical studies of how midwives cooperate with other professions within heterogeneous groups, I conclude that the problems regarding different hierarchical positions of group members can be described in terms of professionalization. Additionally, by carrying out a discourse analysis of the discourse of midwifery, I investigate what role it plays in the professionalization of midwives and show that it draws upon the concept of the female midwife and the male obstetrician and that the discursive professionalization strategies used both toward the medical profession and toward groups subordinate to the midwives – which are based on the discourse – are gendered.

These two groups of papers focus on and investigate different types of defensive strategies used to cope with the subordinate or intermediate position of respective group. They also explore the different ways (by the workers' collective and the discourse of midwifery) whereby a collective identity is formed and transformed. The he last part of the thesis, including one paper, focuses problems related to cooperation within inter-professional teams.

KEY WORDS

work, cooperation, professionalization, discursive strategies, midwifery, the workers' collective, relations to work, collective identity, blue- and white-collor work
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Ylva Fältholm
“We, on the other hand, have a text, this present text. By building up an account, inventing characters, staging concepts, invoking sources, linking to arguments in the field of sociology, and footnoting, we have attempted to decrease sources of disorder and to make some statements more likely than others, thereby creating a pocket of order. Yet this account will now become part of a field of contention. How much further research, investment, redefinition of the field, and transformation of what counts as an acceptable argument are necessary to make this account more plausible than its alternatives?”

From *Laboratory Life* (Latour & Woolgar)
And so, I have finally come to the end of this road. To come here, I have traveled far, along a road lined not only with hard work and lonesome hours before the computer screen, but also with meetings with many interesting people and with the euphoria of creating and writing. Though I have carried out most of the research on my own, this project would of course not have been realized without the help of others. First of all, I would like to thank all the people I have interviewed during the course of this project. Additionally, this project would not even have come into existence without Jan Johansson and Bo Helgeson. Together with them I applied for – and was granted – financial support from the Swedish Fund for Work Life Research.

Professor Jan Johansson has since then been my supervisor, and for that I would like to thank him; not only for being there, but also for not always being there, for respecting and accepting the sometimes strange roads that I have chosen to follow, but also for showing me the importance of structure and order, without which this project would have followed other – and perhaps even more twisting – paths. Thank you, Janne!

There are also a number of other people that in different ways have contributed to the outcome of this research project. I would like to thank Bo Helgeson for being a source of inspiration, especially during the initial stages, Elisabeth Berg for evoking my interest in professionalization and Paavo Bergman and Lars-Göran Karlsson for making their experience available to me and giving advice at the end of the project. Additionally, Peter Travis has helped me with the English language. Many thanks to all of you!

And thank you, Anna Lindberg, for always listening to (and keeping track of) the stories of my doings and whereabouts, for always being there when I needed someone to talk to and discuss scientific problems with. I also want to thank you for cooperating with me in the writing of the last paper of this dissertation.

I would finally like to thank my family. First, Peter and our two sons Morgan and Marc who, in addition to contributing to my interest in midwifery, have made me realize throughout this project that there are things other than research which are important in life. My parents and “parents-in-law” have also assisted by helping us with the children during hectic periods of this project. Thank you!

Luleå, in the summer of 1998

Ylva Fältholm
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Most people have experienced the joy, the creativity and the energy that cooperation with other people can give rise to, whether these experiences come from working with other students in school, from the plant when solving problems with other workers, from the hospital ward when taking care of a patient together with other professionals or from finding new and innovative ways of teaching at the university. But most people have also experienced the anger, the frustration, the feelings of powerlessness and inefficiency when cooperation does not work, when certain individuals do as they please and disregard the rest of the group, when too much autonomy has to be given up for the sake of the group or when too much time has to be spent in meetings in order to reach consensus. In Sweden, when people are dismissed, it is sometimes said that it is necessary because of the inability of the individual in question to cooperate. And when employers advertise for the right person to employ, his or her ability to cooperate with others is often given high priority. But in spite of the fact that the ability to cooperate cannot be too highly praised and in spite of the fact that it is a word frequently used, it is a concept difficult to define.

When I started working on this research project, the aim was to develop a clear definition of this concept and to answer questions such as: How and why do people cooperate and what are the effects of technology, skill requirements and organizational structure upon the kind of cooperation that takes place? What impact does the structure of the cooperating group have? Is cooperation within a homogenous group (for example a group of operators in a steel plant) different from cooperation within a heterogeneous group (for example a group that includes workers, foremen and technical specialists)? Do women and men cooperate in different ways?

But, as the aim of practically all research projects is shaped and transformed by the research process itself, the importance of these questions has changed as a result of the research carried out to find their answers. Consequently, the main focus of the study has been somewhat changed. The study has not resulted in a clear conceptualization of cooperation, but a number of reflections that are based in different ways upon the concept of cooperation. It is not primarily an answer to the question of whether women and men cooperate in the same way or differently, but an account of the importance of gender to the study of cooperation in different types of work settings.

1 This research project has been funded by a grant from the Swedish Council for Work Life Research
In contrast to these transformed research questions and their importance to the study, questions regarding the composition of the cooperating group are now seen as being of greater importance than at the outset of the study. In addition to the results of the research carried out and the interplay between theory and empirical data, my own shifts of interest have contributed to these changes. Influenced and impressed by industrial sociologists at the outset of the project, I intended to carry out research mainly in the industrial sector. The idea was to turn to the public sector for a point of reference. But as I started doing research in a delivery ward and as I gave birth to two children during the course of this research project, I found myself more and more involved in that particular part of the project, especially in analyzing different types of texts on midwifery.

I hope that this changed focus, instead of confusing the reader, will be shown to be fruitful. In this introduction I will try to demonstrate how both the dynamics and the interactive character of the research process itself and my personal experiences throughout the different stages of the process have shaped and transformed not only the research questions, but also the design and extent of the different parts of the project.

2. THE RESEARCH PROCESS AND ITS RESULTS

As a result of the decision to depict the dynamics of the research process — instead of presenting a reconstruction after the event — in this chapter I describe the chronology of the process related to both personal experiences and considerations, reflections and decisions of a more scientific and methodological character. In addition to giving an account of the course of events, I also present the six different papers of this dissertation; their theoretical bases and points of departure, the empirical studies upon which they are based as well as their most important results.

2.1. Blue-Collar Work and Collectivity Theory

As I will describe below, the original research questions presented above were the result of the building of a theoretical framework at the outset of the project (1993). But my own research process actually started many years before,
when – as an undergraduate student – I worked as the sole woman in a shift at a large industrial plant. During my one year I worked as a blue-collar worker, I spent many hours talking to the men on the shift, and even though I managed pretty well to gradually become “one of them”, there were things I never seemed to be able to understand; For example, why was it so difficult to make members of the different shifts rotate between different work stations? Why did members of some shifts literally sabotage machines, so that it would take hours for the next shift to be able to start working? Why was the machine I reported broken never mended? Why did we sometimes deliberately keep down the rate of productivity?

It was not until, some years later as a postgraduate student and as part of a postgraduate course in industrial sociology, I was assigned to read and review Arbeiderkollektivet by the Norwegian sociologist Sverre Lysgaard (1960) that many of my recollections of experiences at the plant were explained. I realized that many of these questions had perfectly rational explanations: they could be answered in terms of collectivity theory. It became evident that the output and the cooperation of workers are not controlled solely by productivity demands, but that there are norms postulated by the collective that rule for example the extent to which workers should comply with organizational changes or to other types of demands. As part of the course, I then wrote about my experiences at the plant in terms of the workers’ collective. And in addition to finding reasons for the way we had worked at the plant, the interplay between theory and data fascinated me.

But working at an industrial plant for a year and writing about it in terms of the workers’ collective also led to methodological insights. The fact that I had been able to draw these conclusions only by spending a year at the plant made me wonder about the validity of the projects and assignments I had carried out at different work sites throughout my years as an undergraduate student.

In addition to awakening my interest in the research process, these experiences have since then been in the back of my mind as a sort of point of reference for my experiences when doing more traditional fieldwork as a postgraduate student.

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3 Throughout this paper, I refer to the work setting in question as “the plant”, in order to keep its identity confidential.
4 Arbeiderkollektivet means, if translated into English, The Workers’ Collective, and is further explained and elaborated in paper B of part III of the dissertation; The Workers’ Collective of the Third Millennium: Differentiated or Obliterated?
5 Collectivity theory is explained and further described in paper B of the dissertation.
6 This essay – based upon my recollections of blue-collar work at the plant – some years later became one of the bases of paper B of this dissertation. I will return later to this point.
2.2. Undergraduate Studies

When looking back on my years as an undergraduate student, there is another text that made a deep impression on me and also contributed to my growing interest in research. It was an extract from Taylor's Testimony before the Special House Committee and the lecturer of the course of which scientific management was an important part would, a couple of years later when I decided to engage myself in postgraduate studies, become my supervisor. It was even then, when listening to the lecture and taking part in the following discussion, that I became interested in and fascinated by the human relations found in a work setting. And I realized that, in spite of the cynicism of the values that Taylor represented and the fact that his work has not only been questioned and discussed, but also rejected over the past decades, one cannot question his insights into the dynamics of the collective.

I learned that Taylor had worked as an apprentice and was obviously familiar with the "soldiering" of workers. In Shop Management, he distinguishes between the "natural laziness" of men, which is characteristic of natural soldiering, and systematic soldiering, which comes "...from more intricate second thought and reasoning caused by their relations with other men" (p. 30). In addition, he points out that one of the aims of systematic soldiering is to conceal from management how much could actually be produced. Management decides how much work can be done in a day by using their own experience and casual and unsystematic observation. The reason the workers keep management ignorant of how fast work can be done is, according to Taylor, that they know that, if their employers find out how much more could actually be produced, they will force them to do so with no increase in pay.

During this particular undergraduate course, of which the literature quoted above was a part, I was both repelled, but also convinced by Taylor's way of describing the work force and the mechanisms that lie behind "soldiering". After all, I too had conformed to the norms of soldiering at the plant, but had recently returned to the university after the one year break and had not yet read Lysgaard's theory on the workers' collective. But, as I had seen at the plant, the introduction of scientific management had not, as Taylor had anticipated, done away with the habit of soldiering. These contradictions were also later explained by Lysgaard's theories and were of great importance to my awakening interest in the social relations of a work site and how they could be explained.
2.3. Master’s Thesis

Even before I had gained my Master of Science degree, I decided not to leave the university, but to take up postgraduate studies. But because of the boom at the end of the eighties, this was not an obvious choice. Most of my friends left the university for well paid industrial jobs, and it seemed obvious that I should do the same thing. I told myself I would perhaps just complete my master’s thesis before leaving the university for ever and asked one of the professors – not the one that would later supervise this research project – of the department for a suitable research problem. He wanted me to start working on a project he was involved in immediately and said that I would be taken on as postgraduate student as soon as I had completed my Master’s thesis (Fältholm, 1990). I accepted and started working on my Master of Science project, which was to investigate the impact of introducing a computerized system for new prescription routines on the work organization and forms of cooperation in Swedish pharmacies. I carried out a number of interviews and observations. At first, I had no idea of what to do with the collected data and received little or no help from my then supervisor. It was not until his visits to the university became more and more rare and that he eventually decided to leave the university and his substitute took an interest in my problems that I started getting on with my work. My new supervisor introduced activity theory\(^7\), as developed by the Finnish researcher Yrjö Engeström (1987, 1990), and in accordance with his ideas of how to analyze work, I investigated and analyzed the consequences of the above changes mentioned above.

Looking back at the research that I carried out within the scope of my Master of Science project, it is not so much the actual results that stand out. Instead, it is the joy I felt when finally finding a model into which all the data collected would fit and the fact that what interested me most, was the relations between the two different categories of personnel affected by the changes implemented.

2.3.1 Changed Relations Between Technicians and Pharmacists

The division of labor between pharmacists and technicians was affected by the introduction of new technology and new prescription routines and a change-over from a production oriented to a customer or service oriented business. As a result, the assembly line approach with a number of work sta-

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\(^7\) In paper F of this dissertation; The Planning of a New Hospital: Participation to What Extent and at the Expense of Whom?, activity theory is presented and explained.
tions was replaced by the idea that each employee should take care the cus­
tomer from prescription receipt to payment.

Before these changes and the industrialization of drugs, the division of la­
bor between pharmacists and technicians had been strict and hierarchical.
Afterwards, both categories started to perform the same tasks, but due to the
fact that only pharmacists are qualified as responsible for the distribution of
drugs, technicians required assistance by pharmacists when serving a cus­
tomer. For the technicians, these changes led to both job enrichment and job
enlargement, while many of the pharmacists felt that their special skills were
no longer so special. The only difference between them and the technicians
was that they were formally qualified to control and put their signature on
the drug that was to be distributed. The technicians no longer had to perform
the routine tasks they had previously been assigned to do, as these tasks were
now computerized, but many of the pharmacists found themselves perform­
ing tasks that had previously been performed by subordinate personnel, such
as working in the self-service department, cleaning or filling up the shelves.
According to the company and the pharmacists’ union, professional informa­
tion to customers given by the pharmacists would eventually fill the gap cre­
ated by the industrialized manufacture of drugs and the computerization of
prescription routines.

As the goal of the company was for all technicians to be eventually re­
placed by pharmacists, either by training or retirement, the division of labor
between the groups was not considered to be a long-term problem. How­
ever, the results from this stage of implementation are interesting as they re­
fect the complicated relations between different categories of personnel and
the changed forms of cooperation between the groups. One consequence of
the changes was that they were to be regarded as one group. Only rules re­
garding the group that is qualified as formally responsible for the distribution
of drugs distinguishes them from each other. And this rule – issued by the
Swedish National Board of Health and Welfare – limits the possibility of
creating a rational and flexible work organization. Although technicians are
formally subordinate to pharmacists, they are in practice equals.

Just as the relations between the workers of the plant and their superiors
had both fascinated and puzzled me, these types of changes and the somewhat
problematic relations between the two groups at the pharmacies is what now,
almost ten years later, stands out as important to the research project that I
would eventually begin. And, as I will show, these types of relations run all
through the papers of the dissertation.
2.4. A Theoretical Framework

Having completed the above described Master's thesis, I was accepted as a postgraduate student and together with my future supervisor and another researcher, I applied for grants from the Swedish Council for Work Life Research. In the research report (Fältholm, Johansson and Helgeson, 1991), upon which we based our application, we wrote that two major types of cooperation could be distinguished; cooperation within homogeneous and heterogeneous groups, respectively. We also wrote that both types would be investigated in both female and male dominated work sites. I remember one of my then supervisors telling me that I should just start collecting data by quickly deciding what workplaces were interesting and that, by having an unprejudiced approach at the beginning of the research project, I would be guided by the problems or issues that would emerge there. I, however, was not attracted by such an open attitude and the unstructured nature of such research, as I thought that the insecurity I felt would be revealed at the work sites. As will be shown below in this introduction and in part II of the dissertation which deals with the methodology of this research project, however, I later adopted a way of working that was similar to this concept.

2.4.1 Quite a Rigid Model, but not Entirely Useless

Because of these feelings, I started reading and structuring literature that in different ways was related to issues of cooperation. The result was a theoretical framework (Fältholm, 1993) and a rather rigid model of how cooperation is related to technology, skill requirements, organizational structure, rationality and group homogeneity, respectively. Though I realized that the model had major limitations — in addition to its rigidity, there are complex connections between and within the concepts themselves that the model does not account for — it did play an important role in the following selection of cases. In the concluding remarks of the report I wrote – perhaps somewhat naively – that “...since people cooperate in all kinds of organizations and work settings; organizations with various degrees of mechanization, automation and computerization, organizations with different skill requirements, different structures and organizations where different types of rationality are prevailing, the empirical studies must be carried out in organizations that represent occupational, gendered and organizational diversity” (Fältholm, 1993, p. 35).
2.4.2 Four Cases

In accordance with case study methodology\(^8\) (Yin, 1989), and in order to secure occupational, gendered and organizational diversity, four ideal types of cases were selected. I concluded that these should include male blue-collar workers in an industrial work site, female white-collar workers in an office work site, a work site dominated by women within the public sector and some kind of loosely put together consultant group. In the section below I explain the way that the different actual work sites were eventually selected.

2.5. Studies of the Introduction of Self-Regulating Work Groups – The First Two Cases

As stated above, one of these ideal types of cases was to be situated in a typical male-dominated work site, and, as I was interested in investigating the dynamics of the workers’ collective, not unlike the plant at which I had worked some years earlier and which had provided me with interesting observations and experiences. My supervisor even suggested that I should go back to the plant and continue to study my workmates, but I could not bear thinking of going back there in the role of researcher. But one of my colleagues in the department had been involved in a project to introduce a self-regulating work group at a particular work site at a paper mill. As I was told they were also in the process of introducing new technology, I decided that the warehouse of the paper mill in question would be ideal for the project. When I first visited the mill, I learned that a number of male blue-collar workers loaded paper rolls onto trucks and trains. Their work also involved the storage of the paper rolls that were not immediately transported, while the planning and coordinating functions were performed by two foremen. The aim of the project was to change this division of labor so that these tasks also would be carried out by the blue-collar workers.

Another colleague of mine had recently carried out research on working postures within an office work site, and by reading her thesis, I realized that a similar – but not identical – work site would be a suitable female white-collar worker case. When I contacted the manager of the office in question, I was pleased to learn that, there were also plans to introduce self-regulating work groups in connection with technological and other organizational changes. When I later visited the office, I learned that the female operators performed

\(^8\) The case study methodology as well as other methodological and scientific considerations will be given in more depth in part II of this dissertation.
mostly data entry-work. This included the registration, control, correcting of errors and the keeping of records of transactions from different post offices. The planning and coordinating functions were carried out by two supervisors, but here too, many of their functions were to be taken over by the operators as self-regulating work groups were introduced.

2.5.1 Blue- and White-Collar Work

The result of studying these two cases is given in Effects of The Origin of White-Collar Work – A Study of the Introduction of Self-Regulating Work Groups at Two Workplaces (paper A of part III of the dissertation). One of the questions asked in the paper is whether its theoretical framework serves as a good starting point for future studies on blue- as well as white-collar work. In short, the theoretical framework is based on the different views of Braverman and Zuboff on the origin and future of white-collar work. By investigating the implementation of self-regulating work groups at the two workplaces, I infer that many of the tasks that were intended to be carried out by the blue-collar work-force at the warehouse and the white-collar labor force at the office, but that for various reasons at the time of the study were still carried out by the foremen or the supervisors, “…contain many elements of early clerical work as they primarily use their bodies in the service of acting-with for interpersonal communication, coordination and planning” (Zuboff, p. 99). The fact that many elements of early clerical work resembled a craft (if we believe Zuboff), means that, if the aims of the changes were realized, the work of the warehouse operators would not have been traditional blue-collar work, either in terms of the tasks carried out, or in terms of autonomy or of relations to other (superior) groups. Instead it would come to resemble early clerical work. At the warehouse, however, the tasks intended to be taken over by the self-regulating work groups paradoxically did not resemble early clerical work to the same extent.

In the paper, I also discuss why the intentions of the management were only partly realized at both work sites. In short, at both the warehouse and the office, the operators were only moderately interested in conforming to these new ideas. Many of the those interviewed said they did not have the right personality or skills to carry out tasks involving planning, coordination and communication. In the paper, I finally discuss what types of measures are necessary for a successful implementation of the original goals.

2.5.2 The Workers’ Collective

Before I continue with this chronological description of the research process, I would like to anticipate the course of events by pointing to the fact that the
resistance of the workers to the ideas of the introduction of self-regulating work groups gave rise some years later to the idea of literally going back to the warehouse in order to investigate what had happened since my last visit to the paper mill. The results of this “case study continued” are given in the last section of this chapter (Studies of the Workers’ Collective of the Third Millennium – The Closing of a Circle), in which I describe the background to and the results of paper B of this dissertation; The Workers’ Collective of the Third Millennium – Differentiated or Obliterated?. Though it is not the last paper of the dissertation, it is in reality the last paper concluded.

2.6. Experiences of Giving Birth and Studies of Midwifery – The Third Case

Five years ago, as I had started collecting evidence for the cases described above, I paid my first visit to one of the delivery wards in this region. A couple of years earlier – right after I had been accepted as a postgraduate student – I had given birth to our first son at another delivery ward. His birth, which had proceeded normally without any complications, then turned out to be a dramatic experience for both him and us. Because of a major heart malformation, and as there was no pediatrician at the hospital, he eventually had to be transferred to another hospital – at which the delivery ward that I was to study a couple of years later was situated – and later the same day to a university hospital in the south of Sweden. He was operated on by a British specialist, survived and recovered amazingly fast and three weeks later we could go home.

We were later told that he nearly died during the transfer to the other hospital, but that a pediatrician took care of him at the last minute. Had we been informed before the birth that, at the hospital in our hometown, there was no pediatrician during the night, we would have chosen the hospital to which he was later transferred.

During the years after this experience I have often – like most women at my time of life – discussed the issue of giving birth with my women friends. Some talked about choosing to give birth at yet another hospital delivery ward like many other women of the region, a ward that offers a more “home-like” environment, with private rooms for the woman and her family and with, as I understand it, an open attitude toward alternative birth methods. When they told me about their plans, I would ask them about the level of medical safety. Would there be a pediatrician to take care of the child if it was born during the night? What kind of resources did the hospital in question have to take care of prematurely born babies or otherwise complicated births? My friends would agree – especially when I told them about my own experiences – that these issues were important, but then go on talking about
how nice it would be to have a private room and how important it would be for their partners to be able to spend the night with them and their babies. In the end, most chose to give birth at the nearest hospital delivery ward, where I had also given birth to our first son, and I think they did so because of the short distance to the hospital.

2.6.1 Reasons for Studying Midwifery

These private experiences naturally had an impact on my decision to study midwifery as the third case of this research project, but there were also other reasons. To me, midwifery represented one of the occupations that is most closely connected to femininity, and as I had decided to study a female-dominated work site, it seemed to be the perfect choice. Also, in the theoretical framework I had written – as technology was one of the concepts connected to cooperation in the model presented – that “...looking at research done on technology, skill and cooperation, it seems only a certain kind of work – industrial work is considered to be performed on a high technical level. What about for example cooperation in relation to technology in care work? In a book called Feminism Confronts Technology, Judy Wajcman (1991) argues that nursing, for example, is not thought of as a technical job because it is women’s work, in spite of the technical knowledge that nurses are required to have. And to me, midwifery also combined the use of technology with elements of a true craft. The fact that midwives sometimes used no more than their own hands and senses to deliver a baby and that other times a whole arsenal of technology was used (as in the case of the birth of our son), was fascinating.

2.6.2 Cooperation and Professionalization

In contrast to the rather homogeneous work groups of the first two cases, I had also come to realize that midwives had to cooperate with other professional groups in a way that was fundamentally different from that observed at the paper mill and in the office. The fact that during normal deliveries they were autonomous, while in cases of complications they were in effect reduced to some kind of assistants, also made midwifery an interesting field. In addition to this rationale, I was pleased to learn – when I started collecting data by interviewing the ward sister – that this work site also was to undergo major organizational changes. It was to be merged with the delivery ward of the neighboring town in order to rationalize delivery care in the region while
waiting for the construction of the new hospital that is to replace both existing hospitals 9.

As I was beginning to collect and analyze data from the delivery ward, I realized that in order to explain problems related to the different hierarchical positions of midwives, assistant nurses and doctors – in terms of their different levels of accountability, different skills, knowledge bases and status – the concept of professionalization had to be added. These first results of studying midwifery are presented in paper C of part IV of the dissertation; Cooperation and Professionalization in Swedish Midwifery.

In the paper I conclude that when the midwife cooperates with other midwives or with assistant nurses, she is managing the delivery, while when she cooperates with a doctor, she is assisting the delivery. These two different types of “cooperation” represent two extremes, though most deliveries would probably be classified somewhere between them. This conclusion had great impact on the future direction of my studies of midwifery.

2.6.3 The Impact of Bureaucracy and Gender

As I continued collecting and analyzing data from the delivery ward and at the same time improved my theoretical knowledge by another postgraduate course that proved relevant to this research project – a course dealing with gender and organization theory – I realized the importance of the concepts of bureaucracy and gender to cooperation between the different professional groups. In paper D of part IV – Bureaucracy, Professionalization and Gender – The Case of Midwifery – possible connections between bureaucracy and professions are therefore described. And, as the title of the paper indicates, it is based upon a gender perspective relating to the feminist research views on the connections between the concepts.

While I was studying these relations, the importance of gendered professionalization strategies became clear, and in the paper I consequently describe the theory of gendered closure strategies 10, as developed by the British sociologist Anne Witz, in her book Professions and Patriarchy. In the paper I also present a study carried out by myself of the consequences of an agreement on cooperation and division of labor between midwives and obstetricians, established in 1993. The analysis of the paper is based on the correspondence between the representatives of the groups and a number of contributions to the debate on the resulting division of labor and responsibility between them. In addition to showing that the midwives’ profession did not succeed in using the profes-

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9 As outlined below in this introduction, these changes are further explained and discussed in paper F of part V of this dissertation; The Planning of a New Hospital: Participation to What Extent and at the Expense of whom?

10 See the paper in question for a presentation of this theory.
sionalization strategies made available by the establishment of the agreement, I conclude that this can be explained in terms of bureaucracy. As members of the medical profession are able to lay claim to their medical accountability and responsibility, they are able to impede any changes regarding the division of labor between themselves and midwives. This means that the midwives have come to a 'dead end' because of the bureaucratic system. Though perhaps not explicit in that paper, this could of course also be related to the results of the previous paper; the fact that cooperation between the groups can be explained in terms of managing and assisting. By this I mean that, due to the bureaucratic features of the organization, midwives are sometimes reduced to the role of assistant. This becomes even more evident in their failure to take advantage of the agreement between themselves and the medical profession.

In addition to seeing the results in terms of differences in power and autonomy between the two groups, they can be seen in the light of the fact that whether midwives manage or assist the delivery in question has to do with the type of delivery; when it proceeds normally, the midwife is managing the delivery, and when complications occur, she is assisting the doctor in charge.

But the analysis of the agreement on cooperation between the groups presented in the paper also points out the fact that, in addition to giving rise to a debate on what group is to be responsible for normal deliveries, it is a question of agreeing on a definition of the normal delivery. As a result of the analysis of this debate, I conclude that, while the medical profession advocates the philosophy that childbirth is only normal in retrospect, midwives claim that all deliveries are normal until proven otherwise. I also conclude that this fundamental difference between the groups was the real issue of the debate which followed the establishment of the agreement.

2.6.4 Discursive Strategies of Swedish Midwives

When I was analyzing the data collected at the delivery ward and the different contributions to the debate on the agreement, I came across the journal *The Midwife*, issued by the Swedish Midwives' Association, in which many of the contributions pointed to the existence of two fundamentally different ways of conceptualizing and defining a normal delivery. And – thanks to a postgraduate course in discourse analysis – I realized that these two different ways can be understood in terms of two different discourses and that the agreement described above can be seen as a *textually mediated form of ruling*.12

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11 Paper C of this dissertation; *Cooperation and Professionalization in Swedish Midwifery*.

Then its background, establishment, content and consequences can be understood in terms of a discourse or a discursive formation.

But I also realized that, even though the midwives had not succeeded in taking advantage of the strategies made possible through the establishment of the agreement, they are not powerless. Just like any group hit by strategies directed toward them by a dominant group, they, too, are able to respond by employing different professionalization strategies. By seeing these professionalization strategies as discursive formations, I see them as discursive strategies.

This means that in paper E — Discursive Strategies of Swedish Midwives — I explore the ways these professionalization strategies are manifested and the role the discourse of midwifery plays in this process. I also ask whether these discursive strategies are gendered and, if so, in what ways.

In the paper, I argue that the discourse of midwifery is based on the concept of the midwife as the guardian of normal birth and the obstetrician as an advocate of birth as a pathological process. This means it draws upon the concept of the female midwife and the male obstetrician.

A major part of the paper is then devoted simply to describing the discourse of midwifery. In short, by categorizing the texts analyzed into a number of themes, I show that the discourse is based on a number of contradictory constituents, that, because they are based on a special logic, can be seen as manifestations of the duality of the discourse. In addition to midwives as guardians of normal birth, these themes include tradition and science, midwifery and technology, and autonomy or subordination, conflict or cooperation, respectively. The analysis and description of these themes is based firstly on different texts published in The Midwife, but also on scientific accounts of midwifery and on interviews and observations carried out in the delivery ward. As a result of this analysis and of applying theory on discursive and gendered professionalization strategies, I then conclude that the strategies used by midwives are gendered in several different ways.

First, midwives tend to rely on knowledge based on their own personal experience as well as on knowledge of a more professional character. The personal aspect tends to be based on the fact that they are women, unlike most members of the medical profession. And as I interpret the texts being a female midwife means being able to adapt to any type of situation, both in a historical perspective and today. This, in my view, points to the adaptability of midwives as an important constituent of the discourse and of discursive strategies. In addition to conveying an image of the femininity of the midwife, the masculinity of the medical profession is an important part of the discursive strategies described. This means that the ways in which the medical profession is

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13 Discursive strategies can be defined as the ways in which a framework of meanings is created (Savage and Witz, p. 38).
described in the texts analyzed are based upon concepts of gender differences partly constructed by the midwives themselves.\textsuperscript{14}

In addition to the gendered discursive strategies which convey a certain image of the medical profession, the discourse conveying a certain image of assistant nurses is gendered. In paper E I write that "...in the relation midwife-assistant nurse, the assistant nurse is the assistant and the midwife the expert" and that "...in this relation, the assistant nurse could be regarded as gendered female by the midwives".\textsuperscript{15} As I also describe in the paper, midwives exercise power downwards, toward assistant nurses, with the aim of creating boundaries between themselves and the assistant nurses in a division of labor. These so-called demarcationary strategies are in other words also gendered.

At the end of the paper, based on the conclusion that the discourse of midwifery is a reflection of and produced and reproduced in relation to the concept of the medical profession, I ask whether the discourse and the discursive strategies depicted might be subject to change as a result of the proportion of women entering into the field of medicine. However, I do not offer a clear answer to this question, but a possible scenario; it may be that — despite the fact that an increasing number of doctors are women — the discourse will not change in any fundamental way. This hypothesis is based on the point that the discourse of midwifery is based on historical facts, or rather historical concepts of the medical profession. I also conclude that in the long run, however, the concept of the obstetrician as a representative of a male norm will render the discourse obsolete, and then, in order for the discursive strategies used in the future to be of use to the professionalization of midwives, they too will have to change.

2.7. The Planning of a New Hospital — The Forth Case

The fourth case selected was the planning of a new hospital, a hospital that over the years had been the target of a rather heated debate — among politicians as well as among the public in general on, first, whether to build a new hospital

\textsuperscript{14} As I write in the paper in question, the ways in which the medical profession discursively contributes to this image is not described or analyzed. This, however, does not mean that they are inactive in this process. Instead, the discursive strategies used by the midwives' profession should be seen as defensive, as they are hit by strategies directed toward themselves by the medical profession. This is further described below in this introduction and in paper E.

\textsuperscript{15} In this context, this can be compared with the cooperation between midwives and members of the medical profession, which, as described above in this chapter, can be characterized along a continuum in which managing and assisting the delivery represent the two extremes.
at all and, second, where the hospital — to replace the two existing hospitals in the region — should be placed.

As a result of the multiple case study that I had designed following the building of the theoretical framework I decided to study cooperation within a group that was not only heterogeneous with regards to hierarchical position and status — as in the case of midwives, doctors and assistant nurses — but also with regard to organizational affiliation. It seemed to me that architects cooperating with other groups such as engineers, entrepreneurs and users would provide a perfect case. Because of that I approached one of the largest architect’s offices in the region and met with the managing director. He told me that, as the planning of the new hospital was the only major project carried out by the bureau at the time, it was the best option. As a result, I started interviewing a small number of people involved in this project.

2.7.1 The Planning from the Midwives’ Point of View

But due to the birth of our second son and to the fact that the other cases — especially the midwifery case — were very time consuming and that I was very involved in improving my knowledge on professionalization theories, this particular case was for rather a long period of time somewhat neglected. It was only through my contacts with the delivery ward that I was reminded of its existence. As the delivery ward was highly affected — not only by the decision to build a new hospital that would replace the one at which it was situated — but also by the resulting organizational changes, the issue was constantly brought up during the interviews that I carried out there. And when I returned to the ward for another set of interviews, the ward had been merged with the delivery ward of the hospital of the neighboring town while waiting for the completion of the new hospital. This meant that there were problems — though I did not study them in depth — with regard to the merger of two separate cultures. Not only had practically all of the personnel and equipment of the shut down ward been transferred to the remaining ward, but also the midwives had brought their attitudes and the ways of working and cooperating.

2.7.2 A Future Research Project

During this period negotiations between my supervisor and the hospital organization on a research project aimed at evaluating the new hospital organization were carried out. I was eventually assigned to evaluate how the new organization affects cooperation between the different professional groups, who, in the new concept, are to cooperate in so-called inter-professional teams. In addition to this, the extent to which the employees of the organi-
zation participated in the development of the new work organization was to be investigated.

At the same time, one of my colleagues at the department – another postgraduate student and a dear friend – was assigned to evaluate the planning of the hospital building, both with regard to its flexibility and the extent to which the employees actually participated in its design.

Though I have not yet formally started carrying out this evaluation, my friend and I started cooperating in the collection of data. Together we interviewed an architect involved in the design of the hospital, a project leader, the managing director of a firm of contractors and read and analyzed some of the documents issued by the architect's office and the hospital organization. We also analyzed these data and that previously collected by myself at the delivery ward. In this context these were seen as accounts of the extent and nature of the participation of the employees. We applied activity theory, which I had, as described above, also used in the analysis of the relations between technicians and pharmacists in my master of science thesis. Our conclusions are presented in paper F of part V of the dissertation; The Planning of a New Hospital: Participation to What Extent and at the Expense of Whom?

In my view, the paper raises some important questions with regard to cooperation between different occupational groups and with regard to their respective professionalization processes. For example, though the aim of the new organization is to eliminate some of the boundaries between different groups, there is a risk that the division of labor will remain unchanged as a result of unchanged bureaucratic and medical rules. Another possible problem is that some professional groups (or perhaps one, namely members of the medical profession) will be more likely to adapt their way of working to the new concept, as it might be more advantageous to their professionalization. A third hypothesis is that, though one of the objectives of the project is to improve the care given, there is a risk that cooperation within strong inter-professional teams might instead downgrade the position of the patient. In what ways will these possible problems be dealt with?

These hypotheses, though yet uninvestigated, may be considered important in this context, as they point to one of the fields of research to which the conclusions of this project can be applied and further investigated.

2.8. Studies of Blue-Collar Work of the Third Millennium

As part of the last postgraduate course that I was to complete, I was assigned to write an essay. A large part of the course literature was aimed at predicting the future of work. As some of the accounts made me think again of the dynamics of work in terms of the workers’ collective and reflect again on my
experiences from the plant, I eventually decided to write an essay on the
workers’ collective in the future. Again I went back to my recollections and
saw them not in the light of only Lysgaard’s collectivity theory, but also in
the light of more contemporary Scandinavian and American thinkers like
Allvin, Reich and Rifkin. I also – literally – went back to the paper mill (the
first case) to investigate what had happened since I had last visited the
warehouse three years earlier. The results of these empirical and theoretical
studies are presented in The Workers’ Collective of the Third Millennium: Differ­
etiated or Obliterated? (paper B of part III of the dissertation).

By asking what will happen to the workers’ collective in the future, in a
world characterized by globalization, labor-saving technology, new produc­
tion concepts and a labor force characterized by different types of polariza­
tion, I try to look at the workers’ collective from a perspective different from
the more traditional oned. In addition to these changes, the possibility of the
workers’ changed relations to work is accounted for in terms of the individu­
alization of work16, which together with collectivity theory is the starting point
of this discussion.

Just as in the case of trying to predict the future discourse of midwifery,
the result of the paper is not a clear answer to the question asked, but a dis­
cussion of the different ways in which the workers’ collective might change.
In short, these changes include a possible weakening of the workers’ collec­
tive, but the empirical research carried out at the paper mill also indicates
“new” ways of the collective to resist changes. These include being passive
and not making all members of the collective conform either to the
norms of the collective, or to the demands of the techno-economic system of
the company. It is possible, however, that these ways of opposing change
might be counteracted by the ability of the management of the company to
persuade the workers of the importance of competitiveness and flexibility to
its the survival. This process might also be reinforced by the threats imposed
by the world external to the company.

In addition, literature and an analysis of my own recollections of blue­
collar work point to a future workers’ collective characterized by differentia­
tion based on the different needs of different groups of gathering together in a
defensive system – the workers’ collective – as well as on different relations
between work and life outside the scope of paid work. If a large proportion
of the labor force in the future are engaged in so called “life-projects”17 instead
of primarily identifying themselves as workers, one of the most impor­

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16 The individualization of work or individualized work are based on the suggestion that work is no
longer the most important social institution in society and is no longer a key agent for sociali­
zation, as proposed by Allvin (1997). It is further explained and described by myself in paper B.
17 In paper B of part III of the dissertation, The Workers’ Collective of the Third Millennium:
Differentiated or Obliterated?, the concept life-project is further explained and discussed.
tant conditions for the development of the workers' collective – the condition of *alikeness* between the workers – no longer exists.

2.9. The Disposition of the Dissertation

The research part of this dissertation is thus a collection of six free-standing – but to some extent inter-connected – papers that are divided into three parts.

In addition to this part (I) of the dissertation which is an introduction to the dissertation as a whole and part II dealing with the methodological issues of the project, the dissertation includes three more parts; part III with two papers that deal with cooperation in homogeneous groups and the workers' collective; *Effects of The Origin of White-Collar Work – A Study of the Introduction of Self-Regulating Work Groups at Two Workplaces* (paper A) and *Blue-Collar Work and the Workers' Collective of the Third Millennium: Individualized, Symbolic-Analytic or Obliterated?* (paper B).

Part IV, dealing with cooperation within heterogeneous groups and professionalization strategies includes three papers; *Cooperation and Professionalization in Swedish Midwifery* (paper C), *The Impact of Bureaucracy and Gender Upon Professionalization and Cooperation in Swedish Midwifery* (paper D) and *Discursive Strategies of Swedish Midwives* (paper E).

The last part of the dissertation, part V, dealing with cooperation within a heterogeneous group, but between members of different organizations, consists of one paper; *The Planning of a New Hospital: Participation to What Extent and the Expense of Whom?* (paper F).

3. THE RESULT OF THE RESEARCH PROCESS: A CASE STUDY TRANSFORMED

As I point out in the introduction, the research questions and to a degree the aims of this research project have been somewhat influenced and changed by the research process itself; "the result of the study is not a clear conceptualization of cooperation, but a number of reflections that are based in different ways upon the concept of cooperation. It is not primarily an answer to the

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18 As they are all case studies standing by themselves, they can be read separately, but as they also represent a research process and have overlapping theoretical and empirical bases, it may be necessary to read all of them for a full understanding of the conclusions drawn.
question of whether women and men cooperate in the same way or differently, but an account of the importance of gender to the study of cooperation at different types of work settings". And as shown by the description of the connections between my personal experiences and my experiences as a researcher sketched out above – to the extent that they at can be seen as separate at all – the multiple case study that I originally intended to carry out turned out to be something quite different. Instead of four equivalent case studies – equivalent with regard to theoretical bases, extent and method – the result is a multiple case study including a number of studies that in different are based on different types of cooperation.

But in spite of their mutual differences, they all deal with ways of developing strategies for dealing with the boundaries between different groups of employees. Because, as I hopefully show above in this introduction and in the papers included, throughout this research project, it has been phenomena that can be observed at the points of contact within as well as between different groups of workers, different occupational groups, different professions and to a degree different organizations that have caught my interest. Additionally, the importance of other types of difference, such as gender, knowledge basis, hierarchical position and status has grown continually throughout the research project.

Though there are substantial differences between the different parts and papers of the dissertation, as I hopefully manage to show both by accounting for the course of events of the research projects and by presenting the results of each paper and part above, there are also clear connections.

In addition to a rather large number of Norwegian researchers that in different ways and to various degrees have based their research on Lysgaard’s theories on the workers’ collective, there are a number of Swedish researchers that have also contributed to these theories. Besides Paavo Bergman, for example, who has contributed to the understanding of collectives in industrial work settings, the sociologist Gerd Lindgren writes about a female workers’ collective in her book on power relations in the health care sector (1992).

In his book Lysgaard asks and discusses whether the workers’ collective, can be found in other types of organizations as well as in work settings within the manufacturing sector. The answer that he presents is that a collective system might develop in work organizations among employees in subordinate positions; that it might develop in any type of work organization in which the techno-economic system is primary or in an organization in which productivity and efficiency demands must be regarded at all times (p. 124).

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19 In paper B of part I of the dissertation, the techno-economic system, as well as the human and the collective systems are explained.
In her book, Lindgren argues that the workers' collective might develop in a hospital organization, but instead of using his term the collective system, she describes the group in which the subordinates of an organization spontaneously become members in terms of the collective culture. And while Lysgaard's theory – at least in his book – is applied solely to the subordinates of an organization, Lindgren expands its use to the employees in the intermediate positions of the organization; the nurses who, from her point of view, can be described in terms of the corporative culture. Because at the same time as nurses are the superiors of the assistant nurses, they are also the subordinates of the medical profession. Lindgren writes that she chose the term corporative, because it is used to describe cooperation on the vertical plane and because nurses, as a result of this kind of cooperation, tend to become enclosed by and allied with their superiors. In spite of the professionalization of nursing, nurses do not have a monopoly of knowledge of their own and have to ally themselves with representatives of the medical profession by “cooperating upwards.”

In Discursive Strategies of Swedish Midwives (paper E of part IV of the dissertation), I point out that the professionalization strategies used by midwives and described in the paper do not happen in a vacuum. Instead, I argue that they should be seen as defensive strategies; defensive because they are actions taken by a group hit by strategies directed toward them by members of the medical profession. This points at clear connections with the workers' collective as described in The Workers' Collective of the Third Millennium: Individualized or Obliterated? (paper B of part III of the dissertation). The formation of a workers' collective can also be seen as a way in which the collective of workers defend themselves against the inexorable demands of the techno-economic system of the company. Just as the midwives develop strategies to deal with their intermediate position in the organization, blue-collar workers need a strategy to cope with their subordinate position. So, while the workers' collective can be seen as the workers' way of coping with the demands of industrial work, the corporative culture can be seen as the nurses' (or midwives') way of developing a strategy for coping with and managing their intermediate position.

Additionally, I conclude from the papers of this dissertation by analogy with the way that the workers' collective is essential to the ‘collective identity’ of blue-collar workers, the discourse of midwifery is crucial to the iden-

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20 In this context, I might mention that Lindgren also writes about the culture of the medical profession, characterized by an informal hierarchy and co-optation based on class, gender and ethnic background (Lindgren, p. 71). Though not the focus of the paper, in paper E of the dissertation, some of the strategies of female doctors are discussed in terms of this culture.

21 In paper E of part II of the dissertation; Discursive Strategies of Swedish Midwives, these ideas are applied and further elaborated.
ticy of midwives. This means that the norms of the workers’ collective – for example, in the relation of workers to work or to life outside work – could be described and understood in terms of a discourse.

In conclusion, with this dissertation I hope to contribute to the knowledge of strategies used by the members of such collectives or cultures, and also to the ways in which taking gender into account can shed further light on the application of such theories. Also, by building on more traditional collectivity theory and on theory dealing with new relations of workers to work, I hope to expand this theory, but also to say something about the future concrete forms of the workers’ collective and about the future defensive strategies of both midwives and blue-collar workers.

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PART II

METHOD
METHOD

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1. INTRODUCTION

As the original aim of this study was to generate theories about the concept of cooperation, and as it, in my view, was obvious that no statistical or quantifying procedures would answer the research questions raised at the outset of the project, it was obvious that a qualitative method had to be applied. This does not mean that I never considered using quantitative methods at any point in the project, such as a questionnaire that would confirm some of the conclusions drawn from the interviews. But this would not have changed the fact that the type of research I have conducted is qualitative in substance and due to the nature of the conclusions drawn, I never sought to establish their validity statistically.

In this part of the dissertation, methodological and scientific considerations and decisions are described and explained. As I hope to show, by analogy with the transformation of the research questions of this project, the method used has also been affected and changed by the process itself. In addition to describing the case study method, I also therefore describe the ways in which I eventually acquired a grounded theory approach. But before doing so at the end of the paper, I will explain the different methods of collecting evidence; their validity and use to the research results.

2. THE CASE STUDY METHOD

In this chapter I begin by explaining the grounds on which I chose the case study method, which, at least at the outset of this work, seemed to be the best qualitative approach and in the subsequent chapters how it has been transformed and eventually combined with other methodological approaches as a result of the research process.

2.1. Reasons for Choosing the Case Study Method

The choice of the case study method was not obvious, but compared to other qualitative methods, it has certain advantages. In contrast to methods based on grounded theory (Glaser and Strauss, 1967), for example, it calls for the formulation of hypotheses even before the collection of data. This means that, prior to the conduct of any data collection, theoretical development is essential, and "...then, the complete research design will provide surprisingly
strong guidance in determining what data to collect and the strategies for analyzing the data (Yin, 1989, p. 36). As I describe in part I of this dissertation, at the initial stage of the project, I was reluctant to collect data without knowing how they should be structured and by deciding to design a case study, I thought I would be guided in my collection of data.

2.1.1 Single- or Multiple-Case Study?

In his book *Case Study Research*, Robert Yin states that single and multiple case studies form two distinct research strategies. As one rationale for a single-case design is when it represents the critical case in testing a well-formulated theory, and a second where the case represents an extreme or unique case, it was quite clear that I had to design a multiple-case study. According to Yin, however, "...the decision to undertake multiple-case studies cannot be taken lightly" (p. 53). Every case should serve a special purpose and must be carefully selected. If similar results are predicted in the different cases, a literal replication is expected, whereas if they produce contrary results but for predictable reasons, a theoretical replication is expected. From the theoretical framework described in the introduction to this dissertation (part I), I expected to produce contrary results for the different cases, because they vary in terms of technology, skill requirements, organizational structure and the degree of homogeneity of the work groups. Thus contrary results were predicted because of these variations and theoretical replication was expected.

As it turned out, however, I think there are reasons to point out that in addition to the theoretical replications of the dissertation as a whole, the results of each individual part and paper of the dissertation are significant. This is especially true for the paper on the discursive strategies of midwives (paper E), which surely represents a unique case and also a case suitable for the testing of a well-formulated theory. Additionally, the paper on the introduction of self-regulating work groups in the office and at the paper mill (paper A of part III) can be regarded as a multiple case study in itself, as it includes two different cases and was expected to generate contrary results because of their mutual differences.

2.2. The Selection of Cases

In a case study, the number of cases should reflect the number of case replications that is deemed necessary. The criteria presented in the theoretical framework described above provided strong guidance in selecting cases for this research project, as it implies that variations regarding technological level, organizational structure and group structure should be taken into account.
Because of variations in these criteria four cases that represent occupational, gendered and organizational diversity were selected. The reason for the relatively low number of cases is that the different criteria are linked to one another, which implies that, even though certain combinations are theoretically possible, they might not exist. Another reason is that some combinations may be too similar and because of that unnecessary.

As a result of these conclusions, four cases were thus selected: female white-collar workers in a typical office work place, male blue-collar workers in the warehouse of a paper mill, midwives in a Swedish delivery ward and project administrators, architects and users cooperating in the planning of a new hospital. But as they are all referred to in the introduction to this dissertation, I will not repeat the characteristics of each case in this chapter.

3. METHODS OF COLLECTING EVIDENCE

According to Yin, case studies may be based on six different sources of evidence: documentation, archival records, interviews, direct observation, participant-observation and physical artifacts (p. 84). In this research projects all have been used, even though the extent to which they have been used and their usefulness vary from case to case. While archival records and physical artifacts were used less extensively, interviews, observations and a number of issues of The Midwife — the journal of the Swedish Midwives’ Association — were the main source of evidence. In this chapter, I describe the extent to which the different ways of collecting data have been used, but also discuss — especially with regard to interviews — their validity.

3.1. Interviews

In this section, the way that the respondents were selected and the type of interviews carried out are described and discussed.

3.1.1 The Selection of Respondents

During the course of this research project I carried out 46 interviews\(^1\) with 40 people\(^2\) from various work settings on how they cooperate with other people.

\(^1\) All of the interviews were taped and transcribed by a secretary or by myself into written texts. These transcriptions were later analyzed, even though I would like to quote Steinar Kvale as he writes that “transcripts should not be the subject matter of an interview study,/.../,” but
As will be shown in the papers of this dissertation, the results of these interviews are used to shed light on the theoretical concepts used and on how they are related to one another. To obtain statistical generalizations from a statistically valid or reliable population was not the purpose of the interviews conducted. Consequently, I do not claim to have selected a representative sample of respondents\(^3\). Instead, they were selected concurrently as new questions were raised. At the office work site, for example, I began by interviewing the manager, went on to talk to the two women supervisors and finished by interviewing all members of one of the four self-regulating work groups of the office. The same procedure was followed when carrying out my research at the paper mill and a similar one in the delivery ward. In the case of the planning of the new hospital, however, I began by talking to the manager of one of the architect's offices involved, continued by interviewing the project manager and one of the project administrators. As the people involved could not be found at a single work setting, this procedure had to be different from the way respondents were selected for the other cases.

3.1.2 Interviews of an Open-Ended Nature

According to Yin, interviews of an open-ended nature are most commonly used in the conduct of case studies (p. 89). In this type of interview, the respondent is asked about factual matters as well as his or her opinion, which may be used as a basis for further questions. A second type of interview is a focused interview, which is also of an open-ended nature, but follows a certain set of questions. Denzin is another researcher who classifies interviews by their degree of structure or standardization and, using his vocabulary, the focused interview corresponds to the nonschedule standardized interview (p. 105). His description rather the means, tools for the interpretation of what was said during the interviews" (1996, p. 182). Instead, argues Kvale, an alternative approach involves "...entering into a dialogue with the text, going into an imagined conversation with the "author" about the meaning of the text" (p. 182). This means that, in addition to seeking hidden meanings in the texts, I have also tried to remember how things were said and in what type of context in order to understand the meaning of what the respondent said during the interview.

2 The number of respondents is not equivalent to the number of interviews, as some people were interviewed twice.

3 In contrast to what Steinar Kvale refers to as statistical generalization, which is based on subjects selected at random from a population, the aim of this dissertation is to obtain analytical generalization. In Interviews (1996), Kvale writes that this "...involves a reasoned judgement about the extent to which the findings from one study can be used as a guide to what might occur in another situation" (p. 233). He further argues that the researcher here bases the generalization claims on an assertational logic and that "...by specifying the supporting evidence and making the arguments explicit, the researcher can allow readers to judge the soundness of the generalization claim" (p. 233).
fits very well with the way I have worked, as “...certain types of information are desired from all respondents but the particular phrasing of questions and their order are redefined to fit the characteristic of each respondent” (p. 105).

But there is also another element of the open-ended or non-standardized interview that I have used and that is to raise and test specific hypotheses during the course of an interview (Denzin, p. 106) and let the respondent’s answers be the basis for further inquiry (Yin, p. 89). Of course, the degree to which this has been possible varies between the cases and individuals. For example, a very experienced midwife had probably reflected more on the way she cooperated with others than an office worker who had recently been transferred to the work site studied and was against the whole arrangement. Because of that, many of the interviews carried out at the office work site can be seen as “dead ends” which instead of leading to new questions were manifestations of some of the problems of interviewing, which I will return to in the section on the validity of interviews below.

The interviews were structured according to different themes. These were the same for all cases and respondents and included questions on the division of labour, technology, cooperation and information flow. The questions, however, were adapted to the work site and to the position of the respondent and the nature of his or her work.

3.2. The Validity of Interviews – A Discussion

Interviews, as well as any other method of collecting evidence, give rise to questions about their validity. As the number of interviews carried out within the scope of this project is fairly high, the issue of validity of interviews is discussed in a section of its own.

3.2.1 Unbiased and Objective Questions?

As Teresa Hagan puts it in an article on qualitative research in psychology (1988), for researchers with a positivist paradigm approach, “...many considerations have been brought to bear on the validity of interviewing as a means of accessing unbiased and reliable data” (p. 336). She argues that, in accordance with the positivist approach, special advice is often given to the researcher using interviews. For example, the researcher is expected to find interested and cooperative people who are willing to talk about themselves. According to Hagan (and my own experience) this is not always the case.

The interviewer is, in accordance with the same perception of how research should be carried out, also expected to ask unbiased and objective questions. In Hagan’s view, however, “…the important issue is not one of
unbiased objective questioning, but of ensuring precision in meaning” (p. 343). As I understand it, she means by this that if respondents describe their experiences in terms that do not conform with the researcher’s own analytical concepts, it does not mean that their answers should be regarded as discrepancies, but as important features that should be explored and interpreted. This means that, in the case of some of the operators who were unwilling to answer the questions I asked, their unwillingness should be seen as manifestations of the way that organizational changes were managed by the organization in question. To an extent, I did treat the answers given in that way, but as it is not always possible to follow all routes made available within a research project, I never investigated that particular impression given by the interviews in any depth.

The same is true for “invalid self reporting”, which, according to Hagan, should not be regarded as a distortion of the truth, as it often is by positivist writers. Instead, the researcher should see overstatement, understatement, lying and contradictions as expressions of the respondent’s perspective. Additionally, it is common advice that researchers should not influence the respondent so that responses are biased. But, in Hagan’s view, respondents do not treat the researcher as an objective reporter and they are to a degree influenced by the researcher. Statements like “I don’t know if this is what you’re after, but...” and “Is this the sort of thing that most people say?” (Hagan, p. 348) are illustrations of this.

When I carried out interviews for this research project, I tried to keep a balance between objective questions and questions of a more “biased” character, which were sometimes necessary in order to make the respondent talk and generate a more helpful atmosphere. The answers to these questions were later found not very useful.

3.2.2 Leading Questions

Another author who skillfully refutes standard objections to qualitative research interviews is Steinar Kvale. In an article on their interpretation, he discusses three standard objections; few subjects, leading questions and subjective interpretation (1984). Even though these objections may be justified in some cases, they are, in his view, often the result of an inadequate concept of the nature of qualitative research interviews.

Hagan’s view that a researcher does not – and should not – try to ask unbiased and objective questions is thus shared by Kvale. In his view the problem is, if anything, that there are too few leading questions, which leads to difficulties in analysis. By asking leading questions the researcher can test hypotheses and then analyze the text by evaluating the extent to which the respondent allows him-or herself to be led by the questions. And instead of
avoiding subjective interpretations, Kvale recommends applying hermeneutics to texts. The meaning of a text then depends upon the questions posed to the text by the researcher. However, in order for a reader to understand the interpretation, the presuppositions and the perspective of the researcher must be made explicit. In this way, divergent interpretations of a text do not imply that the interview method is unscientific.

This way of looking on and analyzing data collected through interviews corresponds very well to the way that I have worked. I found it especially useful when interviewing people who for some reason or another had reflected upon the way they worked. When I interviewed the then president of the Swedish Midwives' Association, for example, I realized that it was possible to investigate concepts of professionalization strategies of midwives. Being president of the SMA, she had deliberately tried through her work to contribute to the professionalization project of her own profession.

3.2.3 The Relationship Between the Interviewer and the Subject

In *The Research Act*, Denzin (1989) also presents a number of sources of potential invalidity that I find useful for the interviews I have conducted. One is the relationship between the interviewer and the subject. First, Denzin points to the fact that the interview is "...a relationship between two persons who meet as strangers and, except for the life of their encounter, are likely to remain strangers" (p. 114). Because of this and feelings of alienation, Denzin argues that there is no way of ensuring that the person interviewed is telling the truth.

But even though I realize this may be the case, I do not think that the people I interviewed deliberately told lies. If anything, the main difficulty was to make them talk at all, a problem that without doubt is increased because most interviews are encounters between two perfect strangers. This can be illustrated by the interviews I conducted with the blue-collar workers at the paper mill. Although I had spent considerable time interviewing and observing the three foremen of the store-house and had had coffee with many of the blue-collar workers, in the interview situation, they were like strangers to me. None of the interviews lasted longer than 45 minutes, as it was very difficult to make them talk. As I realized that they would not talk voluntarily, I started asking questions that could be answered with a "yes" or a "no". Of course, this had to be kept in mind when analyzing their answers.

Another problem of validity has to do with the relationship between the interviewer and the subject, according to Denzin, "...because interviewers are often forced to try to penetrate private worlds of experience — worlds characterized by a great deal of emotion and affect — a constant interactional tension is likely to be present in the encounter" (p. 114). And it is up to the
interviewer to encourage the expression of affect, which may be difficult, as respondents may break the interview when the questions become too personal.

Though many of the respondents were very taciturn, none reacted by openly refusing to answer the question or by wanting to break off the interview, but an interactional tension was certainly present. For example, some of the women I interviewed at the office adopted a negative attitude even toward being interviewed, probably due to the fact that some had recently been transferred to the department as a result of the shut-down of a nearby post office. This made the interview situation tense, and from Denzin's point of view, the subjects' diverse motivation and motives for participation in interviews makes comparability problematic. While the female office workers resisted being interviewed, it was my impression that the midwives interviewed were much more motivated to talk about the way they cooperated with others and also about problems related to cooperation. But instead of seeing this as limiting to the comparability, I see these differences as interesting results. The papers on midwifery are as a consequence much more extensive than the others.

3.2.4 The Importance of Different Positions and Gender

Yet another factor limiting validity, according to Denzin, is that the interview should be a meeting between equals, which of course is not always the case. It now seems to me that my previous experiences from working at the plant were useful when visiting and observing the work at the mill - I could remember the way the men of the shift talked, the way the jokes went and I could handle situations that I am sure that it would otherwise have taken months to develop a strategy for. However, these experiences were not enough when I was interviewing members of the blue-collar work force. The interviews did not generate much data; many only lasted half an hour. And, as I point out above, it was even more difficult with the women at the office. In that case I had no experiences to lean on, I had no recollections from a similar culture and the women's bitterness over their situation probably made them hostile.

In both of these cases, the relationship between myself and the respondents felt hierarchical. When I interviewed the workers at the paper mill and found it difficult to make them talk, they might have felt intimidated, inferior or merely shy. The fact that I am a woman and they were all men probably did not help. This type of interview is referred to as "cross-gender interviews" by Denzin. In his point of view, "gender-free" information cannot be

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4 As I show below in the paper on professionalization in midwifery, this may be part of the strategies used by the midwives' profession.
obtained in interviews, as "...the information given is itself constrained by the gendered identities that are enacted in the interview encounter" (p. 116). Though I am not sure that "gender-free" information is something desirable, I agree that in the interview situation, the gender of both interviewer and respondent undoubtedly impacts on the results.

Ann Oakley also argues the importance of gender, but from a different point of departure. In her book *Women, Medicine and Health* (1993) she writes about difficulties when interviewing women. One is that "...repeated interviewing over this kind of period and involving the intensely personal experiences of pregnancy, birth and motherhood, established a rationale of personal involvement which I found it problematic and unhelpful to avoid" (p. 230). She then argues that personal involvement, friendship and a non-hierarchical relationship between interviewer and respondent, contrary to textbook paradigms, facilitate the research process. I would like to point out that though I might have been more personally involved in the midwifery case, I had also become very much involved in the problems of the male respondents, in spite of the fact that they were men and in spite of the fact that — at least superficially — we did not have much in common.

### 3.2.5 Ensuring Validity by Analyzing

Before I go on be describing the other methods used for collecting evidence, I would like to direct attention to the fact that the validity of an interview investigation is not ensured only by the way that the respondents are selected, by the types of questions asked or by the relation between the interviewer and the respondent. According to Kvale, validation involves seven steps; from "the soundness of the theoretical presuppositions of a study" to "the question of whether a given report is a valid account of the main findings of a study, as well as the role of the readers of the report in validating the results" (p. 237). One of the steps in between that I would like to emphasize is the way in which analyzing is a way of ensuring the validity. According to Kvale, "...this has to do with whether the questions put to an interview text are valid or whether the logic of the interpretations is sound" (p. 237). Though the technique of analysis is somewhat difficult to describe, I would like to point out, that the theoretical conceptions have influenced the way I have carried out the analysis. And, inversely, the analysis of the interviews, carried out concurrently with the interviews, have guided the expansion of these theoretical conceptions and standpoints. This means that the questions asked to the transcriptions have been affected by "new" theory. In my point of view, this interplay between theory and data has been critical to the validity of the results of this dissertation.
3.3. Direct Observations

As stated above, the extent to which the different methods for collecting evidence were used varies. Their usefulness and the extent to which they are directly referred to in the papers also vary. In this section of the chapter the ways in which I carried out observations at the work sites and their validity are presented and discussed.

3.3.1 The Usefulness of Direct Observations

The interviews were – as qualitative interviews generally are – very time-consuming and can be seen as the basis of my knowledge of the actual cases, even though direct quotes from the interviews have been little used in the papers of the dissertation. The same is true for the observations that, apart from some in the delivery ward, are not often referred to directly in the papers.

In spite of this, observing the work of the respondents has been of great value to understanding the actual work carried out at the sites and as a source of inspiration for important questions that I realized had to be asked for a deepened understanding of the theory. I spent a couple of days observing the work of midwives and assistant nurses in the delivery ward, observed the work of the foremen at the warehouse and the women in the office work site on a number of occasions. I did carry out some kind of observational protocols, but would say that the most useful information obtained during these visits came from having lunch with the people studied or asking questions while observing the work they performed.

Throughout the project I have therefore combined interviews and observations, so that I conducted a kind of unstructured interview while watching and observing. These “interviews” were not taped and not systematically analyzed in the same way as the other interviews, but still contributed to my knowledge of the cases in question.

3.3.2 The Validity of the Direct Observations

Though I will not engage in an extensive discussion – as I do above in the case of interviews – on the validity of observations, there are some remarks on this particular method of collecting evidence that I wish to make. In the same way as when I carried out interviews, I was always aware of the impact of my presence in the field. As opposed to pretending to be invisible, I asked the people that I observed to share their thoughts with me, to tell me about their work and their situation as a whole. I was also aware they would
probably have behaved in a different way, had I not been there. But all that I write about on the ways that I handle issues of validity in the case of “pure” interviews in terms of leading and “biased” questions, can be applied also to the direct observations that I conducted.

3.3.3 Blurred Boundaries between Observing and Participating

In this context I would also like to point out the fact that the boundaries between direct observation and participant-observation are sometimes blurred. I remember, for example, when I spent a day at the delivery ward to observe the work of one of the midwives, who, in fact, I never interviewed. As part of the routine that particular day of the week, she and other midwives and assistant nurses were to meet with the personnel of the children’s ward, and — dressed in the same white coat as the rest of them — I went along. Nobody paid any attention to me during the survey of the children at the ward, neither the nurses, nor the chief pediatrician who held the meeting. Nobody introduced me, nobody saw me, and I remember thinking “This is what it must be like to be nobody, to be invisible”, which obviously was not a situation to which I was accustomed, given how utterly uncomfortable it made me feel. Then I thought “This is what it is like to be a student midwife. Nobody sees you”. I do not mean to say that, like Gunther Walraff, I actually became a student or an assistant nurse, but that this experience deepened my understanding of the hierarchy of the hospital organization.

The fact that I was merely an observer, a guest, when I visited the paper mill and observed their work or had lunch with the workers in the company cafeteria was always much more obvious and not at all uncomfortable.

3.4. Participation-Observation

In the case of the delivery ward, the boundaries between observing the work and partly participating were, as I show above, sometimes blurred. When I came back to the ward after a one year break, during which I had analyzed data previously collected and collected data at other work sites, I was pregnant and due to give birth in about a month. When I rang the bell to the door of the delivery ward and one of the midwives came to open the door, she took me for a patient and started asking questions in order to establish what to do with me. I then told her I was actually there to interview one of the assistant nurses.

Only a few weeks later, when I came to the ward to give birth, the assistant nurse who helped the midwife during the delivery, was the same woman I had come to interview only a few weeks earlier. My immediate reaction
was that the situation gave me a unique opportunity to see her "in action", but pretty soon I forgot all about my research project and concentrated on the more important task. Later, as a patient at the maternity ward, however, I met some of the midwives I had interviewed or observed previously and could experience their way of caring for me and my son and other patients in a more direct way.

In paper E of part IV of the dissertation; *Discursive Strategies of Swedish Midwives*, I do refer to observations made both as a patient and as a researcher. These experiences have been of great importance both to my ability to understand the work site in question and to being able to carry out the analysis of the data.

3.4.1 True Participation – Recollections of Blue-Collar Work

As I write in the first chapter of this part of the dissertation, the empirical data in paper B of part III of the dissertation are based primarily on my recollections of actually working at a plant as a blue-collar worker, recollections that I analyze in the paper in terms of the workers’ collective. At the time of the “collection” of the data, I was not aware that I would ever use my experiences throughout the year, and therefore my recollections were not immediately and concurrently systematized and analyzed, as was the data from the other cases. This fact might be seen as a validity problem, but instead, in my view, it made me a “true” participant-observer. To the extent that it can at all be seen a disadvantage to be biased by theoretical assumptions, I can affirm that while “collecting” these data, I was not, as I had no future use in mind for it.

But carrying out an analysis of this type of data can still be problematic in another way. As it is based on recollections of things that happened rather a long time ago, it is possible that time has faded and even distorted some of them. Fortunately, I was able to recover most of them by reading a report that I wrote on my experiences at the plant shortly after I returned to the university. And as many of the phenomena that I write about are based on memories of things that, even after all this time, stand out as highly significant, it is possible that the time aspect is not very significant. Additionally, as many of the conclusions that I draw in the paper are based on personal experiences of the dynamics of the workers’ collective, the fading of memories is counterbalanced by the fact that they come from within the collective.
3.5. Journals and Other Types of Texts

According to Yin, studies of documentation may also be useful to many case studies. In addition to interviewing, observing and participating, I have collected different types of written data, principally different types of texts (editorial leaders, letters to the editor and articles) published in the monthly published journal *The Midwife*, but also to a limited extent letters and other types of documents.

The last paper (E) of part IV of the dissertation — *Discursive Strategies of Swedish Midwives* — includes rather an extensive presentation of these types of data and the ways that I have used them. I would therefore merely like to point out that the validity of that particular paper is ensured by the way that I worked. By reading and analyzing and further reading and analyzing different types of texts until I realized that further reading and analyzing would not in any fundamental way change the picture painted or the conclusions drawn, a degree of saturation finally occurred. In spite of or perhaps because of this, it can of course be argued that such a way of working relies too much on the interpretation and the subjectivity of the researcher. But as I show in paper E, this is part of the method of discourse analysis, and in view, instead of being a threat to its validity, is a way of ensuring it.

3.6. Scientific Literature as Empirical Data

As in any other research project, scientific literature and theory played a fundamental role to the outcome of this project. Not only did I, as indicated frequently above, base my original theoretical framework on already existing theory and accounts of other research projects, but I also tried to integrate empirical studies and studies of theory in accordance with the grounded theory approach5. Consequently I analyzed the empirical findings in the light of the theory that they made me realize were necessary. This means that many of the interviews and observations were reanalyzed several times.

But in addition to this way of working which is not unique, literature and theory themselves have also been used as empirical data. In *Discursive Strategies of Swedish Midwives* (paper E of part IV of the dissertation), literature and — at least to a certain extent — theory has been the target of a discourse analysis.

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5 In the following chapter, the ways in which a grounded theory approach was used is described.
This means that both literature and empirical data have been treated as manifestations of the discourse described and analyzed\(^6\).

Also \textit{The Workers' Collective of the Third Millennium: Differentiated or Obliterated?} (paper B of part III of the dissertation) is based partly on an analysis of different ways of looking at the future of blue-collar work. Many of the conclusions drawn are therefore based entirely on different literary accounts analyzed in the light of each other.

4. A GROUNDED THEORY APPROACH

As I describe in the introduction to this dissertation (part I), at the outset of the research project, for various reasons, I decided to develop a theoretical framework rather than to just start collecting data. In spite of the decision to do this and to work in accordance with the case study method, the way I worked later on in the project more resembled grounded theory or at least contained elements of grounded theory. In this chapter I further describe and discuss in what ways.

4.1. Personal Experiences as a Source of Inspiration

In accordance with the authors quoted above (Hagan, Denzin and Oakley), above I conclude that some of the problems connected with the use of interviews are related to the fact that I interviewed groups with different occupations, status, hierarchical positions, gender, age, previous job experience etc.

But especially when I interviewed the midwives, there was a feeling of mutual understanding and shared points of reference. One asked me if I had children myself, and was relieved to find out that I did. She pointed out that these things are easier to observe and deal with if you have given birth yourself. Regardless of the "truth" of her statement, I am sure that my own personal experiences affected the way I studied midwifery and that it gave me and the respondent and the midwives I observed a common frame of reference, both personally and professionally. The vocabulary of the midwives was not unfamiliar to me and when they told me about their work, they knew I understood what they referred to.

As opposed to my own ideas on qualitative research that I relate to above, there is a common assumption that, as a researcher, you should be objective,

\(^6\) There I describe this way of treating different types of literature in chapter 2: \textit{Method and Theory: An Interactive Process}. 

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not be involved or become personal. But, as I also write above, even the selection of the delivery ward was based on my personal interest in “pregnancy, birth and motherhood”. At the time I had recently given birth to my first son. During my first visits to the ward, when I was moved to tears observing the midwives working during the birth of a child, I thought “It won’t be long before I’m here doing the same wonderful thing” (giving birth, that is). And it wasn’t long before I actually came back to the ward as a patient.

Later on, however, I wanted to dissociate myself from the research project in order to be able to analyze the empirical data. For example, some of the midwives had views that they might have thought I shared and that they wanted me to confirm during the interviews, but that later data and theory did not confirm. In order to let these new data “talk”, I had to disassociate myself from the midwives.

But in spite of this slight problem, I do not think that being personally involved had a negative impact on the results. On the contrary, I think it had an enriching effect. And I certainly do not feel I have written “their” story. It is my own story, enriched both by their experiences and accounts of their work and by my own personal interest and involvement.

4.2. Theoretical Sensitivity

The reflections presented above are confirmed in a book on qualitative research (Strauss and Corbin, 1990), in which the authors refer to the concept of theoretical sensitivity as a personal quality of the researcher, as “…the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from what isn’t” (p. 42). They argue that theoretical sensitivity comes from sources like literature, professional and personal experience and the analytical process itself.

In accordance with this, the authors would probably agree that my personal and professional experience as a blue-collar worker and my personal experience of and interest in delivery care made me more theoretically sensitive to the data collected. They also point out that theoretical sensitivity “…enables the analyst to see the research situation and its associated data in new ways, and to explore the data’s potential for developing theory” (p. 44), but that it is also important to be free of biases and unexplored assumptions in order to be able to produce a valid and reliable theory. Their solution is to try to keep a balance between what is created by the researcher and reality by asking whether the hypothesis reflects the reality of the situation, by maintaining an attitude of skepticism toward theoretical explanations or categories until they are supported by actual data and by following the research proce-
dures. I have followed the last piece of advice for example by alternating between collecting and analyzing data, as emerging hypotheses told me what data that should be collected and as these hypotheses were verified as they developed.

4.3. Limits of the Case Study Method

In addition to many similarities between the way that Strauss and Corbin suggest that research should be carried out and the way I have actually worked, the fact that the method I have used is a combination of grounded theory and the case study method becomes clear when reading their account of the use of literature in grounded theory. One of the ideas of grounded theory is that you should not be disturbed by a previously developed theory that may or may not apply to the data collected.

As I developed a theoretical framework before the collection of data, it is obvious that – at least at the outset of the project – did not believe in that particular part of grounded theory. But, as Strauss and Corbin also state that “…you want to explain phenomena in light of the theoretical framework developed that evolves during the research itself” (p. 49), it is clear that I do not reject all parts of grounded theory. And according to the authors, it is also correct to incorporate relevant parts of already existing theories if it is pertinent to the data collected. After I realized that there were phenomena in the delivery ward that could not be explained in terms of the theoretical framework developed at the outset of the project, I therefore added the concept of professionalization. This demonstrates the fact that I have worked in accordance with some of the ideas of grounded theory and that the rigidity of the case study method, at least as it is described in Yin’s book and the way I intended to make use of it at the outset of the project, made it less fruitful.

REFERENCES


PAPER A:

EFFECTS OF THE ORIGIN OF WHITE-COLLAR WORK:
A STUDY OF THE INTRODUCTION OF SELF-REGULATING WORK GROUPS AT TWO WORK PLACES

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REFERENCES 9
1. INTRODUCTION

In most cases Harry Braverman's book *Labor and Monopoly Capital* is associated with the degradation of blue-collar work and the bulk of the book is in fact devoted to that very issue. However, one chapter of the book deals with the creation in the 20th century of a new stratum; white-collar workers. In this paper, Braverman's contribution to the subject provides the basis of a theoretical framework which also draws on an account of more recent research on the origin and future of white-collar work; that of Shoshana Zuboff and her book *In the Age of the Smart Machine*. The theoretical framework section is then followed by the description of two workplaces in which self-regulating groups are in the process of being introduced.

The analysis of the two cases leads to the question of what measures have to be taken if self-regulating groups are to be successfully implemented and my suggestions are presented in the last division of the paper. Finally, the theoretical framework is evaluated in relation to the two cases. Does it for example serve as a good starting point for an analysis of the cases and of the future of white-collar as well as blue-collar work?

2. THEORETICAL FRAMEWORK

Braverman describes the evolution of the factory office and the pure clerical industry, respectively. In his view, the former was a result of the adding of a number of functionaries and later entire divisions, when the owner was no longer able to take care of everything by himself. The creation of purely clerical industries (such as banks and credit agencies) was a result of the capitalist's need to represent capital and to enlarge it. The chapter then deals with the proletarization of clerical workers in both types of settings; the application of scientific management and the consequent new division of labor, with the dramatic feminization and the relative pay of this new stratum. It also deals with the mechanization of office work and how it—in spite of its potential to do otherwise—reinforced these new patterns.

One of the most important results of the early application of scientific management was the separation of manual and mental work between the factory and the office. Later on, when scientific management was applied in the office, this distinction was no longer valid. Manual and mental labor was now separated within the office as well.
When it comes to the skills that became unnecessary in the course of this process, however, one has to turn elsewhere. I turned to Shoshana Zuboff and her book *In the Age of the Smart Machine* and discovered that this provides a somewhat different way of looking at the origin of clerical work. Instead of drawing on the similarities of blue-collar and white-collar work, she argues that “...the evolution of white-collar work has followed a historical path that is in many ways the precise opposite of that taken by blue-collar work” (p. 98). And while Braverman merely establishes the fact that manual and mental labor was separated not only between the factory and the office, but within the office as well, she presents us with a different and more complex process.

While craft work was simplified and routinized by the elimination of the elements that made it skillful, the origin of clerical work can be found in the elements of managerial work that were carved out of the manager’s activities because they were easily rationalized. This process took off with the rationalization of executive work, which resulted in the creation of middle management: “In the case of executive activity, those elements most accessible to explication, and therefore rationalization, were carved out of the executive’s immediate domain of concern” (p. 107). The analytical and routine activities were moved to the functions of middle-management, which at the same time absorbed “...new responsibilities for planning and coordination that had resulted from the systematic analysis of the production process” (p. 107).

In this fashion, workers lost what was best in their jobs, while executives lost what was worst in theirs. After this, executive work was no longer subject to rationalization. Instead, middle-management activities were rationalized through the introduction of new technology and new working methods which happened at the same time as the size of enterprises and the need for documentation, record-keeping and correspondence grew. As a result of the introduction of office machinery and Taylorist forms of work organization, clerical work came to resemble blue-collar work.

In this process, the skills necessary for the execution of the new routinized and standardized tasks changed. Before the introduction of Scientific management, clerical workers had used their bodies “...in the service of acting-with, for interpersonal communication and coordination” (p. 99), as opposed to blue-collar workers who “...used their bodies in the service of acting-on, to transform materials and utilize equipment” (p. 98). With the introduction of office machinery and Tayloristic forms of work organization, this difference disappeared and clerical workers, too, had to use their bodies in the service of acting-on.
3. TWO CASES

One of the purposes of the theoretical framework described above is to create a basis for the selection of two cases, one of which exemplifies the factory office and the other the pure clerical industry.

The former is represented by the warehouse of a paper mill, where the all-male workforce loads paper rolls onto trucks and trains. Their work also involves the storage of paper rolls that are not immediately transported, while the planning and coordinating functions are performed by two fore­men.

The latter case – which is an example of a pure clerical industry – is an accounts center within the Post Office; a typical office workplace with a number of women performing mostly data entry work. This includes the registration, control, correcting of errors and the keeping of records of transactions from different post offices. The planning and coordinating functions are held by two supervisors.

Data from these two cases have been collected by means of interviews, observations and studies of internal documents. These data were then analyzed, aiming at answering a number of questions that are related to the theoretical framework described above. With the introduction of new technology, there is a chance to give back to the workers the planning and coordinating functions that once characterized clerical work. Will this chance be taken, or will the self-regulating groups turn out to be just another example of more or less meaningless job rotation?

3.1 The Factory Office – The Warehouse of a Paper mill

The first case is a warehouse of a paper mill in which a new work organization is being introduced in connection with the implementation of new technology. The case also includes a connected office, in which planning, coordinating, organizing and supervisory tasks are performed by three fore­men. In the warehouse, the actual loading of paper rolls onto trucks and trains is performed by a group of workers, who until recently were divided into two groups; one group was loading trains and long-distance trucks and the other group short-distance trucks (trucks that transport paper rolls to the nearest port for over-seas transportation).

Almost a year ago, I interviewed the project leader, who enthusiastically told me about the coming changes; the introduction of an automatic loading system and a computerized system for the registration, loading, storing, recording and billing of produced and transported paper rolls. This change was
initiated by the need to reduce stock-keeping times and a lack of storage space. Inspired by the Swedish ABB T50 project, he also believed that the automatic loading system and the new computer system was going to make the creation of a self-regulating group possible. This group would take over most of the planning and coordinating tasks from the foremen, possibly reducing their number from three to one. The group would even take over some of the tasks from the sales department, such as certain contacts with customers. In addition to new tasks and new technology, job rotation was going to be introduced.

Four months ago, the automatic loading system; a system that was supposed to load all short-distance trucks automatically, was installed, reducing both storage times and the need for personnel. Even though the capacity of the system has not yet come up to expectations, personnel have been transferred to other posts, and the remainder organized into one group. However, the three foremen are still sitting in their office, planning and administrating the loading and even though some of the operators are being trained to perform new tasks, job rotation has not been realized.

Judging from the interviews, there are workers who wish neither to rotate between different tasks, nor to take over some of the foremen's tasks. It seems to be the planning, coordinating and communicating functions that cause their hesitation in both cases. For example, one of the truck-drivers say that, even though he is sure he could learn to perform the tasks that involve planning, coordinating and communicating with people outside the warehouse, he would not be suited for that kind of work. In spite of the fact that one of the other workers already does work that involves planning, he says that he doubts that the foremen's work could be performed collectively by the group. In his case it is the communication with other departments and with people from outside of the company (such as representatives of the railway and other contractors) that scares him. Yet another truck-driver says he thinks job rotation would be a good idea, but doubts that it could be carried out. Most workers seem aware that the planned changes will reduce the number of workers and the need for shift work. Negotiations between the company and the trade union are still not completed, and some of the workers do not yet know of their future position.

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'T50 is the name of a change process within ABB in Sweden, aiming at reducing average turnaround times by at least 50% through for example the creation of self-regulating groups, extensive training of personnel, decentralization and benchmarking. In Sweden, it has attracted much attention, partly because of its success in creating better working conditions.
3.2 The Pure Clerical Industry – The Accounts Center

The other case represents the pure clerical industry. It is an office within the Post Office – a so-called accounts center – where about 40 female and one male operator, two supervisors and one manager are employed. Their tasks are to register, control, correct errors and keep records of transactions from half of Sweden’s post offices. A year ago, the 40 operators performed monotonous and repetitive data entry work most of the time, but due to a nation-wide mechanization of post offices, this registration is done at each post office. Since then, six out of eight accounts centers have been shut down, changing the tasks for the remaining two. In short, the time spent on more complex tasks has increased since the number of post offices that are served by the accounts center has increased dramatically. However, at the same time sorting and storing tasks take more time. The more complex tasks (control and correction of errors) are still done manually, but there are plans to introduce an on-line computer system for these.

Concurrently with these changes, the accounts center moved from one location to another, at the same time creating four so-called self-regulating groups that were told to arrange their parts of the premises in accordance with their own wishes. According to the manager, these four groups were not originally told that the goal was actually to create a new work organization, but that the composition of tasks and the office layout would change. In the beginning it seemed very hard to get access to the women. I was frequently told that they were so busy adjusting to new tasks and new working material, that they simply could not spend time talking to me. Consequently, when arrangements were finally made for interviews, the women seemed quite reluctant to talk to me. However, as I spent time at the office and got to know them, they gradually became more open and talkative.

Due to radical organizational changes, some of the women had been transferred to the Accounts center from different parts of the Post Office, some of them only during their term of notice. Other women interviewed had worked at the accounts center for several years, and these differences are clearly reflected in their responses. All of the women that have previously worked closer to customers say they miss it. Their attitudes toward job rotation also seem to vary; the women that do not master all of the tasks (because they are new or because they only performed data-entry work before the changes) are quite unenthusiastic, while the operators that have been trained to perform all tasks are more positive. It is my impression that some of the operators monopolize the more attractive tasks, leaving the monotonous and repetitive ones to newcomers or less trained operators. Whether these problems are caused by the fact that the group is too free to decide about division of labor or whether they are caused by lack of time to train all of the opera-
4. DISCUSSION AND CONCLUSIONS

Looking back at the theoretical framework, it is evident that while some parts of it provide a good basis for the understanding of the two cases, some other parts are either irrelevant or simply unhelpful. The objective of the following discussion is to reveal these different parts and some conclusions regarding the cases.

First, the basis of selection for the two cases should be questioned, as the workers at the paper mill are not employed at a factory office and therefore should not be regarded as white-collar workers, but rather as blue-collar workers. I am also uncertain whether the foremen of the warehouse can be said to work at a factory office, even though they are performing typical clerical work. The reason is that the members of their trade union are not regarded as white-collar workers, but as foremen of blue-collar workers. Interestingly enough, the kind of work they perform contains many elements of the early clerical work, as they primarily use their bodies in the service of acting-with, for interpersonal communication, coordination and planning. Using Zuboff's terms, this implies that if their tasks are spread to the workers of the warehouse, some parts of their work would come to resemble office work (or executive work) before it was rationalized, instead of the kind of work Braverman probably refers to when he writes about the creation of the factory office. At the paper mill that kind of work is still performed in the sales department.

The accounts center seems to be a good example of the pure clerical industry, and self-regulating groups could probably reintegrate manual and mental work and give some elements of acting-with to the operators. However, the tasks of the supervisors do not involve coordination and communication with groups outside the office to the same extent as do the work of the foremen at the warehouse, which means that the introduction of self-regulating groups would not have the same effect. Of course, it all depends on how much of the supervisors' tasks can be delegated to the operators. Surely, at this point, much remains to be delegated for reasons yet unknown.

In spite of the above mentioned uncertainty regarding the relevance of the basis of selection for the two cases, my conclusion is that it turns out to be productive after all. One of the results of the analysis of the two cases is that, while Braverman writes about how clerical work came to resemble blue-
collar manual work because of the separation of manual and mental work and because of the way mechanization was used to further routinize and standardize office work, the current development is actually in the opposite direction. Many of the differences between blue-collar and white-collar work are disappearing as factory work is starting to contain more and more of the early clerical work. At the same time planning and coordinating functions are spread to clerical workers as, for example self-regulating groups are introduced, perhaps creating a new kind of white-collar worker. For both of these types of workers, the elements of acting-with seem to play a role of crucial importance. This implies that the parts of the theoretical framework containing Zuboff's research are of great relevance.

At both workplaces there are ambitions to introduce self-regulating groups, or at least job rotation. At the paper mill, the workers are only moderately interested in seeing these ideas realized, and at the accounts center, attitudes towards these ideas and their feasibility vary. At first, this reluctance and lack of interest puzzled me, but considering the origin of the ideas, their reasons become more evident. At the paper mill, the introduction of the new loading system is not primarily a manifestation of concern for the workers or of humanism. Even though the ABB T50 project in many ways seems to break with the tradition of Scientific management, one must remember that its intentions are essentially the same; to rationalize and increase productivity by decreasing turnaround times. The new loading system is the result of a lack of storage space and of a need to reduce stock-keeping times. Additionally, the fact that the system also reduces the number of employees needed is important.

At the accounts center, the manager speaks of a wish to reduce dangerous, repetitive data-entry work, a wish that can probably be realized only because of mechanization and rationalization measures taken at a higher level within the Post Office. I do not mean to question his wish to create better working conditions, but the amount of repetitive data entry decreased as a result of mechanization at the post offices and the amount of more complex tasks increased because of the closure of six accounts centers (these tasks are still performed manually at the accounts center). Of course, self-regulating groups could have been introduced without these changes, but as data-entry work would still have predominated, job rotation and autonomy would have been of little consequence.

The changes described are not primarily the result of the company's growing humanism. Nor are they the result of a trade union struggle, either at the local level or at the national level. In Sweden, it is a fact that in spite of many important victories won by the trade union concerning industrial democracy in the seventies, it was the companies that that took the initiative in the development of work organization. In fact, the Swedish trade union
movement has lost the workplace and work organization as an arena for trade union struggles (Johansson, p. 13). At least in the case of the paper mill, this would explain the workers' lack of interest.

Another explanation lies in the structure of the trade union. If the ideas of self-regulating groups were to be carried out, this structure would have to be broken up, since the foremen and the workers belong to different trade unions. Traditionally, the division of labor in Swedish companies have been governed by such barriers, which in many cases have prevented the implementation of new work organization. The same probably holds true for the accounts center, where the role of the supervisors would probably have to change radically if the self-regulating groups were to be fully realized.

But my conclusion is that there is nothing to prevent the introduction of job rotation or self-regulating groups; neither in the technology nor in the nature of the tasks. The problem is, if anything, that these ideas do not have the support of the group. Nor did they originally come from the group and it is still not something that they would collectively fight for. On the contrary, they would probably fight against parts of these developments. As things are, the workers at the warehouse are more worried about keeping their jobs or having to stop working in shifts, which means a smaller pay-check by the end of the month. At the accounts center, the women have no reason to fight the changes, as most of them are sure they will keep their jobs. Of course, the ones that will have to leave the office express bitterness towards the Post Office, but they are indifferent regarding the changes at the accounts center, as they feel they are no concern of theirs.

So, what has to be done if the planned changes are to be fully implemented? If the ideas of the project leader at the paper mill, that he so enthusiastically told me about a year ago, are not to remain just fine ideas; a sort of utopian ideals, measures have to be taken. Decisions have to be made as to whether the planning and coordinating functions are to be partially or fully transferred from the supervisors to the workers. Such a transformation would require a large effort to train the workers and the workers also have to be given the real motives for the coming changes. They also have to be persuaded that they have the capacity to learn to perform new tasks. Before this process can begin, the company must make a thorough investigation of which parts of the foremen's work could possibly be transferred to the workers. Do certain parts of it for example benefit from only one person performing the task because of the continuity required?

At the accounts center, the women must be given the prerequisites of their autonomy. What is expected? Is it acceptable that some of the women occupy the most attractive tasks or should they be requested to share and to train the ones that do not master all of the tasks? As I see it, if at the very least job rotation is to be implemented, these questions must be answered and
appropriate measures must be taken. For example, the group should be given ideas as to how job rotation could be carried out. Ideas about a new work organization, about routines, such as regular meetings or an agreed rotation scheme, cannot be expected to come from the operators themselves. They must be guided and this can be done by pointing out different alternatives. Here, too, the future role of the supervisors has to be taken into consideration.

To sum up, it is my conviction that all the ideas of new work organization could be implemented at both work places. But since the employees for different reasons take quite a passive role, development is in the hands of management. They must make clear their intentions, set up rules, or at least frameworks, for the autonomy of the workers. They must also see that sufficient training is given to the ones in need of it. Otherwise the potential of the new technology will not be fully exploited and the reluctance of the workers to develop it will hardly be likely to decrease.

REFERENCES

1. INTRODUCTION

Over the past decades numerous authors have tried to predict the future of blue-collar work\(^1\). Many of these authors focus the effects of the introduction of new technology and they can be divided into two groups; those that are optimistic about the potential of technology to improve working conditions, the content of work, the skills necessary and productivity (Blauner for example), and those that are pessimistic (Braverman and his followers)\(^2\).

Both these schools are long established, and there are probably as many good reasons to discuss their validity as there are reasons to continue to refer to them and to relate to them in today’s discussions on the future of blue-collar work. However, by reading more recent literature that aims at predicting the future of work, I realize that there are other reasons to be pessimistic than those given by Braverman. We no longer have to face merely the effects of labor-saving technology or new production concepts; we also have to consider the threats of a globalized economy\(^3\), caused both by technology and by the current enormous wage gap between the industrialized countries of the world and the poorer parts. What does this situation hold for the future of blue-collar work?

And the discussion today, instead of more or less one-sidedly focusing how new technology will affect the work content and the control of work, is aimed at trying to combine the notions of ‘productivity’ and ‘good work’\(^4\).

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1 In this paper I limit the discussion to ‘blue-collar work’ or work in the manufacturing sector, even though I am aware of the fact that, both as a concept and in terms of concrete numbers, the workforce engaged in ‘blue-collar work’ might be considered obsolete. However, in one of their papers, Kern and Schumann motivate their writing about blue-collar workers by stating that “…industrial workers may be declining in numbers but as a group they are still of considerable importance and will remain so in the foreseeable future. /.../ Despite the discussion on post-industrialism, they are still a factor to be reckoned with in any analysis of social change” (1984, p. 51). In addition, many of the conclusions presented are probably also valid for white-collar work or work in general, even though the conclusions presented are partly based on my own empirical research carried out at two blue-collar workplaces.

2 As numerous authors have summarized these schools, it is not necessary to do so also in this paper. Instead, see for example Feldberg and Glenn, 1983, Wajcman, 1991, Sederblad, 1993, Allvin, 1997.

3 See for example Martin and Schumann, 1997, Reich, 1992, Rifkin, 1995. This paper also discusses the possibility of further effects of globalization due to globalization.

4 In Sweden, the trade union movement did take active part in the conceptualization of “good work” during the eighties and early nineties; see for example The Swedish Metal Workers’ Association (1985) or The Swedish Trade Union Confederation (1991), even though since the seventies, “...the Swedish trade union movement lost the work place and work organization as an area for trade union struggles” (Johansson, 1993, p. 13). In this paper, the concept ‘good work’ is not always equivalent to the concepts put forward by the Swedish trade union movement, but a concept that refers to the possibility of providing work qualities which are
This is a discussion that had already begun in Sweden in the seventies and accelerated during the boom of the eighties, when the Swedish trade union movement took an active part in this discussion. Today, as unemployment has become the predominant issue, the discussion on how to combine good work and productivity seems limited to members of the scientific community\(^5\). But instead of contributing to this discussion, in this paper I aim to look at the future of blue-collar work from some other perspectives. Because concurrently with these discussions, which are based on the notion of work as something absolutely necessary, both for the individual and for the collective of workers, another type of discussion – and perhaps a more controversial one – can be distinguished, though not as clearly and perhaps not as easily.

One of the researchers that contributes to this discussion is the Swede Michael Allvin, who, by his recently published and, in my view, exciting dissertation, helps me to get somewhat closer to being able to answer the questions asked above and the other questions asked in this paper. For in his dissertation he adopts a new approach to the problem, different from the more traditional statements on whether new technology will benefit or be disadvantageous to workers. Instead he writes about individualized work or work that, concurrently with its rationalization and increased autonomy given to the worker, is no longer a key agent for socialization and therefore contributes to a process of dissolving or at least disintegrating.

In addition to contributing to a discussion on whether we face a changed relationship to work, Allvin’s book makes me think in terms of Lysgaard’s nowadays classic book \textit{Arbeiderkollektivet}, discussed and elaborated by many, as I, perhaps to some extent just intuitively, draw the conclusion that the concept the workers’ collective\(^6\) is incompatible\(^7\) both with discussions on

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\(^5\) See for example Boglind (1997) for a discussion on possible reasons to the failure of the trade union movement to contribute to the discussion on how to improve work organization and working conditions, in spite of the fact that an increasing number of its members are affected by rationalization measures. One of the reasons advanced by Boglind is the idea that it might be difficult for the union to assert itself against management consultants, whose solutions are based on the concept of lean production. And for a discussion within the scientific community, see for example Good Work and Productivity, a special issue of the journal \textit{Economic and Industrial Democracy} (vol 19, no 1), in which a number of contributions on this matter are published.

\(^6\) As \textit{Arbeiderkollektivet}, in spite of its importance to Scandinavian industrial sociology, has never been translated into English, I have tried to translate some of the major concepts of the book myself.

\(^7\) In this paper, I take as a starting point the workers’ collective as a defensive system in which workers gather together to defend themselves against the inexorable demands placed upon them by the so-called techno-economic system of the company. As one of the conditions necessary to the development of this collective is the process of identification between the workers,
“individualized work” and perhaps also with a world characterized by different types of new technology, globalization and polarization between different groups of workers. And when I reread Lysgaard, I find he argues that the more employment in the company means to the life situation of the workers, the greater their need for protection by the collective system (p. 248). Individualized work, as described by Allvin, means not only that the workers have a changed relationship to work, but also suggests the increasing importance of a life-project often realized outside the scope of paid work and also implies a reduced importance of any workers’ collective. In this paper, I will show how this happens, and I will also show that a single collective identity of blue-collar workers might not be observable in the future, as one of the major prerequisites for the development of such a collective is a certain degree of likeness between the workers in that they identify and interpret problems in similar ways.

Based on my own recollections of blue-collar work at an industrial plant, of the reading of other contributions about the workers’ collective and on my own empirical studies of the introduction of team work, in this paper I try to draw conclusions about the future of the workers’ collective. What will happen to the workers’ collective when work is individualized and no longer defines the identity of the worker? What will characterize blue-collar work with or without a weakened workers’ collective, formerly a self-evident part of the workers’ identity? And, conversely, what do the changes and threats or possibilities that we face, here on the edge of a new millennium, mean to the workers’ collective we have for so long taken for granted?

In order to be able to answer these questions, I begin by presenting the parts of Allvin’s dissertation that are of relevance to my line of argument and continue by presenting two rather pessimistic American predictions on the future of work. After that, my own recollections and research on the workers’ collective are integrated with other contributions on collectivity theory.

2. A NEW RELATIONSHIP TO WORK?

In this context, it is the part of Allvin’s dissertation dealing with ”the rise and fall of work” and with its individualization that is of interest, as I identify many parallels to Allvin’s book when reading other recently published lit-
erature that elaborates on or discusses the future of blue-collar work. I will return to these possible connections in the next chapter. And though Allvin’s dissertation does not say much about the nature of the concrete work that is and will be carried out by people—perhaps partly because of its lack of empirical data—and though it is more a philosophical account of the future of work, I think it is thought-provoking because of his attitude toward work as a concept and because of his suggestions about a new relationship to work. In the foreword of the book, he argues that the conception of the development of man as dependent upon the access to “good work” can be seen as a discursive hegemony. In my view, however, in spite of the fact that no empirical data confirm his theses, in his book Allvin skillfully challenges this hegemony by describing the transformation of work, from being the key agent for socialization in society to its disintegration and subsequent individualization. In this chapter, however, I also show that Allvin is not the only one who has contributed to this discussion and that there might be reasons to question some of his ideas.

2.1 The Rise and Fall of Work

In this paper, I therefore take as a starting point Allvin’s suggestions that work, as social institution, should be understood in terms of the relationship between two different practices; the social and the functional practice, respectively.

Work as social practice means, according to Allvin, that it should be understood in terms of the social relationship of wage-labor, in other words the relationship between employer and employee. Work as a functional practice means that the employee also contributes to the material creation of society. In the summary of his dissertation, Allvin writes that “...work should not be perceived as one practice with the capacity of being both life-sustaining and identity-, or will-forming, but as two different practices, generating two different experiences” (p. 201). Allvin then tries to describe work in terms of these different practices and the relationship between them. Since modern society, in his view, has developed by the separation of these practices, the character of work has changed. He argues that this process has shaped work through the form of three different steps that symbolize the rise and fall of work during the 19th and 20th centuries; the proletarization, the institutionalization and the disintegration of work, respectively.

In Allvin’s view, these three steps characterize the different relationships between the two different practices described above, and as a result of the two first-mentioned, “...these experiences reinforced each other, thereby enclosing the individual in a functional context and, through this, providing
him or her with a social identity. With this, work established itself as by far the most important social institution in society, a key agent in society” (p. 201). Allvin argues that the integration of the two practices of work within the scope of one single identity, the welfare state became an important ideological function. Work was institutionalized as a “Fordist way of life”; a good member of society could only justify himself by paid work.

But by integrating the social and the functional practices in the concept of “good work”, the “Fordist compromise”, according to Allvin, promised both a fairly distributed and an ever increasing consumption of welfare. When these expectations were not met, the integrated workers’ identity lost its ground. And with the continuing rationalization of the functional practice, it has become isolated from the identity-forming social practice. Integrated work thus disintegrates into an increasingly differentiated functional practice and a more standardized social practice. If I understand Allvin correctly, by this he means that, as rationalization of production no longer implies organizing the labor process, but organizing the process of refinement of capital, a flexible and moveable labor force is necessary. It also means that the labor force will be divided into a first and a reserve team (a nucleus of skilled workers and a periphery of low-skilled, replaceable workers). Additionally, from Allvin’s viewpoint, it means that work as a given and functionally defined task disappears and that experiences of common conditions and the collective commitment also disappear.

And as a result of globalization, as corporations have become more dependent upon and integrated with each other than upon and with the conditions of their respective nations, the employer loses ground as opponent. The Fordist compromise which legitimized the union has, as result of decreased profitability and wages, been replaced by conflicts in which stronger groups are able to appropriate better terms to themselves at the expense of weaker groups. Employees are, according to Allvin, no longer socially committed to the union either as idea, or as organization.

As a result, work becomes individualized and the individual forced to articulate her will in social practices outside work.

2.2. Individualized Work

When the functional practice is rationalized and separated from the social practice, the result is, according to Allvin, individualized work. By the development described above the actions and wills of workers successively transformed. By the first step – the proletarization of work – individually regulated actions were transformed into a collectively regulated workforce. By the second step – the institutionalization of work – this work-force was reshaped
into individually regulated actions within the scope of an “objective task”. By the third step – the disintegration of work – this objective task is “dismantled” and replaced by a “subjective task”, a task shaped by the individual himself or herself, which means that his or her actions are instead regulated in relation to an overall goal. The resulting individualized work places high demands on the ability of the individual to manage a situation characterized by the absence of a stabilizing order in the shape of, for example, an objective task, a hierarchical organization and stable terms of employment. According to Allvin, this also means that work is no longer the key agent for socialization in society and that it becomes subordinated to the “life-project”\(^8\) of the individual. It is, in his view, possible to identify three different relationships between work and this life-project; that is work as an arena for the realization of a life-project, work as more or less limiting the possibilities of realizing a life-project and a life-project shaped and realized outside the scope of (paid) work.

In accordance with this categorization, Allvin argues that to some individuals work is not only a source of income, but also a “...possibility of realizing ambitions and intentions” (p. 192), either by choosing life-projects in accordance with the possibilities of actions provided by work itself or by rendering the life-project into work. To others – actually to most of us – work is a more or less limiting factor because of the need for an income for example. This means that life has to be shaped in consideration of work. The last category includes both people that work and those that do not. But whether they work or not does not mean anything to their identity or to the realization of their life-projects. Instead of understanding the individual as defined in relation to his or her function in society, Allvin argues that it is more relevant to distinguish between those with resources to realize their life-projects and those without such resources (p. 195). Then it is no longer – if I understand Allvin correctly – valid to speak of a polarization between those that are fortunate to enjoy “good work” and those that are not.

2.3. A Dual Relationship to Work

Before I go on by presenting two other types of predictions regarding work of the future, I would like to point out that, even though Allvin manages to challenge what he regards as a discursive hegemony regarding the concept of “good work” as absolutely necessary to the development of man, he is by no

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\(^8\) “Life-project” is my own translation of the Swedish “livsprojekt”, not found in any dictionary. The translation is carried out in analogy with the way that “livsverk” is translated into “life-work”.

means the first to do so. In addition to the to the discussion on “post-industrial society”9 and on “post-materialistic values”, there are researchers that have not only had similar ideas, but also empirical support for these ideas.

For example, in 1984, Horst Kern and Michael Schumann write, in a contribution to the journal Economic and Industrial Economy, about the fact that blue-collar workers increasingly have the option of dissociating themselves from work in their social consciousness and behavior, but that, because of the increasingly attractive quality of work, they restrain from doing so. In their article, Kern and Schumann present the theorem that workers have a dual relationship10 to work; that of the wage-laborer and that of the producer. Historically, though the worker had to endure both physical and psychological demands placed upon them as wage-laborers, these demands were transformed into a positive self-image: “As a collective – although not individually – workers could now develop their identity within their working-role” (p. 53).

Lately, however, measures aiming at increasing both efficiency and the quality of work, have increased the interest of workers in the performance of work itself and changed the relationship of the worker to work, rendering the producer perspective more prevailing, though not dominant.

Based on empirical research in the German manufacturing sector, Kern and Schumann then conclude that wage-labor has indeed lost some of its value in explaining workers’ relationship to work. Workers spend less time at work, they have material means for leisure time activities, they not only have greater opportunities for pursuing lifestyles that are not centered around work, but, because of economic crises and environmental issues, they also have moral support for dissociating life from work.

But in spite of this, Kern and Schumann point to the fact that “…only the role of work as the primary determinant and focal point of meaningful life has been rivaled. Work remains such a vital and important sphere of activity for the life-long, full-time worker – and such workers must still be considered the norm – that he could hardly develop an identity dissociated from his work-role” (p. 57). At the same time, the other perspective – that of the producer – becomes more important in different ways, though neither predominate. Because of a more “holistic utilization of labor power” introduced by German employers, because of integration of job tasks and because of the professionalization of production work, the worker – at least some segments of the work-force, those that do not become superfluous as a result of these changes – “…can recognize himself more easily in the management’s image of workers. Possibilities of subjectively associating oneself with work through

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10 In his book, Allvin argues that the dual relationship put forward by Kern and Schumann represents two “different perspectives on the same practice” (p. 159).
its specific contents (...) are increasing” (p. 61). This means, according to Kern and Schumann, that as work has gained a more attractive quality, the urge of the worker to escape from it (as in the case of the wage-laborer perspective) is counterbalanced. And in addition to pointing at the growing importance of seeing work from the perspective of the producer – and this is very interesting in this context, as it sheds some light on the importance of a life-project outside the scope of paid work as put forward by Allvin – Kern and Schumann surprisingly enough point to the fact that, because of the increasing commercialization and industrialization of leisure and recreation, the positive feelings toward work may be intensified. So “…the sphere of life outside the workplace /.../ is no longer necessarily experienced unambiguously as a positive contrast to industrial production. From the perspective of alienated, vacuous free-time, the transformed ‘realm of necessity’ might become just as attractive” (p. 62).

In my opinion, Kern and Schumann’s article might be viewed in two different ways with respect to Allvin’s ideas on the relationship between work and a life-project. One of these ways would indicate that Allvin is wrong; because of the increasingly attractive quality of work and because of the decreasing quality of “leisure time”, there is no need for a life-project realized outside the scope of paid work. On the other hand, Allvin would probably argue that the life-project concept that he puts forward has little to do with the “industrialized and commercialized” character of leisure time suggested by Kern and Schumann. And, indeed, Allvin does argue that the most important distinction in the future will be between those that are able to realize their life-projects and those that are not – regardless of whether this happens within the scope of paid work or not. This way of looking at these possible connections between these predictions indicates that, even if we believe Kern and Schumann, we do not necessarily have to stop believing Allvin.

3. TWO PESSIMISTIC PREDICTIONS

Before I try to understand what Allvin writes in terms of the workers’ collective, I would like to return to introductory statements of this paper. As I point out at the start of this paper, the future of blue-collar work (and work in general) is not only affected by the introduction of labor-saving technology, but also by a globalized economy. In this chapter of the paper, I consequently present two predictions, both quite pessimistic with respect to the future of blue-collar work. From my point of view, though Allvin’s theories on individualized work presented above have not – at least to my knowledge
been spread outside of Sweden, they can be “applied” to or perhaps “cross-fertilized” with non-Scandinavian predictions on the future of work. However the predictions that I have in mind are not philosophical theoretical accounts of relations between work and the identity of the worker, but focus the future economic and social positions of the workers. Neither do they say much about the future nature of the physical work carried out on the shop-floor or wherever work will be carried out in the future. And instead of — like Allvin — writing about “individualized” work or different relationships between work and a so-called life-project, they discuss the future of blue-collar work (or work in general) in terms of a polarized labor force — to the extent that they speak of a future blue-collar labor force at all in this part of the world.

This, however, does not imply that Allvin is not of the opinion that the future of blue-collar and other types of work will be characterized by polarization between different groups of workers. What is mentioned above deserves to be repeated: he writes that the original conflict between labor and capital, because of the exclusion of people from the labor market, will be replaced by conflicts between “...unemployed and employed, between workers that are attractive on the labor market and are able to get decent jobs and workers that are not attractive, but forced to take temporary jobs under poor and insecure conditions and for low wages” (p. 195). The difference, however, is that, additionally, Allvin points out the distinction between those that are able to realize their life-projects and those that are not, regardless of whether this is done within the scope of paid work or not.

The non-Scandinavian authors that I refer to above are the influential Americans Robert Reich and Jeremy Rifkin, whose predictions I will present and discuss in terms of not only the individualization of work, but at the end of the paper also in connection with a discussion on the future of the workers’ collective and of collectivity theory.

3.1. Rifkin on ‘The End of Work’

One of the books referred to by Allvin in his writing about different types of polarization that characterize work — leaving aside the distinction between those capable and those incapable of realizing their own "life-projects" — is Jeremy Rifkin’s The End of Work. But taking Allvin as a point of departure, it is possible to make a number of other associations to the frightening nature of future work described by Rifkin. In this section, in addition to a presentation of selected parts of The End of Work, I account for some of these associations and reflections.
3.1.1 Winners and Losers

In *The End of Work*, Rifkin writes about the winners and losers created by new technology. He argues that, while stockholders have greatly benefited both by new technology and advances in productivity, the average American worker has not benefitted at all from the profits created by new technology. Instead, in the United States, huge numbers of workers in the manufacturing sector have lost their jobs, "...many of them victims of automation, either at the hands of their American employers or by foreign companies whose more highly automated plants and cheaper operating costs forced domestic producers to downsize their workforce and lay off workers" (p. 167).

In the debate – here too in Sweden – the United States often serves as an example when it comes to creating new jobs. But according to Rifkin, most of these jobs are part-time jobs, mostly in low-wage service industries or many are "dead-end jobs" in the "pink-collar ghetto"\(^{11}\), where workers are forced to hold more than one job to survive. These facts are not announced by the American authorities. And blue-collar workers are not the only victims of automation, globalization, re-engineering and down-sizing. Middle-managers and executives too are laid off in large numbers and face an uncertain future.

Jobs that in spite of this are still found in the manufacturing sector after the "Third Industrial Revolution", will, according to Rifkin, be characterized by the new information technologies, for better or worse, but perhaps mostly for the worse. In contrast to the images of a future "free of toil and hardship" conveyed by some parts of the scientific community and to some extent by media, Rifkin points to the other side of the picture, the side "...lined with victims claimed by advances in information technology". In addition to the large numbers of American workers who have already lost their jobs to automation, "...this other world is filling up with millions of alienated workers who are experiencing rising levels of stress in high-tech environments and increasing job insecurity as the Third Industrial Revolution winds its way into every industry and sector" (Rifkin, p. 182). And, while much has been written about quality control circles, teamwork and workers' participation, Rifkin considers that not much has been written or said about the negative effects of post-Fordist production concepts: "...the de-skilling of work, the accelerating pace of production, the increased workloads, and the new forms of coercion and subtle intimidation that are used to force worker compliance" (p. 182).

\(^{11}\) According to Rifkin, work in the pink-collar ghetto is "...concentrated in service and white-collar areas such as secretaries, cashiers, and waitresses that are occupied largely by women" (p. 167)
In contrast to many “technological optimists” and others that have pointed out the potential of technology to improve working conditions, Rifkin argues that information technology is designed to remove whatever degree of control workers still exercise in spite of detailed instructions in the form of “schedules”. The implementation of new information technologies means that the subjective element of the process is removed and that it is instead programmed into the machines, rendering the worker into an observer “unable to participate or intervene in the production process” (p. 182).

In my view, however, Rifkin’s view of the effects of new technology and “post-Fordist production practices” appears to be a rehash of old material very much in the spirit of Braverman and others, and Rifkin does admit that “re-engineering” and new information technology make it possible for companies to give more control over the production process to the workers and to decrease the numbers of layers of management. But in spite of this, he still argues that the true intent is to increase the management’s ultimate control over production. Even efforts seemingly aimed at soliciting the ideas of workers on how to improve performance originate in a wish to be able to exploit the full potential of the workers (p. 183).

3.1.2 Different Generations?

And while Allvin writes about how increasing numbers of workers will try to realize their “life-projects” outside paid work, Rifkin writes about how jobs still found within the manufacturing sector will be characterized by “high-tech stress” and burn-out as a result of the implementation of new information technology and “re-engineering” and how those not needed any more slowly die a “psychological death” because they can no longer define themselves in relation to a job (p. 195). Does this mean that Rifkin, if he ever read Allvin’s dissertation, would not agree that the future will be characterized by “individualized work”?

An answer — an intuitive one — to this question could be that Rifkin and Allvin are actually writing about different generations. Perhaps young people who grew up during the 1980’s will never strive for a permanent job in the manufacturing sector precisely because there is no possibility of realizing a “life-project” within the limits of such a job. But I hesitate when considering the limited possibilities of finding permanent ways of obtaining a living outside paid work. Will the welfare state really be able to afford to support people who wish to fulfil themselves, but outside the scope of paid work?

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12 One of these “technological optimists” is Shoshana Zuboff, whose work I will return to below.

13 Another objection to explaining these differences simply in terms of different generations can be found in Aronsson’s and Sjögren’s analysis of the future labor market (1994). In their
Whatever the answer is, Rifkin further argues that America is a polarized nation. As referred to above, while “high-tech losers” are unemployed or at least impoverished in spite of the huge profits created by automation, downsizing and globalization, there are “high-tech winners” that have really benefited from the IT-revolution. In addition to the elite of the knowledge sector, there are for example research scientists, civil engineers, software analysts, public relations specialists, lawyers, different types of consultants, architects, film producers and editors, writers and journalists. These knowledge workers represent 20\% of the American workforce, but receive four fifths of the income of the population as a whole.

Rifkin also mentions the conflict between knowledge workers and service workers and discusses “the growing gap between rich and poor” or “the growing chasm between the haves and the have-nots”. In addition to poor working conditions in re-engineered and automated work sites, “the have-nots” face economic insecurity as many workers are no longer able to find full-time employment and have to join “the new reserve army” as temporary, contract and part-time workers (p. 191).

3.1.3 Life-projects Within the “Third Sector”?

It is indeed a depressing picture both of America of today and the future that is conveyed by Rifkin, but when thinking of these scenarios in Allvin’s terms, the future seems somewhat less gloomy. Perhaps millions of American workers, instead of trying to find full-time jobs, would be able to fulfil themselves outside the scope of paid work?

The solution to this and other problems put forward by Rifkin is not at all inconsistent with Allvin’s ideas of a “life-project”, which it is possible to realize outside paid work. Rifkin argues that, in addition to shortening the working week in order to allow workers to benefit from increases in productivity, the solution can be found in the development of a “third sector”. In this, workers displaced by automation or globalization and other people who for one reason or another are not needed in the market or the public sector would get an outlet for their creativity and solidarity with other – perhaps even more vulnerable – groups. This third sector is to be based upon more or less the work of different groups in the same way as Allvin for example. The idea that work is something absolutely necessary is not questioned, though they do point at the fact that some groups tend to value the quality of work more than others.
less voluntary work, and social wages “in return for performing meaningful
work in the social economy” (p. 272).

Even though it might be difficult for a Swede as myself to see the differ­
ence between this so called third sector and the public sector, it is possible to
identify yet another connection to Allvin in this context. It is possible that
those that are able to realize a “life-project” outside the scope of paid work
will be found within the third sector or at least within voluntary work, while
those that are able to do so within the scope of paid work are “the new cos­
mopolitans” or “the knowledge workers”. If we believe Rifkin, it is indeed
unlikely that they will be found in future in the manufacturing sector.

3.2. Reich on ‘The Work of Nations’

When reading the other American book that I have chosen to explore in
depth – The Work of Nations, written by Robert Reich only a couple of years
before Rifkin wrote The End of Work, I again form associations with some
parts of Allvin’s dissertation.

First, Allvin also refers to Reich when writing about the type of polariza­
tion already identified between different types of workers. It is probably the
three future categories of workers described by Reich and presented below
that Allvin has in mind. These categories can be related both to Allvin’s
theories on the disintegration of work as well as to the future relations be­
tween paid work and the “life-project”, and in this context I further elaborate
some of these connections.

In the part of the book dealing with the three future categories of work­
ers, Reich begins by pointing to the fact that the usual discussion on the
American economy and the American labor market is based on a society that
no longer exists. In that society the worker was safe, not yet threatened by
the competitiveness of an international and increasingly global labor market.
According to Reich, this also means that available statistics and data on
American jobs are based on categories that are becoming irrelevant. Instead,
argues Reich, “…it is first necessary to view the work that Americans do in
terms of categories that reflect their competitive positions in the global econ­
omy” (p. 173).

At the risk of repeating myself, I again find associations between this
statement and Allvin’s theses on the disintegration of work. With this in
mind, it is probably correct to say that available American (and probably also
Swedish) statistics are based on the concepts of a society that no longer exists,
one in which the “Fordist way of life”\footnote{Translation of a concept introduced by Allvin} presumes that the social identity of
each individual is closely related to his or her function in the industrialized society. In Allvin's terms, this is the period before the disintegration of work, the period characterized by the institutionalization of work. In his book Reich argues that, in contrast to the labor market of that period of time with a common competitiveness, the competitiveness of the American worker (and the Swedish, as I understand it) on the future labor market will vary independently of the boundaries of the corporation and even the nation: "Some Americans may command much higher rewards; others, far lower. No longer are Americans rising or falling together, as if in one large national boat. We are, increasingly, in different, smaller boats" (p. 173). Reich then identifies three different competitive positions, or three different categories of jobs, arguing that they also take shape in other nations.

3.2.1 Three Categories of Jobs

According to Reich, the first category — the routine production services category — includes not only traditional blue-collar workers who carry out repetitive tasks over and over, but also foremen and low- and middle level managers in heavy industry. And in Reich's view, routine production services are carried out not only within the mass production industrial sector, but also "...many information-processing jobs fit easily into this category" (p. 175). The reason, argues Reich, is that the information revolution has not only increased productivity, but also produced an enormous amount of data that need to be entered into computers and processed. These jobs are often as monotonous as assembly-line jobs.

By 1990, one quarter of the American labor force had routine production jobs, but, according to Reich, this number is declining.

Also within the second category — the category of in-person services — simple and repetitive tasks are carried out, often by poorly educated people who are closely supervised while carrying out their work; retail sales workers, waiters and waitresses, janitors, nursing home assistants, childcare workers, taxi drivers, secretaries, home healthcare assistants, auto mechanics etc. But compared to the routine producers, "...these services must be provided person-to-person and thus are not sold world-wide" (Reich, p. 176). Their number is growing steadily and Reich considers that by 1999, 30 percent of the Americans could be included in this category.

According to Reich, it is within the third category — the category of symbol-analytical services — that the winners are found. It includes "problem-solving, problem-identifying, and strategic brokering activities" (p. 177) carried out for example by research scientists, design engineers, software engineers, sound engineers, public relations executives, investment bankers, lawyers, systems analysts, advertising executives, art directors, publishers, writers and
editors, university professors and different types of consultants. Like routine production workers, they must compete on the global labor market, but unlike routine producers, they do not provide standardized things. “Traded instead are the manipulation of symbols – data words, oral and visual representations” (p. 177). Like routine producers, this group seldom comes into contact with the users of their products, but unlike the routine producers, their incomes are not directly related to the quantity of their work, but to its quality, originality and cleverness. Nor are their careers linear or hierarchical. Additionally, they often work in teams connected to an organization which is part of some worldwide web. They sit before computer terminals, travel a lot, attend meetings and the average symbol analyst is a white male with university degrees. According to Reich, this category accounts for 20% of the American jobs.

3.2.2 The Different Positions of the Categories on the Global Labor Market

The competitive and economic position of the Americans (or the Swedes) “…no longer depends on the profitability of the corporations they own, or on prowess of their industries, but on the value they add to the global economy through their skills and insights” (p. 196). It depends on which of the categories described above they belong to. And in this context, Reich also points to the fact that poverty today is not necessarily the result of unemployment, but has to do with the quality of existing jobs and the widening gap between rich and poor. From his point of view, in order to understand this divergence, it is necessary to look at the different functions that workers of the three categories perform in the global economy. Americans are no longer in the same economic boat, but in a number of different boats, since “…national borders no longer define our economic fate” (p. 208); one of the boats is sinking rapidly, one more slowly, but the third is rising steadily.

The boat that is sinking obviously contains routine producers, even though, as Reich points out, only a few decades ago they were paid relatively well. During that period of time, companies within this sector made good profits, which were reinvested in new plants and equipment. This success, however, also resulted in relatively high wages, which benefited workers and

15 Reich writes that, in spite the fact that a huge number of jobs have been created in the United States during the last decades, “…many jobs failed to provide a living wage” and that “This is a much higher rate of working poor than at any other time in the post-war era” (p. 203). He also relates the widening income gap to the level of education and states that, as a result of a growing divergence between the equivalents of high school and college graduates “even Swedish wage differentials have stopped narrowing” (p. 206).

16 In view, it is difficult to conceptualize a “rising” boat, even though I understand that he does not mean this literally.
made it possible for them to become part of the growing middle class which was able to purchase the goods produced. But just as Allvin points out in his book, these companies no longer depend upon this type of worker as they are now part of global networks that benefit those who solve, identify and broker new problems. And as costs for transportation of standard goods and for communications are reduced, it is no longer possible to make money from high-volume, standardized production. In addition, Reich points out that modern technology and factories can be installed almost anywhere in the world. This means that American routine-producers must compete with those in other nations that are willing to carry out the same work for only a fraction of the corresponding American wages. And this is true not only within heavy industry; data-processing jobs and routine programming are also moved for example to the Philippines or to Bangalore in India. But jobs have vanished most rapidly within American heavy and unionized industry, such as the automotive, steel and rubber industries. And, too, lower- and middle management jobs (foremen, supervisors and section chiefs) within the manufacturing sector and white-collar jobs involving routine production have disappeared. “As America’s core pyramids metamorphosed into global webs, many middle-level routine producers were as obsolete as routine workers on the line ” (p. 214).

The boat of the second group, the in-person servers, is also sinking, but it is not sinking as fast and as evenly as the boat carrying routine producers. According to Reich, this group is protected from the direct effects of globalization, even though it is not immune to the effects of competition with former routine producers or labor-saving machinery for example. Automated tellers, computerized cashiers, electronic sensors and voice simulators will all replace human in-person servers. But as the number of Americans aged over sixty-five is increasing, in-person servers taking care of the old will be in demand. However, in order to finance their own poorly paid health-care jobs, they will have to pay high income taxes.

Unlike the two previous categories, the boat carrying symbol analysts is rising. The demand for the work they do is increasing worldwide. American scientists and researchers, management consultants, advertisers, civil engineers, bankers, lawyers and even musicians, film producers, actors and actresses, scriptwriters and senior executives have a bright future before them, largely due to the increasing possibilities of cooperation and communication in the global arena, created by dramatic improvements in information technologies.

3.2.3 Symbol-Analytical Work – A Life-Project?

Additionally, due to rising demand, symbol analysts are well compensated for the work they carry out. In Reich’s view, there is, apart from high salaries,
reason to question whether the things they do count as work, in the traditional sense:

"The work of routine producers and in-person servers is typically monotonous; it causes muscles to tire or weaken and involves little independence or discretion. The ‘work’ of symbolic analysts, by contrast, often involves puzzles, experiments, games, a significant amount of chatter, and substantial discretion over what to do next. Few routine producers or in-person servers would ‘work’ if they did not need to earn the money. Many symbolic analysts would ‘work’ even if money were no object". (Reich, p. 222)

Again, I think of the life-project, proposed by Allvin. But although Allvin – and perhaps Rifkin17 – write about the possibility of realizing such a project outside the scope of paid work, Reich, instead of paying attention to the fact that routine producers could be committed to something outside work, focuses the possibilities of routine producers, for example, to become symbol-analytical workers, perhaps so that they, too, “would ‘work’ even if money were no object”.

3.2.4 Routine Workers Future Symbol Analysts?

The reason for accounting for Reich’s view on the respective economic position of these three categories of workers is not only that it tells us something about economic development and the development of the labor market, but that it can also be related to the future skills of (blue-collar) work, though perhaps I deal with this in a somewhat far-fetched way. I shall explain how, but before that, I would like to end this account of The Work of Nations by presenting Reich’s view on what could be done to solve the problems outlined above.

Reich believes that there are feasible solutions, but begins his discussion on what can be done about the effects of globalization by stating that “...there is coming to be no such thing as an American corporation or an American industry” (p. 243). He also states that while leaders of many nations have come to understand the consequences of the fact that capital flies easily across national borders, few understand the consequences of these changes for the work that people do and for what they will earn. For American symbol analysts a bright future on the global labor market is predicted, while the future of the other two categories seems far from bright; both of them are losing ground in the global economy, due to the effects of globalization and

17 Even though he does not write about it in terms of a life-project, as I describe above, but in terms of developing a "third sector".
labor-saving machinery. But fortunately “...the global economy imposes no particular limit upon the number of Americans who can sell symbolic-analytical services worldwide”. In principle, “...all of America’s routine production workers could become symbolic analysts and let their old jobs drift overseas to developing nations” (p. 247). In addition to measures that would facilitate American children to becoming symbol analysts (for example a progressive income tax, better health care and measures that would improve the standard of living and increase the level of education of the poorest), Reich suggests measures that would increase the number of Americans who could apply symbolic analysis in their routine production and in-person service jobs (p. 248). One way of doing this would be to give workers access to computerized information, which would enrich their jobs by giving them broader responsibilities and more control over production. “They cease to be ‘routine’ workers – becoming, in effect, symbolic analysts at a level very close to the production process” (p. 248).

Here Reich does what I too would have done in this context when he refers to In the Age of the Smart Machine by Shoshana Zuboff. She would probably answer the question of whether routine producers could become symbol analysts in the affirmative, as it is, in her point of view, rather than merely introducing information technology because of its automating capacity, is a question of taking advantage of its informating capacity\(^{18}\). His reference to Zuboff in this context at first seems to provide a solution to the immense problems outlined in the book, and at first I am relieved. But then Reich concludes by stating that the problems of routine production workers would still be unsolved, even if there were measures that would give workers the possibility of utilizing the informating capacity of information technology. There are millions of workers all over the world willing to learn the same advanced production techniques and willing to work for a fraction of American wages. And from Reich’s viewpoint, the training of American routine producers to apply symbol analysis in their job, would perhaps only delay the loss of their jobs, and ironically, American symbol analysts no longer depend

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\(^{18}\) In the introduction to her book (1988, p. 9), Zuboff writes: “On the one hand, technology can be applied to automating operations according to a logic that hardly differs from that of the nineteenth-century machine system — replace the human body with a technology that enables the same processes to be performed with more continuity and control. On the other, the same technology simultaneously generates information about the underlying productive and administrative processes through which an organization accomplishes its work. It provides a deeper level of transparency to activities that had been either partially or completely opaque. In this way information technology supersedes the traditional logic of automation.” In the book, Zuboff then describes the kind of skills that are necessary if the organization is to utilize this informating capacity. See also one of her articles – Automate/Informate: The Two Faces of Intelligent Technology (1985) – or for a shorter summary of her ideas Fältholm (1993).
on the productivity or the purchasing power of routine producers. They can maintain their standard of living without their efforts.

3.3. Both Predictions in Terms of Allvin

Considering what Reich writes in his book, it is thus a matter of increasing the degree to which routine producers (or blue-collar workers) are given the possibility of applying symbol analysis in their jobs. In a Swedish context, this means there are measures that would increase the numbers of blue-collar workers engaged in 'good work'. From Reich's viewpoint, however, though such measures would improve the quality of their jobs, they would not remove the threats imposed by globalization.

And nor does Allvin find the situation unproblematic. In his account of the disintegration and individualization of work, he takes as a starting point one of the most important traces of Taylor; the objective task. As a result of the introduction of different rationalization measures, however, it is dismantled and replaced by a more subjective task. This means that the individual himself or herself has to structure, initiate and formulate the task. In addition to obvious benefits of increased autonomy, Allvin identifies a number of problems. An individual unable to structure, initiate and formulate a subjective task, is faced with the anxiety of "...an existence existentially unstructured" (p. 190). The individual can no longer rely on the objective task, a clear hierarchical organization or stable terms of employment.

Additionally, this means that the labor market is faced with new types of problems. In Allvin's opinion, as a result of the dismantling of the objective task, there is no longer a relationship between "...the extent of the system and the number of individuals needed for its reproduction" (p. 190). As it is no longer a question of organizing a labor-, but a business process, the labor force needed is no longer of considerable proportions.

In this context, I form associations with "virtual organizations" or corporations moving to places supplying cheap labor. But there are parts that at first seem incompatible with the globalization described by Rifkin and Reich; for example the fact that Allvin states that these corporations depend upon a special set of skills (p. 191). In my view, though, we are either dealing with routine producers who are able to apply symbol analysis in their jobs or we are dealing with blue-collar workers who benefit from the informing capacity of technology. But to the extent that Allvin means that, because work is no

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19 Reich does, as I explain above, write about the possibility of workers all over the world learning advanced production techniques and that they are willing to apply this knowledge in their jobs at a fraction of the salary of the American routine producer.
longer a guarantor of a structured existence, it is up to the individual to structure his or her life either within or outside the scope of paid work, his theses are either in a sense incompatible with, or perhaps just less pessimistic, than the other predictions presented in this chapter.

4. THE WORKERS' COLLECTIVE

In an essay written in the beginning of this decade – the last of this millennium – when I had newly been accepted as a postgraduate student, I asked a perhaps somewhat naive question; a question that is also the title of the essay; “The Workers' Collective – Does it Exist?”. By referring to my own recollections20 of blue-collar work at a plant during the eighties and to the reading of classics such as Arbeiderkollektivet by Sverre Lysgaard, Labor and Monopoly Capital by Harry Braverman and Alienation and Freedom by Robert Blauner in addition to Taylor's writings on scientific management21, I then answered the question in the affirmative: Yes, the workers' collective exists, it is still alive and kicking both at the plant described and in the literature referred to. The last sentence of the essay reads as follows; “With these examples I hope to establish that Arbeiderkollektivet is as relevant today as when it was written 30 years ago and that bearing this in mind when reading other literature gives yet another dimension to industrial sociology”22.

In the same way as the question of the essay might be naive, the answer presented was perhaps trivial. During my years as a postgraduate student, I have come to realize that there is nothing innovative about confirming the fact that, even Taylor was aware of the existence of a “defense system” of workers. Much of his writing – especially the passages on how he dealt with the “soldiering” of workers and on “a fair day's work” – indicate that he was very much aware of the informal rules or norms regarding for example the rate of productivity. And in addition to Braverman and Blauner – whose classical contributions in themselves both have to be read between the lines in order to find traces of an awareness of a collective system – I have also learned that many other researchers have written about the same phenomena,

20 In the eighties, I spent a year working as a blue-collar worker. Throughout the rest of this paper I will refer to the work site in question as “the plant”, as I do not wish it to be identifiable.


22 The original essay was written in Swedish as a postgraduate course assignment and has not been published.
though not always explicitly in terms of Lysgaard’s conceptualization of the workers’ collective.

In addition to these somewhat depressing insights, I have also come to realize that there is nothing scientifically dramatic about empirically confirming the existence of a collective system in terms of Lysgaard, though the nature of the empirical evidence that I present might be different to the extent that it is based on my own experiences from “within” the workers’ collective. As I will show below, many others have both confirmed and criticized his theses, based on other types of empirical evidence.

And when I read Allvin’s dissertation now, almost a decade later, I become less sure. The situation at the time of the essay, and the time I spent at the plant in question for that matter, might not be equivalent to the situation today, in spite of the evidence that I presented in the essay which seemed convincing at the time. Perhaps the workers’ collective, both as a concept and as a concrete phenomenon, has become obsolete, something out of date that is of little consequence to research on the future of blue-collar work. In addition to Allvin’s book, there is not only more recent literature that sheds a different light on Lysgaard’s theses, but also a different world out there, a world that both Reich and Rifkin describe as characterized by globalization, re-engineering, downsizing and information technology.

This changed world also implies the need for a different type of worker than found at the time of Lysgaard’s empirical studies, which Allvin does write about in his book. But he does not write about it in terms of changed conditions of a formation of a workers’ collective. This I will try to do in this chapter of the paper, but before doing so, I would like to make clear that I do not mean to say that a changed, weakened or even threatened workers’ collective is necessarily an undesirable effect. As the workers’ collective is the result of the need of workers to defend themselves against the demands of the techno-economic system of the company, it is by no means an end in itself. I will return to these possible effects in the last section of this chapter and in

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23 See for example Paavo Bergman’s dissertation (1995). In one of the chapters of the book he writes about "the collective dimensions of factory work" (p. 45) and describes and refers to literature dealing with the conception of groups and collective and informal norms of human relations, scientific management and collectivity theory. See also Gronning’s dissertation, in which he accounts for the fact that “…several studies of industrial corporations have revealed that the workers had indeed developed a collectivity with shared norms and values regulating both the individual worker’s level of contribution (e.g. rate-busting) as well as attempts at free-riding” (1997, p. 53). In addition to these quite recent accounts, I would like to mention that previously the Hawthorne studies pointed to the existence of collective norms. These norms are presented and further elaborated in depth in, for example, Homans (1968, p. 79). For a short review in Swedish of these studies, see for example Sandkull and Johansson (1996).
the last chapter of this paper, but before doing so I will present relevant parts of the essay referred to above in addition to more recent literature on the workers' collective in order to facilitate the understanding of my line of argument.

The chapter also includes empirical data collected by myself at a paper mill that, in spite of its limited extent, in my view, sheds further light on ideas about collectivity theory. This means that, in addition to research carried out and theories developed by other researchers, the empirical data of this chapter includes my own recollections of blue-collar work and a case study carried out by myself as part of a research project.

4.1. The Workers’ Collective According to Lysgaard

In Scandinavia, industrial sociology is to a large extent based on collectivity theory (Gronning, 1997). In spite of this, Lysgaard's now classic account of the workers' collective at a Norwegian paper mill at the end of the 1950's has not been translated into English. Because of this, a brief description of the parts of the book necessary for the understanding of my reasoning is presented in this section of the chapter:

Lysgaard's theory on why and how subordinates of a company gather together in a kind of defense system is based on a large number of interviews with blue-collar workers. By presenting selected parts of these interviews, this collective appears successively in the book. Questions asked by Lysgaard and his fellow researchers about “us” and “them” originally generated different answers. Some of the workers drew the line between workers and supervisors, others between their own shift-team and other teams or between different departments. Yet another way of drawing the line was between those that were directly involved in the production and those that worked in the office or between blue- and white-collar workers.

In order to get away from this somewhat unclear picture, Lysgaard asked the workers to talk about the jump from being a blue-collar worker to becoming a foreman. He understood that this was a basis of division between “us” and “them”, as the newly appointed foreman no longer belonged to “us”, but had become part of “the others”. There were also rules that controlled future relations between him and his subordinates. A close relationship was not considered suitable. Instead a certain distance and a certain respect had to be maintained.

24 As no translation is available, and as this translation (and interpretation) is done in two stages; from Norwegian to Swedish and then from Swedish to English, it may not be entirely faultless. Hopefully, though, I manage to convey the most important characteristics of the workers’ collective.
In addition, even though many of the workers said in different ways they were aware of the fact that they depended on the well-being of the company, they did not talk about “our company”, but about some kind of opponent. During daily work, it was the management of the company that represented this opponent, as they exercised control over the workers and evaluated their work. For the workers, it was very important that a worker was not individually evaluated. This does not mean that the workers were against doing a good job – lazy workers were not in great repute – but that the credit for doing a good job should not be given to an individual worker or to a particular group of workers. Neither should anybody be given preferential treatment and, consequently, differentiated wages were not desirable.

When it came to relationships between workers themselves, a good fellow-worker was one that was loyal, one that did not stand out, did not work harder than the rest of the workers and one that did not have any secrets about work.

As mentioned above, according to Lysgaard’s empirical data, there were also norms that controlled the relationship between subordinates and superiors. The dealings should for example be limited to what was an absolute necessity in order to carry out a task. Otherwise, the comradeship, the solidarity and the like-mindedness between workers might be damaged.

4.1.1 The Three Systems of the Workers’ Collective

The conclusion that Lysgaard draws from these empirical data is that three different systems can be identified within a company; the techno-economic, the collective and the human systems, respectively. These different systems are based on the employee in his capacity as employee, fellow worker and human being and conflicts in work settings can be seen as manifestations of tensions, oppositions and collisions between these systems. The demands that the techno-economic system places on the workers are unappeasable, inexorable and one-sided and in order for the workers to endure these demands, the collective system takes shape. But this system is in itself inexorable, as it demands that workers should stay loyal and stick to the norms on how to behave as a good fellow-worker.

4.1.2 Three Processes

In his book, Lysgaard writes that the collective system represents a solution to the problems of the subordinates\(^{25}\) of a company (p. 145). But the question is

\(^{25}\) In his book, Lysgaard writes that it is a "study of the sociology of subordinates" and that different ways of reducing the subordination of workers (by for example letting the workers
under what conditions this system develops. According to Lysgaard, the most important prerequisite of the building of this defensive system is that the workers conceive their situation as problematic. This happens if the worker is dependent upon being employed by the company; the tension that develops when the limited individual in search of security is exposed to the insatiable and one-sided demands of the techno-economic system (p. 146). In addition to this process, there are two other spontaneous processes that are important; the processes of interaction and identification, respectively. These types of processes develop on condition that workers are physically close and that there are certain points of likeness between them. When these conditions are met, the system is kept alive by forces within the system itself. If I understand Lysgaard correctly, this means for example that, while the likeness between workers originally leads to the development of the collective, the collective then becomes one of the reasons to this likeness. The reason is that, as the collective develops, a set of norms develops; norms stating that a good fellow-worker should not produce more or in different ways from the rest of the workers or norms of how the worker should behave in relation to superiors (p. 154). Paradoxically, these collective norms control and reinforce the similarities between workers, originally one of the reasons for the development of the collective.26

4.1.3 The Inexorability of the Collective System

The degree to which members of the blue-collar workforce of a company are connected to the system is a measure of the power of the system. “Membership” can be seen as both a privilege and a disadvantage, because in the same way as the techno-economic system is inexorable regarding productivity demands placed upon the workers, the collective system is insatiable in its demands on its own members. This is because it imposes one-sided roles on the workers in order to counteract the inexorable techno-economic system. The workers’ collective acts as a buffer, as it gives power to the workers as a group, while as individuals, they are powerless. According to Lysgaard, the most important norm is worker has power, as the collective of workers stand up for him. His membership also justifies his personal opposition to the company.

In short, the workers’ collective is a set of norms that rules the workers’ relations to the techno-economic system. An individual worker should not participate in the control of the company, by rendering the subordinate position of the worker temporary) would decrease the probability of a collective developing (p. 140). In the last chapter of this paper, I will discuss this further.

26 Below, in my account of recollections of blue-collar work, I will return to the different ways in which these norms were complied with and reinforced at the plant.
justify himself on his own, but this should be done by the collective as a whole. But this also implies that an individual worker should not think himself better or more special than any other worker.

According to Lysgaard, this conflict and these norms have to do with the different positions of workers and management. While the management’s task is to get as much output as possible out of the workers, the workers want earnings to be as large as possible in return for efforts which are as small as possible.

4.2. The Workers’ Collective at the Plant – An Essay

In his book, Lysgaard points to the fact that the workers’ collective in other companies might not be identical to the ideal type of collective system described. As the theoretical system is a refined version of the workers’ collective found in the mill, the degree to which it exists in other organizations is of interest, from his point of view (p. 143). And, as I will show, many of the features of the workers’ collective can be identified when looking back at my recollections from the plant, which I wrote about in the essay mentioned above. In this context, however, I focus the ones that demonstrate the normative character of the collective. For, as Lysgaard puts it: “The collective system is basically a set of norms regarding the workers’ relation to the techno-economic system” (p. 68). But, as all workers are members of the collective system whether they want to or not (p. 65), these norms are not always conformed to. As I will show, however, different ways of ensuring the strength of the system and the conformity of workers are available to the collective system.

4.2.1 ”Us” and ”Them”

One way of ensuring the strength of the collective system at the plant was, in my point of view, to set up clear boundaries between “us” and “them”. For example, people that did not work on the shop-floor (all categories from clerks to managers) were commonly referred to as “the tie-people” with a contemptuous undertone. In addition, supervisors were looked upon with suspicion and even though the foreman was sometimes considered as “one of us”, there were things he was not supposed to see or hear. In order for him to avoid seeing these types of things – such as us sleeping in the early hours of the morning – I think he used to find an excuse to go to a different part of the plant.

Sometimes the collective emerged as the working-class against the rest of society, which is something that Lysgaard also observed in his empirical study
and wrote about in his book. I think that I at first was not seen as a member of the collective, as I was constantly told I was not one of them, and that none of the things that happened really mattered to me, as I would only spend a year at the plant and then return to my comfortable middle-class life at university. One of the positive effects of this attitude towards me was that they accepted to some extent that I did not always conform to the norms of the collective. I was “allowed” to make mistakes, to produce too little or too much or to have opinions foreign to the rest of the workers. But somehow I also got the feeling that, because they knew I would never be one of them for good, saw me as some kind of spy. “You won’t report this, will you?” was a common question. But something that happened after about a month made me realize that I was finally one of them\textsuperscript{27}. It was when I found out about the tacit understanding regarding working-hours.

4.2.2 Restricted Working-Hours – Within Certain Limits

Following a shift that ended after office-hours when no supervisors or clerks were present at the plant, the members of my shift did not clock out themselves, but left the clocking-in cards to the shift that took over. They handled the clocking-out when they arrived. In this way, it was possible to leave the shop floor before the shift ended and spend the rest of it showering and changing into civilian clothes\textsuperscript{28}.

But more than one month had to pass before I was initiated and did not have to spend the last half hour (sometimes even longer than that) of the shift on my own, sitting and waiting in the rest room; as everyone else had left the shop floor, it was not possible to continue working. When I was finally initiated, it was done very discreetly by one of the workers; he showed me where to leave my clocking-in card, so that the next shift would find it and clock

\textsuperscript{27} Even though I felt that I had become ”one of them” in some ways, the fact that I was not and would never be a true member of the workers’ collective was never entirely forgotten. When reading Lysgaard and other literary accounts of collectivity theory today, it seems as if the workers were aware of the mechanisms behind the formation of a collective when they said I would never be one of them – even though I am sure they were not. In a book published to celebrate the 60th birthday of Lysgaard, Marit Hoel writes about the differences between women’s and men’s collective systems. In her article she refers to Lysgaard; the extent to which a collective system is developed depends partly upon the perspective of time. At the time of Lysgaard’s study, men – but not women – were expected to stay as employees for the rest of their lives, as they had to support their families. There were other alternatives to women (1983, p. 89). I do not know whether this is applicable to the individual worker – such as myself – but it points to the importance of a life-long commitment. We all actually knew I would not stay at the plant forever and that I would never really be one of them.

\textsuperscript{28} My fellow-workers at the plant referred not only to the clothes worn outside the plant, as “civilian”, but to practically all aspects of their private lives. To me, this habit further emphasized the feeling of the existence of a boundary between us and the rest of the society.
out for me. After that, I could leave the shop together with the other workers and go to the building where locker rooms, the showers and the saunas were situated.

Then yet another “rule” had to be followed. Even though it was possible to wash and put on personal clothes in less than half an hour, it was not acceptable to leave the factory area before the shift ended. I tried to once, but was immediately called back by another worker. I soon realized that workers who passed the gate before the end of the shift were considered disloyal, because by doing so they jeopardized the “benefit” of being able to leave too early. Everyone knew that it would be impossible to work until the shift was over, clock out, walk to the building with the locker-room (which took between five and ten minutes), take a shower and change clothes and still pass the gate exactly when the shift ended. The gates were TV-monitored, which means that “they” knew what went on and that they, in my view, sanctioned this way of shortening the working hours.

But sometimes the gates were locked until the magic moment when the shift was over, so that workers who did try to pass them, had to go back inside and wait. I also recall that when one of the workers of my shift had managed to leave too early, he got a telling-off by the rest of the workers the following shift. It was OK to stop working and leave the shop floor up to 40 minutes too early, but not pass the gates and leave the factory area.

Here again, the strong normative character of the collective is demonstrated. And additionally, if you are referring to Lysgaard’s theory, this was one of the ways by which the workers protected themselves against the inexorable and insatiable techno-economic system of the corporation. But it also shows that in doing so, the collective itself places demands upon the workers; the collective system too is insatiable.

4.2.3 Restricted Rate of Productivity – Within Certain Limits

In his book, Lysgaard argues that the collective system becomes powerful in relation to the techno-economic system, as members of the collective are requested to limit their output or as information that would be useful to management is held back (p. 83). This kind of power can be used when, for example, the workers are discontented or when they want to get their way in a conflict with the management of the company. Based on my experiences at the plant, I conclude that the management of the plant was deliberately kept unaware of the actual quantity that could be produced, because the workers needed to defend themselves against the inexorable techno-economic system. They (or we) knew that they would be forced to work faster for the same pay

29 In this case “they” is equivalent to the management of the plant.
and I think they feared that a number of fellow-workers would lose their jobs, if the management of the plant found out about the possible rate of productivity.

The working speed on the shop floor at the plant was not controlled by any kind of piecework system postulated by the techno-economic system, but by a tacit understanding between workers and between shift. It goes without saying that the official goal was to produce as much as possible, but instead, certain norms ruled the working-speed. There were five different shift groups and the day was divided into three different shifts; the morning, afternoon and night shift. During the morning shift (between 6 am. and 2 pm.) a certain quantity was produced. Not as much as possible, but as little as possible, as one knew that the afternoon and night shifts would be expected to produce the same amount of a certain product. But during afternoon and night shifts much of the time was spent doing things other than working, and in order to make this possible, the rate of productivity during daytime had to be kept down. The problem was that during office hours, supervisors, clerks and managers were present at the mill, and because of that we had to look busy — without actually working.

During the year I spent at the plant, I never quite figured out the "quota" that we were expected to produce, partly because of the fact that there were many different types of products to keep in mind. One of the men in the shift was the one that kept track of different qualities and quantities, so that too much (or too little) was not produced. Paradoxically, or possibly quite naturally and consequently, he was also known to be the most skilled worker and was seen as a good fellow-worker by the rest of the team. If he told anyone to speed up or slow down, the worker in question usually followed his instructions. I think the worker did so, because he knew that otherwise he would go against the interests of the collective. Maybe it would also have become evident to the management that the working speed could have been increased, and as none of the workers wanted this to happen, most workers conformed to the norms promoted by the collective.

The fact that a skilled worker is held in esteem, while a lazy worker is not respected is a fact that Lysgaard points out as an important characteristic of the collective. In my view, the fact that the worker that kept track of the quantities to produce, was one of the fastest and most skilled workers, made his authority unquestionable to the rest of the team. Another important norm of the collective system is that no worker should stand out and that rewards should be given to the collective rather than to the individual worker. This applies to different shifts as well, as no credit should be given to any particular shift, but to the collective as a whole. The fact that the rate of productivity was held at a certain level not only ensured a low working speed at night, but also made sure that no shift differed production-wise from the
rest of the groups. Though (tacitly) agreed upon, this norm was of course impossible to live up to entirely, as there were substantial differences between different types of jobs and different individuals as well as groups regarding morals and capacity. But there were mechanisms that kept these differences to an acceptable level. One of these was the rule described above that the rate of production should be held at a certain level, so that it was possible to produce the same amount at night without working eight hours. If a shift still produced “too much” during the day, the group that worked the night shift, could avenge themselves on the shift that had worked too fast by doing the same thing when the tables were turned. Another way of retaliating was not to clock out the shift in question, when it was expected.

4.2.4 Sabotage Activities

In addition to the methods described above for keeping down the rate of production, there were less subtle ways; to carry out sabotage activities. For example, machines that were supposed to be emptied and cleaned at the end of a shift, were instead stuffed up. The result was that the next shift had to spend a considerable amount of time emptying and cleaning the machine before the production itself could start. Another type of sabotage activity was to press switches or emergency stop devices that were difficult to find and/or reach. This way, the following shift would not be able to start up the machines quickly at the beginning of their shift, and the quantity produced during their shift kept at a low level, as desired.

The fact that machines that I reported broken at the end of a shift were not mended and still out of order, when I came back to the shop for the next shift was probably yet another way of trying to slow down each other. And additionally, there were also different ways of forcing the next shift-team to redo part of what was produced; for example by deliberately performing a task poorly or by leaving the most difficult parts of what was to be produced to the next team.

However, the only shift team that carried out the most coarse types of sabotage activities, was the one that had a reputation of being slow. The rest of the collective did not approve of these methods which, in my view quite naturally, made them furious. The only explanation I find for these activities is that the workers of this slow shift not only tried to protect themselves against the demands of the so called techno-economic system, but also against the norms of the collective, which they for some reason, could not, or would not, live up to. For, in the same way as the demands of the techno-economic system are inexorable, so too are the norms set by the collective system.

In his book, Lysgaard focuses on how the individual worker needs to protect himself against the techno-economic system, but he also points to the
fact that members of the workers' collective might also need to protect themselves against the collective system and the human system (p. 73). However, unlike the techno-economic system, the collective system first and foremost demands loyalty from its members. It serves to protect the workers, but only on the terms put up by the workers' collective itself. The fact that workers at the plant carried out sabotage activities directed toward other shift teams could of course be interpreted as a wish to change or lower the norms of the collective regarding the rate of productivity. It could also be seen as the existence of “sub-collectives” not uniform with the norms of the dominant collective. If they existed at the plant, however, these “sub-collectives” never managed to really challenge the norms of the collective.

In addition, the representatives of the collective system are in a way harder on their members than representatives of the techno-economic system. For example, one of the workers in Lysgaard's study said that, in contrast to a conflict with the management, a conflict with a fellow worker might never be forgotten (p. 68).

The methods used by the collective against its rebellious members at the plant at which I worked was to freeze them out or to engage in backbiting against them, methods that were also found by Lysgaard. By reading Lysgaard's book, I have come to realize that one of the reasons for the inexorability of the demands of collective system itself, is that the workers are dependent on the well-being of the company. If too little is produced, the members of the collective risk losing their jobs as a result of decreased profitability of the corporation. If too much is produced, however, some members of the collective might be dismissed as a result of rationalization and downsizing. Perhaps the more skilled workers and the collective as a whole were better at understanding the logic of the techno-economic system, and perhaps the workers that, like disobedient children, were engaged in sabotage activities knew that they would be kept on the right track by the rest of the collective. I will return to the dynamics of the inexorability of the collective system of today as well as to the awareness of the importance of the company's competitiveness.

4.3. Reasons for a Weakened Workers' Collective

And now, many years after the writing of the essay described and further elaborated above, the reading of Allvin's dissertation again makes me reflect on Lysgaard. If the thesis presented by Allvin on the three different relationships between work and the life-project and the individualization of work are taken into consideration, I seem to see the end (or at least changed conditions) of the workers' collective described by Lysgaard and whose contours I
seem to get an inkling of at most work sites that I visit for one reason or another ever since I first read the book. And, additionally, there is reason to ask in what way and to what extent globalization, new technology and a more polarized work-force will have an impact on the future workers' collective. Is the knowledge that I present above, the knowledge of the existence of a phenomenon that has been of great help to me in empirical studies, something that I will have to reconsider and re-evaluate? If that is the case, what does it mean for the future of blue-collar work?

Before trying to investigate whether these reflections are valid and to at least partly answer these questions, I will, as I write in the introduction to this chapter, account for other researchers who have said something about possible reasons for a weakened collective. And before going into ways in which Allvin makes me think in terms of a weakened collective, I will also – by taking the work of other researchers as a starting point – indicate some of the negative effects of the inexorability of the workers' collective and of collective strategies and finally present the results of the above mentioned case study.

4.3.1 Changes too Complex to Understand

With the introduction of new technology and new production concepts at many workplaces, with globalization, high unemployment rates and polarization between different groups of workers, the groundwork of the workers' collective seems 'threatened' or at least weakened. Though much has happened during this decade, this “conclusion”, is not something that I claim to have drawn without the help of others. As I relate above in this paper, Scandinavian industrial sociology has been greatly influenced by collectivity theory and after Lysgaard a number of Scandinavian, and perhaps especially

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30 The knowledge of the existence of a workers' collective has served as a frame of reference for things that I have seen in the field in all types of work settings; I have had reasons for example to explain the different types of reactions to technological and organizational changes in terms of the workers' collective.

31 Below in this paper I will return to a discussion of the many ways by which the labor force might be polarized in the future, but in this context I would like to point to the fact that, here in Sweden, the focus of the debate is no longer solely the conflict between employed and unemployed, but also between those who have a permanent job and those that are forced to take temporary jobs. In their analysis of the future labor market, the Swedish researchers Gunnar Aronsson and Alicia Sjögren write about the future polarization between permanently employed and “just-in-time employees”, but they also indicate that the skills needed for temporary jobs are polarized (p. 36). This means that some “just-in-time workers” will be highly skilled and attractive on the labor market, while at the other end of the scale, there will be workers who will have to put up with poor working conditions and high rates of productivity as they will only be employed in periods characterized by high productivity.
Norwegian, researchers have continued investigating the workers’ collective in different contexts. Many of their contributions, even though they were written during the eighties, may shed light on the workers’ collective of the future.

One of these researchers is the Norwegian sociologist Egil Skorstad, who writes in one of his books about the reactions of workers to the introduction of new technology and the possibility that they could actually have an impact on the choice of new technology (1987). Given the fact that most work sites today are characterized both by the introduction of new technology and different rationalization measures, Skorstad’s research is, in my opinion, of particular interest to the discussion in this paper. In his view, the extent to which workers are successful in resisting the introduction of new technology depends on the labor market — high rates of unemployment mean that the workers are not likely to react — and other economic factors, but it also depends on the existence of a workers’ collective, a collective with common norms, values and possibilities of resorting to effective sanctions (p. 155).

In his study of a paper mill, which by the way is the very same paper mill at which Lysgaard himself carried out his original study of the workers’ collective, Skorstad describes the reaction of the workers to the introduction of new technology (new boilers) as well as to the efforts of management to increase the rate of productivity between the years of 1945 and 1971. In spite of the fact that the new boilers and the increased rate of productivity resulted both in ‘downsizing’ and degradation of the content of work, these changes did not give rise to any kind of resistance or struggle on the part of the workers.

From Skorstad’s point of view, one of the reasons can be found in the need to increase the competitiveness of the company by reducing the number of workers at the plant. Instead of opposing this solution, the workers and even the union cooperated with the management of the company in this development, as they realized that the survival of the company depended upon it. Another reason, according to Skorstad, was that the effects of the changes were not exclusively negative and that the positive aspects — such as improvement of the working environment — counteracted negative responses. A third explanation for the fact that the resistance of the workers did not happen lies in the nature of the changes. As they did not happen overnight, but were of a more long-term, comprehensive and continuous character, the final consequences were difficult to conceptualize and take in.

According to Skorstad, these reasons could be understood in terms of a weak or underdeveloped workers’ collective, but whether it was weak or strong at the paper mill in question is not established either by Lysgaard in his
original study of the workers' collective at the paper mill\textsuperscript{32}, or by Skorstad, who merely establishes the existence of a workers' collective and that it was strong enough to react against demands for an increased rate of productivity. According to this study they did this, even though they did not "win" in the end – but the introduction of new technology did not give rise to any resistance. An important conclusion in this context drawn by Skorstad is that the strength of the collective depends upon its ability to identify and interpret common problems (p. 162). In relation to new technology, it is a matter of understanding its impact on the working conditions, which, according to Skorstad, also means having insights into the forces behind technological change. Without these insights, argues Skorstad, the collective is weakened and unable to react.

The conclusion that I draw as a result of reading Skorstad's book is that he presents convincing empirical evidence for the more intuitive suggestion that I make at the beginning of this section. With increasingly complex technological and organizational changes, the collective might be unable to react in the future. And as many of the changes are of a ubiquitous character, the opposition and resistance to them is less certain.

4.3.2 The Impact of Competitiveness and Flexibility

The fact that the workers at "my" plant were not always consistent and that the rate of productivity as well as the working-hours were kept down can, in accordance with what Skorstad writes, also be seen in the light of a collective with insights into the economic situation of the company; the importance of its competitiveness and its possibility of survival.

I do not, however, refer to the mere fact that they were kept down, but to the ways in which they were kept down and the fact that they were kept down only to a certain extent. As I show in my account of the collective at the plant, from the collective's point of view, there were some workers who 'abused' or misused the freedom given to them by the collective. They walked through the gates, did not work in accordance with the norms, did not report broken machines to the repair personnel and literally sabotaged machines. It is possible that actions taken by the collective against this type of behavior can be seen as a result of the collective's awareness of the importance of working in accordance with the norms of the techno-economic

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\textsuperscript{32} In his book, if I understand him correctly, Lysgaard points out that the workers' collective he describes in the book should be understood as an ideal type, as a theoretical concept. This means that a workers' collective identical to the theoretical concept he describes should not be expected to be found at any work site. From Lysgaard's point of view, the extent to which the workers' collective actually develops is an open question. And instead it is a question of what kind of conditions lead to the development of a collective system (Lysgaard, p. 143).
system, as a result of the insights into the importance of competitiveness and profitability of the company.

And Skorstad's line of argument and to an extent my own thoughts are confirmed – though not explicitly as far as I can tell – by another Norwegian. Terje Gronning in his recently published dissertation (1997) compares “the Japanese model” implemented at an automobile plant in Japan to the same model at its subsidiary in the United States. One of the questions asked in the dissertation is whether a Japanese style of working and workers is reproduced in another location.

In his thesis, Gronning describes and compares the two plants with regard to the issues of flexibility, collectivity and humanity. At the automobile plant in Japan, there are a number of problems common to the entire category of workers involved in the production process. In spite of this, “…the formation of a collectivity of workers, the Toyota production process functions/…/ in a dissolving way rather than urging on the formation of a collectivity with the capacity to resist overwork” (p. 229). In the author’s view, the production process of the plant is actually consciously designed to allow no leeway, in addition to the fact that the workers are obliged to participate in the setting of these work standards, which cause fatigue. Also the work groups are structured to generate both peer cooperation and pressure and composed of persons with different status.

According to Gronning, this differentiation of workers and the existence of a ladder of advancement, however, lead to a workforce that does not identify its interests as being of a uniform character and that the “…process of socialization into the corporate value of ‘competitiveness’ does occur gradually as the worker advances in the ‘grades’ in conjunction with mandatory-voluntary participation in the wide range of activities for workplace human relations” (p. 230). At the automobile plant in the United States, the status ladder is more primitive and the management makes an effort to stress the common status of all employees and “…in labor relations at the corporate level, the joint ideology stressing the alleged need for ‘competitiveness’ in both cases inevitably leads to the conclusion that the labor side does on this level per definition not correspond to a collectivity in the sense the term is used within collectivity theory. Human concern such as excessive amounts of fatigue invariably tend to take a secondary status to ‘competitiveness’”(p. 231).

At both plants, this ideology is, according to Gronning, rendered legitimate by pointing at the future livelihood of employees. At a more abstract level, the concept of competitiveness permeates the entire “Japanese model”; the production process, personnel management and labor relations are all integrated to secure competitiveness.
From my point of view, the fact that the workers' collective might be weakened in times of economic crises and in this period of time, characterized by a globalized economy, is interesting in this context.

4.3.3 The Inexorability of the Workers' Collective

In addition to the fact that the probability of the development of a strong collective system might be decreasing as a result of the importance of competitiveness and flexibility, there is yet another condition that is of importance to this discussion. The fact that many new production concepts are based on team work and self-regulating work groups means that a discussion on the inexorability of the workers' collective is valid to the highest degree.

As pointed out by Marit Hoel in an article on women workers' collectives and as I show above in my account of the workers' collective at the plant, the demands of the workers' collective are themselves inexorable. In her article, however, Hoel points to the fact that sanctions against those that break the rules or the norms of the "fellowship" are, though informal, very powerful, resulting in the freezing out of the worker from the fellowship of the workers and sometimes even temporary exclusion from the workplace (1982, p. 151).

She also points out that, during the last years there has been "...a tendency for weaker employees, in need of special treatment and adjustment, being excluded from comradeship" (p. 151). Even though the purpose of the workers' collective is to protect the individual worker from the inexorability of the techno-economic system, he or she will only enjoy the protection of the collective on condition that he or she lives up to its informal norms.

Hoel also points out that the solidarity and protection of the workers' collective might have become less necessary as a result of the development of the welfare state and the unionization of the workers. And, in her opinion, technological progress has resulted in rendering the social and psychological problems of the employees more relevant and visible in the labor process. And by referring to the institutionalization of the relations between workers and employers and to research that points to the exclusion of workers, who because of health problems are experienced as a burden to the rest of the collective, Hoel concludes that this "professional" management of the problems of the workers has a strong impact on the relations between workers. She considers that it has rendered the norms of the workers' collective closer to the values of the company, and that solidarity between workers is replaced by a more instrumental orientation (p. 152).

33 In her article, Hoel writes about the workers' collective in terms of a "felleskap" which translated into English, would mean "fellowship".

34 This probably refers to the years of the late seventies and early eighties, in view of the fact that her article was published in 1982.
My own experiences of the sabotage activities at the plant could of course be seen in the light of weaker workers trying to protect themselves against the inexorability of the norms of the techno-economic system, but also as a manifestation of the need for protection against the workers' collective itself.

4.3.4 Possible Negative Effects of Collective Strategies

In addition to the inexorable and insatiable aspects of the workers' collective, there are other negative aspects of a collective system, aspects that in a future characterized by globalization, polarization and information technology might become negative to some groups of workers.

In a book published to celebrate Lysgaard's 60th birthday, in which a number of Norwegian (and a couple of Swedish) researchers investigate and elaborate on Lysgaard's theories on the workers' collective, one of the contributors – Tom Colbjørnsen – writes about the effects of collective strategies on the rate of employment (1983). In his article he asks to what extent collective strategies aimed at reducing individual competition and differences between the workers themselves might reduce and make less safe the possibilities of employment of some groups. He also asks whether the market responds to "administrative interventions" by creating differences in other areas or by increasing the rate of unemployment of particular groups.

In his article, Colbjørnsen seeks to shed light upon the ambiguous effect of the collective strategies of workers on employment by investigating five different strategies. These strategies are the standardization of terms of employment and equal treatment of all workers, collectively bargained salaries and agreements, minimum wages, internal labor markets and professionalization and strategies for control of jobs.

As pointed out by Colbjørnsen, there are reasons to be aware of the inexorability of the collective system. The reverse side of the coin of the formation of a collective is the fact that workers who for one reason or another are unable to produce in accordance with the informal norms of the collective experience social sanctions and pressure and the possible freezing out of individuals that do not fit into the system. For women, collective strategies might be negative as they are often based on a standardized view of terms of employment. Women, who often work part-time because of their involvement in the family might not be able to benefit from these types of strategies. Collectively bargained terms of employment might also be negative for groups that have social problems or that do not have a job as they make it difficult for the employer to dismiss people.
4.4. Other Ways of Resisting Change – A Case Study Continued

Four years ago, I completed a case study of the introduction of self-regulating work groups at two work places; the warehouse of a paper mill and an office within the Post Office. One year ago, I went back to the paper mill to investigate what had happened since my last visit. In this context, I would like to use some of the empirical data collected there, in order to be able to reflect on the accounts of a weakened workers' collective presented in the section above. In order to do so, however, I need to briefly recapitulate the results of the case study carried out four years ago and explain how the work is carried out today at the mill. In addition, in this chapter, based on the predictions presented and elaborated in this paper, I try to interpret these results in terms of the workers' collective. The reason is not that I believe that the results of the case study carried out at the paper mill could either confirm, or falsify these accounts, but that they shed further light upon the reflections presented.

4.4.1 The Paper Mill Four Years Ago

One of the questions asked in the paper is whether its theoretical framework serves as a good starting point for future studies on blue- as well as white-collar work. In short, the theoretical framework is based on the different views of Braverman and Zuboff on the origin and future of white-collar work. By investigating the implementation of self-regulating work groups at two work places, I infer that many of the tasks that were intended to be carried out by the blue-collar work-force, but for various reasons at the time of the study were still carried out by the foremen, "...contain many elements of early clerical work as they primarily use their bodies in the service of acting-with for interpersonal communication, coordination and planning" (Zuboff, p. 99). This means that, had the original intentions been implemented, one of the most important prerequisites for the development of a workers' collective would have vanished. The fact that many elements of early clerical work resembled a craft, means that the work of the operators of the warehouse would not have been traditional blue-collar work, either in terms of the tasks carried out, or in terms of autonomy or of relations to other (superior) groups.

36 The paper mill in question is not identical to the plant at which I spent a year as a blue-collar worker and to which I refer as “the plant” throughout this paper.
37 For a more extensive presentation of the theoretical framework, see the paper itself; paper A of part III of the dissertation.
When I first visited the plant five years ago, there were plans to introduce self-regulating work groups throughout the plant and, combined with the introduction of new technology, this was expected to cause personnel reductions. During the following year I visited the warehouse of the plant recurrently in order to investigate the implementation of these plans. As described in the paper mentioned above, these plans were not realized at the warehouse, where a number of blue-collar workers were expected to carry out both the planning and the actual loading of paper rolls onto trains and trucks. This process was expected to be facilitated by the concurrent introduction of an automatic loading system based on computerized loading ramps which would dramatically reduce the amount of paper rolls being stored after production. During that year, the loading system was introduced, but the two foremen that carried out the planning and the coordinating tasks in the warehouse office together with one of the blue-collar workers were never replaced. The blue-collar workers interviewed stated that they did not think they would ever be able to carry out these types of tasks, that they were not fitted for it, that they did not have the right qualities or skills for that type of work.

4.4.2 Back to the Paper Mill

One of the reasons for going back to the paper mill was to find out what had happened to the foremen and the supervisors after the implementation of a work organization aimed at reducing or changing their role and giving more autonomy and responsibility to the work groups. And what had happened to the planning and coordinating tasks that were previously carried out by the foremen and supervisors? At both work sites the objective four years ago was to delegate these tasks to the work groups. To what extent has this objective been realized? And to what extent have the cooperative activities of the group changed as a result of the changes implemented (or not implemented)?

At the paper mill, a major re-organization, which has had effect on the division of labor throughout the mill as a whole, has been implemented since my last series of visits. As a way of rationalizing, downsizing and adapting the organization to the demands of the market, the number of hierarchical levels has been reduced by one. This has resulted in a reduction of the total number of foremen at the plant and a changed occupational role for the remaining ones. The reduction of the number of foremen has led to an increased number of workers (in most cases a doubling) that each foreman are responsible for.

But as a result of the increased autonomy and responsibility of the so-called self-regulating work groups on the shop floor and the elimination of the manager of the departments, the old type of foreman has disappeared.
Because of that the remaining positions have been renamed and redefined and the new production managers are not really the same people as the old foremen, even though some of them applied for and got the job.

If we look at the production manager of the warehouse, who before the organizational change worked as a foreman in a different part of the mill, his work has changed completely. Instead of being in charge of daily work with everyday contact with his subordinates, he now cooperates more with the other production managers and with his superiors. He is in charge of the personnel, their training and implementing the organizational changes that have taken place during the last couple of years.

For the workers of the warehouse, this means that they carry out the planning and the actual loading of trucks and trains by themselves, without the presence of the two foremen previously working in the same premises. As I point out above, before this organizational change, at the time of the study mentioned above, two foremen and one blue-collar worker were working at the warehouse office, planning and coordinating the loading. The objective even then was to delegate these tasks to the blue-collar workforce, because computerization would reduce the need for “manual planning” as well as bringing downsizing and rationalization.

Today, at the warehouse, tasks including planning, coordination and communication originally performed by the foremen are thus taken over by two blue-collar workers. While the foremen of the former organization cooperated with the workers on the shop floor on a daily basis, the production manager now has an office in the main building together with the other production leaders and other low and middle level managers and white-collar workers. As a result of the aim of rendering the work groups more independent and making them work on their own initiative, the production manager is not involved in their daily work. In contrast to the previous two foremen who were seated in the warehouse office, the production manager only comes there when necessary, when he is called upon. Daily decisions regarding the division of labor and problems regarding the work process are to be solved jointly by the blue-collar workforce, while the production manager has a more overall area of responsibility which includes the recruitment and training of personnel and other personnel issues, the control of quality and safety and the overall coordination of production and loading. Detailed planning and coordination of loading is carried out jointly by the blue-collar labor force. The tasks previously carried out by the foremen are now carried out by the blue-collar worker who, even before the changes, carried out the planning of the loading of trucks and by another blue-collar worker, who before the changes worked with the actual loading of paper rolls onto railroad wagons. This means that the tasks involving planning, coordination and communication with people outside the warehouse are performed by two of the
workers who also seem to have taken over some of the management functions previously carried out by the foremen, as they are the ones in control of the process as a whole.

Four years ago, tasks involving the planning of loading onto car trucks were expected to be dramatically reduced as a result of the introduction of the automatic loading system, but because of changes in the types of clients and disruptions caused by the new system, the extent of these tasks has actually increased. As a result, skills that were expected to become old-fashioned are still crucial to the outcome of the work. This means that, in reality, the group now has at least one “informal leader”, who because of his previous experience is “the spider in the web”. All those interviewed point out that there is no single leader, but admit that, in reality, someone has to be in charge, someone has to have a general view of the situation. Neither the production leader, nor the workers carrying out the planning tasks themselves think that anyone else could take over these tasks. As only a very few can carry out these tasks, the system is very vulnerable to disturbances in the form of, for example, absence due to illness. At the same time, it has been very difficult to operate due both to attitudes and to the fact that the time for training of personnel is limited, as the system is based on just-in-time delivery to customers.

When it comes to job rotation, which was one of the goals of the project, there are different opinions as to why this is not yet working. According to the production manager, it is a matter of training the workers to perform different tasks. But as some of them still want to stick to the one task they have performed for years, it is far from easy to tell them to perform all of them. And when it comes to the partly computerized planning of the loading, it is a prerequisite that they know how to be in charge of the actual loading of railroad wagons outside the office. Not everyone is capable of doing this now. According to some of the interviewees, this is due to lack of time; there has not been time to provide sufficient training for each and every one of them. According to others, it also has to do with the attitudes of members of the group. Not all of them want to take over these tasks, they do not feel that they have the capacity to learn or the personality to ever be able to carry out such tasks.

This suggests to me that the goals of the project are only partly realized. Though the aim of the organizational change was to delegate many of the tasks previously carried out by two foremen to a team of operators, the changes actually implemented have not altered the division of labor in any fundamental way. This conclusion is based on the fact that, though the tasks previously carried out by foremen are now carried out by two operators, for most members of the group, not much has changed.
4.4.3 Tolerance and Passivity – Two Other Ways of Resisting Change

When I look at the different possible reasons for a weakened workers’ collective that are described above, there are some remarks I wish to make in the light of my experiences from the paper mill.

First, though team work and different types of self-regulating groups have been introduced at many work sites within the Swedish manufacturing sector, there is reason to question whether the introduction of such groups actually alters the work organization in any fundamental way and whether the introduction of such groups inevitably increases the inexorability of the workers’ collective. At the paper mill, I see no signs of weaker or unskilled individuals suffering from the inexorability of the collective. Instead, the ones that do not wish to learn and take on new tasks are, in spite of the goals of the project, allowed to carry on more or less in the way they have always done. This could of course be explained in terms of a failed project, but I still wish to point out that the tolerance of the workers’ collective should not be underestimated. There might even be some reason to see the tolerance of the work group toward individuals that are unwilling to change their behavior as a strategy of the collective to resist change, at least in the short run.

Second, there is also reason to question whether the company’s efforts to convince the workers of the importance of flexibility and competitiveness contribute to a weakened workers’ collective. At the warehouse of the paper mill, one of the aims of the project was to change customer relations by delegating to the operators much of the direct contact and communication with the customer. I do not mean to say that the workers of the warehouse have openly resisted this change, but that, by having a passive attitude, they have managed to avoid learning to manage these types of contacts. In my view, as it is of a passive nature, the resistance of the workers might not always be as evident. On the other hand, being passive might not be a successful strategy.

38 In a contribution to the journal *Economic and Industrial Democracy* (1998, vol. 19) Michael Schumann states that in Germany, 22 percent of the automotive industry blue-collar work is carried out in groups and that the rate is increasing. According to Schumann, however, empirical data presented in the paper show that two different types of group work can be identified; the *structurally conservative model* and the *structurally innovative model*, respectively. For the structurally conservative variant, “...the status quo of Taylorist organization is reinforced and the traditional organization is, at best, modified” (p. 24). Although this type of organization differs from the traditional in a number of ways (supervisors are replaced by ‘team leaders’ with a relationship with the workers that is characterized by mutual commitment and social proximity, workers participate in a new way, and are more skilled), traditional Taylorist structures remain. Though workers are multi-skilled, this is limited to a low level, tasks maintain their repetitive nature and “...institutionalized opportunities for participation and the level of self-organization of production groups are limited by a set of time and material constraints” (p. 25).
on a long-term basis. At the paper mill, technological changes and major reorganization measures (downsizing) will probably catch up with the workers in the end and they will have to conform to the goals of the company as a whole. Even though there is empirical evidence indicating that, in addition to passive resistance to rationalization itself, there are other ways to resist changes, such as ridiculing the effort of a consultant hired to change the attitudes of the workers, this type of passive resistance might only be successful in the short term.

4.5. The Workers' Collective and Individualized Work

Before summing up the results of this paper in the last chapter, I would like to return to one of its introductory statements. That is, the suspicion that the workers' collective is incompatible with individualized work and with at least one of the different relationships between work and a so-called life-project, as proposed by Allvin. However, I do not mean by this that collectivity theory and the theory of individualized work are incompatible. In spite of the fact that the collective system develops in order for the workers to handle the demands placed upon them by the inexorable techno-economic system of the company and in spite of the fact that its most important effect is a set of norms regulating, for example, the rate of productivity or the attitude the workers develop in relation to the concrete work situation, there are clear affinities between collectivity theory and the theses proposed by Allvin. In the first part of this section of the chapter, I try – by referring to theoretical as well as empirical data – to show what types of affinities I am referring to and then discuss whether – given that we believe Allvin – we face a weakened workers' collective.

4.5.1 Affinities Between Collectivity Theory and the Individualization of Work

In this context it is the case that one of the most important conditions for the development of a collective system is the process of identification. As I point out above, for this process to come into existence, a certain degree of alikeness between the workers is necessary, but it is also by this process that the alikeness of workers is established, maintained and even reinforced. In his book, Lysgaard writes that by identification he refers to a kind of “we-feeling” or a feeling of togetherness, a feeling of being “the same” as those with which the worker identifies. Rather than working one way only, this process is mutual; the one(s) with which the worker identifies himself at the same time identify themselves with the worker in question (p. 147). As shown by Lysgaard and
by myself in this paper, this means complying with the norms promoted by the collective regarding work. But it also means that a common set of norms regarding the relationship between work and life outside work comes into existence in addition to norms ruling life outside work. At “my” plant, for example, it was acceptable to read a (local) newspaper during the breaks, while reading a novel gave rise to suspicion. Leisure time activities were also subject to the judgement of the collective. While having a sailing boat was considered bourgeois, a motorboat was not and was therefore accepted. In addition to these probably very local norms regarding interests outside work, the relationship between work and life outside work was also subject to different norms. At the plant, it was not acceptable to be too dedicated to work, to conform too closely to the goals of the company. As part of a project aimed at changing the division of labor, for example, job rotation was to be introduced. The degree to which it was implemented varied between the shift groups, but, as the norm was to more or less ignore these goals, workers that refused to learn new tasks were not forced to do so, either by the collective, or by the company. This means that the collective system to a degree limited any attempts to make work an arena for the realization of a life-project. Instead, work was, in my opinion, seen as limiting the realization of this life-project, which thus had to be realized outside the scope of work.

If I then think of the distinction for the future, argued by Allvin; the distinction between those that are able to structure their lives and those that are not or between those that are able to realize their life-projects and those that are unable to do so, it becomes clear that these common sets of norms regarding the relationship between work and life outside the scope of paid work will have to change. When I state by way of introduction that the workers’ collective is incompatible with a discussion of individualized work, this is what I refer to.

4.5.2 The Workers’ Collective – a Stumbling Dinosaur?

And if I think of the accounts of the work of others and of the reflections based on my own research into the workers’ collective in terms of Allvin, blue-collar work at the time of the collection of the data that later resulted in Lysgaard’s theories was characterized by the institutionalization of work. The identity of the worker was dependent upon the value of his contributions in the workplace. At the same time it depended upon the “natural conflict” between labor and capital, or the need for protection against the inexorability of the techno-economic system, if I again instead speak in terms of Lysgaard himself.

But perhaps the workers that I saw as the basis of the collective of the plant at which I spent a year had realized that the survival of the company
and the chance of at least some of them keeping their jobs depended upon their cooperation with at least some of the norms of the techno-economic system. In my view, these workers might have had a higher sense of responsibility and morals than some other groups. It is possible that not all the workers had interpreted the economic situation of the company in the same way, and that sabotage activities were one of their ways of opposing the rest of the collective.

But another way of looking at it is possible. The workers’ collective I seemed to see on the shop floor in the eighties was perhaps already then a stumbling dinosaur, doomed to extinction. I again turn to Allvin to find an answer. His writings about the relations between work and the life-project are perhaps also applicable to my recollections of working at the plant. Consider things that happened at the plant, such as the workers’ leaving the work place before the end of the shift or their producing things aimed for their private lives. I interpreted these as the need of the workers to protect themselves against the inexorability of the techno-economic system or the workers’ collective. But they can also be interpreted in terms of the idea that even then, the life-projects of the workers were at least partly taking form outside the scope of paid work. When I look back on my friends at the plant, I think it was their summerhouses, their hunting or fishing or their interest in ice-hockey that were the most important parts of their lives. What is interesting in this context is the relationship between work and life-project and whether a polarization will actually be observable between workers that are able to structure their own lives and those that are unable to do so. Perhaps some of my friends at the plant were able to put up with a poor working conditions precisely because they were able to “…articulate their will in a social practice outside work” (Allvin, p. 201).

But when I look back at Kern and Schumann’s account of a dual relationship to work and their discussion about “leisure time” versus work, I am inclined to draw the conclusion that perhaps the life-project that Allvin proposes was not at all observable at the plant at which I worked in the eighties. Perhaps it was just a matter of leisure time still being much more attractive than work from the so called wage-laborer’s perspective? And if this is so, would increasing the quality of work wipe out the importance of the summer-house, the passion for hunting and fishing and the urge to watch the local hockey team beat another team at the home arena? I do not however think so, even though I realize that it is a matter of how to define “leisure time” as well as “life-project”.

44
4.5.3 A Weakened Workers' Collective

And if we do believe Allvin's thesis on the growing importance of a life-project outside the scope of paid work, what would it mean in terms of a weakened workers' collective? Does it mean that the probability of development of collective norms and strategies would cease? If we return to Colbjornsen's discussion on the negative effects of collective strategies, there is one part of it that is of particular interest in this context. In his opinion some collective strategies, such as collectively bargained wages and monopolization of some jobs (professionalization), might be disadvantageous to groups of workers because of the existence of "...a conflict between those to which paid work is the primary and full-time activity, and those that combine paid work with other primary activities. To the first-mentioned, equal treatment is important, as it strengthens their position vis-à-vis the employer; to the last-mentioned special treatment is necessary for them to be able to combine paid work with other activities" (p. 31). I consider this means that, if the number of individuals engaged in so-called life-projects will be of considerable proportions in the future, the "unlikeness" of the collective will have to increase. This might result either in a weakened or even "obliterated" collective or a collective that "survives" – but under different conditions.

4.5.4 Possible Impact on the Future of Blue-Collar Work

What consequences will this have for the future of blue-collar work? One consequence of the individualization of work that Allvin puts forward is "...a labor process that is becoming more effective in execution, but at the same time peripheral as a social condition" (p. 201). From his perspective, it also means that the formerly traditionally defined and collectively organized conflict between labor and capital will disintegrate into a number of more or less individual conflicts (p. 197). As an example of this type of conflict Allvin specifies the "identity conflict" or the conflict between the personal ambitions of the worker and his or her competence/skills adapted to the system. This type of conflict is, according to Allvin, observable when the individual is over- or under-qualified or when he or she is not able to realize his or her plans for work within the system. Instead of collectively organized labor market conflicts, these identity conflicts will be manifested as personal problems, problems of attitude or a difficulty in cooperating. I believe that the absence of a workers' collective, previously crucial to the identity of the worker, might further reinforce these problems, even though I also think that Allvin
underestimates the effects of measures aimed at increasing the quality of work. Because of that, I am inclined to agree with Kern and Schumann’s thesis on a dual relationship to work. Increasing the quality of work might even make workers more able to see their efforts from the employers’ point of view.

5. CONCLUSIONS CONCERNING A FUTURE WORKERS’ COLLECTIVE

So we do not just face the third millennium. We also face a number of radical changes, regarding technology, production practices, and the changes perhaps so far only hinted at caused by a global economy. Blue-collar work – to the extent that we will be able to discuss the contents of such work at all in the future – and the workers’ relationship to work will change in a number of ways. And these changes will – at least to some extent – also change the conditions under which a workers’ collective develops. If it continues to develop, it might take a different and – if not merely weakened – more differentiated shape. In this last chapter of the paper, I try to summarize and further elaborate the impact and importance of these changes.

To some workers, these changes will be beneficial, to others if not entirely disadvantageous, at least less beneficial. Some will try to find other types of jobs, while others will continue making a living as blue-collar workers. Some – though to a decreasing extent – will continue to belong to the group of routine producers, while others will enjoy the benefits of “good work”. The ways in which technology and new production practices are implemented are of crucial importance to the result. Within the groups of displaced and unemployed workers, or within the group not enjoying the benefits of “good work”, there will be some that are not particularly adversely affected. They will be capable of realizing their life-projects either inside or outside the scope of paid work. Yet another group will deliberately choose to cease being blue-collar workers or they will never think of entering the blue-collar labor force, as it would place limits on their possibilities of realizing their life-projects. Within the group of remaining blue-collar workers, there are those that will be fortunate to enjoy work resembling that of symbol analysts or work containing elements of ‘good work’.

This could be seen as a summary of the predictions described and discussed above in this paper, though it is perhaps rather cursory and confusing. And instead of presenting this disparate picture of the future of blue-collar work, it would have been more satisfactory to be able to present a future
characterized by “one way or the other”. Unfortunately, or perhaps fortunately, both reality and theory are more complex than that. And with a view to returning to the original questions of this paper: what do the changes above mean to the workers’ collectives that for so long have characterized our way – or at least mine – of looking at blue-collar work?

5.1. Different Groups with Different Needs for a Workers’ Collective

One may or may not believe Alvin’s proposals about the most important distinction of the future – which is not between unemployed and employed or between those that enjoy the benefits of ‘good work’ and those that are not fortunate enough to do so, but between those that are able to structure their own lives and those that are not able to do so. In either case it is clear that the workers’ collective as we have come to know it will change in a number of ways. First, we might see workers that do not care about the quality of their jobs (which is not new phenomenon, but is to a degree an insight foreign to most of the reasoning above). They fulfil themselves by realizing their life-projects somewhere else and go to work every day because they need an income. Their identity is not connected to work, but is nourished somewhere else; perhaps within “the third sector” (if we believe Rifkin). In contrast to this group, it might be possible to identify another group of workers who emphasize the importance of good working conditions and terms of employment, but who are forced to adapt to conditions that might result in burn-out or other stress symptoms, or if speaking in terms of Blauner, in alienation. To them, membership in the workers’ collective might also serve a purpose in the future. At the same time, these individuals might be incapable of realizing a life-project at all, either inside or outside the scope of paid work.

Second, the different types of polarization between different groups of workers will undeniably be of importance to the future existence of the workers’ collective. But if it is the case – as both Reich and Rifkin show in their respective books – that future blue-collar work (or routine production work) will, as a result of new technology and other labor-saving measures, be characterized by high working speed, burn-out, stress and deterioration in terms of employment, the workers’ collective should have a “bright” future. If we believe Lysgaard, it is precisely these types of conditions that are required for the workers’ collective to develop.

\[39\] Membership of the workers’ collective should not be confused with union membership, which is of course something entirely different,
But this picture is complicated by the reading of more contemporary texts that in different ways deal with the workers' collective. As described above, the introduction of labor-saving technology, working conditions characterized by stress and burn-out are not sufficient for a workers' collective to develop. The fact that workers suffer from these conditions is counterbalanced by the fact that companies might be able to convince them of the importance of both flexibility and competitiveness to the survival of the company. Another important fact is that many of the technological and organizational changes might be of a nature too complex for the collective in common to interpret and understand. If we add the fact that a number of different types of polarization between different groups of workers might be identifiable in the future, the picture becomes even more complicated.

In addition to the types of polarization referred to above, there are differences within the different types of groups of workers; between workers with bad terms of employment who are hired temporarily because of productivity demands and other workers, also temporarily employed, but highly skilled and with attractive terms of employment that Aronsson and Sjögren describe in their book. This means that, within the same organization, it would be possible to identify at least two entirely different types of workers with entirely different needs for being members of a workers' collective. This results either in the future existence—though perhaps with a lower degree of association—of a workers' collective as described by Lysgaard, or two or more different collective systems emerge. The problem is that such a collective, with only parts of the labor force associated with it, is not a very strong collective.

In this context I would again like to point to the fact that, when for example speaking in terms of a "threatened" workers' collective, I do not mean that the workers' collective is an end in itself. Instead, and as I describe above, though the collective system can be seen as the workers' way of defending themselves against the inexorability of the techno-economic system of the company, not all aspects of the workers' collective are of value to the individual worker. In this paper, I show that the workers' collective might be inexorable in itself, and the paradox this creates, that some workers for different reasons need to protect themselves against a system that has developed to protect the majority of them.

5.2. "New" Ways of Opposing Change

In this paper, my recollections from the plant are confirmed and further elaborated by taking into account the work of other researchers, showing that in addition to being inexorable, the workers' collective protects only those
that conform to its norms. When teamwork and other types of organizational
cchanges are introduced, it might not be possible for all workers to live up to
these norms. And when the group depends on the efforts of all workers,
weaker workers in need of special arrangements might not be desirable and
are therefore frozen out or even excluded from the fellowship of the collect-
tive system. Also in this context, there is reason to believe that the norms of
the workers' collective – as in the case of understanding the importance of
competitiveness and flexibility – is conforming more to the norms of the
 techno-economic system, to the values of the company.

But when looking at the results of the study of the introduction of a team-
oriented work organization at the paper mill as described in this paper, there
is also reason to question the inexorability of the workers' collective. Not
being inexorable might, as I show above, even be a way of opposing change,
just as being inexorable might be the same as conforming to the norms of the
company.

And, additionally, if I look back at my recollections of blue-collar work at
the plant and again think of the “soldiering” and the ways by which certain
workers did not conform to the norms of the collective, these can be reinter-
preted in Allvin’s terms. By this I mean that, regardless of whether these
workers were realizing their life-projects outside paid work or not, they
surely were not interested in doing so at work. And instead of seeing, for
example, their sabotage activities as manifestations of their incapacity to con-
form to the norms of the collective, they can be seen as manifestations of
their unwillingness to do so.

As pointed out by Lysgaard himself and later discussed by Bergman
(1995), the workers' collective is a manifestation of the subordination of the
workers (or whatever kind of collective we are dealing with). I consider the
fact that the workers' collective of the future is not identical to the workers'
collective that we have learned to know can be understood as a “threat” from
the workers' perspective.

If it is the case that the future workers' collective will not serve the same
purpose; how will this, in its turn, affect the future of blue-collar work? In
addition to the effects of a weakened and perhaps more vulnerable labor
force, I think it could result in more positive effects – at least for some parts
of the labor force. For example, it might render the efforts of some workers
to carry out a good job more legitimate, from the point of view of the rest of
the collective. This means that, for example at the paper mill, some of the
changes aimed at changing the division of labor would have been more easily

40 If this is the case, and if we speak in Kern and Schumann's terms, it would also mean an
increasing dominance of the producer perspective.
implemented. Perhaps tasks including planning, coordination and communication would have been more attractive to at least some of the workers.

5.3. A Differentiated Collective?

In the article written by Kern and Schumann on a dual relationship to work referred to and discussed above, the authors point out that, in addition to a destroyed ‘proletarian work ethic’, “...the workers have lost the trait by which they conceived of themselves exclusively as a collective and by which they set themselves definitely and positively apart from other groups of employees” (p. 64). From the authors’ point of view, social character develops less in and through work today than in the past. Different forms of work, branches, and employee groups mean that it is possible to identify different subgroups within the collective, “...each with its own specific interrelationship between work and character structures (‘work characters’)” (p. 64). According to Kern and Schumann, it is further possible that a sense of proficiency is still held collectively, but that, as opposed to the former proletarian work ethic, it “...encompass the entire functional context of the workplace including technicians, engineers and scientists employed at plant level”. But whether this means that concept of the collective should be expanded in accordance with these changes or whether “...the divergent forces, inherent in the diversification of spheres of life as well as of work itself, will gain the upper hand” is too early to judge, according to the authors.

Even though I do not think I am able to decide whether it will go one way or the other and even though I am aware of the fact that the collective discussed by Kern and Schumann is not identical to the workers’ collective as put forward by Lyøgaard, the authors point to a possible development which is very valid to this discussion. First, many of the changes regarding production practices of today are aimed at wiping out the differences between workers and their superiors, between blue- and white-collar workers and between workers with different functions within a company. If thought of in terms of the workers’ collective, such changes mean of course that the ways in which workers have identified themselves with the rest of the collective become obsolete. But Lyøgaard would probably say that, given the fact that these changes are successfully implemented, there are no longer any conditions for the workers’ collective to develop, as the condition of identification between the workers would be wiped out. In spite of this, I think that

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41 See for example the influential book *The Boundaryless Organization*, in which the authors propose that there are four types of boundaries that have to be reshaped if a company is to become flexible and innovative: vertical, horizontal, external and global boundaries (Ashkenas et al., 1995).
the scenario put forward by Kern and Schumann point to the possibility of a "restructured" workers' collective, a collective expanded and transformed. If we believe Lysgaard, however, in order for this to happen, the workers (or employers) would have to interpret their problems in similar ways. With increased globalization and other types of threats imposed by the world external to the company, however, it might be possible for different types of employers to interpret these problems in similar ways.

But secondly, the Kern and Schumann also point to the possibility of a collective which is diversified because of different relations between life outside work and work itself, and given that we believe in such a development, both as a concrete phenomenon and as a theoretical construct or concept, the workers' collective of the third millenium seems to face obliteration.

And in the concluding remarks of Arbeiderkollektivet, Lysgaard writes that "...with reduced working-hours and increased options for leisure time, greater mobility and increased consumption, the concrete work situation might become less important to the total life situation of the individual" (p. 250).

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PART IV

PAPER C:

COOPERATION AND PROFESSIONALIZATION IN SWEDISH MIDWIFERY

PAPER D:

BUREAUCRACY, PROFESSIONALIZATION AND GENDER – THE CASE OF MIDWIFERY

PAPER E:

DISCURSIVE STRATEGIES OF SWEDISH MIDWIVES
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1. INTRODUCTION

In a paper on cooperation in work settings, a theoretical framework that deals with cooperation in relation to technology, skill requirements, organizational structure and group homogeneity is presented (Fältholm, 1993). It was concluded that in order to study these concepts and their relationships, empirical studies had to be carried out in a number of workplace settings, and in accordance with case study methodology (Yin, 1984), two cases were selected. After having studied how female white-collar workers cooperate in a typical office work place and how male blue-collar workers cooperate in the warehouse of a paper mill (Fältholm, 1994), the question was raised of how groups that are not homogeneous in terms of hierarchical position, skill and gender cooperate and use technology. The third case—a Swedish delivery ward—was selected.

In the paper mentioned above, it is established that the mechanization level of the production system influences the cooperative conditions of work, but it is obvious that it would be of little value to try to identify different types of cooperation taking the mechanization level as the only point of departure (Fältholm, p. 11). For example, the work of midwives may involve very advanced medical technology, but this does not mean that their work is mechanized. Instead, the extent to which technology is used influences the degree to which cooperation between midwives and other occupational groups takes place.

There is also evidence that groups that are heterogeneous regarding hierarchical status and skills of the group members tend to reinforce the vertical division of labor, while groups that are too homogenous may lead to inefficiency, since many of the advantages of group work are lost if group members are too much alike (Fältholm, 1993, p. 25). However, due to the fact that members of groups cooperating at the delivery ward are more or less heterogeneous, cooperation is rendered problematic. As I will demonstrate in this paper by presenting a case study that carried out at a Swedish delivery ward, these problems can be described in terms of professionalization.

In this paper, by professionalization, I refer to the process by which members of a group try to gain control of their own training, admission to practice and evaluation of standards of performance, the struggle for autonomy, the formation of a self-regulating community and altruistic codes of conduct (Collins, p. 13).
2. CASE STUDY

The data needed was collected mainly by means of interviews, but also by on-site observations, both of the actual work at the delivery ward and of different types of meetings. In this section, I begin by describing how and why I collected these data and end by describing the analyzed data that are relevant to this study.

2.1. Methodology

On my first visit to the delivery ward, I interviewed two midwives; the ward sister who was in charge of the whole maternity ward and the assistant ward sister who was responsible for the delivery ward. In connection with these interviews, I also spent three days at the delivery ward, observing the work. When I came back to the ward, almost a year later, I interviewed three midwives and three assistant nurses. Yet another year later I finished collecting the data needed for this paper by interviewing four midwives.

The first two sets of visits to the ward took place before the merger of the ward with the delivery ward of the hospital in the neighboring city. The aim of the merger was to rationalize delivery care in the region while waiting for the construction of a new hospital which will replace both hospitals. The merger led to the shut-down of the delivery ward in the neighboring city and to the transfer of personnel from that ward to the ward studied, as the number of deliveries was expected to double as a result.

During these first visits to the ward, I concentrated on understanding the work process; the division of labor, the technology used and the rules regarding responsibilities in medical interventions and the use of technology. It was also my intention to study how and to what extent different groups cooperated, but this turned out to be more difficult than I had anticipated. It is not easy to make people talk about a concept like cooperation as it is not easily defined and explained and as people do not seem to talk about it until problems are associated with it.

When I came back to finish the study, the merger had been completed and a number of organizational changes implemented. As I talked to people, I realized that these changes actually made the study of cooperation easier, as two different groups had been put together and were expected to cooperate. These two groups of midwives had worked with different types of patients and in different work organizations and it was easier to make them talk about cooperation as the old work settings became points of references for both groups. Because of this, a special section of this paper is devoted to empirical
data found as a result of the organizational changes. Before that, a brief description of technology and division of labor between midwives and doctors is given, supported by selected quotations from the interviews.

2.2. Technology and Division of Labor Between Midwives and Doctors

In Sweden practically all births take place in hospitals, but unlike in the U.S.A. and many other industrialized countries, most deliveries are managed by midwives. Only cases that are labeled not normal for some reason are attended to by doctors. However, the absence of doctors does not imply the absence of advanced technology, but the extent to which it is used varies with different types of deliveries. In some cases, hardly any technology is involved, and apart from monitoring the fetus electronically with CTG (cardiotocography) the midwife only uses her hands, her skills and her senses to deliver the baby. In other cases, there is an arsenal of modern technology; ultrasound, cardiotocography, vacuum extractor, drugs for induction and pain relief, for example.

In addition to this, the extent to which midwives cooperate with other occupational groups varies with different types of deliveries. During a normal delivery, there is only the midwife and an assistant nurse, but the moment deviations from what is considered normal occur, she is obliged to page a doctor and then – depending on what type of intervention is deemed necessary by the doctor – cooperate with a number of other occupational groups; obstetricians, pediatricians, other midwives and nurses, assistant nurses etc. In such cases, her autonomy becomes limited and the division of labor hierarchical. It also means that all major technological interventions are controlled by the doctor responsible. Thinking about this, an episode that took place at the delivery ward before the merger comes into my mind:

At one of my first visits to the ward all personnel – doctors, midwives and assistant nurses – were assembled in the office for the morning report. As usual, the "night midwife" reported on what had happened during the previous night and about the status of patients still in the ward. On this particular occasion, the chief physician gave information about a Caesarean section that was about to be performed on one of the patients during the day. One of the midwives announced that she would be happy to deliver the baby (even at Caesarean sections, the baby has to be delivered). Then one of the doctors - a woman, much younger than the midwife referred to - said that she was interested in doing the same thing, and the matter was immediately settled in her favor. The look of disappointment was obvious in the face of the midwife, who silently had to accept the decision. The midwife told me afterwards that she needed to deliver
during Caesarean sections, because at that time (before the merger of the two wards), there had been a period with few deliveries per midwife. She was afraid she would forget how to do it.

The point I want to make is that the division of labor is tightly connected to the definition of a "normal delivery". According to the rules, midwives are responsible for normal deliveries. Even though she is obliged to keep the doctor informed, it is only those deliveries defined as not normal that give rise to the division of labor and cooperation between midwives and doctors, though the midwife in this particular case was shut out, as the doctor preferred to cooperate with a colleague.

The episode also reflects the fact that although doctors are responsible for all abnormal cases, there are interventions that midwives have to be able to perform in acute situations. Such interventions are to deliver twins, breech presentations and to use a vacuum extractor or delivery forceps. This means that she has to be given the opportunity to practice, but as there is no shortage of doctors and many cases are solved by performing a Caesarean section, this opportunity is seldom given to her. According to one of the midwives interviewed, at times when there is a surplus of obstetricians, they are more unwilling to let midwives perform tasks that in times of shortage of doctors they happily delegate to midwives and nurses. But this probably has not only to do with the surplus of doctors, but also with the increasing number of notifications. She believed that, since doctors have always been responsible for the above mentioned types of deliveries, they want to be involved as early as possible, not only present when midwives do the actual job.

The division of labor between doctors and midwives may lead to decreased autonomy and a sense of degradation for midwives. But, and this is very important, the midwives interviewed are also grateful that the doctor is responsible. As one of the midwives put it; “Their intervention is not altogether a bad thing; it gives us a sense of security that the doctor is present”. In cases of urgency and crisis, formal rules of responsibility and division of labor can be put aside, by mutual understanding. As one of the midwives at the ward put it;

-I will always do what needs to be done, but call the doctor, and maybe he will come while I’m doing it. If he doesn’t get there in time, it is all-right anyway, because he knows I’m doing the right thing. It doesn’t happen that often though, because nowadays, there is no shortage of personnel.

In addition to this, there are other reasons for not always struggling for an extension of responsibilities and for autonomy:

- Would you like to be able to handle the ultra-sound?
No, the number of examinations is too small. I think it is the right thing to do, to stick to one’s tasks. For a while, it was in fashion for midwives to take on more and more of the doctors’ tasks. There are places where midwives even give anaesthetics that are part of the doctors’ role. You just take on more and more, but you don’t get anything out of it.

2.3. Changed Types of Patients and Occupational Structure

The merger of the two delivery wards described above has caused the transfer of personnel from the delivery ward that was shut down to the remaining one and, consequently, to personnel reductions in relation to the number of deliveries. It has also led to all women being directed to the delivery ward studied. However, because of a considerably decreased Swedish birth rate since the beginning of the 90’s and because around 150 women chose to give birth at yet another hospital that offers a more homelike delivery- and maternity ward, the number of births at the ward has not doubled as expected since the merger.

Even before the merger, all abnormal or high risk cases were directed from the delivery ward now shut down in the neighboring city and the rest of the region to the ward studied because of its access to specialists. Because of the relatively small area of coverage of the hospital, the number of high risk or abnormal cases was large in relation to the number of normal births. After the merger, this changed as the proportion of normal deliveries increased.

The fact that midwives working in the ward before the merger were used to more complicated cases than the ones transferred to the ward led to the hypothesis that the two groups would have developed different types of skills — skills related to normal and abnormal cases. One such example would be that midwives used to more complicated cases would be more skilled in using medical technology and performing different types of interventions. But, as one of the midwives pointed out, the high incidence of complicated cases resulted in a high frequency of Caeserean sections, which for the midwife is “simple”, as her task in such cases is to assist the doctor and to take care of the child.

Another fact that points to this conclusion is the former absence of specialists (pediatricians for example) after office hours at the ward which was shut down. Some newborns were sent to the ward studied because of its access to specialists, but there were also cases that were held under observation by the midwives and because of this midwives were able to practice the care for newborns that are not perfect (slight breathing problems or fevers). This also influenced cooperation at the ward, because as there were no
pediatricians at the hospital to page if something unforeseen happened, midwives used to make sure they were assisted by another midwife. This was felt to improve the security: “When you’re assisted by another midwife, you don’t have to say much, it is a wordless kind of communication, words are not necessary”, one of the midwives explained.

This means that cooperation at the merged ward is sometimes problematic. According to one of the midwives, they were more used to being focused on “promoting the normal”, while at the merged ward, there are tendencies to concentrate on or look for signs of abnormality and then page a pediatrician.

The merger of the two delivery wards also brought about a changed occupational structure in the ward. Almost all the midwives but only a small proportion of the assistant nurses from the ward that was shut down were transferred to the remaining ward. This meant that the proportion of assistant nurses was reduced considerably. This change is consistent with the overall trend in Swedish health care to increase the number of nurses at the expense of assistant nurses.

But when discussing the matter with an assistant nurse before the merger, I was given the following answer:

-I definitely don't believe in only midwives at the ward, because I don't think that the things we do now, things you don't think about, I don't think it would work, because I don't think they think about wiping up or everything that needs to be filled up. Such small details that they never do now. They would have to learn, but I don't know. They would have to change. It would probably work, but I think some of them would have to do it all, while others would never do it

This answer has been confirmed by many midwives; they prefer to be assisted by midwives when delivering, but they prefer others to do the cleaning and other less prestigious tasks.

Because of the changed work organization and the reduced number of assistant nurses in relation to number of births and midwives, midwives now have to care for the newborn children at the maternity ward in a way which differs from that which they were used to. There is evidence that some of them see this as a threat to their occupational status.
3. CONCLUSIONS ON COOPERATION IN HETEROGENEOUS GROUPS

From this case study it is possible to draw a number of conclusions on how cooperation in heterogeneous groups differs from cooperation in homogeneous groups. For example, problems related to the different hierarchical positions of group members must be taken into account. These problems can be described in terms of professionalization. In the literature, it is difficult to find a common definition of the concept of professionalization and the characteristics of members of a profession. However, while it is obvious that doctors, partly because of their monopoly of knowledge and their independence, are members of a profession, (Larsson, p. 208), midwives can be seen as members of a semi-profession (Hellberg, p. 30), as their autonomy only exists within the boundaries of a normal delivery. Nevertheless, this case study shows that we have to deal with the professionalization of both groups, for while midwives are trying to gain more autonomy, status, strength and social authority, doctors wish to maintain their superior position.

For midwives, the rules regarding the division of labor, use of technology, performance of medical and technological interventions and responsibility conflict with their process of professionalization, as their autonomy only exists within the boundaries of a normal delivery. The moment a delivery is defined as abnormal, the midwife has to page a doctor and cooperate with people holding higher positions.

In a study referred to in a recent dissertation on the emergence of nursing research in Sweden, one of the conclusions is that if one of the groups cooperating enjoys lower status and possess less socially accepted or verbalized knowledge, there is a risk that this does not lead to mutual respect between the groups (Heyman, p. 169). Another study showed that the maintenance of respect is one of the most important prerequisites for cooperation.

The next step when studying cooperation in heterogeneous groups is to identify different types of cooperation. In a dissertation on cooperation between the municipal home-help service and the county council primary health care in Sweden (Berg), the author identifies three types of cooperation between the personnel groups of the two organizations (doctors and different types of nurses); medical consultation, instruction and communication. Only the latter constitutes a concrete means of cooperation. But she also concludes that, due to an unequal balance of power between the two organizations, there are no real prerequisites for cooperation.
In the case of midwives cooperating with other occupational groups, this takes place within the same organization, but here also it is necessary to identify the different types of cooperation in which midwives are involved. I suggest this differentiation is best carried out after defining the degree of autonomy. When a midwife cooperates with other midwives or assistant nurses, she is managing the delivery. She is autonomous and has a monopoly of knowledge. On the other hand, when she cooperates with obstetricians or pediatricians, she is assisting the doctor; her knowledge is no longer the most socially accepted and her autonomy is reduced.

It is important to remember, however, that in the course of a delivery, a midwife sometimes consults a doctor who decides that no action is necessary; the delivery proceeds normally and the doctor responsible is continuously informed. This implies that most deliveries would probably be classified somewhere along the continuum of which managing and assisting a delivery represent the two extremes.

When it comes to cooperation with other occupational groups, the professionalization process of midwives is manifested in other ways. For example, most midwives say they prefer not to do simple tasks like cleaning and fetching food for the patients, but many of them also say that they prefer to cooperate with and be assisted by another midwife and they could do without the assistant nurses. Assistant nurses, however, say they believe that patients would not be cared for in the same way if they were not around.

A radical solution to these problems can be found at an ABC-ward (Alternative Birth Center) in Stockholm, where midwives cooperate with neither doctors nor assistant nurses. The creator of the center argues that the fact that midwives of today have to cooperate with doctors if a delivery is abnormal in any way has both positive and negative effects (Waldenström). In her opinion, on the one hand this division of labor has led to new and enriching tasks, but on the other hand it has limited the midwife’s autonomy, limiting her role to that of a “doctor’s technical assistant“. This is part of the background to the creation of the ABC. The midwives working at the ward are, like all midwives in Sweden, responsible for normal deliveries. Because there is no advanced medical technology (like ultra-sound or CTG) and no doctors at the ward, there are medical requirements which those that wish to give birth at the ward must fulfil, and if these requirements are not met, they are transferred to a “traditional” delivery ward, and midwives do not have to cooperate with doctors. But because there are no assistant nurses at the ward, midwives also have to perform tasks that might be considered to retard their professionalization process.

The example of the ABC center further demonstrates the problematic relationship between professionalization and cooperation and that this has to be
taken into account when trying to understand cooperation in heterogeneous
groups.

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PAPER D:

BUREAUCRACY, PROFESSIONALIZATION AND GENDER – THE CASE OF MIDWIFERY¹

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¹ This paper is a version of a paper for the Gender, Work and Organization Conference, Manchester, 1998.
1. INTRODUCTION

As a result of an empirical study of midwives cooperating with doctors and assistant nurses at a Swedish delivery ward, I concluded that "...the problematic relationship between professionalization and cooperation/.../has to be taken into account when trying to understand cooperation in heterogeneous groups"\(^2\). This statement was based on observations of problems related to the different hierarchical positions of group members in the delivery ward and of their differing degrees of autonomy and who had a monopoly of knowledge and competence.

In addition to these types of problems, the fact that while practically all midwives are women, and most doctors are men, further complicates studies of cooperation between the groups. It means that gender also has to be taken into account.

Further, as Sheila Hillier points out, health services are generally, but to a matter of degree, bureaucratically organized; "Where health services are allied with or are an aspect of the structure of the state, where there is some commitment to national planning, then the bureaucratic form predominates" (p. 205). Swedish delivery care does take place in hospitals and is an aspect of the state. This means that, in addition to being subordinate to the medical profession dominated by men, midwives are also formally subordinate\(^3\) to bureaucracy. For example, there are specific rules as to what routines are to be followed when a patient comes to the ward to give birth to her child; what tests to take and when and how often the fetus is to be monitored electronically. In the course of the delivery, one of the most important tasks is to document the different stages of the delivery, to collect data that are recorded later on various standardized documents (for example the medical record). There are also documents required by different authorities, for example for the national registration authority and the social services. Some of these rules are issued by the chief physician, others are the result of an agreement on the division of labour between midwives and doctors on the national level and yet others are the result of laws issued by the National Swedish Board of Health and Welfare.

In this paper, in order to establish the ways by which the bureaucratic organization affects the professionalization of midwives, I begin by accounting for the seemingly contradictory relation between the two concepts

\(^{2}\) Quotation from paper C of this dissertation: Cooperation and Professionalization in Swedish Midwifery.

\(^{3}\) Later in this paper, I will return to the distinction between being formally subordinate and indirectly connected to bureaucracy, as proposed by Larson.
bureaucracy and profession. As the gender aspect is of importance, after a presentation of theory on gendered closure strategies, I therefore apply this theory to the delivery ward previously studied.

As a manifestation of all the theories presented and discussed, a case study of the establishment and the consequences of the agreement aimed at regulating cooperation and the division of labor between midwives and obstetricians is then outlined. The case study aims to determine to what extent bureaucracy is connected to the professionalization of midwives.

2. BUREAUCRACY AND PROFESSION – A CONTRADICTION?

Concepts like bureaucracy⁴ and profession are often talked about in scientific contexts as well as in everyday life. The same is true of professionalization, and though it is a concept that he never used in his work, its origin can be found in the work of Max Weber. Research on the matter often draws upon his ideas on the monopolization of occupations by certain groups characterized by common upbringing, education or training⁵. According to Weber, competitors are excluded on the basis of characteristics such as race, language, religion, geographical or social origin, etc. Part of this process is to protect the occupational monopoly by imposing ‘closure’ on a group that is considered unqualified and therefore subordinate⁶.

I consider that Max Weber’s contribution regarding the bureaucratic administration is also applicable to the origin of the concept of professionalization, as he states that bureaucratic administration means “...fundamentally the exercise of control on the basis of knowledge” (1983, p. 339). To Weber, this is the feature that makes it rational and ensures the holder a position of power in the bureaucratic organization.

This means that monopoly, authority or control on the basis of knowledge and competence are some of the most important elements of a profession and at the same time important in the bureaucratic administration. And yet, profession and bureaucracy are often considered contradictory since the organization of bureaucracy is highly regulated while a profession is associated with autonomy. It is sometimes even suggested that organizations in which professionals predominate cannot usefully be regarded as bureaucracies at all.

⁴ For a definition of bureaucracy, see Weber, 1964, p. 12.
⁶ See Weber, 1983, p. 239.
In the following sections of this chapter two different views on the matter are described.

2.1. Connections Between Profession and Bureaucracy

Because of a somewhat intuitive feeling that many of the features of a profession would not be developed in a bureaucratic organization, I started to look for literature on the matter. Not surprisingly, quite a few others have had the same feeling and carried out research on this. One example is Magali Sarfatti Larson, who in her book on professionalism (1977), gives an account of research that postulate an inherent conflict between the bureaucratic and the professional modes of work organization. According to her, this conflict often revolves around the tensions between professional autonomy and the bureaucratic system, for example by focusing on "...the assumed conflict between professional socialization and modal work experience at the level of individuals as the carriers of true norms and ideals of profession, individual professionals in bureaucratic work settings were bound to experience threats and contradictions" (p. 190). Others questioned this conflict approach by showing that not many organizations are true ideal-types of bureaucracy in Weber's terms and that there are "professional bureaucracies", such as the medical clinic, in which professionals play the central role.

And in her own view professions and bureaucracy are not only historically complementary modes of work organization (p. 199), but today multiple connections between professions and bureaucratic organizations exist. There are not only strong links between the university as a "knowledge-producer" and other bureaucratic organizations as employees. For example, while some professions are only indirectly connected to bureaucracy (with a diffuse effect on the profession), others are formally subordinate, which creates "...typical problems of client-oriented professionals in bureaucracies" (p. 204). Another effect on the profession is that "...professionalism may appear as legitimization of blocked mobility or of techno-bureaucratic power" (p. 204). Larson also points out the fact that both professions and bureaucracy claim that people are selected for different positions because of their 'objectively tested' competence.

2.2. A Feminist View on the Contradictory Relation

To feminist authors the effects of bureaucracy on professions described above can be explained in terms of gender. For example, Celia Davies, who in her book *Gender and the Professional Predicament of Nursing* elaborates on the rela-
tionship between bureaucracy and profession. She starts by pointing out that the two concepts, at first sight "...seem diametrically opposed" (p. 56), as the professional has a "...commitment to the substance of professional practice, to the exercise of expertise and skill; professional practice seems to involve a disdain for the organization and its rules, rather than a loyalty and commitment to it" (p. 56). She also argues that profession has the flexibility that bureaucracy lacks and that as the professional acts autonomously and does not bow to the hierarchical structure of a bureaucratic organization.

But by showing that both the professional and the bureaucratic ideals are historically shaped by cultural notions of masculinity and the sexual division of labor, she concludes that there are clear affinities between them. According to her, the very concept of bureaucracy is associated with masculine qualities: the impartiality of the decision, the impersonality of the bureaucrat and the authoritative character of the hierarchy. In order to deal with problems associated with these features – the inflexibility of a bureaucracy, the tendency to forget its mission and its lack of regard for persons – other styles of decision-making and other modes of rationality would have to be articulated as alternatives, argues Davies. This would probably be difficult, however, as "...they draw on qualities assigned culturally to the feminine" (p. 56).

When it comes to the concept of profession, she then argues that the same strategy of analysis is useful and by examining the concept of expertise, returning to the discussion of impartiality and impersonality and giving attention to the theme of autonomy, she argues that profession "...at least as much as bureaucracy, celebrates and sustains the masculine vision..." (p. 59).

In accordance with this feminist perspective, Davies also argues that for a group to be autonomous, it requires "...considerable work by others and without this work it cannot be sustained" (p. 60). In her point of view, professions represent themselves as autonomous by ignoring or misrepresenting the work of others, for example preparatory and servicing work carried out by female nurses or secretaries. To Davies, there "...is a sense in which nursing is not a profession...", but is the activity that "...enables medicine to present itself as masculine/rational and to gain the power and the privilege of doing so" (p. 61).

It may be true that it is often the case that service functions are a prerequisite for the existence of professions, but are members of a profession less autonomous if they have to carry out such tasks themselves? Would midwives be less autonomous and less of a profession if there were no assistant nurses to give service to them as well as to patients? I agree with her that the question whether nursing (or midwifery) is a profession is open to dispute, but it is also debatable whether this can be explained solely in terms of gender and autonomy. Surely, there are gender aspects that need to be taken into consideration in an analysis of the professionalization of midwives. It is of course not by
coincidence that all midwives working in the ward are women and that a majority of doctors men. But it is also important to remember that, as I outline below in this paper, in their own professionalization project, midwives use strategies that are directed against another “female occupation”: the assistant nurses.

3. PROFESSIONALIZATION AND GENDER

In addition to sometimes superficially using the concept of bureaucracy, many authors use the concept of *professionalization* assuming that its meaning and origin is well-known to everyone. Though there are many alternative definitions, most of them share a number of features. It can be established that professionalization is the *process* by which occupations gain their standing as a *profession*, which in its turn is defined as skill based on theoretical knowledge, autonomy, provision of training and education, testing the competence of members, organization, adherence to a professional code of conduct and altruistic service (Witz, p. 40). However, the process of professionalization also involves gaining a *monopoly* of knowledge and competence and all the other elements included in the definition above and in this process different strategies are employed. These strategies have been the concern of many researchers within the neo-Weberian current of sociology.

When studying the professionalization of midwives, however, it is, in my view, impossible to ignore the fact that the subordinate group is a group of women, in spite of the fact that today many obstetricians are women and in spite of the fact that, although unusual, there is nothing to prevent men from becoming midwives. And, as pointed out by the author introduced in more depth below, when we study health care professionals today, “...it must be recognized that these are the product of past struggles by occupational groups, whose access to the resources of occupational professionalization were facilitated or constrained by gender” (Witz, p. 207). In my opinion, the division of labour at the delivery ward studied is such a product of the past and in this section of the paper I try to apply the theories described below on gendered closure strategies to midwifery at the delivery ward studied.

3.1. Gendered Closure Strategies

In accordance with the quotation above, the British sociologist Anne Witz investigated midwives’ registration in 19th and early 20th century England in
her book *Professions and Patriarchy*. The aim of the book is to develop a theory of professionalization that recognizes the importance of gender. Her starting point is neo-Weberian closure theory, but she also criticizes the very same for being “gender-blind”. The conceptual model that she introduces is therefore a refined version of different modes of closure introduced by the neo-Weberians Parkin, Freidson, Larkin and Murphy.

According to Witz, there are two professionalization strategies exercised downwards by a dominant group; exclusionary and demarcationary strategies of closure. Exclusionary strategies are aimed at intra-occupational control over the internal affairs of and access to the ranks of a particular group, creating a monopoly of skills and knowledge, while demarcationary strategies are aimed at inter-occupational control over the affairs of related occupations in a division of labor, creating boundaries between occupations. An example of gendered exclusion is when women are precluded from entering and practicing within an occupation, whereas an example of gendered demarcation is when women are encircled within a distinct sphere of competence in an occupational division of labor and subordinated to a male-dominated occupation. I would say that the division of labour between midwives and doctors is an example of gendered demarcation, at least from a historical perspective.

In addition to the closure strategies mentioned above, there are two strategies that describe the countervailing responses of groups subjected to either one of them: inclusion describes the upwards exercise of power by a social group hit by exclusion which in its turn wants to be included in the occupational group from which they are excluded. Dual closure strategies describe the responses of those hit by demarcation; the upwards countervailing exercise of power on the part of a subordinate group (usurpation), but also the consolidation of their own position by the use of downwards exercise of power (exclusion). According to Witz, Parkin introduced the term 'dual closure' to cover the possibility that what Weber called “monopolization of opportunities” may also be employed by a subordinate group against another (p. 49). In this context it is of course the relationship between midwives and assistant nurses at the delivery ward studied that is of interest, as many of the strategies used by midwives are directed not upwards, but downwards with assistant nurses as the target group.

3.1.1 Gendered Closure Strategies in Swedish Midwifery

In my view, the model proposed by Witz is productive. But when it comes to the strategy employed by midwives, I would not label it exclusion, but demarcation. When midwives speak of assistant nurses, it is not a question of precluding them from practicing within the occupation, but rather one of making them stick to their tasks in the division of labor. One example is
when midwives at the delivery ward studied state that assistant nurses are well suited for less prestigious tasks, such as cleaning and fetching food for the patients, but that they are not competent enough to read the CTG\textsuperscript{7}-curves or that they prefer to cooperate with another midwife rather than being assisted by an assistant nurse when delivering a baby.

As pointed out above, the aim of Witz' book is to develop a gendered theory of social closure. According to Witz, "...strategies of demarcationary closure are absolutely vital in the understanding of how unequal gender relations are created and sustained within an occupational hierarchy in the labour market" (p. 47). She also argues that the aim is not to exclude women, but to make them stay within a distinct sphere of competence in an occupational division of labor and, "...in addition their possible (indeed probable) subordination to male-dominated occupations" (p. 47).

From my point of view, this explains the demarcationary struggle between midwives and the medical profession, but when it comes to midwives and their employment of demarcation towards assistant nurses, it does not. In her account of closure strategies, Witz argues that they are gendered in the sense that the strategic actors are gendered and that gendered criteria of inclusion or exclusion may be in-built features of closure strategies. This means that gender may form the basis of solidarity between men or women. In my opinion, in the case of midwives and doctors, this may be true today to a certain extent. In a historical perspective this kind of solidarity surely played a more prominent part in the creation of the division of labor between the two groups.

When it comes to the demarcationary strategies used by midwives against assistant nurses, the solidarity within the respective groups is not solely based on gender. The reasons for midwives using closure strategies against assistant nurses is probably that they guard their own interests as a group. On the one hand, they want assistant nurses to take care of the less prestigious tasks, but on the other hand they argue that assistant nurses are not competent to perform some of the tasks that they are in fact already performing. Assistant nurses claim that midwives do not give enough service to the patients and that they do not care for them in the same way. In this way they justify their own existence (which is threatened) by claiming that they have special types of skills that midwives do not have or at least do not have the time or inclination to exercise.

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\textsuperscript{7} CTG is short for cardiotachograph which is used to monitor the fetus electronically
3.1.2 Patriarchal Structures

If one reads further in Witz' book, however, she makes it clear that another reason for criticizing neo-Weberian closure theory is that it does not take account of the interplay between strategic actions and resources for actions. She is “...establishing that gendered actors who are engaged in professional projects as strategic courses of action will have differential access to the tactical means of achieving their aims in a patriarchal society within which male power is institutionalised and organised” (p. 52).

She also argues that strategic courses of action are gendered, while facilitating or constraining structures are patriarchal. Of course, both assistant nurses and midwives face patriarchal structures. In the case of midwives these structures are less constraining than for assistant nurses, probably because their professionalization project has been successful – at least to a certain extent. In the case of assistant nurses, they fight not so much to become members of a profession, but for survival, and it is my conclusion that the patriarchal structure they face is a great constraint.

For example, when the ward studied was merged with the delivery ward in the neighboring city and organizational changes were implemented, the relative number of assistant nurses was substantially reduced. They also face future threats; in a few years a new hospital will be built and additional organizational changes implemented. Even though doctors and midwives will also be affected by this process, it can be conclude that the degree to which the different groups are affected varies in accordance with the extent to which they face patriarchal structures.

4. A CASE STUDY

Regardless of whether the structure described above should be seen as "patriarchal" or just bureaucratic, it is quite obvious that its impact varies depending on what occupational group one is looking at. Though assistant nurses might be negatively affected by such structures, it is my conclusion that its effects are most complex and comprehensive for the group in the middle of the hierarchy: midwives. As assistant nurses were never trained or meant to perform the same tasks as midwives, the two groups are not competing on the same field. Doctors and midwives, however, have a common battleground: that of normal deliveries, or rather the boundaries between
normal and complicated deliveries. In this chapter of the paper, this "battleground" is illustrated by a case study on an agreement aimed at regulating cooperation and division of labor and responsibility between the two groups.

The empirical data of the case study comprises, apart from an interview with the former president of the Swedish Midwives’ Association, the correspondence between the same organization and the Swedish Society of Obstetrics and Gynecology and a number of contributions to the debate on the division of labour and responsibility between the two groups in their respective journals (articles, letters to the editor, letters to members). These letters and articles were the result of a joint document that was to regulate cooperation between them at Swedish delivery wards and was said to reflect the prevalent consensus on the matter. Instead, it gave rise to strong negative reactions within the midwives’ profession, as they argued that it meant that doctors would intrude on their field — that of normal deliveries. Before describing the many about turns after the establishment of this agreement, its background and its content are described.

4.1. The Background and the Content of the Document

In 1992, the Swedish Society of Obstetrics and Gynecology (SSOG\(^8\)) and the Swedish Midwives’ Association (SMA) decided to meet to discuss problems and conflicts regarding cooperation, division of labor and areas of responsibility. In a letter to the members of SSOG, the vice president wrote that “…both groups are of the opinion that there is a lack of balance regarding division of labor and areas of responsibility in our joint field” and that measures must be taken in order to reestablish balance and secure a good quality of care and gain the confidence of the public.

The SMA wrote to its members that the aim of the meeting was to find a solution to the conflicts that sometimes came up at delivery wards. In 1993 the meeting was held and it was followed by a number of deliberations between representatives of the two groups, which resulted in a joint document on cooperation between midwives and obstetricians at Swedish delivery wards. The document was said to reflect the prevalent consensus between the two groups concerning cooperation between them. In spite of this, many midwives reacted against it.

The basis of the document is that the medical responsibility of management at the delivery ward has to be made clear. If any person other than the

\(^8\) This abbreviation and the one I use for the Swedish Midwives’ Association (SMA) are used in this context for practical reasons. Both abbreviations are “translations” of the Swedish ones.
chief physician is in charge, responsibility has to be delegated by him or her in writing. Each doctor and midwife is then responsible for their respective fields. The midwife is responsible for the normal delivery, but the document also states that “...as many deliveries start normally, and then turn out to be complicated”, it is important that a doctor is kept informed about the management of normal deliveries, which is to be done in consultation with the midwife.

The document includes recommendations on the interpretation of CTG graphs; for example what the midwife is to do if deviations are observed or when she is not sure of how to interpret the curve. It states that the doctor responsible is to make up a list of what deviations from normal CTG-curves should lead to a doctor being contacted and that a doctor must sign the CTG-curve within 24 hours after a patient is registered and an assessment of risk is carried out.

The document also includes the types of pin relief the midwife is allowed to give the women giving birth and what medical and technological interventions she is allowed to execute. The right to use delivery forceps is normally reserved for the doctor, but it can be done by a midwife under the supervision of a doctor. Only in cases of emergency is the midwife to use delivery forceps on her own initiative.

The document further states that, as the number of vaginal breech presentations is too small to provide enough training for both midwives and doctors, and as doctors are responsible for the management of complicated breech deliveries, they must be experienced in managing “normal” vaginal ones. This means that doctors that are qualifying as obstetricians are to deliver such cases. If the doctor responsible is experienced enough and the doctor in training is absent, the task can be delegated to a midwife. Twins can be delivered by either a doctor or a midwife, but a doctor must always be present and manage the delivery.

Working cooperation between midwives and doctors is crucial for the security of the patient. According to the document, mutual respect for the practical and professional skill of each group is important.

4.2. The Consequences of the Document

While the medical profession seems to have accepted the document described above, many midwives reacted in a very negative way. As a consequence, numerous telephone calls were made and letters sent to the board of the SMA, articles were published in The Midwife – the journal of the SMA – and in the Physicians’ Journal in addition to meetings that took place at local level. As these many about turns can be divided into two main themes, this section
is divided into two parts; one that covers the management of normal deliveries and one that covers the management of breech deliveries. This is done for practical reasons, because when it comes to the management of breech deliveries, this was probably a symptom of the problem of the drawing-up of boundaries between normal and abnormal deliveries.

4.2.1 The Management of Normal Deliveries

In a letter to its members, the Swedish Nurses’ Association (of which the SMA is a member) commented on the document, in which they stressed that the aim was for the document to form the basis for further discussions at the delivery wards. They also stressed that the background to the statement that breech presentations, normal as well as complicated, should be managed by doctors, was that such deliveries were not frequent enough for all to be able to practice. They also pointed to the fact that local solutions to the problem were still possible.

Later, the board of the SMA issued another comment in their journal on the document, in which they established the fact that the document had not been used at the delivery wards in the way both parties had intended. They also expressed their disappointment at the fact that the doctors had not lived up to their part of the agreement, that their interpretation of the document was one-sided and they had not had any discussions with the midwives about how to cooperate at the different wards. According to the board, this showed a lack of respect both for the competence of midwives and for cooperation between the parties. As a result of this, the board wanted to make the intentions of the document clear. Again they stated that the normal delivery is to be managed by the midwife and that she is the one who diagnoses deviations from the normal delivery. The fact that the doctor is to be kept informed meant nothing more than that he/she was to be informed about the number of normal deliveries going on at the ward and not that the doctor was to decide whether these deliveries are normal or not.

In their newsletter, the then president of the obstetricians informed the members that deliberations with the SMA had come to a halt because of the criticism directed towards the board of the SMA relating to the agreement. “Obviously they were accused of having ‘sold out’ parts of the midwives’ field”. The president also noted that there had been criticism of the way the agreement had been implemented regarding the division of responsibility at the delivery wards. After a meeting with chief physicians from the Stockholm area, however, it was clear that it was the management of normal deliveries

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9 These deliberations were on the division of labor in prenatal care at so called “mother care centers”.
and breech deliveries that had caused problems. Because of this, he made it clear that the document should not be implemented in detail, but should be used as a starting point for local discussions at the wards and that these discussions should lead to better insights into whether the agreement changed previous routines.

Later in 1993, in a contribution to the problem of the management of normal deliveries, the president of the Stockholm midwives argued that a growing number of doctors wanted not only to manage deliveries that deviate from normal, but also to take part in the management of normal deliveries. According to the contribution, this was manifested in different ways at the delivery wards: an increase in the number of rounds, or the doctor always seeing or even examining all women registered on the ward. But this drive to follow up on even normal deliveries was, according to the writer, most pronounced during weekdays. She also questioned whether such a habit would increase the quality of care and make Swedish women more satisfied, and pointed to the fact that it would lead to a decline in responsibility, autonomy and competence of the midwife. In her opinion, it was difficult to avoid wondering whether this interest in normal deliveries originated from a large supply of obstetricians threatening them with unemployment and argued that the boundaries between midwives and doctors should instead be decided on grounds of fact, instead of on fluctuations in the labor market.

In a reply, the obstetricians argued that the document had been misunderstood and that the intention was not that doctors were to take over the management of normal deliveries. But they also pointed out the fact that, as a normal delivery is a retrospective diagnosis, in order for doctors to be able to manage complicated deliveries, it was of importance for them to be knowledgeable in the management of normal ones. So, even if there was no need for midwives to page an obstetrician in the middle of the night to examine a normal patient, a dialogue about the management of both normal and complicated deliveries during the rounds, for example, was an important part of the training. This does not mean that the midwife should contact the doctor on emergency call for every new patient that comes to the ward.

The writer also stated that, "...unless our different professions can come to an agreement, we run the risk of others from the outside dictating the division of labor and responsibility between us in a way that neither will find acceptable". He concluded that the document should be used as a basis for discussions on local solutions and that the medical profession was not interested in taking over the management of normal deliveries.

Both of the contributions above were published in the midwives’ journal as well as in the Physicians’ journal.
4.2.2 The Management of Breech Deliveries

When asked what issues that predominated during her years as president of the SMA, the then president said she spent a lot of time defending the document above, especially the part of it that deals with normal breech deliveries. The part that states that doctors are to use vacuum extractors, delivery forceps and perform operations did not actually imply any change, as it says that these tasks can be delegated to midwives. And just as before the document was published, both groups still needed to be able to practice; the doctors because they are medically responsible and the midwives because they are obliged to perform these interventions if for example the doctor on emergency duty is occupied with something else. It was the part about vaginal (“normal”) deliveries of breech presentations that gave rise to enormously negative reactions among the midwives. According to the president, these reactions were the result of the way individual members of the obstetricians’ profession interpreted the document. In her view, this issue did not deserve the kind of attention that it got, as many breech presentations are delivered by a Caesarean section or by the turning around of the baby. The ones that remain are too few for both groups to get enough practice and because of that the midwives that were involved in the formulation of the agreement thought it was reasonable to give priority to the obstetricians. This did not mean that they were the only ones that were to manage normal breech deliveries, but that midwives also should be given the chance to practice, when for example the doctor in question has had enough training.

But, according to the president, the document was misinterpreted by both groups in a way that made midwives believe that their right to deliver breech babies was taken away from them. Letters were sent to the board of the SMA, meetings were held and the president “traveled around” to different delivery wards to explain the intentions of the document; that it was not aiming at taking away areas of responsibility from the midwives. It took many discussions, meetings, letters and journal articles to calm down the midwives. One issue at question was the fact that it is common for midwives to supervise prospective obstetricians in the art of delivering breech presentations and another uncertainty concerned the training of future midwives. Would they get the opportunity to manage vaginal breech deliveries at all during their education?
5. ANALYSIS

During the interview conducted with the then president of the SMA, she argued that if the recommendations of the document had been followed, there would not have been any problems:

"According to the recommendations the midwife is responsible for the normal delivery, and when the delivery for some reason turns abnormal, she is to cooperate with the doctor. And I realize that doctors need to see normal deliveries as well. Since they are only called upon when there is something wrong, they always feel they have to do something even if it is not necessary. Maybe all the midwife wants is to have the opportunity to confer with the doctor about what to do; to take action or to wait and see. It depends on what tradition and attitude is prevailing, on what type of cooperation the midwife and the doctor are involved in. It also depends on whether the doctor is able to discuss things on an equal footing with the midwife. The crux of the matter is that there is too much prestige and jealous guarding of one's field involved. Midwives feel that doctors have wanted to intrude on their field and take over more and more. It is also a question of being so good at what you do that you have the courage to stand up for your ideas, that you're able to discuss a matter even if you can't scientifically defend your opinion. Doctors can't always do that either, but they are very good at arguing in that way, and when they do, the midwife gives up."

In their journal and in letters to both members and midwives, the obstetricians repeatedly referred to quality and safety aspects when explaining and defending the document. They also referred to the fact that they are medically responsible by law. When applying the closure theory referred to above, these types of actions are examples of demarcationary strategies, which are used by the medical profession towards midwives in order to make sure that the division of labor between the groups does not change in a way that would favor the midwives.

The midwives, on the other hand, especially in their letters to their own members, instead criticized the very same document on the basis that it was a threat to their own profession in that it would hinder them from practicing it. But, as the former president of the SMA pointed out, though the intention of the document was to find local solutions to the conflicts regarding division of labor and responsibility between the two groups, the midwives had not

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10 Translation of part of interview with the former president of the SMA.
been able to stand up for their rights, so they let the medical profession interpret the document in ways that favoured their profession.

When analyzing the actions taken (and not taken) by the midwives at the delivery wards, I would say that they did not manage to take advantage of the situation that was made available by the agreement in terms of further discussions on the division of labor and responsibility. Instead of being able to employ a strategy that would usurp upon the medical profession, they struggled to consolidate their own position in the hierarchy.

According to Witz, this is often done by the use of closure strategies toward a subordinate group (which in this context would have been the assistant nurses), but in this case the midwives had to fight members of the medical profession itself in order to restrain them from successfully using a demarcationary strategy. By this I mean that the question of vaginal breech deliveries probably became such a hot topic because the midwives felt they had to defend their profession. And as I point out above, another reason for the (perhaps undeserved) attention given to the question of breech deliveries was probably that it was a symptom of the problem of the management of normal deliveries.

When studying literature on midwifery – historical as well as contemporary and national as well as international – the question of the management of normal deliveries is constantly referred to. And when looking at the material above, it is obvious that the management of the normal delivery is the flagship of the professionalization project of midwives. The fact that midwives felt threatened when they thought the medical profession wanted to intrude on their field, and when it seemed they had the support of the joint document on cooperation between the two groups should, I believe, be seen in terms of this flagship. Then again it was not a question of employing any type of usurpationary strategy, but of seeking to defend their position.

As I have not interviewed members of the medical profession, I do not know whether it was their intention to actually employ a demarcationary strategy toward the midwives, or whether members of the midwives’ profession misinterpreted the situation. However, drawing conclusions from the data I did collect, to use any type of demarcationary strategy was not the intention of the obstetricians on the organizational level, but of individual members of the group. This might have led to “misinterpretations” of the document when it was implemented at Swedish delivery wards and to certain members of the two professions turning the field of normal deliveries into a battleground.

Additionally, it is not only a question of what group is to be responsible for normal deliveries, but also a question of agreeing on a definition of the normal delivery. While the medical profession is an advocate of the philosophy that child-birth is only normal in retrospect (which is illustrated by the
agreement described above), midwives claim that all deliveries are normal until proved otherwise. And in the many about turns after the agreement between the two groups, this was the real issue.

But in addition to showing that midwives were unable to use the professionalization strategies available, the study of the agreement can also be interpreted in terms of the relationship between bureaucracy and gender. In this paper, one of the questions asked by way of introduction is whether there is a contradiction between the bureaucratic hospital organization and the professionalization of midwives.

By studying recent work on the matter and by relating it to my own research performed at the delivery ward in question, I draw the conclusion that the way the bureaucratic organization works varies depending on what occupational group one is looking at. For the medical profession, the bureaucratic organization is no obstacle. On the contrary, it works for their profession, and Celia Davies would probably say that it does so at the expense of midwives and assistant nurses. One of her conclusions is that there is no real contradiction between bureaucracy and professionalization, as the concepts are both shaped by "...cultural notions of masculinity".

Applied to the case of the delivery ward studied, this would mean, that while the medical profession manages to obtain and keep its status as an independent profession, it is more difficult for midwives to even become members of a profession, because they are women and because they have to carry out "preparatory and servicing work", which is a prerequisite for an autonomous profession — the medical profession. And though it is clear that they together with other types of nurses are involved in a professionalization project, opinions on whether they have succeeded vary\(^1\). As they are still part of a division of labor where medical doctors occupy the highest positions, the fact that caring, nursing and midwifery are recognized as scientific fields\(^2\) has little bearing on their position and their everyday work life. They are not autonomous and do not have a monopoly of knowledge. And while the bureaucratic organization does not restrain doctors from maintaining and developing their profession, it seems to hinder midwives from getting further in their professionalization project. Because doctors are able to claim their medical accountability and responsibility, they are able to hinder any changes regarding division of labor between them and midwives and by doing so, guard their interest as a group. This means that the midwives — but not doctors — have come to a 'dead end' as a result of the bureaucratic system.

In my view, the agreement on cooperation and division of labor between the two groups can be seen as a manifestation of this phenomenon. And in

\(^{11}\) See for example Lannerheim, Emanuelsson or Heyman

\(^{12}\) In paper E of this dissertation; *Discursive Strategies of Swedish Midwives*, I elaborate on the importance of science to the professionalization of an occupational group.
addition to increasing the bureaucratic features of the division of labour between the groups, it can be seen as “shaped by cultural notions of masculinity”. By doing so, it thus becomes clear that bureaucracy, profession and gender are concepts which are intimately connected and they all have to be taken into account when studying cooperation in midwifery.

REFERENCES


PAPER E:

DISCURSIVE STRATEGIES
OF SWEDISH MIDWIVES

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1 This paper is unpublished, but a shorter version is to be submitted to the journal of Gender, Work and Organization
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1. INTRODUCTION

In one of the 1993 issues of *The Midwife* there is a text on the ‘left-sided birthing posture according to Simm’s method’ (p. 239), modified by a Swedish midwife and a Canadian doctor and then expanded on and translated by the same Swedish midwife. According to the author the method has been practiced at one of the Swedish university hospitals since 1976 and it is a method that should be seen as complementary to other methods. To a lay person as myself, the text is difficult to understand; it includes medical terms in Latin and a description of the process in technical and medical terms, illustrated by seven detailed figures of, for example, the posture of the woman giving birth, the way that the midwife should “…put a paper towel between her hand and the anus of the woman” (p. 241) and figures of the movements of the different fingers of the midwife (indicated by the direction of arrows in the figures). Another figure shows

“…the woman lying diagonally on the delivery bed on her left side with her bottom as close to the right edge of the bed as possible. Left leg in the foot-rest, which is set at the ideal height for her. When the woman is about to push she gets ‘extra power’ by grabbing the left side of the bed and her right hand in the hollow of her knee. With some practice the delivery can be followed by vaginal examination, while the woman is still lying on her left side” (*The Midwife*, 1993, p. 240).

In this detached and distanced manner, the text is, from my point of view, a manifestation of an instrumental attitude to the delivery of a baby. Only at the end of the text are there some sentences that indicate that it is actually a human being that the woman in the text and pictures is supposed to give birth to: “The woman holds the baby quite close, skin to skin. Keep the baby warm. Around 30% of the cooling is via the head of the baby” (p. 241). And at the very end; “The woman can still lie on her side, if she wishes, during the loosening of the placenta”.

In the following issue of *The Midwife* (1993, p. 312), two midwives working at another hospital criticize the text presented above. Their criticism is part of a contribution to the problem of not seeing birth as a normal process and in their letter to the editor, the two midwives state by way of intro-

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2 The journal of the SMA (the Swedish Midwives’ Association), since 1888 a forum for “individual and collective opinions from midwives on several matters concerning maternity care” (Öberg, p. 356)

3 As it has no relevance to the point I wish to make, I will not go into the details of the birth posture itself.
duction that "...a normal delivery does not imply any problems obstetrically (technically or medically)", but that sometimes "...at the delivery wards, we disturb the woman giving birth with our routines and unnecessary interventions". Additionally, in their view, a good midwife knows when to intervene and when to refrain from intervening. Fortunately, an increasing number of women want to choose their way to give birth, and because of that it is, according to the writers of the text, depressing to read the article about the birth posture according to Simms's method. They consider the method described does not allow the woman giving birth to make choices in accordance with her own needs and impulses. Furthermore, they argue that it "...is not a natural position to give birth" and the problem that the method aims at avoiding had been solved by pregnant women a long time ago. They also argue that some of the measures proposed by the method are actually only needed because of the method. In their view, the method renders "...the woman giving birth into an object that is to be delivered, not as a woman that is about to give birth". They emphasize their point by referring to a researcher who in her book states that "Giving birth is a natural process. Many women feel they are made passive and insecure among apparatus and tubes in a sterile hospital environment. The feeling of being the leading character is lost" (p. 313). At the end of the article, the two midwives state that women have always been put to the test when giving birth and that they should be allowed to keep their integrity in the hard work of giving birth.

In my view, these two texts not only include most constituents of the discourse that I describe in this paper, but it is also a perfect illustration of what I anticipate a discursive struggle. And additionally, the way that I present the two texts is characteristic of the way that I carry out discourse analysis in this paper. Before giving an account of the theories and the research questions of this paper, I attempt to briefly describe these ways.

It just so happens that the writer of the text criticized, the first text of The Midwife is not only a midwife, but a male midwife! This is of course not something that the two critical midwives state explicitly, but throughout the text, his name is constantly referred to. And in this way, the reader is constantly reminded of the fact that, in contrast to the two midwives and women that give birth, it is a man that advocates this old-fashioned birth posture. It appears to me, though the male midwife, criticized by the two midwives in this text, is not a representative of the medical profession, but a midwife, he is made a scapegoat for the obstetric or technical way of looking at childbirth. In contrast to the male midwife, the two midwives (and their colleagues who also stand behind their contribution to the debate) think they know what

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4 Below, in section 1.2 of this chapter, I will return to a definition of discursive struggle.

5 The way that I have carried out the discourse analysis of this study is further presented and discussed below in chapter 2 of this paper.
women giving birth need and want. They (think they) know, not only because they are professionals with close(r) relations to the patients, but also simply because they are women. And in addition to the fact that in the article criticized, the male midwife indeed describes and advocates this particular birth posture in a very instrumental and technical way, that is a fact that he can never change. Because he is a man, he will never be able to really know what it is like to give birth.

If these two texts are seen as juxtapositions, if they are read and investigated in the light of discourse analysis, much can be learned about the discourse of midwifery. The text written by the two midwives is a manifestation of what I understand as discourse, a *discursive formation*\(^6\), and put in relation to the text on Simm’s method a manifestation of a *discursive struggle*, as it tells the male midwife — and the likes of him — that his text and the way he advocates the birth posture according to Simm’s method is *not* the way that birth postures should be described and discussed. The message of the text written by the two midwives is quite clear: Simm’s method is not and should not be part of the discourse of midwifery. And by carrying out a discourse analysis, the fact that the texts selected have common features and variations among themselves becomes evident. In addition to signifying a domain of knowledge or experience from a particular perspective — such as the perspective of the two midwives above — that is what I anticipate as a characteristic of a *discourse*\(^7\).

1.1. The Discourse of Midwifery

In this paper, I shall argue that the *discourse of midwifery* is based on the concept of the midwife as the guardian of normal birth and the obstetrician as an advocate of birth as a pathological process. As I make evident above, and as the discourse analysis of this paper will show, the gender of the professions involved is important. The discourse of midwifery is *gendered* in its basis and draws upon the conception of the female midwife and the male obstetrician.

In addition, the discourse of midwifery is composed of a number of other constituents, also salient in the analysis carried out above. The concept of the midwife as the guardian of normal birth means that the *tradition* of the occu-

\(^6\) In *The Politics of Truth*, Michèle Barrett quotes Foucault when discussing his concept of discourse: ‘Whenever we can describe between a number of statements, such a system of dispersion, whenever, between objects, types of statement, concepts, or thematic choices, one can define a regularity (an order, correlations, positions and functionings, transformations), we will say, for the sake of convenience, that we are dealing with a *discursive formation*’ (1991, p. 128).

\(^7\) This understanding of *discourse* is inspired by Fairclough, Barrett and Smith among others and appropriate references will be made to its origin throughout the paper.
pation is an important constituent – though perhaps only implicitly present in the texts referred to above. By pointing out the fact that women giving birth realized “a long time ago” what birth posture is the best, and that “childbirth has always put women to the test”, implicit references are made to the history of midwifery.

Guarding the normality or the normal process of childbirth also means making sure that unnecessary technology is not used. This means that technology is an important, though – as I will show – complex, constituent of the discourse of midwifery. In the texts referred to above, this is manifested in the negative references made to ‘apparatus and tubes’ and by the opposition to Simm’s method as a whole.

The references made to ‘the obstetrically (technically or medically)’ by the midwives highlights the subordination to and/or the conflict with the medical profession in general and obstetricians in particular. But guarding normal childbirth also means that within its boundaries, the midwife is autonomous. It also means that instead of conflict with the medical profession, the relation between the groups is often characterized by cooperation.

These are the constituents of the discourse of midwifery, analyzed and described in more depth in this paper.

1.2. ‘Textually Mediated Forms of Ruling’

In a previous paper on the impact of bureaucracy and gender upon the professionalization of midwifery, I describe and analyze the content and the consequences of an agreement on cooperation and division of labor between Swedish midwives and obstetricians established in 1993.

As many midwives felt that the agreement was a threat to their right to autonomously manage all normal deliveries, it gave rise to an inflamed debate within the midwives’ profession. I believe the most important part of this debate did not actually deal with the division of labor between the groups. Instead it was a question of agreeing on the definition of the normal delivery. While the medical profession is an advocate of the philosophy that childbirth is only normal in retrospect (which is illustrated by the contents of the agreement), midwives claim that all deliveries are normal until proved otherwise. And in the many about turns after the agreement between the two groups, this question was the real issue.

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8 For a description in more detail see Bureaucracy, Professionalization and Gender – The case of Midwifery (paper D of part IV of this dissertation)
In the paper mentioned above, by applying theory on *gendered closure strategies*, developed by the British sociologist Ann Witz, I conclude that while the obstetricians were able to use the agreement as a tool in their professionalization project, the midwives did not succeed in doing so. As the aim of the agreement was to create a basis for further discussions between them and the obstetricians at the different delivery wards, this would have been possible. The reason why the midwives did not manage to take advantage of the agreement can of course be explained in terms of gender or patriarchy and the fact that midwives are part of an occupational hierarchy in which doctors occupy the highest positions.

But in order to gain a deeper understanding of the social relations described above, the document described can be seen as a *textually mediated form of ruling* (Smith, 1993, p. 212). This is done in accordance with Dorothy Smith’s way of viewing the relations of ruling in her book *Texts, Facts and Femininity*. In her words, “The ruling apparatuses are those institutions of administration, management, and professional authority, and of intellectual and cultural discourses, which organize, regulate, lead and direct contemporary societies. . . . These forms of communication and action are distinctively mediated by texts.” (p. 2).

Bearing this in mind when studying the agreement between midwives and obstetricians, its background, establishment, content and consequences can obviously be analyzed and understood in terms of a discourse or a discursive formation. And then the reason why midwives gave the obstetricians the preferential right to interpretation of the agreement can be found in the subordination of midwives to the “medical discourse”. This means also that the hottest issue of debate after the agreement; the definition and management of the normal delivery, can be understood in terms of discourse. The medical discourse that postulates that childbirth is only normal in retrospect became even more predominant as a result of the agreement.

And additionally, these insights can be applied to the above discussed text on Simm’s method. What is interesting in this context, however, is not the somewhat trivial inference that it can be understood in terms of a ‘textually mediated form of ruling’ (if we see it as a manifestation of the medical discourse), but the way that the female midwives reacted to the instrumentality (and perhaps rationality) of the text on Simm’s method. When I read the following sentence: “The power relations which come thus into view from the standpoint of an experience situated in the everyday world are abstracted from local and particular settings and relationships” (Smith, p. 2), the arguments upon which the midwives base their criticism are rendered obvious.

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9 For a presentation of these theories, see paper D of the dissertation and chapter 4 of this paper.
They claim—though perhaps not explicitly—to know more about the everyday world of midwifery than the male midwife; based both on their experience as professionals working in the field and as women.

Because of these experiences and these types of knowledge, the text on Simm’s method and its author can be seen not only as belonging to a different discourse (the medical discourse), but also—from the midwives’ point of view—as representing a group that is illegitimately claiming power in the field of midwifery. His claim is illegitimate from the midwives’ point of view, as they themselves claim to know what it is actually like to give birth and what women need and want. The text thus also sheds light on a particular aspect of a discursive formation: the fact that the claims made by the male midwife are not legitimate or that they are not legitimate grounds of power in the field in question. In other words, it tells us that this instrumental way of looking at and discussing childbirth is illegitimate because there is no link between the text and what is going on in reality.

Although the focus of this paper is not the struggle between the discourse of midwifery and the medical discourse, but the way that midwives shape and reproduce the discourse in relation to the medical profession, the way that representatives of both professions claim knowledge and power in the field of midwifery will run throughout the paper. This is what I refer to as a discursive struggle above.

1.3. The Research Questions of This Paper

In spite of the success of the medical profession in gaining status and power in the field of midwifery, midwives are not powerless. As social relations, power and domination can be both resisted and negotiated they, too, employ different professionalization strategies. In this paper, I explore these ways and what role their discourse, the discourse of midwifery, plays in this process.

In contrast to some other discursive strategies aimed at improving the status of an occupational group, in this paper I do not primarily deal with a discourse that is created by members of a group external to the one in question. Instead, I focus on an internal discourse constructed by members of the midwives’ profession themselves. What kind of self-image is mediated by the texts? And how can this image be related to the image—or the image that they wish to convey—of the medical profession? How is the boundary

10 In their introduction to Gender and Bureaucracy, in a discussion on gender and the state bureaucracy, Mike Savage and Anne Witz write that “...it is through discursive strategies, that is, through creating a framework of meanings, that interests come to be constructed and represented” (1992, p. 38). In this context, it is of course the way in which they define the concept of discursive strategies that is of interest.
between midwives and obstetricians of use in the discursive strategies employed by midwives?

The two latter questions, however, can only be answered in terms of an internal as well as an external discourse. And in this context I would like to point out the fact that the strategies employed by the medical profession against the midwives' profession are neither presented, except very briefly, nor analyzed, by no means implies that members of the medical profession do not employ such strategies. What it does imply is merely that their strategies are not the focus of this paper, regardless of the extent and the importance of the professionalization strategies of the medical profession. Additionally, it might also be important to point out that the professionalization strategies of the midwives do not happen in a vacuum. Instead, they should be seen as defensive strategies; defensive because they are indeed actions taken by a group hit by strategies directed towards them by the medical profession. I realize, however, that, as a result of the choice not to account for its strategies, the medical profession can be perceived as inactive, perhaps as a mute opponent in this process. But as I show, for example in the study of the establishment of the agreement on cooperation and division between the parties, this is by no means the case. In the same way as the actions taken (or for various reasons not taken) by the midwives' profession in that particular process, the "actions" described in this paper are the result of a discursive struggle between the groups, a struggle for power in the field of midwifery. I consider the discourse of midwifery, of which some aspects are presented and analyzed in this paper, plays an important role in this struggle. One of the research questions of this paper is to define these ways.

In analogy with theories on discursive professionalization strategies used, it might also be fruitful to ask whether the discourse of midwifery is gendered and if so, in what way? It means that the paper also aims at investigating both in the ways in which 'guarding the normal birth' and the subordination of the midwives' profession to the medical profession are gendered conceptualizations of the midwife and the field of midwifery.

In conclusion, this paper aims at identifying and exploring connections between the concepts of professionalization and discourse, both empirically and theoretically. It also aims at investigating the nature of discursive strategies, in which the discourse of midwifery plays an important role.

In order to do this I have carried out an analysis of a selection of issues of The Midwife as well as of both scientific and literary accounts of midwifery. The first section of this paper deals concurrently with method and theory, the second with the results of the discourse analysis itself – the ways in which the

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11 See chapter 4 of this paper for a presentation of the dynamics of professionalization strategies.
texts are given meaning by the discourse or by the frames of interpretation given by the discourse. In the last section I try to answer the questions above by relating the results both to existing and — hopefully — expanding theory, but also by trying to show in what ways the discursive strategies are gendered and by anticipating a possible future discourse.

2. METHOD AND THEORY: AN INTERACTIVE PROCESS

Instead of — in the way of most of my previous papers — presenting this paper in a traditional way, in this section I try to show that the research process is interactive, that the analysis of this chapter is a result of the interplay between method, theory and data. Because in reality the building of a theoretical framework does not always precede the collection of empirical data and the analysis. Instead, all of these things can be going on concurrently, dependent upon and “feeding” each other. Instead of pretending that they do not, this chapter contains both theoretical and methodological considerations and deliberations, hopefully not too confusingly interwoven.

2.1. The Starting Point: The Midwife

In addition to interviews carried out with midwives, the empirical data collected for the above mentioned paper in which a case study on the agreement is included, is based on different types of articles published in The Midwife, the journal of the Swedish Midwives Association (the SMA). It was the then president of the SMA who, after I had met her and interviewed her, sent me copies of articles on the above agreement that had been published in the journal. That is how I hit on the idea that instead of interviewing yet another group of midwives, I would survey the journal itself for interesting articles on the division of labor and cooperation between midwives and obstetricians. I decided to request all issues of the journal published between 1990 and 1996, as the agreement had been prepared, composed and implemented in Swedish delivery wards within that period of time. It was also during that period that I had myself given birth to two children at the particular ward studied and carried out research on midwifery.

12 In analogy with this way of carrying out research, the research project as a whole (of which this paper is a part), has been carried out in a similar way. This is explained in the introduction to this dissertation (part I).
13 Paper D of this dissertation.
When I received the journals and started looking for articles on this subject, a number of articles, letters to the members and letters to the editor caught my eye. Feeling a little guilty, as I was not doing what I was supposed to (which at the time was to survey the journals for what I then saw as relevant articles), I tried to stop reading whatever it was that I was reading and return to my task. But after a while I gave up and went on reading touching stories about Swedish midwives working in third world countries, about hard working and proud midwives of the past or about research on midwifery that really had nothing to do with the agreement I was supposed to study. And gradually, I began to realize that the articles which I for some reason or another decided to read had both common features and variations among themselves. As I began to see these systematic variations and similarities, I also realized that their common themes were of limited extent and that a number of categories or themes could be identified. I then decided to go on by writing down their respective themes on Post-It® notes and sticking them between the pages of the journals in question. In that way, a number of themes became physically visible and salient. And by taking a quick look at the collection of journals, I got an idea of what categories were important and how to proceed with the analysis.

2.2. A Frequent Theme: History and Midwifery in Other Cultures

One of the most frequent themes turned out to be history. In practically all of the journals there are narratives, stories or even “fairy tales” of midwifery in the past, of midwives not so many decades ago skiing to reach their patients in remote areas of Sweden and stories of how they endured being students at the hospital delivery wards in the beginning of the century. Another rather frequent theme that I began to associate, not immediately, but gradually, with history was midwifery in other cultures. By reading the contributions labeled history and midwifery in other cultures over and over again, I began to see that the aim of both themes is to show that there was a time when midwifery was an independent profession, a time when midwives worked with access to neither technology nor medical expertise.

The thing is that these features of midwifery are not only observable in midwifery of the past, but also in contemporary midwifery in other cultures. I think it was when I began to see these contributions as representations of some kind of common meaning, that I realized that they were also representations of a discourse or a discursive formation.
2.3. Texts and Discourse Analysis

The process described above began as I was expanding my paper on bureaucracy, professionalization and cooperation in midwifery mentioned above. Due to the fact that for a period of time I was working concurrently with both of these papers, this process can be described as interactive. But at the time I did not know what it actually was that I was doing, even though I realized that my reading, categorizing and understanding of the structure of the discourse and the discursive formations was facilitated by knowing the data I had previously collected while working with midwives as a researcher, and also by being a patient at the ward studied and by reading different types of literature. This means that the analysis of this paper is based on all the data I have ever collected on midwifery, both empirical and non-empirical. As I gradually began to realize that I should carry out some kind of discourse analysis, I also realized that it would be more appropriate to speak of the data on which this paper is based as different texts.

2.3.1 Texts and Social Relations

These texts had to be handled analytically in one way or another, and by reading how Dorothy Smith uses texts and carries out discourse analysis in her analysis of the discourse of femininity in *Texts, Facts and Femininity* (1993), I realized what it was that I was trying to do:

"In this inquiry we make conscious use of naturally occurring texts that are constituents of or reflect on the social relations of femininity. These are not intended to illustrate interpretations. Texts that are constituent of the relations of discourse carry properties of their organization; where people write of experiences of being active in those relations, or write fictionally about them, their texts reflect a tacit knowledge of the organization of the relations of femininity; so too where they write an ideological gloss on femininity. In effect the quotations analyzed in this chapter sample those social relations; they are 'pieces' carrying the social organization of femininity imported directly into the text of this chapter" (Smith, 1993, p. 166).

This means that instead of giving the textual the central place, Smith focuses the "...social relations in which texts are embedded and which they organize" (p. 162). It also means that discourse is not limited to the text, and that investigation should focus on "...a lived world of ongoing social action organized textually and texts – or their reading or viewing – are moments in, and organizers of, sequences of social action" (p. 163). As I understand Smith,
this means that texts are not only constituents of and reflect the social relations, but that they also organize social relations.

In accordance with this way of using texts, the texts I use in this paper include transcripts of interviews carried out with midwives, as they enable me to recognize the different constituents of the discourse. Other texts are scientific and sometimes literary accounts of midwifery, both Swedish and international, as I have come to see them as representations of the same discourse. Most of these scientific texts are written by sociologists and deal directly with the professionalization of midwives, while others are written by midwives and can be seen as representations or constituents of the discourse in a more indirect way. By this I mean that, though the latter contributors might write about research on what it feels to lose a child or what birth posture is the most efficient, they do not write explicitly on the professionalization of midwifery and are probably not aware that their writings are representations of the discourse of midwifery.

Whether texts on midwifery written by non-midwives should be regarded as representations of the same discursive formation as texts produced and consumed by members of the midwives’ profession can of course be debated. I am not sure that they always are. But since for example the theories on professionalization of midwifery contribute to my ability to observe and identify representations of the discourse in other types of texts, I think they should be accounted for in this context. And in the same way as the texts used by Smith “...reflect a tacit knowledge of the organization of the relations of femininity…”, the texts analyzed in this paper reflect a tacit knowledge of the organization of the relations of midwifery, and, as I will show, tacit knowledge of the professionalization of midwifery.

In her book Dorothy Smith refers to Foucault’s conception of discourse “...in whose work it defines an assemblage of ‘statements’ arising in an ongoing ‘conversation’, mediated by texts, among speakers separated from one another in time and space” (Smith, p. 161). In accordance with this view, the discourse itself is seen as an ongoing intertextual process, and displaces the original writer or thinker (the subject). So when I refer to the different texts taken from *The Midwife*, the original writer is not important. In accordance with this, while her profession or position is taken into account, her name is not.

In addition, the fact that research carried out on midwifery (or any other occupation) is influenced by the discourse it is investigating (consciously or unconsciously) is another argument, whether I, as a researcher, like it or not.
This means that this text (this paper) could also be included in the discourse analysis. Apart from investigating the discourse of femininity found for example in women's magazines, television advertisements and cosmetic counters, (as they are constituents of the social relation they organize), Smith also argues that "...discourse also involves the talk women do in relation to such texts, the work of producing oneself to the textual images" (p. 163). When applying this way of looking at texts to the texts of this paper, it means that the talk that midwives do in relation for example to texts on the division of labor between them and the medical profession, the way they carry out their work and the way they describe their work are of interest. The observations and the interviews carried out by myself and even my experiences as a patient thus not only help me to identify the constituents of the discourse. In fact they are constituents of the discourse.

2.3.2 No Texts Produced by Members of the Medical Profession

In this context I would also like to point out that practically no texts written (or spoken) by members of the medical profession are read or analyzed. The reason is the limited focus of this paper, which is to identify and describe discursive strategies of midwives. It could, of course, be argued that as it is a discourse that seems to be highly affected by the discourse of medicine, the latter also should be described. But from my perspective, it is not the discourse of medicine itself that should be focused on, but the image of the medical profession mediated by the texts and forming part of the discourse of midwifery. Whether this image corresponds to the discourse of medicine itself is not important in this context. And without having investigated the discourse of medicine myself, I refrain from speculation.

I would, however, like to point to some data in Torgerdur Einarsdottir's dissertation on the heterogeneity and gender differentiation of medicine (1997). Compared to the medical profession, whose different discourses are constructed from her point of view as a result of the relations between the different specialties of medicine, I suggest that the discourse of midwifery is based on the conceptualization of an external profession; the medical profession. While the differences regarding for example gender and status between

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14 A similar problem is described by Smith in one of the essays included in *Texts, Facts, and Femininity; On Sociological Description: A Method from Marx*. In the paper, she presents a research project aimed at studying the social organization of news in a newspaper, a project that resulted in the question of the status of the description produced by the researcher, "...of the relation between the descriptive language and the actuality it intends" (p. 116).

15 Some of the texts analyzed, however, relate to and discuss texts written (or spoken) by members of the medical profession.
the different fields of medicine is manifested in "...an analysis of debates in
the Swedish medical journal regarding internal struggles for territories, social
resources and authority" (Einarsdottir, p. 287), the texts analyzed in this paper
are representations of a discourse produced and reproduced in relation to the
image of the medical profession.

2.3.3 The Language and the Interpretation of the Texts Analyzed

Before starting to explain what type of discourse analysis I have carried out, I
would like to mention that most texts (especially those taken from The Mid­
wife) are written in Swedish, analyzed and then retold in English by myself.
This lack of exact translation can be seen as problematic. It means that there
are no real quotations of texts – written or spoken – originally written in
Swedish, but only my interpretations of the texts in question. But as discourse
analysis effectively means that texts have to be interpreted in one way or an­
other, I do not believe this is real problem. In addition I analyze texts in their
original language – both English and Swedish and not translations. And since
I carry out no linguistic analyses, the language itself is not analyzed in detail.
There is no analysis of the phonology, the grammar or the vocabulary used,
but only an attempt to find common patterns, regularities and thematic
choices in the different texts.

In addition to these types of interpretations, many of the texts analyzed are
only referred to in the sense that I quote from or relate indirectly to selected
parts of the texts when necessary; shorter quotes are part of the text, while I
have chosen to emphasize some of the longer and perhaps more important
quotes by removing them from the body text. Additionally, some of the
texts, especially the ones in the form of fairy tales or stories, are presented in
shortened versions.

2.3.4 The Genre of the Texts Analyzed

In addition to “scientific” texts, which, in addition to being representations of
the discourse can be seen as a theoretical framework, selected texts published
in the 1990-1996 issues of The Midwife have thus been read and categorized
in accordance with the method described above. And, as I point out above,
texts are analyzed not linguistically, but intertextually. According to Fair­
clough these two types of analysis should be seen as complementary (p. 188),
but while the former draws upon linguistic systems, the latter “...shows how
texts selectively draw upon orders of discourse – the particular configurations of
conventional practices (genres, discourses, narratives etc.) which are available
to text producers and interpreters in particular social circumstances” (p. 188).
Fairclough uses the term genre for the type of linguistic activity (such as the
interview or the television news), discourse for a practice of signifying a domain of knowledge or experience from a particular perspective and narrative for a socially ratified story type (p. 213). In accordance with this terminology, the intertextual analysis of this paper, based mainly on the genre of contributions to The Midwife, investigates whether a practice of signifying a domain of knowledge or experience from a particular perspective is observable in the texts and whether socially ratified story types can be identified.

2.3.5 Reasons For Analyzing Texts

And in addition to Fairclough’s view on discourse analysis above, I would like to draw attention to his view on the different reasons why textual analysis should be more widely used. In his point of view, “...texts constitute a major source of evidence for grounding claims about social structures, relations and processes” (p. 209). Texts are also good indicators of social change and “...provide evidence of ongoing processes such as the redefinition of social relationships between professionals and public, the reconstitution of social identities and forms of self, or the reconstitution of knowledge and ideology” (p. 209). In addition, Fairclough points to a political reason; that it is through texts that social control and social domination are exercised, negotiated and resisted.

As I point out above, the reason why I started reading the latest issues of The Midwife was that I had been told that some of them contained articles on the agreement on cooperation and division of labor between midwives and obstetricians. Most of the articles that I found useful were very critical of the agreement, even though some - especially the ones written by midwives and obstetricians involved in its preparation - defended it. All of these articles can of course be seen as evidence of changed (or reproduced) social relationships, but also of resistance toward social control and domination.

2.4. The Duality of the Discourse of Midwifery

As I will further elaborate below, the discourse described in this paper is partly built upon the notion of the midwife as the guardian of the normal birth. The idea that midwives are to manage normal births seems undisputed even though the definition of normal birth, as I relate above, can be discussed, re-negotiated and even changed (as in the case of the agreement, which could have - but did not - change the division of labor between midwives and obstetricians). Midwives seem to have a common notion of the definition of a normal delivery, a definition different to that of the medical profession.
But in contrast to this constituent of the discourse, there are other rep­resentations of the discourse that at first seemed contradictory. When I started reading the texts, I had not started thinking about what I read in terms of discourse and because of that, many of the things I read as well as many of the things that I remembered midwives telling me, were puzzling. Why all these stories of midwives who stood up to both bad weather and mean doctors in order to help women in need in the old days? Why accounts of the importance of establishing midwifery as a scientific field at the same time as celebrations of midwifery as craft or even art? Why critical stories of doctors who were too eager to carry out Cesarean sections or other types of interventions at the same time as accounts of the importance of access to medical expertise?

In this section of the paper, I try to show how I came to understand and explain the logic of the discourse in question, even though I would also like to point out that it is possible that the discourse is not wholly explicable in terms of a logic. It is pointed out by Bruno Latour and Steve Woolgar in their book *Laboratory Life – The Construction of Scientific Facts*, based on studies of the ways by which scientific data are created in a biology laboratory; “Scientific reality is a pocket of order, created out of disorder by seizing on any signal which fits what has already been enclosed and by enclosing it, albeit *at a cost*” (p. 246). For scientific and pedagogic reasons, however, though I am aware that ‘reality’ is much more complicated than the image of reality presented in this paper, an order or a structure, like the one I am trying to convey in this chapter, is necessary. Hopefully, this is not at too high a cost.

In this context I would like to go on quoting Latour and Woolgar, as in addition to discussing the ways in which order is created out of disorder, they discuss the value of their own construction of facts:

“Our account of fact construction in a biology laboratory is neither *superior* nor *inferior* to those produced by scientists themselves. It is not superior because we do not claim to have any better access to ‘reality’, and we do not claim to be able to escape from our own description of scientific activity: the construction of order from disorder at a cost, and without recourse to any preexisting order. In a fundamental sense, our own account is no more than *fiction*” (Latour and Woolgar, p. 257).

Even though I would not like to think of my own creation of order and “facts” as “fiction”, I am inclined to agree with the authors. The fact that many midwives might not agree with the “order” that I depict in this paper can not be taken too lightly. Neither are the “facts” of this paper of more value than their “reality”.
2.4.1 A Number of Different Discourses?

In the very interesting and original book *Secretaries Talk: Sexuality, Power and Work*, written by Rosemary Pringle, there is a paragraph that I would like to quote in this context:

"‘Secretary’ has not one but a variety of meanings. These meanings are not fixed for they have to be continually produced and reproduced. Herein lie the possibilities for transformation and change. However, the alternative meanings are not infinite. The prevailing images and representations operate in the context of structures, which, if not fixed, have a certain longevity. Structures of patriarchy and capitalism, gender and class, the labour-process and psycho-sexuality provide a context and a set of limitations to the transformations that are possible at any point in time. They have been produced for so long and, and in such a variety of contexts, that alternative positions may be literally unthinkable or relegated to the political wilderness. The relation between ‘discourses’ and ‘structures’ is a recurrent theme of this book." (Pringle, p. 5)

Pringle then answers the question of “what is a secretary” by referring to three different discourses; “the office-wife”, “the sexy secretary” and “the career woman”, respectively. By describing different texts, such as books of advice on how secretaries should behave in the sixties, interviews with both bosses and secretaries, books of imaginative literature (such as Agatha Christie’s stories), newspaper articles and advertisement including photographs of secretaries, Pringle conveys a picture of three different discourses “which have coexisted, at times peacefully and at others in open competition with each other” (p. 5). Furthermore, in Ann Witz’ book there is a chapter describing the politics of nursing registration, in which she writes that “in a manner reminiscent of Pringle’s analysis of the different discursive constructions of the secretarial role in the twentieth century, we can discern two different and opposing discursive definitions of ‘the nurse’ that coexisted by the end of the nineteenth century” (Witz, p. 141). One of these discourses was based on the moral qualities of the nurse as a woman, of what she was rather than what she did, while the other discourse was based on professionalism in terms of the technical skill and competence of the nurse.

In addition to these similar analyses of different discursive constructions, the book written by Einarsdottir on the heterogeneity and gender differentiation of the medical profession points to a number of different discourses. In spite of the fact that when doctors were asked for a description of their own specialty as well as of other specialties of medicine, she found “…no totalitarian system of discourses strictly and exclusively related to certain special-
ties” (p. 287), but tendencies toward a number of different discourses relating to the different specialties of the profession. These different discourses also explain why surgery is associated with masculinity, while geriatrics attract many female doctors.

Once I began realizing that it was possible to read and understand texts on midwifery in terms of more than one discourse, and started looking at the choices of other researchers, I was confronted with the question of whether I should describe its contradictory nature in terms of a number of different discourses by analogy with the work of Pringle, Witz or Einarsdottir or whether I would think of it as one discourse or discursive formation. For a long time, I put off making the decision, thinking that reading and analyzing more texts would facilitate and eventually justify the decision. I do not know whether in actuality it did.

2.4.2 Contradictions Within One Discourse

When looking at Witz’ manner of describing two different discursive definitions of ‘the nurse’ of the end of the 19th century, there are indeed some features that would be reminiscent of a possible way of carrying out the analysis of a number of discourses of midwifery. For example, the way that many texts on midwifery – especially those that describe midwifery in the past – tend to focus in the same fashion the qualities of the midwife; her unselfishness, her patience and her adaptability. Other texts – especially those focusing on the situation of midwives of today – tend instead to focus on new ways of professionalizing the occupation; the application of science, of quality systems and of new technology.

But in the end, instead of describing a number of different discourses with different answers to the question ‘what is a midwife’ like Pringle, Witz or Einarsdottir, I decided that the contradictions described in this paper are representations of the same discourse.

Firstly, in spite of the similarities described above to Witz’ account of two different discursive definitions of ‘the nurse’ in 19th century Britain, there are important discrepancies from the discourse of this paper. The discursive definitions described in her book were the result of two different campaigns; the pro-registrationists and anti-registrationists, respectively. This means that while one of the discourses can be related to the usurpationary and exclusionary strategies used by pro-registrationist nurses, the other discourse can be related to “…the opposition from within the ranks of nurses themselves, opposition led covertly and surreptitiously by Florence Nightingale, who did not believe that registration was the way for nurses to consolidate their modern, reformed role in the emerging medical division of labour and expanding system of hospital care” (Witz, p. 130). This or something similar can hardly be
said about the discourse of Swedish midwifery of today. In addition, Witz
writes about discursive definitions or constructions of 'the nurse', while I,
even though it would have been possible to describe the discursive construc-
tion of 'the midwife', have chosen to describe 'the discourse of midwifery'.
This means that it is the qualities of the profession, rather than the qualities of
the midwife that I focus on.

Secondly, midwives belong to a more homogeneous group than the secre-
taries described by Pringle or the medical profession described by Einars-
dottir. In contrast to the Australian secretaries of Pringle's study, midwives as
a group – at least in Sweden – tend to enjoy the same status as they are found
at the same level of the hierarchy of the hospital organization for example.
And in spite of the fact that I have observed evidence of status differences
between midwives working with delivery care and midwives involved in
maternity care inside or outside the hospital organization, almost all texts
picked out and analyzed deal exclusively with delivery care in one way or the
other. This is partly due to the fact that I have chosen to focus on delivery
care rather than maternity care. In addition I think it is also due to the fact
that, in general, texts that focus on issues of maternity care are not as fre-
quent, even though texts on the division of labor between midwives and
general practitioners are found in some issues of The Midwife. From my per-
spective, texts on how to proceed with the professionalization project of
midwives tend focus the division of labor and responsibility between mid-
wives and obstetricians at delivery wards rather than at other work sites
where both groups are found and cooperate.

Regardless of the reason for the absence of texts focusing other areas than
delivery care, the midwives that are the targets of my study is a rather homo-
genous group. In contrast to the medical profession, as investigated by
Einarsdottir, there are no signs of either a gender differentiation, or a growing
heterogeneity of the occupation. While the medical profession is divided into
a number of different specialties that enjoy different levels of status and pres-
tige, the current trend of midwifery at many hospitals is to introduce job-ro-
tation between for example the delivery ward, the maternity ward and the
women’s clinic of the hospital\footnote{According to an interview with the former president of the SMA.}. This means that any differences regarding
status between different groups of midwives are leveled out.

And, thirdly, I think that the contradictions are signs of the transforma-
tions and changes that Pringle also writes about in her book. By this I mean
that within the discourse of midwifery, there are not only remainders of what
a midwife used to be and representations of what she is today, but also em-
byros of a number of alternative future midwives. All of these different com-
ponents also coexist, “...sometimes peacefully and sometimes in open com-
petition with each other” (Pringle, p. 5). At the end of this paper, I will return to this issue in a discussion on whether a future, different discourse is observable already today.

2.4.3 The Logic of the Discourse

Yet another argument for not explaining contradictions in terms of representations of a number of different discourses can be based on the logic of these contradictions. When I, as described above, eventually started thinking of the texts in terms of discourse, I first got the idea that these different and partly contradictory manifestations of midwifery were actually representations of at least two different discourses, let us say the discourses of tradition and science, respectively. For a while, I even categorized the different stories in accordance with this hypothesis. But then I progressively realized, that generally there is no conflict between celebrating history and using medical technology when necessary or starting to appreciate the use of science in the development of midwifery.

An illustration of these ideas can be found in The Midwife (1990, p. 84), where a “fresh” midwife tells of her own feelings toward starting to practice midwifery. In order to “get some strength and courage”, she has read some stories on midwifery of the past, “…and cannot refrain from being fascinated by the knowledge and the ability to take action of these predecessors in the occupation”. One of these stories is that of a midwife who in 1922, in the Finnish countryside as her first assignment was called to help a farmer’s wife who was to give birth to her sixth child. Later the same night she delivered breech twins prematurely, which of course “gives us reason to admire this courageous and competent woman”. Another story that the writer refers to is about her own grandmother who, as a midwife, was a highly respected person. She also writes about the fact that women, in spite of her limited experiences of the occupation, often tell of their own experiences of birth at parties and in other contexts. In addition to preserving these types of confidences, the status and the obstetric knowledge of the midwife has to be guarded. At the end of the letter, the writer concludes that, because of new technology that can be used at complicated deliveries, midwifery is an exciting combination of old and new, an occupation with an interesting history and an equally interesting future.

From my viewpoint, her letter highlights some very important features of the discourse. The reason for going back to history is to show that midwives can and should work autonomously within the boundaries of normal deliveries. But the story also points to the vulnerability of the midwife (and her patient) when there is no access to medical expertise or medical technology. Midwifery of the past was no rose garden. The two boys born prematurely
could easily have died. Thanks to the midwife, they didn’t. The letter also directs attention to the idea that midwives should be given the possibility of using technology when necessary, but that in order to do so, they need to be knowledgeable both in traditional midwifery as well as in the use of modern technology. This indicates to me that both access to and absence of technology are parts of the same discourse.

As I came to these and similar conclusions about what I first saw as contradictions, I started thinking of these texts not as contradictions, but as manifestations of the duality of the discourse. And by doing so, I began to realize that these seemingly contradictory accounts all served the same function: to contribute to the professionalization of midwifery. I also realized that they are part of the discursive strategies described below. Through this process the complexity of the discourse became clearer. In the next chapter of the paper I try to show that these dualities exist within each constituent or theme of the discourse and that there is actually a logic behind them.

3. THE DISCOURSE OF MIDWIFERY AS MEDIATED BY TEXTS

In this chapter of the paper I try to make more clear the constituents of the discourse of midwifery described above by showing how they are mediated by the texts analyzed and how the texts at the same time reproduce and shape the social relations that they claim to describe.

For reasons described and explained above I chose to categorize the texts read into four different themes. In this paper, themes refer to the fact that not all of the texts can be said to be manifestations of the constituents of the discourse. This means that a theme is more widely or loosely defined and that in order for a particular text to qualify as an illustration of a constituent, a higher level of complexity, empirical evidence and analysis are necessary.

The contents and the extents of these different themes could of course be questioned, but as in the case of deciding to see contradictions and complexities of the texts as representations of not many, but one discourse, there is a logic behind them. Because even though tradition and science (theme II) at first seem to belong to two different themes, they complement each other in the sense that they are two different sides of the same coin and of similar value to the discursive strategies of midwives. The same can be said about theme III which deals with midwifery and technology and theme IV which poses the question of autonomy or subordination, conflict or cooperation? The first theme—theme I in this context as it in some ways permeates all of the other themes—
though it is accounted for after the other themes, deals with the midwives as guardians of normal birth. This constituent of the discourse is also characterized by a duality, but a duality of a somewhat different nature. Instead of a contradiction regarding some aspect of midwifery, it contains a tension between the image of the midwife as guardian of normal birth and the doctor as a representative of a more pathological view of childbirth.\footnote{In this context, I would like to emphasize that whether this image of the medical profession corresponds to their own self-image or not, is not taken into account. Instead, it is the image of the medical profession, conveyed and reproduced as part of the discourse of midwifery that is at issue.}

As will be noticed, many of the accounts presented as manifestations of one or other of these themes could easily have been categorized as a manifestation of another theme. All are intimately interwoven. In addition to theme I being some kind of basis or starting point for the discourse, the access to technology, for example, is closely connected both to subordination and autonomy. If the midwife is to work autonomously, she has to do so within the boundaries of the normal delivery. As soon as complications occur, her autonomy is reduced as the doctor responsible is in charge of and controls the technology and the interventions necessary. Besides, texts on the technology of childbirth could often be categorized as belonging to theme I, as they often look back upon the use of technology in the past, even when focusing on the situation of today. The same is also true for texts on cooperation and conflict.

Hopefully this and similar overlaps between the different themes will not render understanding difficult, but contribute to revealing the complexity of the discourse and its constituents. And hopefully, by describing the dualities of these constituents, it will render the analysis of their importance to the discursive strategies employed by Swedish midwives possible.

3.1. Theme I: Midwives as Guardians of Normal Birth

As stated in the introduction to this paper and in a previous paper\footnote{See paper D of this part of the dissertation.}, the fact is that the agreement on division of labor between midwives and obstetricians can be seen as a failure from the midwives’ point of view and that this failure can be understood in terms of their subordination to the medical discourse. Without further investigating ‘the medical discourse’, I further argue that – as it postulates that a normal delivery is a retrospective analysis – it can be contrasted with the discourse of midwifery, according to which a delivery is normal until proved otherwise. As I also point out elsewhere\footnote{See paper C of this part of the dissertation.}, these different definitions (or – if you will – discourses) are of crucial importance to the di-
vision of labor and cooperation between midwives and obstetricians. It goes without saying, however, that the medical discourse, given the fact that it is more closely connected to the medical bureaucracy, predominates and that it exerts a greater influence on decisions taken on the division of labor or rules regarding accountability and so forth.

But in spite of this, midwives are, as pointed out above, not powerless and in this section I show how by representing themselves as ‘the guardians of normal birth’, they contribute to the gendering of their own profession.

3.1.1 Discursively Constructed Boundaries

In her book *Professions and Patriarchy*, Ann Witz shows that the 19th century boundaries between midwives and doctors had been “...constructed around a division between assistance in the process of ‘normal’ labour (the midwife’s permitted sphere of action) and intervention in the process of ‘abnormal labour’ (the medical man’s exclusive prerogative)” (p. 198). In her view, it is appropriate to use the term ‘discursively constructed’, as the definitions of normal and abnormal labor were socially constructed. As those medical men of the time who were advocates of the preservation of independent midwifery had to make sure that the midwife would know when to call for the doctor, it was important for them to monitor and control the knowledge base and the practice of midwifery. As I interpret Witz, part of this control was based on discursive constructs of the boundaries between normal and abnormal deliveries.

But, as I point out in the introduction to this paper, midwives are not powerless. Given that Swedish midwifery of today is also affected by the ways that the medical profession discursively constructs the boundaries between normal and abnormal, what are the actions taken by the midwives? In what way is this boundary pictured in the texts analyzed? In what ways might it benefit the midwives’ profession?

3.1.2 Birth as a Normal or a Pathological Process

“Control and intervention versus the different attitude of watching and waiting – the prescription of normality as against the belief that childbearing is an inherently pathological process – is a division which has a unique professional representation in the form of two distinct groups of care-providers: the obstetricians and the midwives” (Oakley, p. 72)

In her book *Women, Medicine and Health*, Ann Oakley points to the fact that the discussion about the two different notions of the normality of birth as seen by doctors and mothers (birth as an illness or as an event of health) is an
oversimplification as it does not take “the guardians of the normal” - the midwife - into account (p. 134). Taking her point of view, for the phrase ‘birth as a normal process’ to have some meaning, midwifery has to be an independent profession, oriented around the idea that birth is not about medicine at all. But if “…the present erosion and devaluation of midwifery skills and autonomy continues, then the normality of birth will belong to a golden age of the past - or a science-fiction future” (p. 134). In spite the fact that Ann Oakley writes about midwifery in Great Britain, the way of coupling the definition of birth as a normal process to the midwives’ profession described above is observed in many Swedish accounts of midwifery as well. It is also frequent in the interviews carried out by myself with a number of midwives and assistant nurses. For example, when I discussed Cesarean rates at the delivery ward with one of the midwives, the following conversation took place:

- Are you familiar with any case where the doctor has said that a Cesarean section is not necessary?

- No, I would say that the opposite is more common.

- Isn’t a Cesarean birth more dangerous?

- It is a major operation, you do have to open the belly. We have discussed this a lot, the National Board of Health and Welfare have been visiting us, going through routines and such. The doctors were made aware of the high rate of Cesarean sections.

- You think that the high rate is due to the attitude of doctors?

- Yes! It has to do with the art of waiting, of having the guts to wait, of course not in a way that it hurts the baby. We used to have a doctor who could do that, and the frequency of Cesarean sections went down by several percentages. It tells you a lot.

One underlying assumption is that this definition of what constitutes a normal delivery does not necessarily coincide with the views of women giving birth. It is also assumed that many medical interventions or examinations (for example ultrasound or EFM\textsuperscript{20}) are used because they benefit the medical profession and not necessarily the public. On the other hand, the idea that the use of technology and the carrying out of different types of medical intervention might be of use also to the midwives is not paid attention to.

\textsuperscript{20} EFM is short for Electronic Fetal Monitoring
3.1.3 The Image of the Unselfish Midwife: A Fairy Tale

Some contributions to *The Midwife* are written in the form of fairy tales. One such example is a fairy tale about a little midwife, who at first is a very happy midwife (1995, p. 248)\(^{21}\):

*The midwife knows that it is important not to disturb the natural process of birth, but because of her care for the patients, without regard for her prestige she calls for help as soon as anything goes wrong. Her relations with the doctors are good and she is well liked. But, unfortunately, this fairy tale does not end happily. Because of lack of money, rationalizations and downsizing, the midwife has to do the same job for less money, and with less help. And when the rate of unemployment in the country increases the doctors at the hospital suddenly want to watch over the normal deliveries. Because of that, the normal delivery, for decades professionally managed by the midwife, is no longer considered a normal process. Instead, as the “mighty doctor” says; no deliveries are normal until proved so. The doctors no longer ask the midwife for advice, even though she has seen thousands of children being born, while the doctor has worked at the hospital for only two years.*

This fairy tale, written by a midwife, ends with an appeal to parents to fight for their right to their own midwife. In order to do so, it conveys a picture of the midwife, who subordinated to the medical profession even within the boundaries of the normal delivery, becomes unable to serve the public. If read between the lines, the message is as follows: instead of doing what is most favorable to the professionalization of her occupation, the midwife of the fairy tale asks the doctor for help “without regard for her prestige”. This is contrasted with the doctor who is ruled by what is favorable to his profession. When there is a surplus of doctors, it is no longer desirable to ask the midwife for help, regardless of her superior experience and skill. In my perspective, given that this fairy tale is part of a discursive professionalization strategy, it aims at creating an image of the midwife as someone who will do whatever it takes for her patients, but only up to a certain point. It is a warning to the public (and perhaps to the medical profession).

\(^{21}\) The following text is a short version of the fairy tale, translated and to some extent interpreted by myself. This means that it is not a quotation, but a condensed version of the text in question. Throughout this paper, stories are presented in this form. I am aware that this means that the original version of the text is not available to the reader, but as quoting the full texts would require an even more patient reader and as it would not have any impact on the discourse analysis that I am carrying out, I have chosen not to do so.
In addition to showing how discursive strategies are used by the medical profession to make women stick to certain fields of medicine and preclude them from entering into surgery for example, the Icelandic sociologist Einarsdottir also points to the fact that discursive strategies are used by women doctors. According to the studies that she refers to, it seems that, contrary to the current interest in research on professions, the image of the unselfish professional is focused in a gendered discourse. For example, in one of the studies, female doctors say that they are more patient-oriented than their male colleagues. In Einarsdottir's view, it is a paradox that this element of the discourse is gendered and that it has female connotations (p. 19).

Altruism as a uniquely female characteristic is of course debatable, and as I will return to below, none of the midwives interviewed refer to their occupation as a calling. When asked, they all firmly dissociate themselves from that particular notion. Nevertheless, to some extent it is the image conveyed by midwives of their own profession in the texts read and analyzed, and especially in texts that relate to the medical profession. In addition, there are texts that to some degree picture the midwife as a victim, a victim of the power of the medical profession. This aspect may be closely connected to the picture of the unselfish midwife, as there are some aspects of unselfishness that stem from being a victim. Because in spite of the fact that midwives are victims – or should I say targets of the professionalization strategies employed by the medical profession – they carry on for the good of the patient, for the sake of the normality of childbirth.

When midwives create the image of themselves as guardians of the normal birth, and as a group who, in contrast to the picture of the obstetricians that they convey, will unselfishly care for the patient, it is a representation of the same kind of discursive strategy. The question is of course if or to what extent it is a gendered discursive strategy.

In conclusion, the idea of the midwife as the guardian of normal birth permeates practically all of the texts read and analyzed. It is thus an important constituent of all of the different themes identified in the texts and described below.

3.2. Theme II: Tradition and Science

The fact that midwives, although in Sweden they are autonomous within the boundaries of the normal delivery, are subordinated to the medical profession runs all through the stories of midwives in historical as well as contemporary settings. But these stories, too, contain puzzling contradictions. For example, at the same time as midwives strive for an independent, autonomous profession, access to both medical technology and expertise is important. This
means that the knowledge base of midwifery has to be not only the tradition of the occupation, but also scientific. How are these insights discursively constructed and mediated by texts? In what ways is this element a representative of the duality of the discourse of midwifery?

3.2.1 Stories of the Past

As I show above in this paper, stories of midwifery in the past are frequent in *The Midwife*. In addition to stories of the lives of midwives who have recently passed away, there are other types of texts that indicate the midwives’ interest in the history and the tradition of their occupation. In one such story, for example, the midwife could not start helping the mother giving birth until she had taken care of the unbaked dough and fed the children. Other stories tell of the poverty that midwives had to face; about dirty children waiting silently for the baby to be born in an adjacent room.

Yet another example is the midwife who tells the life-story of her mother, also a midwife, and of what it was like to grow up as “the midwife’s child” (1994, p. 36). The midwife first told this story at the 100th anniversary of one of the local branches of the SMA and it is the story is the story of Swedish 20th century midwifery; the story of how homebirths and hospital births existed side by side during a few decades, of the successive institutionalization of birth, closely related to the lifework of the author’s mother:

*The mother of the writer begins as a student at one of the hospitals in Stockholm, and the story tells of how hard she has to work during the two years as a student, of how she has to sacrifice her private life. When she, as a midwife, starts working at another hospital, she works extremely hard, sleeps in a room adjacent to the delivery ward, eats at the hospital and, as the hospital gate closes at 10 o’clock at night, she has to be in before then every night. When she gets married, she is prepared to give up her work, as it would not have been possible to combine it with family life. But, by coincidence, the community (district) midwife, responsible for prenatal care and home births, passes away, and she applies for the position. She gets it and over many years she receives patients at home and delivers babies in the homes of her patients. The author also writes about what it was like to be woken in the middle of the night by the sounds of her mother getting ready to go to work. She often asked her mother when she would come home, but, for natural reasons, she could never tell. As a child, she used to say that when she grew up, she would be a real mother and stay at home with her children. And yet she chose the same profession. In the journal, there is a photograph of the author – probably on the day of her examination – together with her proud mother.*

In another issue of *The Midwife*, there is a story of how one of the other local branches of the SMA celebrated their 100th anniversary at one of the hotels in
the region. One of the events that evening was a talk given by a retired priest on what it was like to grow up as the son of a midwife in the Swedish countryside; “A very much appreciated feature, which gave an appropriate historical perspective on our role in society for the evening” (The Midwife, 1993, p. 260). Following the story of the anniversary, the talk titled “The Midwife’s Boy” is reproduced in its entirety. The long talk—six pages—seems to me typical of this type of text produced in The Midwife. In addition to the tenderness common to most portrayals of departed mothers, it contains the same type of features as the text referred to above: the hardship, the endurance, the strenuous life of the mother, the trying and cold journeys she made to reach her patients, first by horse and sleigh and later by car, but often by bike or kick-sled “in order to keep down the costs for people with limited means” (p. 263), the lack of equipment and lack of understanding and appreciation from the authorities and her fear of the district medical officer. But it also contains signs of her loyalty with the women giving birth, of her fear of never coming to the patient in time and of the appreciation shown by the people in her district—not least the appreciation still conveyed to the midwife’s son, many years after her own departure.

At the end of the talk, the speaker compares his own life-work—naturally not as a midwife as in the text referred to above, but as a priest—to that of his mother; “And I was prepared to continue her work for exactly as long. Not as a midwife to help babies into the world, but as a priest to help people live and die. It was a well-prepared act that she left over to her son” (p. 267).

3.2.2 The Meaning and the Message of the Cover of a Magazine

In addition, in the text the priest talks of the importance of The Midwife, of how it “…provided a link to the world and the friends outside the often very isolated and responsible position of the midwife” (p. 266). I am sure this was the case, but there is another aspect of the journal that I would like to point out. When reading, studying and analyzing texts in The Midwife, the link to history is rendered obvious not only by the content of the texts, but also by the cover and the layout of the journal itself. The quality of the paper and its color have probably changed; according to ‘the midwife’s son’, at the time of his mother it was green and blue, now the cover is in black and white (apart from the logo of the SMA, which has been in different colors since 1995) and there are very colorful advertisements for different types of contraceptives. But it is obvious that the logo of the journal name has not changed. It is still in black and white and put ideas of a long gone past into my head. These

22 The fact that midwives, as opposed to the members of the medical profession, are allowed to prescribe contraceptives, but not other types of pharmaceutical products, is rendered obvious by the existence of these advertisements in The Midwife.
ideas – and their importance and meaning – were confirmed by a colleague who came into my room, looked at the pile of *The Midwife* and said something about my going back to the roots of the occupation. I told her about my work and what issues of the journal I was analyzing. She then said she had assumed that the journals in question were old, as they looked like those belonging to her grandmother who had been working as a midwife many years ago. I then realized that even the cover of *The Midwife* has a meaning or perhaps a message. This message has to do with the ubiquitous history and tradition of the occupation.

When writing about this particular constituent of the discourse, I relate to the interviews that I carried out with midwives and to some extent to the stories told by midwives during breaks at the delivery ward studied empirically. For example, I recall the midwife, who after I had interviewed her in one room of the maternity ward and turned the tape-recorder off, told me about an old woman living in the same town, who had been working as a midwife all of her life; from the 1920s until some decades ago when she retired. She thought it would be a good idea for me to contact her, as she could tell me so much about what it had been like to be a midwife during that period of time. I do not, however, remember having asked the midwife interviewed explicitly about the past, and yet in this and many other meetings with midwives, history was in a way always present. It is as if the midwives assumed I would be interested in the history of their occupation. And yet at the time of carrying out the interviews I was not aware that I was. At the time, I unfortunately thought of midwifery in the past only as a matter of curiosity, though very interesting as such.

3.2.3 Professionalization in the Past and Today

While the texts described in the section above deal with history without explicitly stating its importance, other texts on midwifery of the past declare more openly that there is a lesson to be learned from history. One such example is a recommendation published in *The Midwife* to midwives to buy a book on midwifery that was originally written by the midwife Helena Malhiem in 1756, never published, filed away by “the men”, but recently found, put together, analyzed and published (1995, p. 467). According to the text of the “advertisement”, it is not hard to find similarities between her struggle for the profession and the situation of midwives of today.

The midwife and author Pia Höjeberg found, worked over, analyzed and published the book after a phone call from the historian Lisa Öberg who had found records of the text in an archive. By way of introduction she writes that concurrently with her work on the book, midwives at different hospitals in Sweden sued their employers over discriminative pay gap (Höjeberg, p. 8).
Because of that, it was not difficult for her to draw parallels between today's situation and Helena's struggle for a salary, training and recognition, as "...the similarities are striking" (p. 8).

History is also used strategically. In one of her editorials in *The Midwife*, the then president of the SMA, encourages midwives to work more actively for their professionalization (1994, p. 299). She does this by referring to Johanna Hedén and other midwives, who 108 years ago gathered together to improve their situation: "It will not be easy for us either, but we have the same strength and there are many more of us now".

In this context it is important to take note of the fact that even though midwifery of the past is often looked back upon and referred to, it is not the situation of midwives of the past that is glorified, but the fact that midwives of the past also struggled, that they were often women of courage in spite of their low status and salaries.

In *The Midwife* (1995, p. 285), there is a report on a retrospective speech given at a conference on midwifery by Lisa Öberg, the historian referred to above and the author of a dissertation on competence and conflict in Swedish midwifery from 1870 to 1920 (1996). According the report, written by one of the listeners, Lisa Öberg spoke of the professionalization strategies of midwives during that period, when births gradually began to take place in hospitals in the Stockholm region. At the end of the 19th century, the reputation of midwives was bad because of the large number of midwives who were unqualified. But through a persistent struggle for the raising of demands for qualification, midwives gained higher status. According to the writer, Lisa Öberg concluded: "It must be nice to be members of an organization with such a long and successful history". This text – and the dissertation that Lisa Öberg was writing at the time of the speech – shows that this success happened during this century. Midwives may have been more autonomous before the bureaucratization and hospitalization of childbirth, but if they were, it was at the price of low esteem and status of their profession. This is never glorified or romanticized in the texts.

### 3.2.4 Midwifery in Other Cultures

In the same way as midwifery in the past and the tradition of the occupation are described and analyzed in many texts, so is midwifery in other cultures". I

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23 In this context, "other cultures" corresponds to non-Western cultures, often in developing countries. Some of these texts are produced by members of the scientific community from other countries, such as Great Britain or the United States, but I consider their texts as representations of the same discourse. This means that texts produced by them on midwifery in their home countries do not belong to the category "Midwifery in other cultures". It could of course be argued – in accordance with the text of Brigitte Jordan, referred to below – that the
believe the ideology behind these accounts is identical. Both of them serve the same function: to manifest what midwifery was like when it was an independent profession and to show the importance of traditions. As midwifery in many third world countries of today resemble Swedish midwifery in the past, both types of texts are manifestations of the same constituent of the discourse. And this particular constituent is mediated by all types of texts; theoretical as well as empirical, literary as well as scientific and Swedish as well as international.

One example of the last is a book written by the anthropologist Brigitte Jordan. In *Birth in Four Cultures* (1993), a cross-cultural investigation of childbirth is presented. The cultures compared are Yucatan (Mexico), Holland, Sweden and the United States. Even though the author does not rank the countries, the message is clear: depending on what cultural definition of birth is prevailing, the experience of birth (and the autonomy and status of midwives) varies. It is only in Yucatan that it is considered a normal part of family life. The United States is found at the other end of the scale; there it is a "medical procedure" (p. 48). Sweden and Holland (the latter is unique in the industrialized part of the world for its many home births) are somewhere in between; "an intensely personal fulfilling achievement" and "a natural process", respectively (p. 48).

It is also clear that it is the features of birth that correspond to home birth practices that the author is most in favor of. While birth in her home-country (the United States) is described as a rather horrible experience as the woman giving birth has no part in the decision-making and is exposed to different kinds of technology regardless of her own wishes, birth in Holland is described in a more positive way. And not to my surprise, she states that hospital birthing rooms at alternative birth centers (ABC) “are not much of an improvement over the labor and delivery room” (p. 73) as women still give birth in an unfamiliar environment and as they are attended by unfamiliar people. In spite of the fact that more flexibility is allowed, this “alerts us to the fact that the definition of birth in the ABC remains fundamentally unchanged” (p. 73).

Another issue that makes birth in Yucatan a more positive experience is the fact that mother and infant are never separated and that the woman is attended by members of her own family and friends. From my point of view, even though the focus of Jordan’s work is the birth experience from the point of view of the birth culture, the fact that the definition of birth varies between countries in the Western world to an extent that it would be more appropriate to speak also of different discourses. But, as I hope to show in this paper, the texts selected – whether Swedish or non-Swedish – are representations of a common way of looking at childbirth and midwifery, regardless of the varying conditions of both midwives and women giving birth. Therefore they are representations of the same, though complex and sometimes contradictory, discourse.
of view of the woman giving birth, all these aspects of birth in different cultures can be related to the work of midwives. And in the same way as the tradition of midwifery is somewhat romanticized, so sometimes is the work that midwives carry out in other cultures, at least in texts produced by the scientific community.

3.2.5 The Guardian of Normal Birth in Other Cultures

The picture of the midwife as ‘the guardian of the normal birth’ is mediated both by texts that describe midwifery in the past, but also in texts that tell stories of Swedish midwives traveling to Africa, for example, to work in remote areas or in stories of how non-Swedish midwives work in their own cultures. Even though the conditions of midwifery in other cultures are not romanticized, they are representations of the discourse, as their aim seems to be to show that midwifery can and should be regarded as a profession independent of medicine.

In one of issues of *The Midwife*, the way that midwives work in Ethiopia is described, and in another journal, a Swedish midwife tells the story of a 90 year old Kurdish refugee in Sweden who, when she was younger, had worked as a midwife in Kurdistan. In order to understand the way the discourse works in this context, one has to read between the lines. In spite of the absence of formal education, medical equipment and perhaps even lack of warm houses, clothing and food, this Kurdish midwife managed to deliver babies in the countryside of Kurdistan. And that is exactly what midwives did in Sweden not so many decades ago. In my view, this type of story of midwifery in other cultures are representation of the discourse of midwifery. This is also manifested for example in abstracts of diaries of midwives working during the 19th century published in *The Midwife*.

3.2.6 Altruism and Solidarity

Interest in midwifery of other cultures can also be related to the solidarity of Swedish midwives with those working under more difficult conditions in the developing countries. In *The Midwife*, texts on and by Swedish midwives working abroad are quite frequent. In addition to serving the purpose of relating to the tradition and history of midwifery, these texts on midwives involved in providing aid to developing countries also make associations with

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24 The story was originally told by the Kurdish midwife herself, interpreted and in this context retold by a Swedish midwife who had worked at the refugee camp in Sweden and met the old midwife.
the conventional definition of a profession\textsuperscript{25} of which altruism is often an important part. While most midwives interviewed do not want to describe their work as a calling and often dissociate themselves from that particular picture of the midwife, the texts mentioned above mediate a picture of the altruistic midwife. And perhaps it is strategically wiser to exercise altruism outside of Sweden, far away from wage negotiations, the Swedish medical bureaucracy and the effects of the downsizing of the health care sector.

Frequently Swedish midwives declare their solidarity with midwives of other cultures, whose working conditions are hard and often characterized by both poverty and ignorance. There are, for example, articles in The Midwife on midwives from other countries who have been sponsored to go to conferences or in other ways aided by Swedish midwives (1996, p. 308).

But in this context I also want to emphasize that most stories about midwives traveling to other cultures do not overlook the negative aspects of their third world colleagues. Even though most portray lay midwives as women doing the best they can under the circumstances, there are examples of the opposite. An article in The Midwife, written by a Swedish midwife who had worked in Ethiopia instead declares her solidarity with the women giving birth, in many cases treated in a very humiliating way by both midwives and doctors\textsuperscript{26}. She also points to the fact that the midwives are involved in the tradition of mutilation of the genitals of Ethiopian women.

This does not however, conflict with the purpose of publishing texts on the midwifery of other cultures. Altruism and solidarity with midwives as well as women and children are and have been in the past important aspects of the tradition of midwifery, and consequently important constituents of the discourse.

3.2.7 Science and Well-Tried Experience

As I argue in the chapter on theory and method in this paper, within all elements of the discourse, there are so called dualities. In this particular element, this duality is represented by the fact that the tradition and the science – which could even be seen as too contradictory to be regarded as part of the

\textsuperscript{25} In literature, there are many definitions of the concepts of 'profession'. One example is "...professional association, cognitive base, institutionalized training, licensing, work autonomy, colleague 'control', code of ethics", found in the influential The Rise of Professionalism, by Magali Sarfatti Larson (p. 208).

\textsuperscript{26} By this I do not mean that there is a contradiction between midwives' solidarity with women giving birth and with their colleagues. On the contrary, altruism and solidarity with both women and children is often expressed in the texts, especially in debates on the relation between midwives and the medical profession, or in debates on the organization of delivery care.
same discourse – of midwifery are representations of the same constituent of the discourse.

As a starting point for this discussion on the development and application of the science of midwifery the fact that according to the law, both midwifery and nursing should be based on science and well-tried experience, is appropriate. The establishment of midwifery as a scientific field of its own is therefore indispensable to its professionalization project. This means that to convey midwifery as a traditional occupation rooted in history is not sufficient to render it an independent profession. Science has to be added. In consequence with this insight, a section of almost all issues of The Midwife contains articles on midwives who have gained a doctorate or some lesser academic degree. Scientific papers are also published. For example, there are papers on the effects of breast feeding, on different birth postures, on effects of the separation of mother and child after delivery, on depression, on women’s fear when giving birth etc. These are areas that only a few decades were based exclusively on well-tried experience.

3.2.8 Different Views of Science and the Duality of the Discourse

But in spite of these texts and their importance, the relationship between science and midwifery is not unproblematic. Within this constituent of the discourse, there are contradictions that again point to the complexity and the duality of the discourse. These contradictions are not, however, evident to me alone. Neither are they left unattended.

In one of the editorials of The Midwife (p. 235, 1995), for example, the president of the SMA asks in what ways midwives can and should support each other. The answer that she puts forward is that one way is by helping each other while working together, but that there are also other ways. In her opinion, support should also be given to midwives involved in research or quality projects. Instead of letting these midwives know that they should not think themselves better than anyone else, other midwives should realize that through their work, they support and improve the profession and deserve encouragement.

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27 Science is a pre-requisite for any occupation to be recognized as a profession, as shown already by Larson in her book on professionalism, in which she writes that “...a scientific basis stamps the professional himself with the legitimacy of a general body of knowledge and a mode of cognition, the epistemological superiority of which is taken for granted in our society” (p. 137). It is also shown by Ingrid Heyman in her dissertation (1995) on the emergence of nursing research in Sweden, in which – even though professionalization is not the primary focus of the dissertation – she describes how nursing research contributes to the professionalization of nurses.
This text indicates that this kind of support is not always given to midwives involved in research. By telling other midwives how to act, the president of the SMA tries to change the attitudes of some of her colleagues. I suggest that she has realized the importance of midwifery research to the professionalization of midwives and that in this way she is trying to change part of the apparently dominant discourse.

About a year later the editorial of *The Midwife* again deals with the importance of science and research to midwifery. This time the writer starts by asking “What does science mean to you as a midwife?” (1996, p. 183). She then goes on to establish the fact that to some midwives, the concept has an unpleasant ring, as it is difficult and in their point of view does not have anything to do with their everyday work with women, children and their families. “To other midwives, science represents the hope of the future — to be able to develop thoughts and ideas and point to connections previously just imagined” (1996, p. 183).

3.2.9 Science as a Basis of Differentiation Between Different Groups of Midwives

In her book on the heterogeneity of the medical profession, Einarsson (1997) shows how the different specialties of medicine are different for example with respect to status and gender composition. According to her, one of the bases for this gender differentiation is the importance of research to each specialty. While the male-dominated areas have a strong research profile, the opposite is true for more strongly female-dominated areas. This means that science plays a role in hindering women from entering some fields of medicine. Though this is not the case for the more homogeneous groups of midwives, I suggest that the duality and the complexity of the discourse partly has to do with different views on the importance of research. While there might be great differences regarding the approach toward science between different fields of medicine, the differences between different groups of midwives might be based on other types of divisions. This is — at least to some extent — highlighted and confirmed by Gerd Lindgren, who writes that the importance of science is viewed in different ways by different groups of nurses (p. 44). According to her study, most nurses realize the importance of having a scientific approach to their work, at least in theory. In reality, some still think that after you have become a nurse, it is not necessary to improve theoretically. Others think that they must continuously improve theoretically and that their knowledge should be at almost the same level as the doctors in order to work autonomously. These differences regarding professional ambitions are, in Lindgren’s view, due both to different generations and to their position in relation to their family life.
It is possible that these observations also to a degree explain the different views of the importance of establishing midwifery as a scientific field in its own right and of applying science to the practical work of midwives. It is also possible that the same can be said about the ways that some parts of the midwives’ profession have a tendency to constantly look back at the historical roots of the profession, while others seem to maintain the view that stories of the past belong to the past. Here too there might be differences in terms of generations and different professional ambitions.

As stated above, Einarsdottir argues there are connections between the status of the field of medicine and the extent to which doctors are involved in research\(^\text{28}\) (p. 166). I believe it is possible this might be true also within midwifery. As I have not investigated this in detail, these ideas are merely hypothetical. Nevertheless, according to the interviews carried out by myself and as revealed by other texts, midwives involved in delivery care seem both to enjoy more status than those involved in maternity care and might be more likely to emphasize the importance of scientific findings in their work. If verified by additional empirical data, these differences would possibly account for and explain some of the contradictory aspects of the discourse.

3.2.10 The Art and Science of Midwifery

In addition to the dualities described above that are based on the contradiction between the science and the tradition of midwifery, there is a complementary way of making the duality of this particular constituent of the discourse even more complex.

In *The Midwife*, articles on midwifery conferences are quite frequent, for example one in 1996 with the theme: “The art and science of midwifery gives birth to a better future”. The author of the report of the conference states that “to view midwifery as an art means respecting the logic of nature, at the same time as knowing when the use of technology is necessary” (1996, p. 298). But then she tells the story of a 90 year old midwife, who has said:

“I do not regret becoming a midwife. I was dealing with life. Today you sit in front of screens that are supposed to show you everything, but what if technology fails? We didn’t have those kinds of things, but we were trained to feel and to listen. It was so different, but it was safe. When life and death meets, there are

\[^{28}\] In the summary of her dissertation, Einarsdottir writes that “...formal qualifications and amount of research are further aspects that sort male and female doctors into different specialties. The male dominated specialties have a strong research profile and a large proportion of doctors with a PhD. The opposite is valid for the low-status areas. The PhD./.../not only functions as a hindrance for women to enter into certain fields of medicine, it also becomes a barrier for them in attempts to reach top positions” (p. 285).
The writer of the story concludes that “this is wisdom, this is the art of midwifery”.

She then continues by discussing the effects of centralizing delivery and maternity care and presents a Norwegian study – carried out by a professor of obstetrics – of decentralized maternity care units, run by midwives, showing that the results are as good, if not better, as at the larger units. In her view, the medical profession has too long been in charge of the principles of delivery care, which has led to a “one-sided focusing on the medical aspect”. She then concludes that “doctors should accept and respect research carried out by their own profession. If not, they should, through research, establish whether the new research findings do not hold or are wrong. Because we can accept only that”.

Here the medical discourse – or what the writer understands as the medical discourse – is contradicted, by pointing to research carried out by an obstetrician, himself a member of the medical profession. When I first read this article, this puzzled me, but then the logic of it became obvious. This text points to the emerging importance of research on midwifery and delivery care. But, as research carried out by the midwives’ profession itself is rare – and perhaps not always accepted by the medical establishment – the writer refers to research carried out by representatives of the medical profession itself. It is as if she – and the discourse that this text represents – realizes that it will be difficult to compete with the medical profession on their very own field, and that it is difficult to establish a science that is recognized as science outside the field of medicine. In order to do this, the help of the medical profession is needed.

This also points to the fact that, although midwives realize the importance of science to the professionalization of their occupation, they are reluctant to give up their history. To go back to the roots of the profession, when midwifery, good or bad, was an independent profession and at the same time refer to research results for confirmation points at one of the dilemmas and paradoxes of the discourse of midwifery. I will return to this complex relationship between midwifery science and the field of medicine below.

3.2.11 A Scientific Discourse on Midwifery and Medicine

And there is another side. As I describe above, in many of the issues of The Midwife, there are texts on midwives involved in research, midwives who have taken doctorates or lesser degrees. In this part of the discourse, history is absent. Instead, the different views on childbirth of the midwives and the
medical professions, respectively, are scientifically investigated and – to some degree – challenged.

To give an example, Ulla Waldenström is currently professor of midwifery in Carlton, Australia and the founder of the Alternative Birth Center (the ABC) in Stockholm. This was originally a research project and, as such, a delivery ward where midwives do not cooperate with doctors or assistant nurses. In a book presenting research carried out at the ABC, she argues that the fact that midwives of today have to cooperate with doctors if a delivery is abnormal in any way has both positive and negative effects (Waldenström, p. 75). “On the one hand, it has led to new and enriching tasks, but on the other hand it has limited the midwife’s autonomy, rendering her role that of a “doctor’s technical assistant”. This is part of the background to the creation of the ABC clinic.

The midwives of the ABC are, like all midwives in Sweden, responsible for normal deliveries. And because there is no advanced medical technology (like ultrasound or CTG\(^{29}\)) and no doctors, there are medical requirements for those that wish to give birth at the ward, and if these requirements are not met, they are transferred to a “traditional” delivery ward. This means that midwives do not have to cooperate with doctors. In the section on cooperation and conflict, I will return to the point that in the book on the ABC, the sometimes problematic relationship between the midwives’ and the medical profession is rendered into science. The reasons put forward for not cooperating with the medical profession on the ward are scientific, and it is evident that the author herself does not refrain from cooperating with the medical profession when it comes to carrying out research or building up a new type of delivery care. Midwifery is after all not independent of the medical profession and in the end, the fate of the ABC lies in the hands of those in power. And so does the medical evaluation of the research and the delivery care carried out at the ward.

3.2.12 Midwifery Science and Medicine

Ulla Waldenström is often referred to in The Midwife, and her example shows that there is a part of the discourse that does not constantly refer to history when discussing normal childbirth. Instead, it focuses on the use of technology in a way that almost makes the duality of technology and craft valid. By this I do not mean that this element of the discourse opposes all use of technology, but that its representatives may have realized that by basing their

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\(^{29}\) CTG is short for cardiotochoography and is a concept often found in Swedish texts for the apparatus used for electronic fetal monitoring, which is equivalent to “...the use of electrodes or transducers, either placed over the fetal heart or attached to the fetus, to record the heart rate” (Kitzinger, p. 266).
arguments about the overuse of technology on scientific grounds, they have found their own niche in the medical hierarchy. In one article on Ulla Waldenström in The Midwife (1996, p. 302), her way of looking at the differences between midwifery science and medical science is explained. By using the concept ‘tacit knowledge’ to describe midwifery and by stating: “The difference between medical science and midwifery science is that the emotional, social and ethical aspects of our work have to be included, which renders the field so much more difficult to understand” (1996, p. 302), its distinctive character is made clear.

It may or may not seem paradoxical that this particular characteristic of the discourse points to close connections with the medical profession and perhaps even the medical discourse. Most midwives with doctor’s degrees have gained them at a medical faculty, many in close cooperation with obstetricians.

In her dissertation on the emergence of nursing research in Sweden, Ingrid Heyman shows that, in addition to nurses involved in research on geriatrics and social medicine, midwives account for a rather large proportion of the total number of dissertations written by Swedish nurses (1995, p. 107). One of the reasons she puts forward is that, throughout history, midwives have had more power and autonomy than nurses working within other fields of medicine. Another reason is the interest and support of supervisors and the different faculties in accepting doctoral students.

In Heyman’s book, a bibliography of doctoral dissertations written by nurses from 1974 to 1994 is included. As indicated above, a rather large proportion of these are written by midwives. When comparing this list with the name index of different issues of The Midwife, it becomes clear that some of these midwives with doctor’s degrees are published frequently in it. And in spite of their small number, I suggest that their influence on the discourse of midwifery is considerable. These midwives have been successful in contributing to the professionalization of midwives, in my view more successfully than the ones clinging to history. It is as if the scientific community of the midwives is much less interested in glorifying the past (even though it sometimes does) than the “grass-roots”.

And perhaps it is possible to make science out of the traditional ways of midwifery. Perhaps the science of midwifery does not imply the existence of technology, which might to a larger extent have been the case of obstetrics.

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30 This observation is confirmed by Ingrid Heyman in her dissertation on the emergence of nursing research in Sweden (1995, p. 108). In her view, while it might be natural for midwives interested for example in the early mother-child relation, to turn to the field of obstetrics or pediatrics, for nurses interested in the same relationship later in life, fields like sociology or psychology might be just as valid.
3.3. Theme III: Midwifery and Technology

In an article examining the status of midwives in different countries (DeVries, 1993), the author asks "...what good can come from investigating the practices of a group of women who stubbornly cling to old-fashioned practices in a world of bright technological promise?" (p. 132). His answer is that because almost all midwives are women, a study of their work and status sheds light on the importance of gender in the occupational structure of medicine. And, indeed, as I am demonstrating in this paper, the discourse of midwifery is gendered and gendered discursive strategies are used by the midwives’ profession.

But in addition to partly explaining why midwifery is interesting as a profession, his question highlights yet another duality of the discourse; the absence and presence of technology. By this I mean that, in his question, there is a message — though an implicit one — of a contradiction, or even a duality: "old-fashioned practices" is equivalent to the absence of technology in childbirth, while "a world of bright technological promise" means that modern medical technology can and should be used. These contradictions and connections could of course be related to the preceding theme; that of tradition and science. Then the absence of technology would correspond to the tradition of the occupation, while the use of technology would correspond to the science of midwifery. And, as I state in the chapter on theory and method, the boundaries between the different themes are not always obvious. Many of the texts referred to in the first section of this chapter could easily have been categorized as belonging to the theme of this section. But even though there are many overlapping aspects, I seek to refine the theme of technology. However, this inevitably means that part of the dynamics of the discourse would be lost and so in order to avoid this happening, tradition and science are also present in this section together with the other constituents of the discourse.

3.3.1 The Divergence and Elusiveness of this Constituent of the Discourse

Unfortunately it also means that this constituent of the discourse is the most divergent one; the texts analyzed are the most diffused, without a clear common ideology. Either this is due to the fact that I was wrong to separate the theme of this section from that of tradition and science, or that separable from the concept of the midwife as the guardian of normal birth, midwives, as a group, do not have a common approach to the use of technology, and that therefore there is no uniformity regarding this particular constituent of the discourse. It is also possible that midwives have actually realized the
importance of technology to their own professionalization project, but are unable to make use of it. If all this is the case, then the use of technology is a constituent of the discourse, albeit diffuse and elusive. In this context, however, I would like to remind the reader of Latour and Woolgar’s statement, that the creation of scientific order out of the disorder of reality happens at a cost (p. 246). It has been my goal to keep this cost as low as possible also in the creation of the order of this particular constituent of the discourse. Its elusiveness may perhaps be seen a result of this goal.

3.3.2 A Scientific Discourse on the Use of Technology in Midwifery

Scientific, and especially non-Swedish, literature on what impact medical control of pregnancy and childbirth and the extensive use of technology have on pregnant and women giving birth is not scarce (see for example Oakley, 1992, Morgall, 1994, Kitzinger, 1992 and Martin, 1990). There is also literature that combines the perspective of midwives – mostly on how their position has been downgraded – with that of pregnant women giving birth. The focus of this type of literature is gender and the oppression of women both as patients and as midwives by the male medical profession (Oakley, Benoit, DeVries). Some of these contributions are critical of technology in general and medical technology used in childbirth specifically, both when focusing women giving birth and in relation to the division of labor of midwifery. In line with her critical approach, for example, in her book Essays on Women, Medicine and Health, Ann Oakley claims that the technique of X-ray and ultrasound used in midwifery, “…are stages in a long history of clinicians’ attempts to secure a better knowledge of what is happening inside the womb than mothers themselves have” (Oakley, 1993, p. 192). In another chapter of the book she writes: “Midwifery care encourages the normal, both directly and by enabling women, through information and greater self-confidence, to take control of their own reproductive fates. Such control is difficult, but not impossible, when childbirth is characterized by technology” (p. 76). In her book Feminism Confronts Technology, Judy Wajcman goes even further in her critique of reproductive technology: “The issue is not what childbirth was or would be like for women without the controls imposed by modern technology, but why the technologies we have take the form they do” (p. 69). As I will return to below, she also argues that technology is essential to the claims of professionalism.

In this and other similar texts, the dissociation from unnecessary use of technology is clearly connected to what I understand as a conceptualization of the midwife as ‘the guardian of normal birth’. The message is clear: in addition to objectifying women giving birth, unnecessary use of technology
render midwives unable to carry out midwifery in accordance with their own way of looking at childbirth.

3.3.3 A Swedish Approach to Technology in Midwifery

But in contrast to the other constituents of the discourse referred to in this paper, there are great differences between scientific texts on the use of technology produced outside of Sweden and those produced in Sweden. For example, in a paper on technology, knowledge and ethics in midwifery, Sara Goodman gives examples of midwives who benefit from the use of technology such as ultra-sound and fetal monitoring devices, because they “...complement the use of hands as well as provide new types of information” (1994, p. 217). In the paper, Goodman quotes a midwife who says that before the use of electronic fetal monitoring, midwives did not know that the heartbeat went down during contractions, and that the new information — though frightening in the beginning — is now interpreted in a way that does not lead to unnecessary technological intervention (p. 218).

And even though Goodman states that technology “…is still a privileged dividing line between doctors and midwives” and that “…technology can make the midwives more vulnerable to a certain type of surveillance”, she also gives an example of how “…midwives can use technology to strengthen their position in relation to doctors” (p. 219). In the case quoted, the opinion of the midwife (that something was wrong and that something had to be done), was confirmed by the CTG reading.

This less rigid approach to technology is shared by Maja-Lisa Perby, a Swedish researcher who carried out research on midwifery together with Sara Goodman. In one of her papers, she writes about a midwife who says that she does not use technology when she is sure of what she feels with her hands (through palpation) (1993, p. 53). In Perby’s view, this means that technology per se is not progress, but that it is the way it is used that determines whether it contributes to progress or not. In another paper, incidentally also presented in one of the issues of The Midwife (1992, p. 66), she points out the fact that midwives that she has talked to dissociate themselves from any romanticization of their skill (1991, p. 37). Instead, it is the way in which technology is used and the order between palpation and technology that matters. One of the midwives she refers to in the article says that even though she usually looks at the result of the ultrasound first and then uses her hands to palpate, it should be the other way around.
3.3.4 Technology at the ABC

But even in Swedish midwifery the use of technology is not undisputed. In her book on the ABC in Stockholm, referred to above, Ulla Waldenström states that at the ward, “...new and old ways of working are combined” (p. 12). As only uncomplicated deliveries are managed at the ward, no medical technology is used (or vice versa). According to interviews carried out with midwives working at the ward, one of the reasons they chose to work at the ABC, was that too much technology is used at other, more “traditional”, delivery wards. From their point of view, childbirth should be viewed, not as a pathological, but as a normal process. According to Ulla Waldenström, this illustrates an important problem of delivery care; how to combine this perspective with preparedness for medical complications (p. 70). In her view, the problem is that technology is used even when unnecessary and that sometimes this creates more disadvantages than advantages. At the ABC the problem of this dilemma is solved by very clear boundaries between normal and complicated deliveries as already indicated. Because there is no medical technology and no doctors at the clinic, there are medical requirements on those that wish to give birth at the clinic and if these requirements are not met, they are transferred to a “normal” delivery ward.

3.3.5 Technology in Four Cultures

Another example, though this is not Swedish, of a somewhat more balanced approach to the use of technology in childbirth is presented by Brigitte Jordan in her book on birth in four different cultures. In addition to providing interesting texts on the use of technology in different cultures, Jordan’s book provides an explanation for the elusiveness of this constituent of the discourse, which I discussed by way of introduction in this section of the chapter. Even though it might be appropriate to speak of a common discourse for midwifery in the Western world, this elusiveness might be due to cultural differences within this part of the world regarding the use of technology.

As pointed out above, the picture Jordan conveys of the typical American birth is depressing; the woman only semi-conscious, anesthetized and unable to feel the contractions and therefore exposed to the use of delivery forceps, whether she likes it or not. But, in spite of the fact that practically all births in

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31 This and other texts about the ABC in Stockholm describe the situation of the ward at the time they were written. But in this context they are only interesting as texts and consequently, whether they correspond to the present reality is not the issue.
Sweden, just as in the United States, take place in hospital, the relatively high usage of technology in Swedish midwifery is not pictured in a negative way. In spite of the fact that Jordan does not state this explicitly, I conclude that this is due to what she refers to as the "locus of decision-making". For as she points out, in Sweden the woman herself makes the decisions that the system allows. And even though medical decisions are made by the doctor when the delivery does not progress normally, since "...midwives are highly trained technically, the range of what is normal and can be managed jointly by the woman and the midwife staff is considerable" (p. 89). In my opinion, these statements correspond with her own argument that "...the question of specialization and professionalization of attendants is intimately tied up with technology" (p. 83). As Swedish midwives are technically trained and are allowed to use technology, the hospital birth experience is much more positive than in the United States.

3.3.6 Technology in The Midwife and in the Swedish Discourse

In what ways, then, are these somewhat divergent views on technology observable in The Midwife?

In it there are some texts – like the text criticizing the birth posture according to Simm's method referred to in the introduction to this paper (1993, p. 312), – that draw upon the midwives' way of looking at birth; as a normal process. These texts do not argue against the use of technology, but for the use of technology only when necessary. And consequently, there are not very many texts in which the writers base their critique of the other way of looking at birth – as a pathological process – on arguments against the use of technology. Perhaps a critique of technology is implicit in the texts that tend to focus more on attitudes towards birth as a normal process or attitudes towards the women giving birth and/or their partners, or it may be that the use of technology is not perceived as problematic in Swedish midwifery. As pointed out above, compared to midwives in many other countries – and cultures – Swedish midwives do have access to and are trained to use a wide range of technological devices. It might not be perceived as problematic as midwives – even within the boundaries of a normal delivery – have a choice of using or not using technology accessible to them. The use of technology or different types of medical interventions does not always imply – as it does in many other countries – a loss of autonomy.

In Sweden, the debate is more focused on the importance of having access to technology, as technology is not perceived as something bad in itself. The
debate is also more focused on the division of labor between midwives and obstetricians, and in such debates having access to technology is important. For example, texts on the debate that followed upon the establishment of the agreement between obstetricians and midwives, described above and in a previous paper, focus on which group is to manage normal deliveries and the different areas of responsibility and accountability of the two groups. But the origin of this debate – the agreement itself – is crammed with statements on the access of the groups to medical technology. There are rules on what actions the midwife should take when deviations from what is considered CTG curves occur, what type of pain relief she is to manage and on the use of delivery forceps and vacuum extractors, for example. This means that beneath the debate on division of labor and responsibility, there is always technology.

3.3.7 Art or Technology

But there are also contributions that more openly oppose the use of technology and that do so by contrasting the use of technology to ‘the art’ of midwifery. One of the 1996 issues of *The Midwife*, for example, deals mainly with experiences from the ICM Conference held in Oslo. As pointed out above, the theme of the conference; “The art and science of midwifery gives birth to a better future” (p. 298) can discussed in terms of a possible contradiction between art and science, but it can also be discussed in terms of a contradiction between art and technology. In one of the articles a midwife summarizes some of the contributions to the conference under the headline: “Midwives – think critically”. One of the questions put forward in the article, referring to a number of speakers at the conference, is whether “…the art of midwifery is lost in the labyrinth of technology, from which there is no way out, once you have started using it” (1996, p. 304). Another question is whether technological interventions should be made just because of the access to technology and without considering its risks and advantages. Even though the article does not provide answers to these questions, I understand that, in the writer’s view, the overuse of technology means that the tradition and “the art of midwifery” is jeopardized.

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32 This does not mean that Swedish midwives, from an observer’s point of view, have more reason to focus on the division of labor between them and obstetricians. On the contrary, compared to midwives in many other countries, they are unique regarding their accountability and areas of responsibility (see for example Jordan, Benoit). There are texts in *The Midwife* on midwives meeting with those from other countries and cultures that confirm these differences (1993, p. 62, for example).

33 Paper D of this dissertation.

34 The ICM is short for the International Confederation of Midwives.
3.3.8 Home Births and Technology

A more direct critique of the use of technology in childbirth is represented by a midwife working exclusively with home-births, who in a letter to the editor published in *The Midwife* (1995, p. 158) states that, as soon she was trained to become a midwife, she decided to work as much as possible in home settings. The reason was that even then, she had the feeling that “this was a skill that was about to die out as a result of increased confidence in technological surveillance and a pathological view of childbirth”. In the rest of the article the author criticizes different aspects of a new medical record used in childbirth. For example, even though it is new, it is not possible to indicate whether the birth in question takes place in the hospital or at home. There is simply no box for home births. The author asks whether it would not be valuable for future research to keep records of the number of births that take place at home. In her view, this would contribute to the possibility of maintaining the unique skills of midwifery and not only for midwives that “have gone home”.

The “contradictions” or dualities of this article demonstrate the complexity of the discourse of midwifery. At the same time as the writer dissociates herself from the medical bureaucracy, of which technology used in childbirth is a part, she wants to be a part of it. And in order to be included in the system, she refers to both tradition and science.

The article also represents indirect criticism towards members of her own profession, the midwives that have not “gone home”. If one sees the medical record as part of the technology used in midwifery, this also demonstrates

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35 According to Sara Goodman (1994, p. 217), technology in midwifery includes:

1) Technology as physical instruments and equipment to physically assist birth, from beds, birth stools to forceps and mechanical suction.

2) Technology as pharmaceutical intervention, This includes pain relief and drugs to increase the strength of contractions or to help the uterus contract after birth.

3) Technology as an extension of physical senses to assess the pregnancy, delivery, the mother and the child or fetus – for example, the wooden stethoscope to hear the infant’s heart beat, CTG (fetal monitoring) monitoring the infant’s heart beat and the mother’s contractions, ultrasound to visualize the fetus complementing the use of hands and external measurements.

My own perception of technology used in midwifery corresponds to the definition above, but I would like to add that there is yet another type of artifact or technology used in midwifery that is frequently found in the texts analyzed and that is the medical record. In a study carried out by Engeström (1990) he questions whether the medical record is considered as a tool by doctors at a Finnish medical center. His conclusion is that “…medical records and the associated
the difficulty of identifying and analyzing this particular constituent of the discourse.

But the text referred to above also demonstrates that the dominant discourse is not as critical to technology as the writer of the article is. An overwhelming majority of Swedish midwives have chosen not to “go home”. They work in hospitals and have a more pragmatic view of the use of technology.

3.3.9 Technology or Practical Knowledge

This is something that DeVries directs attention to in his article *A Cross-National View on the Status of Midwives* (1993), in which he too asks if midwives can survive in the modern world without sacrificing their tradition, their identity and their unique body of knowledge. As the essence (from his point of view) of midwifery is low-technology, one-to-one supportive care, and as midwives celebrate the simple and practical wisdom of their forebears, to survive might be difficult. But, he then points out, as many of the texts I analyzed in this paper show, “...being practical and simple does not necessarily help an occupational group survive societal change” (p. 141). Being practical and simple is stressed by some members of the midwives’ profession, while the discourse of medicine stresses being pragmatic.

I think that DeVries means that part of the success of the professionalization of medicine is due to this pragmatic view of the use of technology. In this context I would also like to suggest that this concept is confirmed in the texts analyzed. It is as if part of the community of midwives has realized that in order for their professionalization project to be successful, midwives have to conquer technology and science rather than sticking to tradition and practical knowledge. Even though I would not say that technology diminishes midwifery, I agree with DeVries when he writes that “...new (and successful) technology challenges the legitimacy and authority of midwifery” (p. 133). Regardless of whether they succeed in presenting themselves as the guardians of normal birth using technology only when necessary, the success of their professionalization project depends on their access to technology. It also depends on their willingness to learn and adapt to the “world of bright technological promise”.

recording procedures do objectively function both as tools for the practice of medicine and as restrictive rules imposed upon the practitioners” (p. 180). In accordance with this view of technology or tools, I would like to add the medical record to Goodman’s list.
3.3.10 Technology and Professionalization

Above I point out that there is a clear connection between technology and professionalization. Regardless of whether midwives make use discursively of their way of using technology, there are many scientific texts that discuss the importance of technology to the professionalization of their or any other occupation. In her cross-cultural investigation of midwifery, for example, Brigitte Jordan argues that “…the question of specialization and professionalization of attendants is intimately tied up with technology”. And in the book *Feminism Confronts Technology*, Judy Wajcman points to the fact that “…in all professions, claiming expert technical knowledge has been favoured as a way of legitimating specialization” (p. 69). When it comes to medical technology, Wajcman argues that this has two related aspects; having power in the doctor-patient relationship (as in some of the texts produced by Oakley above, for example) and having power within the profession. It is her account of the power within the profession that is of interest in this context, even though she elaborates on the first aspect in depth and leaves the second almost unexplained. She merely points to the fact that “…status, money and professional acclaim within the medical profession are distributed according to the technological sophistication of the specialty” (p. 71).

In consistency with the first aspect, Oakley explains this phenomenon as part of the process of professionalization (1993, p. 192), which appear to me to be contradictory. It may be true that the use of technology is part of the professionalization process, but in that case, it should be a result of the wish to obtain more knowledge than the midwife and other occupational groups. I would like to comment on this.

First, it is not only within the medical profession that medical technology is central to the professionalization process or to professionalism. Technology is also an important aspect for inter-professional strategies (demarcationary strategies), which aim for control over the affairs of related occupations in a division of labor, creating boundaries between occupations. As I describe below and in a previous paper36, Witz argues that these strategies are often gendered, as they often aim for the encircling of women within a distinct sphere of competence in an occupational division of labor. As midwives are subordinated to a male-dominated occupation, the medical profession, the division of labor between midwives and doctors is an example of gendered demarcation. This means that strategies that aim for the control of medical technology are used not only by doctors towards other specialties within the

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36 Paper D part IV of this dissertation; *Bureaucracy, Professionalization and Gender – The Case of Midwifery*. See also section 4.1 of this paper for a more detailed description of the professionalization strategies used.
medical profession, but also towards other occupations; in this case midwives (as by the agreement between midwives and obstetricians). But it also means that technology can be and is used by the subordinate profession; in this case by midwives, in professionalization strategies directed both upwards towards the medical profession and downwards towards assistant nurses. Technology plays a crucial role in the professionalization of midwives and the ways in which it is regarded are an important part of the discourse of midwifery. As already shown, however, this is paradoxically not only manifested by a struggle for the right to use as much new medical technology as possible, but also by the upholding of old traditions of midwifery by not wanting to use technology at all. Though interviews that I carried out as well as other data show that most midwives can be found somewhere in between, these two extremes represent the duality of the discourse.

In a book frequently referred to above, the results of a number of interviews carried out with midwives working at the ABC are given (Waldenström). Many midwives said that they would actually prefer to work with complicated as well as normal deliveries, as experiences gained from complicated ones make it easier to judge whether a delivery is normal or not. On the other hand, very few of the midwives interviewed said they missed using technology. Instead, the absence of technology made them more sensitive to signs from the woman and the child. Instead of relying on the machines, they relied on their own senses to a greater extent.

3.3.11 The Other Side of the Coin of Professionalization

In spite of or perhaps because of the fact that the ABC is part of a research project and the fact that it is founded on scientific grounds, it is also a manifestation of the duality of the discourse of midwifery. The disadvantages of using medical technology when it is perhaps unnecessary are evident, but it is also pointed out that the absence of medical technology and doctors, though good for the professionalization of midwives, might jeopardize the quality of care and the safety of patients. And this problem of professionalization is not unique to midwifery. In her dissertation, Ingrid Heyman points to the fact that as a result of the professionalization of nursing, knowledge is monopolized by nurses, thereby excluding non-registered nurses. She also points to the fact that as a result of professionalization “...the risk is that only curable patients are taken into consideration, neglecting the very old patients and the ones with incurable illnesses” (p. 270). Though this is not identical to problems related to the extent to which medical technology is used in midwifery, it highlights the fact that here too, the extent to which technology is used might not automatically benefit the supposed beneficiaries of the care given.
For midwives too, other motives - such as different ideologies, cultures or perhaps discourses regarding the use of technology in childbirth - might decisively affect the use of technology. As shown by the discourse analysis of this paper, this phenomenon is not unknown to the midwives themselves. They realize the disadvantages of the use of technology by the medical profession and the fact that their own status is affected by the professionalization of the medical profession. But in the same way, the professionalization of midwives may be problematic to yet another occupational group: the assistant nurses. Though not the major focus of this paper, the relationship problems between midwives and assistant nurses will be dealt with below.

3.4. Theme IV: Autonomy or Subordination, Conflict or Cooperation?

In many of the stories of midwifery in the past, the midwife is pictured as a heroine, as someone independent and free. The price she pays for her freedom is hardship, loneliness and the risk of "losing" a child. In the stories of midwives in the countryside, representatives of the medical profession are absent. Only midwives being trained at or working in institutions have to deal with them on a daily basis. As I point out in the section that deals with the discursive role played by historical reports, the message of these stories is clear; never forget your historic roots nor that once upon a time, midwifery was a more independent profession.

Accounts of research on contemporary midwifery therefore often start with a reminder that before the bureaucratization and hospitalization of childbirth, midwifery was an independent profession. And scientific accounts of the history of midwifery and how it became subordinated to the medical profession do direct attention to some of the problems of today regarding cooperation

37 See for example the book Cesarean Birth in Britain for an international comparison of the Cesarean rates of a number of selected countries (Francome, Savage et al, 1993, p. 45); "One of the major differences between Britain and the United States is that in Britain the midwife still has a strong role and is the senior professional person present in at least three-quarters of births" (p. 49). See also Birth in Four Cultures (Jordan, 1993), in which a cross-cultural investigation of childbirth in four nations is presented and Midwives in Passage (Benoit, 1991) in which the use of technology in Swedish midwifery is compared to that of Holland or The Midwife Challenge (Kitzinger, 1988). In conclusion, though most of these accounts explain the use of technology in terms of status and autonomy of the midwife in relation to the medical profession, they show that there also variations between countries with similar birth systems regarding the use of technology. Other factors, such as cultural differences regarding the use of anesthetics and different ways of viewing the professionalization of the occupation are also decisive for the use of medical technology. Additionally, there are substantial differences regarding the use of technology within Sweden, which the existence of the ABCs indicates (Waldenström).
between the groups. As the Swedish historian Lisa Öberg shows in her very interesting dissertation *The Midwife and the Doctor: Competence and Conflict in Swedish Maternity Care 1870-1920*, the subordination of midwifery to the medical profession and the gendered division of labor between the groups is the result of the bureaucratization of society as a whole during that period of time. And, indeed, in *Bureaucracy, Professionalization and Gender – The Case of Midwifery*, I show one of the ways by which bureaucratization has an impact on the relations and division of labor between the groups.

As these historical accounts often deal with the subordination of midwives in one way or the other, texts on midwifery in the past are of the highest importance. They are closely intertwined with and hard to separate from the theme of this section; the subordination or autonomy of midwifery and the conflict or cooperation between midwives and the medical profession. To some extent this is also true for texts on the midwife as the guardian of normal birth. By this I mean that the fact that the midwife is subordinated to the medical profession sometimes renders preserving the normality of birth difficult. As the doctor is medically responsible, the delivery in question is normal only for as long as he or she says so. This of course affects the cooperation between the groups.

The theme of this section thus corresponds to a constituent of the discourse that is quite complex, though perhaps not as difficult to describe as the theme of technology in midwifery, analyzed and discussed above. When I first started sketching out its contents, I thought of it as two different themes; subordination and autonomy and cooperation and conflict, respectively. But when I tried to categorize the texts according to these themes, I realized that it was a very difficult task. As they were so closely connected to and dependent upon each other and as this is a characteristic of the particular discourse that I wanted to convey, I decided to treat the texts I had chosen as manifestations of the same component of the discourse. And instead I will try to show how these closely connected and interwoven themes remain parts of the discursive strategies of the midwives' profession. This means that they are categorized in accordance with the relations between the discourse and the strategies employed.

3.4.1 Conflict or Cooperation?

One of the things that have puzzled me ever since I started doing research on midwifery is that the relationship of midwives to the medical profession is a common theme both in literature and in the discussions that I have had with

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38 Translation of the Swedish title of the book, found in the English summary of the dissertation.
39 Paper D of this dissertation.
midwives. However, even though this problematic relationship seems to be "common knowledge" within the midwives' profession, concrete accounts of conflicts between the groups are rare, especially in the texts based on interviews with midwives or observations of them at work. In fact, conflicts with assistant nurses and problems regarding their competence were described more often in the interviews with midwives.

This conception of the relationship between the midwives and doctors is confirmed by Sara Goodman, who writes in a paper that "...while there are at times tensions between doctors and midwives as occupational groups and a worry from the side of midwives about doctors wanting to take over midwives' tasks, the midwives in our study emphasize the importance of cooperation and good collegial relations" (1994, p. 219).

In addition, in *The Midwife*, in an account of Swedish midwifery between 1930 and 1960, the historian Lena Milton writes:

> "I have not found as many conflicts as I expected; even though it is true that midwives nowadays do not manage complicated deliveries to the same extent as they used to, doctors and midwives seem to a large extent to have cooperated without the doctors making any dramatic attempts to outmaneuver the latter". (1996, p. 522)

### 3.4.2 Interdependence

But in Milton views this not as the result of some kind of successful "personal chemistry", but as having its roots in tradition. She argues that this tradition was based on the cooperation between the midwife and the district medical officer, especially in the Swedish countryside. When Sweden was a poor country, it was necessary to make use of all resources, and perhaps this relationship became something of a norm that would provide the best care possible. In the same way as it would have been difficult for doctors to manage without midwives, midwives made use of their closeness to the medical profession. According to Milton, the midwives in her study speak of a relatively clear division of labor, in which both parties stuck to their respective fields: normal and abnormal deliveries. "It may well have been the case, but the comments on doctors and the boundaries between them were to a high degree comments about guarding the special preserves of midwives - the respect should be mutual" (p. 522).

Milton indicates that the accounts of a good relationship and clear boundaries between the groups conflict with the comments on doctors who step over the border by intervening in normal deliveries. And indeed, there are reports on the situation of midwives today that point in the same direc-
tion. In a 1996 issue of The Midwife, for example, there is a letter to the editor on the impoverishment of the midwives’ profession. The writer says that “...the preferences of the chief physician are equivalent to the law. Prestige renders cooperation difficult. Loud midwives are considered difficult and therefore silenced” (p. 278).

These texts demonstrate the complexity – or the duality – of the discourse. Although I have not investigated the frequency of actual conflicts between midwives and doctors at Swedish delivery wards, it is my impression that these conflicts may be either overemphasized or as Milton suggests, understated in the texts. This then manifests the duality of the discourse. I suggest that whether these accounts correspond to real conflicts or not is of less importance to the discourse itself or the way they are used as part of a discursive strategy, as they contribute to the professionalization of midwives. It is also possible that their importance and usefulness varies from one time to another.

3.4.3 A Unique Position

While Milton describes midwifery a few decades ago, the texts that I have analyzed are reflections of midwifery or the discursive strategies of today (in which the past, as I have shown, is certainly an important constituent). In spite of this, the kind of interdependence that Milton describes is still important to the relations between doctors and midwives and is clearly demonstrated by the texts analyzed. Because even though some midwives talk about problems with doctors’ interventions in the texts originating in articles as well as in interviews, their absence seems more problematic.

In addition, this interdependence is pointed to as part of a discursive strategy directed towards groups other than the medical profession. In The Midwife, for example, in a motion to the board of the SMA indicating that midwives belong to the same union as nurses but that their uniqueness needs to be emphasized, the author directs attention to the fact that “…midwives are in a unique position as there is no medical expertise to turn to” (1990, p. 226). Due to the lack of obstetricians and their alleged lack of competence, the author is criticizes the idea that the medical profession has to take decisions on questions “served” to them by the midwives. In their answer, the board of the SMA praise the attempt of the motion to emphasize the unique position of the midwife as a way of upgrading all nurses. They do not dissociate themselves from the way that the medical profession is pictured.

And even though Milton’s account deals with midwifery in the past, the uniqueness of midwives compared to other types of nurses was also empha-

40 The uniqueness referred to in this case is in relation to other types of nurses.
sized by midwives she interviewed. In *The Midwife* (1996, p. 524), she writes that, at one time, midwives like doctors but unlike nurses, were not only specialists, but were also registered as such. And, as Milton points out and as Witz shows in her study of the registration of 19th century midwives in Britain (1993), registration was and is important to the professionalization of an occupation.

In conclusion, at the same time as midwives tend to emphasize conflicts between themselves and the medical profession, the fact that they depend on doctors is also important. This dependence is more evident in the empirical data collected at the ward in question, in both observations and interviews, but it is also dealt with in other types of texts, although more rarely and then for strategic reasons. Below I describe the ways in which alliances with the medical profession are pictured in the texts. The type of dependence or interdependence that I describe in this section can also be seen in the light of these alliances.

3.4.4 Subordination or Autonomy?

The fact that cooperation with the medical profession means subordination and the loss of autonomy is a dilemma which I describe in another paper. When midwives cooperate with other midwives or assistant nurses, they are autonomous, but when they cooperate with obstetricians or pediatricians, their autonomy is dramatically reduced.

In the same paper I describe a radical solution to these problems: the ABC (Alternative Birth Center) in Stockholm, where midwives do not cooperate with either doctors or assistant nurses (Waldenström, 1993). In contrast to midwives of the past, midwives today working in traditional hospital delivery wards do not merely page a doctor or send the patient to the hospital when the delivery is complicated. Instead, they work “in close cooperation” with the doctors (p. 11). When the author, as part of a research project on the ABC, asked midwives working at the ABC why they chose to do so, some answered that conflicts about the division of labor between midwives and doctors at traditional delivery wards was one of the reasons (p. 75). This motive for working at the ABC that is based on the desire of midwives to be autonomous in relation to the medical profession, however, is one that the creator of the ABC dissociates herself from. She does so because it implies that the two professional groups, who together with their patients would benefit from cooperation, are instead distanced from each other (p. 75).

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41 See paper C of part III of this dissertation; *Cooperation and Professionalization in Swedish Midwifery*
In addition to pointing out one of the dilemmas that is characteristic of midwifery today, this text again points at the duality of the discourse. It is probably strategically unwise to base arguments about the future existence of the ward on the fact that midwives working at the ABC chose to do so because they do not want to cooperate with doctors. The ward was (at the time the book was published) a research project and, as such, probably dependent upon the consent and the cooperation of the medical profession.

A couple of years later, when the ABC was threatened with closure, in a contribution to the debate published in The Midwife, midwives working at the ward asked whether the decision to close it down is really not based on economical considerations, but on the view that it is a threat to the medical establishment (profession) (1996, p. 52). Midwives at another hospital in the Stockholm area agreed with this, but used less controversial arguments.

3.4.5 Alliances

The creator of the ABC emphasizes the importance of good relations between midwives and doctors, but this is not a new phenomenon. In her book, Lisa Öberg (1996) describes the way that the SMA at the beginning of the century supported the medicalization, professionalization and bureaucratization of maternity care in spite of the fact that it led to their own subordination to the medical profession and reduced the possibility of raising their level of competence and keeping their autonomy (p. 316). By allying themselves with men of influence (doctors and politicians) they were able to gain status as a professional group within the welfare state (p. 311). As I mention above, this phenomenon is also observed by the historian Lena Milton. The midwives in her study gained status from pointing both to their closeness to and their similarities with the medical profession (The Midwife, 1996, p. 522).

Looking at the discursive strategies employed by the midwives' profession today, there are a number of similarities that I would like to direct attention to. Some strategies today include alliances with the medical profession, and I think that the agreement on cooperation and division of labor between the groups is an example of this. While the midwives involved in the establishment of the agreement often emphasized the importance of finding ways to reach consensus between the groups, other midwives were more critical. And, as Lisa Öberg points out, not all members of the midwives' profession at the beginning of this century agreed with the position of the midwives of the SMA. But their hostility towards the medical profession and their opposition toward the hospitalization of delivery care was silenced for example by censoring their contributions to The Midwife (p. 316).
When reading *The Midwife* of today, however, I do not get the impression that any opposition to the different actions of the SMA is silenced. Many comments on the agreement between the groups are critical of the way that the midwives involved in the establishment of the agreement cooperated (in a negative sense) with representatives of the medical profession and "sold out" parts of the midwives' former areas of responsibility. In one of the 1993 issues, the board of the SMA noted that after the establishment of the agreement on cooperation between the groups, midwives had telephoned members of the board. Because of that the board wanted to make clear the background and the aims of the document (1993, p. 154). An evaluation of delivery care carried out by the National Board of Health and Welfare showed that the lack of a clear division of responsibility between midwives and obstetricians posed a risk, combined with "an inflamed debate" at the delivery wards. This formed the background of the document. The author of the article argued that it would have been irresponsible of the two professions not to act and explained that members of the boards of the SMA and the SSOG therefore met a number of times to discuss and reach consensus regarding the division of responsibility between the groups. The document was then supposed to be used as a basis for discussions and work to be completed at the different delivery wards.

Apparently, this article did not calm down the midwives and a few months later, the board of the SMA again had to comment on the document, as "...telephone calls, letters and meetings show that it had not been used the way it was intended to, as a basis for discussions on how to cooperate at the delivery wards" (1993, p. 244). The author of the article then wrote that it was very disappointing to have to note that the doctors had not lived up to their part of the agreement. She argued that they had interpreted the document one-sidedly without any discussions with the midwives and that this showed a lack of respect for the competence of midwives and for the cooperation between the members of the both professions at an organizational level. In addition, "...the interpretations do not reflect the intentions that we agreed upon" (p. 244). Because of this, the board stated that it must interpret the agreement and describe its intentions. After a presentation of the intentions of the different parts of the agreement, and as it was a manifestation of the consensus between the two professions, the author referred to the definition of 'consensus'. She quoted the definition "the common values and norms of skilled professionals within a distinct sphere of knowledge". So, in

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42 See paper D of the dissertation; *Bureaucracy, Professionalization and Gender - The Case of Midwifery*, for a description and analysis of the agreement.

43 My own translation of her quotation taken from Stora Focus, a Swedish encyclopedia.
spite of the fact that certain members of the medical profession had not lived up to the agreement and, according to the midwives, used it as a way of favoring their own profession, the board stated that the consensus existed between themselves and the medical profession at an organizational level.

It is as if today’s midwives of “the Establishment” have also realized that in order to be successful, they have to ally themselves with the representatives of the medical bureaucracy, and speak of the value of cooperation and consensus, whereas midwives without these relations do not have to be loyal in the same way. For them, it is appropriate to speak of the lack of competence of doctors responsible as they do not have to reach an agreement with representatives of the medical profession. This point helps to explain the duality of the discourse.

3.4.7 Strategies of a “Corporative Culture”

Some parts of the midwives’ profession seem to have realized that in order to be successful, cooperation is preferable to confrontation and conflict with the medical profession. This can be understood in terms of discourse. But it can also be explained in terms of different cultures and the power relationships of the professions involved. In Gerd Lindgren’s book on the different cultures of doctors, nurses and assistant nurses at an ideal type of hospital ward at a Swedish university hospital, she describes the culture of nurses in terms of an “autonomous hybrid” of the culture of the medical profession and the culture at the bottom; the assistant nurses (p. 65). In the sense that this culture is characterized both by the fact that as subordinates, nurses have to negotiate to improve their situation and that this “cooperation” leads to their conforming to the dominant power structure, Gerd Lindgren describes it as a corporative culture⁴⁴ (p. 66). By this she means that the nurses, as a professional group, tend to ally themselves with their superiors. In relation to the medical profession they do not have their own “domain of knowledge”, and because of that they have to negotiate to achieve things. And in spite of the relative success of professionalization strategies aimed at establishing nursing or caring as a scientific field of its own, this only affects the areas that the medical profession allows. So, in order for nurses to conquer a field of their own, they have to ally themselves and cooperate with representatives of the medical profession. Gerd Lindgren concludes that the nurses can only expand or advance, if the doctors are also allowed to gain something.

Lindgren suggests these “corporative tendencies” can often be found in the middle of the organizational hierarchy, within professions that can

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⁴⁴ The introduction to this dissertation outlines the ways in which the corporative culture of the midwives, together with the workers’ collective, can be seen as part of the common theoretical base of this research project as a whole.
advance only through cooperation and the consent of their superiors (p. 66). This is also the case for midwives (who are also nurses and often work in hospital organizations similar to the one described by Lindgren) and confirmed by the discourse analysis that I have carried out. This phenomenon explains some of the confusing parts of the discourse. Since “you don’t bite the hand that feeds you”, it might be strategically unwise to overtly criticize the medical profession. At the same time, texts that picture midwives as ‘guardians of normal birth’ or as a profession that deserves more autonomy and status in relation to the medical profession, serve a special purpose to the professionalization project of midwives. Letters with arguments based on the alleged lack of competence of obstetricians are published in *The Midwife*. However, they do not seem to be used in negotiations with the medical profession. Instead, in such contexts, the value of cooperation and consensus is emphasized.

4. CONCLUSIONS

After the discourse analysis carried out and presented above, conclusions should be drawn, inferences presented and the research questions asked at the outset and throughout the paper should be classified and answered. In order to make this possible, however, some additional theoretical and analytical tools are necessary. This means that in order to further interpret and understand the connections between the discourse and professionalization in general and its specific application to midwifery, previous accounts of relevant research have to be presented and discussed with regards to their relevance to this paper. These theories and their applications are presented in this chapter, though the discourse analysis was carried out with them in mind throughout.

In addition, even after having presented the different constituents of the discourse, many of the texts selected had not yet been categorized in accordance with the different themes accounted for. There were texts both produced and consumed by members of the profession – such as some contributions to *The Midwife*. There were also texts on theories that could be applied to the discourse, but that did not fit into any of the themes, perhaps because of their comprehensive character. The existence of these made me realize that the discourse – and perhaps reality – has a level of complexity that I had not anticipated and that a discussion on these theories and their application to the understanding of this complexity is necessary. These theories and the other types of texts accounted for in this chapter focus on issues such as whether the discourse is gendered, and – if so – in what ways, whether it is changing
and — if so — what a future discourse would look like. In this chapter, I also try to determine whether the discursive strategies described in this paper have actually contributed to the professionalization of midwives.

4.1. Professionalization Strategies

As I explain in a previous paper, there are, according to Ann Witz, two professionalization strategies exercised downwards by a dominant group; exclusionary and demarcationary strategies of closure. While exclusionary strategies aim for intra-occupational control over the internal affairs of and access to the ranks of a particular group, creating a monopoly of skills and knowledge, demarcationary strategies aim for inter-occupational control over the affairs of related occupations in a division of labor, creating boundaries between occupations. An example of gendered exclusion is when women are precluded from entering and practicing within an occupation, whereas an example of gendered demarcation is when women are encircled within a distinct sphere of competence in an occupational division of labour and subordinated to a male-dominated occupation.

In addition to the strategies of closure mentioned above, there are two strategies that describe the countervailing responses of groups subjected to either of them: inclusion describes the upward exercise of power by a social group hit by exclusion which in its turn wants to be included in the occupational group from which they are excluded. Dual closure strategies describe responses of those hit by demarcation; the upward countervailing exercise of power on the part of a subordinate group (usurpation), but also the consolidation of its own position by the use of the downward exercise of power (exclusion).

4.1.1 Discursive Strategies

The agreement between midwives and obstetricians described above and in another paper gave way to possible professionalization strategies for both groups, even though the obstetricians were more successful than the midwives. Nevertheless, the investigation of the many about turns and conflicts after the agreement together with the analysis of the journals and other texts, opened my eyes to the ways in which these texts were and are used (con-

45 Paper D of this part of the dissertation; Bureaucracy, Professionalization and Gender — The Case of Midwifery.
46 Paper D of this part of the dissertation; Bureaucracy, Professionalization and Gender — The Case of Midwifery.
sciously or unconsciously) by midwives as part of their professionalization strategies. They also made me realize that for midwives to be successful in establishing midwifery as a profession in its scientific/theoretical sense, they have to reconstitute their own social identity as well as their relationship to the medical profession. And just as any group hit by demarcationary strategies, for example, midwives do not silently accept the strategies used by the medical profession.

When I first wrote the paper on the professionalization strategies of midwives referred to above, however, I did not think of these in terms of discursive strategies. But at the same time as I, in accordance with the interactive process described above, began to think of the texts in terms of discourse, I began to realize that professionalization strategies could also be seen as discursive. I then discussed the question of whether the discourse of midwifery would change with a changed gender composition of the medical profession with Ann Witz. She was chairing the session of the Gender, Work and Organization conference at which I presented a paper47. I decided to reread her book and then I realized that I had overlooked that in Professions and Patriarchy, she actually writes about the importance of focusing on discursive strategies (p. 6). She writes that in addition to being “...of interest to Foucauldian scholars exploring the relation between power, knowledge and gender”, they “...can be used to illuminate the gendering process at work...”(p. 6). And even though she does not define in depth or use the concept frequently in the book, she does show how both nurses and midwives were discursively represented as gendered female, “...while the surgical demands of obstetrics were discursively equated with masculinity” (p. 127). Later I also found that in her and Mike Savage’s introduction to Gender and Bureaucracy, in a discussion on gender and the state bureaucracy, they write that “…it is through discursive strategies, that is, through creating a framework of meanings, that interests come to be constructed and represented” (1992, p. 38).

4.1.2 Some Applications of Discursive Strategies

One chapter of Professions and Patriarchy examines the inter-occupational relations between doctors and midwives through an analysis of the debate of the midwives’ registration in nineteenth-century Britain. Here Ann Witz concludes that “…the gender of occupational groups embroiled in inter-

47 Paper D of this part of the dissertation; The Impact of Bureaucracy and Gender upon Professionalization and Cooperation in Swedish Midwifery, was originally presented at the International Conference on Labour Process Theory in Edinburgh in 1997. An expanded version – the version presented in this dissertation; Bureaucracy, Professionalization and Gender – The case of Midwifery – was presented in 1998 at the Conference on Gender, Work and Organization in Manchester.
occupational, demarcationary struggles, both as architects and as targets of demarcationary practices, is not a fortuitous or contingent but a necessary factor in explaining both the form and the outcome of such strategies” (p. 126). She then argues that the strategy used by medical men was informed by a discursive strategy of power with gendered subject and object positions. By using such discursive strategies, medical men were able to maintain a division of labour between themselves and the midwives that favored their own profession.

Apart from myself, other researchers have realized the usefulness of these theories. The Icelandic sociologist Torgerdur Einarsdottir, who has based her research on Witz’ theories of gendered closure, shows in her doctoral dissertation on the heterogeneity and gender differentiation of the medical profession in Sweden that, in contrast to the predominating discourse, in reality female doctors do not choose medical specialties to fit the needs of their families (p. 190). Her empirical data shows that there is no connection between choice of specialty and family related issues, and that “…the family situation should be seen as a discursive – as opposed to an ‘actual’ – demarcationary strategy. As such, it underpins gender differentiation, but for different reasons than those usually argued” (p. 287). According to Einarsdottir, these reasons include workplace, working hours, career patterns, research and credentials. In other words, the discourse “tells” women doctors what specialty they should choose, even though, in reality, there is no such thing as a ‘family-friendly’ specialty. Contrary to the prevailing discourse, women working in so-called ‘family-friendly’ specialties (such as psychiatry or geriatrics) do not have larger families than women working within other fields (p. 187). Einarsdottir also uses the concept of discursive strategies in her analysis of how the medical profession, by discursively describing the field of surgery in terms of masculinity, hinders women from entering the field.

But discursive strategies are of course observable in fields other than medicine or nursing. For example, the Swedish sociologist Agneta Hugemark writes in her dissertation about how economists, by discursively applying ‘the market model’ to theories of the welfare state, gained status as a professional group (1994). The empirical data of the dissertation is also based on texts; taken in this case from the journal Ekonomisk Debatt (Economic Debate), published by Nationalekonomiska föreningen (The Economic Association) and, according to Hugemark, an important forum for economists to spread professional views to colleagues as well as to the public. The question in relation to this account of how economists were successful in a gaining higher status as a

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48 For a deeper explanation and discussion on of different professionalization strategies, including, demarcationary strategies, see paper D of this part of the dissertation.
profession through what could be described in terms of discursive strategies, is to what extent the discursive strategies of midwives are successful.

4.1.3 Inter- and Intra-Occupational Strategies

The discursive strategies described above are parts of the demarcationary strategies used by different professions. But while Witz describes \textit{inter-occupational} demarcationary strategies in the case of the discursive strategies used by obstetricians in 19\textsuperscript{th} century Britain to create boundaries between themselves and midwives, Einarsdottir investigates so called \textit{intra-occupational} demarcationary strategies \textit{within} the medical profession. Instead of investigating gendered demarcationary strategies \textit{between} professions (obstetricians toward midwives), as in the study carried out by Witz, "...the main focus is on the discursive demarcationary strategies by which the prestigious specialties (surgery and internal medicine) sustain their high position in terms of status at the expense of low-status specialties (geriatrics, psychiatry and general medicine)" (Einarsdottir, p. 281).

This paper deals with the question of inter-occupational strategies, directed by midwives toward representatives of the medical profession and to some extent toward the group of assistant nurses. In the next section, I will explain the ways in which they are different from the inter-occupational strategies described by Witz for example.

4.1.4 Discursive Usurpationary Strategies?

In this study it is neither the demarcationary discursive strategies \textit{between} different occupations nor \textit{within} an occupation that is the focus, but the responses of those hit by demarcationary strategies. As I point out above, midwives do not silently accept the strategies exercised towards them. Like any group hit by demarcationary strategies, they are not powerless but able to employ dual closure strategies:

"Dual closure theories are conceptually and empirically far more complex than this. They entail the upwards countervailing exercise of power in the form of resistance on the part of the subordinate occupational groups to the demarcationary strategies of dominant groups, but they also seek to consolidate their own position within a division of labour by employing exclusionary strategies themselves." (Witz, p. 48)

These two different responses are what Witz calls \textit{usurpation}, which is the exercise of power in an upwards direction, and \textit{exclusion}, which is power directed downwards. As I write in \textit{Bureaucracy, Professionalization and Gender} –
The case of Midwifery, Swedish midwives exercise power downwards, towards assistant nurses. In her book, Witz fails to account for the fact that it is possible for a group hit by demarcationary strategies to themselves employ demarcationary strategies, directed toward a group subordinated to themselves. In my view, however, this is exactly what the midwives do. I prefer not to call these strategies exclusion, but demarcation, as their aim is to create boundaries between themselves and the assistant nurses in a division of labor. Empirical data collected at the delivery ward studied does indeed indicate that such strategies would have an impact on the everyday cooperation between midwives and assistant nurses. But as the written texts analyzed in this context are not about cooperation between midwives and assistant nurses, I suggest that, even though it is important to the daily work, this relationship is not essential to the discursive strategies used by midwives. Even though it is a fact that groups hit by demarcationary strategies need to consolidate their position, strategies directed toward assistant nurses are not prominent in the texts analyzed. Due to the trend in Sweden in general and in the hospital organization in particular, to increase the proportion of nurses at the expense of assistant nurses, these strategies would probably be unnecessary. As a result, it is the discursive usurpationary strategies employed by midwives toward the medical profession that are the focus of this study. Even though Witz does not describe these types of responses as discursive, it is my aim to investigate to what extent and in what ways they are. In other words, how do midwives exercise power upwards? Are discursive usurpationary strategies used? What do texts tell us about midwives that might be of use in their process of maintaining or changing their subordinate position in relation to the medical profession? And to what extent are they successful? To what extent is it possible for midwives to actually gain status and power in relation to the medical profession by means of discursive strategies? For as Larson writes in her account of medicine’s professional success: “Of all professions, it appears to have the strongest claims to an ideal of service and devotion to human welfare. It constitutes a massive capital of social credit on which medicine draws” (Larson, 1977, p. 38). How can the discursive strategies of midwives change this relationship?

4.1.5 Gendered Usurpationary Strategies

So far I have not taken into consideration the fact that Witz describes these professionalization strategies as gendered. In addition to pointing to the fact that strategic actors are gendered, she argues that “… gendered criteria of exclusion or inclusion may be inbuilt features of closure strategies” (p. 51).

49 Paper D of this dissertation.
Therefore, as professional projects are strategies of occupational closure, assessments of the outcome of these strategies should take the gender of the actors into consideration.

In the case of Swedish midwives and obstetricians, it is clear that, as almost all midwives are women and as the majority of obstetricians are still men, gender is an important aspect. And, as pointed out by Witz and as shown in the study I carried out of the consequences of the agreement of division of labor between midwives and obstetricians, these actors “...will have differential access to the tactical means of achieving their aims in a patriarchal society within which male power is institutionalised and organised” (p. 52).

In this context, however, what is of interest is the ways in which midwives try to make use of their own gender and the gender of the medical profession by discursively challenging the view of the medical profession as the profession that is the most devoted to the welfare and the service of the public. In the chapter above, I show in outline how midwives by trying to convey the picture of themselves as “the guardians of normal birth”, employ discursive usurpationary strategies, directed toward the medical profession. Apart from whether the success or failure of their professionalization strategies depends upon the fact that they are women, I have shown and will further explain the fact that, to a certain extent, midwives do make use of their gender and that of the medical profession.

4.2. A Gendered Discourse?

In Professions and Patriarchy, Anne Witz shows that both nurses and midwives were represented as gendered female by medical men in 19th century Britain. Discursive and gendered demarcationary strategies were used in order to secure a sexually segregated division of labour and to maintain the boundaries between occupations. But in addition, she shows that “internal demarcation” can be used as a form of intra-occupational control, which British male radiographers, for example, engaged in during the 1920s and 1930s to try to hinder the feminization of the occupation. “They did this through discursive strategies which sought to establish an equivalence between maleness and technical skills, and femaleness and patient-centered skills, whilst simultaneously elevating technical and downgrading caring skills in the radiographer’s work” (Witz, p. 169). But because women who could combine nursing and radiography skills were preferred by the employers, they did not succeed. In addition, as described above in this paper, in research based partly and

50 In paper D of this part of the dissertation and in the introduction to this paper, the establishment, the content and the consequences of the agreement are described and analyzed.
drawing upon the above described theories developed by Witz, Einarsdottir shows that internal demarcationary strategies are also used by representatives of different specialties of medicine to discursively hinder women from entering into certain fields of medicine – surgery for example.

But in contrast to these accounts of discursive strategies directed by men toward women within the same profession (radiography and the medical profession) or toward women in a different, but adjacent, profession (midwives and nurses), in this paper the question is whether the usurpationary and discursive strategies used by women, such as midwives, and directed toward a male dominated profession, such as the medical profession, are gendered. By this I mean not only the gendering of the occupational group toward which these strategies are directed, but also the gendering of the profession itself. And if this is the case, what purpose does contributing to the gendering process of midwifery serve?

4.2.1 Personal or Professional?

During the years that I have carried out research on midwifery, I have often asked myself and been asked by others what it was that originally made me choose to study the work and the relations of midwives. Over the years, my answers have varied. But apart from the complexity of the skills of the profession, the complexity of its relation with the medical profession and the variety of the technology involved, it is its relation to femininity that throughout the years has puzzled me. I find it hard to think of another occupation more associated with womanhood and motherhood. Practically all midwives are women and nowadays most are mothers as well. The idea that in order to be a good midwife you have to have given birth yourself is advocated by some midwives interviewed. However, it is a conception that I have never come across in more “official” (con)texts and one that the former president of the SMA dissociated herself from when interviewed. In her view, such a conception of midwifery is “unprofessional”, and not generally accepted. This rather common conception of what it takes to be “professional” can be related to the discussion on the gendering of the concepts of bureaucracy and profession, presented by Celia Davies in her book *Gender and the Professional Predicament in Nursing* (1995). In short, Davies states that in spite of clear

51 In *Birth in Four Cultures*, Brigitte Jordan argues that “...in most areas of the world a midwife must herself have borne and successfully raised children before she can practice fully. But even women who have not given birth themselves bring to the enterprise a deeper and more fundamental interest than men, a principled interest that is grounded in the fact that their own bodies are built for the very same purpose” (p. 119).

52 See paper D for a discussion on the connections between bureaucracy and profession, in which Celia Davies’ view on the matter of is described.
contradictions between the two concepts, there are many affinities. By ex­amining the two concepts in relation to expertise, impartiality, impersonality and autonomy, she shows that “...profession, at least as much as bureaucracy, celebrates and sustains the masculine vision...” (p. 59). She argues that for the professional encounter – just as the private thoughts and judgements of the bureaucrat should remain private – “…there are often rules of eligibility to receive service that operate at a distance from the professional encounter itself and ensure that skills can be employed in an impersonal way” (p. 59). This means that emotion should be kept at a distance in the delivery of skills, which, argues Davies, is a very important aspect of professionalism. Another important aspect is the idea that “…professions represent themselves as autonomous only by ignoring or misrepresenting the work of others” (p. 60). In the case of nursing, this work includes preparatory and servicing work, contact with the patient and coping with his or her emotions.

Much of the work carried out by midwives is similar to the work carried out by nurses\textsuperscript{53}, and as many midwives do not hesitate to be personal and to rely on their own personal experiences in their encounter with women giving birth\textsuperscript{54}, there is a dilemma regarding the professionalization of the occupation, noticed and described by Davies: “First, nursing aspires to be a profession when the concept expresses a gendered vision that is a denial of the feminine values of nurturing that nursing seeks to espouse. Second, nursing aspires to be a profession when its own work is part of a gendered division of labour that helps to sustain ‘profession’ for medicine” (p. 62). In my view, this dilemma or contradiction is one of the explanations for the complexity of the discourse of midwifery, that is mediated by the texts.

4.2.2 Arguments Based on Personal Experiences as Women

As a researcher but also as a patient, I have come across a number of midwives referring to their own personal experiences both as women and as mothers. By this I mean that both when interviewed about their work and when observed practicing their occupation, midwives often referred to their own personal lives. By this I do not mean that the midwives that I met as a patient, or as a researcher, were self-centered or uninterested in me or whoever they were treating as a patient, but that they seemed to sometimes openly and explicitly rely on their own experiences – as mothers and as women giving birth – as a source of knowledge. In addition to explaining

\textsuperscript{53} In Sweden, all midwives are nurses specialized in obstetrics and maternity care.
\textsuperscript{54} When writing about this, I recollect the birth of my second child. After he was born, the midwife, who had helped delivering the baby in a very “professional” way, showed us how to wash him. She then told us that she and her husband also had two sons and talked about her feelings after her own delivery.
this in terms of blurred boundaries between the personal and the professional lives of midwives, it is possible to relate it to the fact that, regardless of whether it is professional or not, it creates an intimate atmosphere between the professional and the patient. And when I, as a researcher, was asked by one of the midwives whether I was a mother, it seemed a natural manifestation of this particular characteristic of the discourse. The midwife in question was relieved when my answer was yes and then said something about how difficult it would have been for me to observe the work of midwives, if I had not experienced birth myself.

These kinds of concepts of what it takes to be a good midwife or to be able to study midwifery obviously automatically exclude men from the discourse. Regardless of their real value to their professionalization project and the fact that many midwives seem aware of the conflict between being personal and professional, these concepts about the personal experience of being a woman are often found in other types of texts. Articles in The Midwife written by midwives quite often include references to personal experiences, seemingly as a way of reinforcing the argument on the use of technology in childbirth, or the way women should be cared for by midwives or other topics. For example, in a letter to the editor of The Midwife about a previously published review of a book on midwifery, the writer criticizes the review for being based on personal experiences and not on science in its account of the effects of the use of anesthetics on motherhood (1995, p. 250). The writer then discusses medical intervention in childbirth and bases her arguments on her own experience of a Cesarean section. At the end she writes that she is pregnant and will soon give birth to her second child and hopes to be able to “…give birth in a natural way with as much or as little anesthetics as she wants”. In their reply, published in the same issue of the journal, the authors of the review itself instead base their arguments on research into the relationship between medical interventions in childbirth and post-natal depressions in mothers.

In addition to these perceived connections between being a woman and midwifery, it is the woman giving birth that (quite naturally) is the focus of attention, though most women giving birth are accompanied by their partner. When the baby is born, it is the midwife’s task not only to care for the woman, but also for the newborn. As I see it, these tasks are closely connected to traditional womanhood and femininity and the reasons why

55 In Gender and the Professional Predicament in Nursing, Celia Davies presents an alternative to the 'difference debate' by suggesting that “…there is an escape from this dilemma, provided that we turn the spotlight from/women to gender, and provided too that we make a clear distinction between real women on the one hand, and masculinity and femininity on the other. In this other way of thinking, masculinity and femininity are not 'attributes' that all men and all women in some simple way possess, nor are they in any straightforward sense 'scripts'
personal experience of birth of both midwives and students of midwifery are highly valued in some contexts.

But the question of whether these concepts of the female midwife are also constituents of the discourse of midwifery remains to be answered. And if they are representations of the discourse, what role do they play in the usurpationary professionalization strategies of midwives?

4.2.3 Femininity and Professionalization

In her book, referred to above in this paper, the historian Lisa Öberg shows that the professionalization strategies deployed by the midwives between 1870 and 1920 did not include emphasizing the femininity of the profession (p. 312). As emphasizing femininity could lead to further subordination to the medical profession, the focus was instead on the gender neutrality of the profession and the competencies needed. And indeed, as Lisa Öberg shows, many of the skills needed to be able to practice as a midwife during that period were skills not associated with femininity. For example, the midwife had to be able to force an unwilling farmer to saddle a horse to notify a doctor in the middle of the night, she had to be able to carry out obstetric interventions in the countryside and she was not allowed to fear either the poverty of the countryside, or the slums of the cities (p. 309).

The stories of midwifery in the past published in The Midwife confirm this conclusion; femininity or traditional feminine qualities are not explicitly emphasized. But Lisa Öberg points out the fact that midwives were able to adapt to a variety of working conditions can be regarded as feminine qualities. At the same time as midwives complained about physical, psychological and social demands placed upon them, they also took a pride in being able to cope with these conditions (p. 309).

4.2.4 Adaptability as Femininity of the Discourse

As shown above, many letters and articles in The Midwife tell stories of midwifery in the past. All these accounts could be categorized as a manifestation of the discursive role played by the history of the occupation. But many are not only stories of what it was like to help women giving birth in their own that we have learned. Recent work/.../ has suggested that masculinity and femininity are better understood as cultural codes or representations of gender and that gender, in this cultural sense, pervades our earliest experiences and shapes our sense of identity. Gender also /.../ shapes the way in which we relate to each other and structure social institutions – not only those relating to the family, sexuality and reproduction, but also those that are apparently gender-free and which operate in the public domain of work and politics.” (1995, p. 20). My own notions of femininity, masculinity and gender correspond with this suggestion.
homes after having traveled far to get there. They are also stories of what it was like to be subordinate to and have to adapt to representatives of the medical profession during that period of time. One of these stories has been written down and sent to *The Midwife* by some midwives working at a community center, but told by an old woman (probably a patient):

*The story is about the woman herself and it is written in the present tense. Sometime during the forties she has to give birth at home, as the delivery ward of the hospital is temporarily closed. Unfortunately, after the baby is born, there is a problem with the placenta and as the woman is bleeding profusely, the midwife calls for a doctor, who, because he is at a party, is late in coming. While waiting for him, she tries to take care of the placenta herself, but because of complications has to give up. Even though she is not allowed to call for an ambulance (at that time this could only be done by a doctor), she does so. The doctor (who is drunk) turns up in a taxi at the same time as the ambulance, insults the midwife and says he refuses to come to the hospital in an ambulance together with a patient in such a good shape. In the end, he decides to go to the hospital together with the woman and her midwife in the ambulance anyway. During the ride to the hospital the woman gets worse, but thanks only to the midwife she is later operated on at the hospital and survives. What the colleagues of the doctor thought of his coming to the hospital by ambulance with a patient “in such a good shape”, the woman never finds out.*

This story is told by a patient, but as a text, it is both produced and consumed by midwives. But apart from being an interesting story, what is its message and what purpose does it serve?

I consider the key message is the ability to adapt to the demands of the medical profession. And thinking – in accordance with one of the views of feminine qualities of midwifery presented by Lisa Öberg – of the ability to adapt to being insulted by drunk doctors as a traditional feminine quality, this and other similar stories found in *The Midwife* and other texts, are indeed representations of a gendered discourse. By this I mean that, regardless of whether it is advantageous to the midwives’ profession or not, midwives themselves, by producing and consuming texts like the one related to above, take an active part in the gendering process of their own occupation.

4.2.5 The Masculinity of the Medical Profession

Apart from texts on the adaptability of midwives, the femininity of midwives is then seldom explicitly focused on in the texts analyzed. But, in contrast, the masculinity of the medical profession is. This is perfectly highlighted in the following text, written by Ann Oakley in her essay *Science and 'Love' in Midwifery*:
"The rise of obstetrics and its eventual dominance over midwifery was achieved in part by the argument that those who care for childbearing women can only do so properly by viewing the female body as a machine to be supervised, controlled and interfered with by technical means. Science, or reason, were given in support of this approach; but were, on closer inspection, figments of the medical imagination. Childbearing had many mysterious and untreatable aspects, and towards these the obstetrical attitude prescribed the ‘mastery of birth’. In the absence of understanding, control and management were important – childbirth and women had to be ‘mastered’. The masculine gender of this word is highly significant. The male role in obstetrics paralleled the male cultural role; socialized to be mastered of their own fates, families and environments, the same kind of impulse possessed the men who first took over childbirth from the traditional carers of women, midwives.” (Oakley, p. 71)

In addition to this and other similar texts produced by the scientific community that tell us that the medical profession is associated with masculine qualities, texts that tell the same message, though perhaps not as directly accusatory, are found in The Midwife as well.

As I point out above, stories of midwives who have passed away are often published in the journal. One is about one of the pioneers of Swedish midwifery, Signe Jansson (1993, p. 75). The writer sketches the story of her life work. Part of this story is about femininity and masculinity in the delivery room. Signe Jansson often talked about the midwife as a representative of femininity and the doctor of masculinity in midwifery, “...both equally important and complementary”. The midwife should be aware of this, so that she sees her own role in the process of birth. If technology takes over, it threatens the woman, her strength and her self-confidence.

In an earlier issue of The Midwife, a one day seminar on midwifery (1990, p. 33-36), arranged by one of the local branches of the SMA, is described. One of the two invited speakers spoke about the changing profession, implying that midwives have to change their role and become less active in the birth process. It is instead the parents that are going to do the job. “It might be hard for us midwives to understand that when mother and child are healthy, nature does the job”. The other speaker spoke about the role of pain relief and technology and concluded that, even though alternative methods can be used, one should always use technology in order to discover the minority of women who need the protection of modern technology. Both speakers then pointed out the fact that alternative methods of birth, for example the sitting birth posture, are becoming scientifically recognized. One further stated that by understanding birth as an natural process, it becomes
easier to understand the positive attitudes of women towards alternative methods.

But then Signe Jansson, the pioneer of Swedish midwifery mentioned above and one of the participants at the seminar, warned that there are reactions against these methods and that these opponents want to reintroduce old-fashioned ones: “A woman will again be tied to the bed, she will have to give birth according to a schedule, otherwise she won’t make it. But then the fantastic medical profession will rush to her and the baby’s help”.

The words of Signe Jansson were confirmed by one of the invited speakers. In her view, it had to do with the fact that the medical profession wanted to recapture its former position. “Women are not exactly cut out to give birth in accordance with schedules designed by men to allow them to step in like an angel to the rescue” (1990, p. 36).

In this fashion, the midwives’ profession is shown as gendered female, while the medical profession is gendered male. But it is not done by representatives of the medical profession, as in the case of medical men in 19th century Britain. It is done by the midwives themselves. In the same way as the demarcatory strategies of the medical profession or male radiographers (Witz, Einarsdottir), for example, were based upon only upon discursive constructs of the femaleness or femininity of the skills of nurses or midwives, but also upon the maleness or masculinity of the medical profession, so are the professionalization strategies of Swedish midwives of today.

But in contrast to the ways that for example “…the surgical demands of obstetrics were discursively equated with masculinity” in 19th century Britain (Witz, p. 127) or “…discursive strategies which sought to establish an equivalence between maleness and technical skills” (p. 169), it is of course a question of discursively conveying a more negative picture of the masculinity or the maleness of the medical profession. Some of the texts analyzed seem to portray midwives and patients as ‘victims’ of the medical profession and of the negative qualities associated with masculinity. In addition, these texts manifest another important aspect of the discourse, but in order to direct attention to this, we have to go back to the concept of discourse found in Texts, Facts and Femininity.

In this book, there is a chapter on the discourse of femininity in which Dorothy Smith points out the fact that women are active as subjects or agents in the production of a discourse. “While the focus is on social relations extending beyond the reach of any particular individual, women participate actively in them in a characteristic dialectic: people’s actual activities as participants give power to the relations that ‘overpower’ them” (Smith, p. 161).

In this context, this implies that by constantly referring to the male takeover of childbirth and by picturing the technical development, the control and to some extent even the science of childbirth as constituents of a male
medical discourse, midwives (or any other advocates or students of the profession) are active in their own subordination and the reproduction and reinforcement of their own discourse. The fact that “...the doctors did not mind midwives sewing and sticking clips on (natural feminine functions anyway), but they were unhappy with the idea of midwives carrying out breech or forceps deliveries or intubating infants” (Oakley, p. 77) could be explained in terms of accountability or medical expertise. However, the explanation according to the discourse is based on the concept that the medical profession draws a line between themselves and the midwives in accordance with gendered boundaries. Instead of theories on more gender neutral professionalization strategies, the texts produced by midwives, explain actions taken by the medical profession as based upon gender differences, constructed in part by the midwives themselves.

These concepts of the medical profession are important constituents of the discourse of midwifery. And, even though aspects of femininity or the femaleness of the profession are not often emphasized, the discourse of midwifery is gendered because of these types of frequent explanations and concepts of the medical profession in the texts. But again, the question is whether the professionalization project of midwives is really favored by these explanations and concepts.

4.3. A Limiting Discourse?

As explained above, there is reason to believe that emphasizing the femininity or the femaleness of the profession would lead to further subordination of the midwives to the medical profession, and before concluding this paper, I would like to point at yet another way of looking at the relations between professionalization and femininity.

In her book on the ways that “the secretary” is discursively gendered, Rosemary Pringle shows that for secretaries, professionalization may come into conflict with traditional expectations of what a secretary is supposed to do, like for example making the tea and playing the role of hostess. She compares this dilemma to the one that nurses face: “With professionalization, who does the general nursing care?” (p. 20). In her view, this is part of the question of the relation between professionalization and femininity. The question she then poses is whether femininity itself places limits on what they can achieve, which is also interesting in this context. While there are many stereotypes concerning the relations between doctors and nurses, nurses have a stronger and more separate identity than secretaries and their subordination is counterbalanced by their power in relation to the patient. Perhaps this is true for Swedish midwives as well. Indeed, as I show above, the relationship
to the patients and the public and the kind of delivery care midwives argue that they want, are important parts of the discursive usurpationary strategies directed by the midwives toward the medical profession.

In the current debate on the centralization of delivery care in Sweden, though not evident in the texts analyzed, midwives are quite successful at convincing women that keeping small delivery wards is in their interest, while the National Board of Health and Welfare points out the fact that in small units, the number of births is not sufficient. In this and other similar debates on how to organize delivery care, midwives contrast their ideas to those of the medical profession and the medical bureaucracy.

4.3.1 The Gendering of Assistant Nurses – A Dual Closure Strategy

But I would like to emphasize Pringle's idea that femininity itself might in another way place limits on what midwives can achieve. This would imply that the way the discourse of midwifery is gendered in relation to both the medical profession and the patients can be limiting. There are observations from my own field work which show that midwives have realized this. By arguing that assistant nurses should take care of many of the tasks that involve caring for the patient and helping the midwife to do her job, it is as if the midwives interviewed want to make it clear that in the relation of midwife to assistant nurse, the latter is the assistant and the midwife the expert. In this context, the assistant nurse could be regarded as gendered female by the midwives. In one of the interviews I carried out, when one of the midwives was asked about what she considered as her tools, she replied:

-Tools to me? There aren't that many tools. If I tell you what I would like; another kind of assistant nurse that would be more interested in supporting the patient, in being in with her sometimes, so that I could take care of my papers, so they are not always left unfinished until it is over. I mean, then I have everything left, and they can go home. I can't go home until I have my papers in order. I think about service with food, changing of bedclothes, fixing the toilet and things like that, that would made my work easier.

In one of my previous papers, I describe a feminist perspective on bureaucracy and professions and quote Celia Davies, who argues that for a group to be autonomous, it requires "...considerable work by others and without this work it cannot be sustained" (Davies, p. 60). As I also relate to above in this paper, in her view, professions represent themselves as autonomous by ignoring or misrepresenting the work of others, for example preparatory and servicing work carried out by female nurses or secretaries. Though Davies, in

56 Paper D of this dissertation.
contrast to Witz, sees the very concept of profession as gendered, her view on the fact that, in most cases, women do the kind of service work that she refers to is interesting in this context and can be combined with Witz' way of looking at the responses of groups hit by demarcation; the so called dual do-
sure strategies. These two different responses are what Witz calls usurpation, which is the exercise of power in an upwards direction, and exclusion, which
is power directed downwards. As I also describe above, Swedish midwives do exercise power downwards, towards assistant nurses, though I prefer not to call these strategies exclusion, but demarcation, as their aim is to create boundaries between themselves and the assistant nurses in a division of labor. By analogy with Davies' concept of profession, Pringle's way of looking at the limitations of a gendered discourse, the quotation above, whether representative of the midwives' profession or not, can be understood in terms not only of a demarcationary strategy directed downward by the midwives, but also as a gendered discursive strategy. In this fashion, strategies employed by the midwives' profession are little different from strategies that might be directed towards them.

On the other hand, still within this particular characteristic of the discourse, there are contradictions that point to its complexity. Most of the midwives interviewed do speak of the importance of supporting the patient, even though the type of service referred to above by the midwife interviewed does not always seem to be intended. In this context, however, it is important to remember that at ABCs, there are no assistant nurses at all. Instead, midwives carry out all the work of the assistant nurses in conventional delivery wards. In Waldenström's book about giving birth at the ABC, she writes that the midwives working there did not see this as problematic. Instead the absence of a hierarchy together with identical skills and ideologies of the personnel helped communication and reduced conflicts (p. 34).

But in the texts of assistant nurses interviewed by myself, one of the problems or dilemmas of professionalization is highlighted. At the ward studied, due to major organizational changes implemented during the period of my research, the proportion of assistant nurses in relation to the number of midwives was reduced. There are assistant nurses who are worried that the patients will not get the support and the service they are entitled to with fewer or no assistant nurses at all at the ward. When asked about how it will affect the patients, one of the assistant nurses said:

As a result of a decision to close down the hospital at which the delivery ward studied is situated, major organizational changes have been and are still in the process of being implemented. One such change is the merger of the ward with the delivery ward of the hospital of the neighboring city (which is also to be closed down) while waiting for the construction of the new hospital to be completed.
- For the worse, I think.

- In what way do you mean?

- I don’t think they will get as much service with only midwives on the ward. And care – I don’t think they will get that either. Maybe they will, but not as much.

At the time of these interviews, the number of assistant nurses remained unchanged in spite of the 100% increase in deliveries that came with the merger of the two wards, while the number of midwives was doubled. This means that the number of assistant nurses per delivery was halved. Another assistant nurse was asked about how she thought this would affect the patients and replied:

-I definitely don’t believe in only midwives at the ward, because I don’t think that the things we do now, things you don’t think about, I don’t think it would work, because I don’t think they think about wiping up or everything that needs to be filled up. Such small details that they never do now. They would have to learn, but I don’t know. They would have to change. It would probably work, but I think some of them would have to do it all, while others would never do it.

Above, when I refer to the dilemma of professionalization, I mean the fact that professionalization projects might not always improve the care given. In the summary of Ingrid Heyman’s dissertation, she writes:

“The knowledge, used in professionalisation, ‘belongs’ to a certain occupational group and therefore exclude others, for example non-registered nurses. This phenomenon has been looked upon as the reserve of the coin of professionalisation. In relation to patients, there are also some advantages. Some nurse researcher cautioned, as early as 1979, that the sickest patients may be forgotten in the process of nurse professionalisation. The aim of care is to help patients to get well and healthy. The risk is that only curable patients are taken into consideration, neglecting the very old patients or the ones with incurable illnesses”. (Heyman, p. 270).

By quoting Heyman in this context I do not mean that there is a risk that the midwives would take care only of a certain type of patient, but that, by analogy with the disadvantages of professionalization, there is a risk that less prestigious tasks will be left to others to carry out.
4.4. A Changing Discourse?

The image of the midwife as a representative of femininity and the obstetrician as a representative of masculinity is not always conveyed explicitly. Neither is it an eternal truth. As the proportion of female students at Swedish medical schools is about 50% and the proportion of females later specializing in obstetrics or gynecology higher than that\(^{58}\), the majority of the medical profession involved in midwifery will be female in the not too distant future. Even though there are no signs of an increasing proportion of male midwives, the question is whether, to what extent, and in what way a growing number of female obstetricians will change the present discourse of midwifery. And if the discourse changes, what does it mean for the discursive strategies used by the midwives' profession?

In this section, I try to make my point by referring to research that only indirectly, but hopefully convincingly, relates to this study. Consequently, the conclusions of this section should be regarded as hypotheses.

4.4.1 Different Discourses that Structure Relations

In addition to the parts of Pringle's book described above, I would like to refer to her in this context as well. She describes several discourses that structure the boss-secretary relationship; for example the master-slave discourse with the boss as subject and the secretary as object or the mother-son discourse with the secretary as subject and the man as object. Pringle then writes about what happens for example when the boss is a woman and the secretary a man, or when both of them are either women or men. "Where the boss is a woman, both the master-slave and mother-child discourses may give way to the team discourse and to a much more equal relationship" (p. 83). Even though I do not investigate the different discourses that may structure cooperation between midwives and doctors, but the use of discursive strategies of midwives, the work of Pringle is also valid in this context. Since the discourse of midwifery to a large extent is a reflection of and produced and reproduced in relation to the concepts of the medical profession, discourses that structure the relation between the groups are of great importance to the discourse itself. And this leads to the conclusion that if the gender of

\(^{58}\) According to Einarsdottir (1997) the proportion of female obstetricians in Sweden is currently 40%.
the counterpart changes, then the discourse and the discursive strategies must also change. The question is how and to what extent.

4.4.2 Masculinity – A Strategy of Female Doctors

The team discourse mentioned above indeed seem to have many positive effects, as “...the secretary may be able to adopt the same strategies of power as her boss” (Pringle, p. 83) and as the relationship “...affords the possibility of mutual recognition that is so difficult to achieve in our polarised gender relations” (p. 83). But in her book on the different cultures of assistant nurses, nurses and doctors at a Swedish hospital ward, Gerd Lindgren (1992) writes about female doctors who are treated in a different way from the male doctors by the nurses. They do not get the same kind of service, as the nurses tend to think that they can take care of things themselves because they are women. In order to deal with this situation, some of the female doctors report that they have to be really tough with the nurses and that since it is still a male dominated profession, they “behave in a masculine way” (p. 35). If such a strategy were used also by female obstetricians, the question is of course whether the changed gender of the medical profession would actually have an impact on the discourse.

In addition to this, Lindgren observes differences between different generations of nurses in their respective views of what a male doctor should be like. While the older nurses appreciate “serving” an authoritative doctor, the younger ones prefer doctors who let them participate in the decision-making. If this is true also for midwives, this means that the relations between midwives and obstetricians are not only dependent upon the gender or the strategies used by female doctors, but on the attitudes of the midwives themselves toward female obstetricians. Do their attitudes favor a team discourse as in the case of the secretaries and their female bosses described by Pringle?

4.4.3 Gender Neutrality – Another Strategy of Female Doctors

In this context I would like to refer back to the corporative culture of nurses, described by Lindgren and outlined above. While the culture of the nurses is characterized by alliances with the superior medical profession, the culture of doctors is characterized by an informal hierarchy and co-optation based on class, gender and ethnic background (Lindgren, p. 71). But in the same way as the culture of nurses is gendered, so too is the culture of doctors. To Lindgren, this means of course that the medical profession is based on a masculine norm or prototype. Female doctors have to convince the hierarchy that gender is unimportant. Lindgren argues that they can do so by behaving in a matter-of-fact manner in relation to colleagues and in particular in relation to
the patients (p. 77). This matter-of-factness is also applied by male doctors as, in order for doctors to be reliable, they are supposed to keep patients at a certain distance and avoid embarrassing intimacy.

In this context, I would also like to refer to Davies view on the masculinity of both profession and bureaucracy quoted above in this chapter. Instead of explaining the strategies used by female doctors in terms of gender neutrality, it might instead be a question of female doctors actually contributing to the gendering process of the medical profession as “masculine”.

4.4.4 Female Obstetricians and Their Possible Interest in Surgery

In connection with these accounts that, as I see it, contribute to the question of whether a feminization of the medical profession will really change its norms and its strongly gendered culture, I would like to again refer to the dissertation on heterogeneity and gender differentiation within the medical profession written by Torgerdur Einarsdottir (1997). As accounted for above in this paper, she describes the discursive demarcationary strategies employed by the medical profession. Despite the fact that she does not write about professionalization strategies between different professions (as in this paper), but within the medical profession, some of her conclusions and the ways she uses the concept of discursive strategies are of interest here. For example, she concludes that one of the results of the surgeons’ attempts to close their territory by means of a gendered discourse is that women interested in operative activities are “deported to gynecology”, because it involves some operative, surgical activities (p. 290). This can be contrasted to female doctors in other fields of medicine, who, according to Einarsdttir, report that other interests, such as patient orientation and the diversity of the specialty, had affected their choice. This means that women in Einarsdttir’s study were more patient oriented than men in all fields of medicine, but the variations between the different areas in the way that the women doctors describe their own specialties are interesting. What if women choose obstetrics because they excluded from another male-dominated field? If many choose obstetrics because of their interest in surgery and not because of their interest in caring for women and children, it would have implications for the extent to which the discourse of midwifery would actually change. Given that seeing birth as a normal process and every delivery as normal until proved differently are aspects of a gendered (female) discourse, women who choose obstetrics because of their interest in surgery are not likely to blur the boundaries between the different discourses, but to reproduce the current distinctions.
4.5. An Unchanging Discourse?

In order to be able to answer the question of whether the discourse sketched out will remain unchanged or whether it will change as a result of a changed proportion of female doctors in general and female obstetricians in specific, I would like to sketch out a possible scenario. In my view, the results above suggest the possibility that a larger proportion of female doctors will not change relations between midwives and the medical profession. They indicate that there is reason to believe that the women entering the field might not change the concept of the medical profession and the discourse of midwifery in any fundamental way. And consequently, the constituent of the discourse that pictures midwives as guardians of normal birth would still play an important role in the usurpationary strategies used by midwives.

But when looking at the constituents of the discourse that are used discursively, it is important to remember that they are to a large extent based on historical facts and historical concepts of the medical profession. And regardless of whether a slightly changed sex composition of the obstetricians of the future would change the gendered conception of the medical profession, it is a fact that the current discourse is based on these historical concepts. Though at the turn of the century, the choice of the very few women that entered into the field of medicine was obstetrics (Einarsdottir, p. 115), these women did not have an impact on the concepts of the medical profession involved in midwifery. They were probably too few. Later, other fields of medicine started attracting women. But as 40% of the obstetricians of today are women and the proportion is probably increasing, in the long run the concept of the obstetrician as a representative of a male norm will probably render the discourse obsolete and perhaps of less use to the usurpationary discursive strategies of midwives. And when the image of the doctor is no longer male, stories of the patriarchal structures of delivery care of the past will no longer have the same meaning. Stories of the midwife in the past as someone unselfishly fighting for the woman and the child in spite of the more or less pronounced (and indeed more or less real) ill will of the medical profession will in any case not serve the same function.

4.6. A Successful Discourse?

Though it is not the actual focus or aim of this paper and though it is not investigated empirically, it might be of interest to discuss whether the discourse of midwifery or its discursive strategies are to some extent successful. It is true
that midwifery is becoming established as a scientific field. But as I have shown, not surprisingly and certainly not uniquely, this scientific field is not independent of the medical profession. Instead, it is by alliances with its representatives that midwives have managed to become part of a scientific community.

It is also true that midwives have been successful in convincing large parts of the public of the benefits of a more non-medical way of managing births. For example, at the delivery ward studied empirically, the number of patients has decreased as a result of a large number of women choosing to give birth in a more home-like delivery ward in another hospital, even though the medical expertise at the delivery ward in question is superior. In addition, there are newspaper articles on women in smaller towns who are afraid they will have to travel far to get to the closest hospital delivery ward and are prepared to fight to keep their own, small delivery ward, in contrast to the centralization of delivery care recommended by the Swedish National Board of Health and Welfare. The care given at Alternative Birth Centers is another example of the same phenomenon.

But the main question remains unanswered. Have midwives been at all successful in employing gendered discursive (and usurpationary) strategies directed toward the medical profession and the medical bureaucracy? And in what ways have the dualities of the discourse described in this paper contributed to these strategies? Are they no more than just ways of contributing to some kind of collective identity\(^59\) of the midwives or ways of encouraging different groups of midwives in their work with no impact on the relations with groups external to the midwives' profession?

Another important question that should be asked in this context goes beyond the relationship between midwives and the public. As I show in a previous paper\(^60\) and in this one, midwives not only employ professionalization strategies directed toward the medical profession, members of the public (that is, women giving birth and their partners) and decision makers. Some strategies are aimed at their relations with categories subordinate to the midwives, such as the assistant nurses. Though connections and relations between bureaucracy and gender have not been focused on in this paper, to an extent they permeate the discussion. Given for example the fact that the relationship between feminism and bureaucracy can be seen as problematic\(^61\), the aim of

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\(^{59}\) In part I in the introduction to this dissertation, I write that in, in analogy with the ways that the workers' collective contribute to the 'collective identity' of the workers, the discourse of midwifery is crucial to the identity of midwives.

\(^{60}\) Paper D of this dissertation.

\(^{61}\) In her book *The Feminist Case Against Bureaucracy*, Kathy E. Ferguson, however, points to the possibility of a feminist discourse as opposed to the "bureaucratic division of labor", which includes the restructuring of work which would "...entail rejection of the hierarchical division"
the strategies presented and discussed in this paper is crucial to the question of possible future professionalization strategies. And here I would like to quote a question asked by Mike Savage and Anne Witz in *Gender and Bureaucracy*:

“Indeed, should the goal of women be to enter and participate in the ‘relations of ruling’, as Dorothy Smith (1987) would call them, or will women’s distinctive modes of acting in the world be quashed and distorted within these masculinist institutions? Once women ‘have’ power, can they ensure they use it in such a way as to minimize the disempowerment of others who are subordinates /.../? Can female bureaucrats further the collective interests of women by reforming male-dominated ways of behaving once they participate in these?” (p. 33)

From my perspective, this question applies both to whether the feminization of the medical profession will actually change the discourse of midwifery and the discursive strategies of the group and to the question of the future relations between midwives and assistant nurses. What would midwives do with the power “given” to them as a result of the discursive strategies described in this paper?

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of labor of bureaucratic capitalism and the integration of the planning and performance of tasks” (1984, p. 205)


PARTY

PAPER F:

THE PLANNING OF A NEW HOSPITAL:
PARTICIPATION TO WHAT EXTENT
AND AT THE EXPENSE OF WHOM?
PAPER F:

THE PLANNING OF A NEW HOSPITAL: PARTICIPATION TO WHAT EXTENT AND AT THE EXPENSE OF WHOM?

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1. INTRODUCTION

New computer and medical technology and new types of medical intervention as well as the changing attitudes of patients and employees place severe demands on the health care organizations of today. At the same time uncertainty, caused by a turbulent and dynamic environment characterized by fast changes renders planning complicated and more defensive.

In the northernmost county of Sweden, a is under construction. It is characterized by new concepts including the implementation of inter-professional teams and an interactive design process for the building aimed at providing higher quality and productivity. This implies flexibility and adaptability on the part of both professionals and buildings. Traditional boundaries between professions have to be broken down as cooperation will take place within teams consisting of a number of different professions focused on the patients. New functions, skills and areas of responsibility are necessary for professionals, as changes will be frequent. One of the goals of the hospital project is for professionals to play an important role in the design of the building and the work organization. This and the need to continuously adapt and improve implies the promotion of a learning culture in the hospital organization.

In this paper, after a description of some important background factors, activity theory is presented and applied on data collected as part of a pilot study aimed at generating hypotheses and research questions.

2. BACKGROUND

The County Council of the northernmost region has recently decided to fund a major research project that will be carried out by researchers in two different departments of the Luleå University of Technology. The different parts of the project are the evaluation of the political process that resulted in the decision to build a new hospital, the planning and design of the hospital building, cooperation within new inter-professional teams, the future forms of cooperation between the new hospital and other health care organizations and finally the role of technology in the new hospital organization. This paper deals with the evaluation of the planning and design of the hospital
building and cooperation within inter-professional teams. In this section the concept, the participatory programs and the attitudes toward the new hospital organization will be described along with the aim of the research project is presented.

2.1. The Concept

The concept developed includes the introduction of inter-professional teams and designing of the building to provide higher quality and productivity. This imposes flexibility and adaptability on both professionals and buildings. Traditional boundaries between professions have to be broken down as cooperation will take place within inter-professional teams, focusing on the patients. As all care given will be based upon the needs of the patient, the teams will vary in accordance with those needs. The idea is that patients should not have to be moved around the hospital to have different parts of their bodies examined or treated. New functions, skills and areas of responsibility are necessary as changes will be frequent. In order to facilitate this process the building has to be easy to rebuild and adjust to meet new demands. For these ambitions to be realized, a learning culture is necessary in the planning and design process as well as in the future work organization.

2.2. Participatory Programs

While waiting for the completion of the new hospital that which replace the two existing hospitals in the area, a new work organization is already being implemented. As a way of preparing for the move and saving money, many of the wards, for example the two delivery wards, have been merged, and one shut-down. As a result, parts of the existing hospitals have been rebuilt and furniture, medical technology and personnel have been transferred. This means that many employees have had to leave their old ward and move into an existing one with its culture, norms and values. It goes without saying that these changes have caused problems.

It is the aim of the County Council that the new work organization and the design of the hospital building should be developed in cooperation with the employees of the existing hospitals. In order to facilitate the implementa-
tion of these changes and to prepare for the coming move to the new hospital, different participatory programs have been introduced. These include different training programs, the designing of work stations, involvement in decisions on technology and future forms of organization. This means that representatives of the different professions at the hospitals – architects, administrators and building entrepreneurs – have cooperated in different types of groups. In addition, both the public and the employees have been given the chance to study and evaluate models of the future building.

2.3. Attitudes towards the new hospital organization

In spite of these aims, articles and letters to the editor about the dissatisfaction of the personnel with the ways these changes have been managed are frequent in the newspapers of the region. For example, articles have been published on doctors that have resigned because of their unwillingness to be medically responsible under the new conditions. In their view, the small number of employees in the future organization renders safe care impossible. The employees at the bottom of the hierarchy are more concerned about their positions in the new organization. Will they be made redundant or transferred if they don’t cooperate?

The motives behind some of the changes have also been questioned publicly by politicians, end-users and some representatives of the scientific community. The fact that the two hospitals that are to be replaced by one are situated in two different towns has been a source of conflict not only between representatives of different professions at the two hospitals, but also for the rest of society. At first, the major issue was whether it was economically wise to build a new hospital at all instead of rebuilding one of the existing ones. When the decision to build a new hospital was eventually taken, the issue was then in which town it should be placed. In spite of the fact that the decision was to build it midway between the two, but within the borders of one of them, representatives of the hospital that felt they “lost” this battle, have expressed bitterness, anger and frustration. Another source of conflict is the fact that the building of the new hospital will reduce the total number of employees needed by 30%. As a way of raising the over-all level of skill, it is in the lower part of the hierarchy that these reductions will be made.
2.4. The Aim of the Research Project

This background points to a number of research questions which correspond to the overall aim of the evaluation. The most important aim is to investigate whether the new concept has been successfully implemented. In order to do this, a number of questions must be answered. For example to what extent have representatives of the different professions actually participated in the development of this concept. Did the participatory programs described above facilitate the implementation of the new organization as well as promoting a learning culture? Are the hierarchical positions of different professions important for their possibilities to have an impact on the new organization? And if so, do their attitude towards change vary accordingly?

Yet another question in this research project is what impact these changes and conflicts have had and still have on the attitude of personnel towards the planning and design of the new hospital. In addition, an important question is if and how cooperation between employees between two formerly separate organizations is affected by the conflicts described above.

3. A PILOT STUDY – RESEARCH QUESTIONS, METHOD AND ANALYSIS

In order to answer the questions above, a pilot study aimed at generating a number of research questions was carried out. The empirical data of this study were collected by means of interviews with architects, project managers and employees of the hospital organization, for example, and different types of internal documents and newspaper articles. These data were analyzed in accordance with the activity theory presented below.

3.1. Activity Theory - analysis, resulting hypotheses and research questions

The activity system consists of six principal nodes; subject, instrument, object, community, rules and division of labor. Holt and Morris (1993, p. 98) provide a brief definition of each node of the model. The subject is either an individual
or group of individuals seeking to fulfill goals or motives through action (if individual) or activity (if groups). Instruments can be defined as the means (concepts, theories, physical apparatus, logical reasoning) that mediate the subject’s activity toward the object. Objects are modifiable ends toward which activity is directed and from which an outcome is expected. Community may be defined as an interdependent set of individuals who (at least to some degree) share a set of social values. Rules are inherently incomplete guides for action or activity prescribed by the community. Division of labor represents task specialization by individual members or groups contained within the community.

![Diagram of Activity System]

Figure 1. The Model of Activity System (Source: Engeström 1987, p.78, 1993, p. 12)

According to Engeström, an activity system does not exist in a vacuum, but interacts with the activities mentioned above (1993, p. 13). Another way of putting it is that outside influences and external forces cause imbalances and tensions within the activity system. The result is four different types of contradiction; primary (within each component constituting the activity), secondary (between the components of the activity), tertiary (between the activity itself and a culturally more advanced form of the activity) and quaternary (between the central activity and its neighboring activities) (Engeström, 1987, p. 89). Apart from a limited pilot study, we have not yet carried out the planned empirical study, and so the contradictions presented below should be regarded as hypotheses, based on our current knowledge of the project.
3.1.1 Hypotheses and research questions deriving from primary contradictions

According to Engeström, the primary contradiction is the conflict between the exchange value and the use value within each element of the activity system (1987:89, 1993:20). Such a contradiction may arise because the care that will be given is to be rendered more efficient and productive. As the concept includes a shorter time spent in hospital by the patients after new types of medical interventions where previous methods demanded long periods of after care, there is a risk that interventions are chosen more because they are economic than because they are preferable for the patient. And, in addition, patients that it is not possible to treat quickly and efficiently and are not profitable may not be of interest.

3.1.2 Hypotheses and research questions deriving from secondary contradictions

Secondary contradictions appear between the elements, (see figure 1), of the activity system. For example, at the moment, rules (or the bureaucratic system) regarding what profession is to perform a certain intervention influence the division of labor between the professions to a large extent. The new work organization is to be based on the concept of inter-professional teams, based on the needs of the patient, but it is possible that the division of labor will remain the same, because of unchanged rules. Specifically, the Swedish National Board of Health and Welfare is not likely to change its rules on what profession is to prescribe drugs, perform certain medical interventions or use medical technology. And the medical profession will still be medically responsible. These rules may therefore hinder the implementation of the new concept. Other problems are that new medical technology might not be used efficiently because of lack of adequate training (contradiction between instruments and subjects) and that cooperation between employees from two different hospitals will be difficult (contradiction between community and division of labor).
3.1.3 Hypotheses and research questions deriving from tertiary contradictions

Tertiary contradictions are those between a *culturally more advanced central activity* and the object of the current central activity. In this case, it is the object (to see the patient from a more integrated point of view) of the new concept that may cause these tensions. It is possible that, for various reasons, it may be difficult to make employees work in accordance with this concept, as the object of the old type of care is not easily wiped out. It is also possible that it will be easy for some professions to adapt to these new ideas, while others may resist. One example could be that the medical profession may become even more prestigious, because of changes in the types of patients treated in the hospital, new technology and new medical interventions while the nurses will have to live with the other side of the coin (complaints from patients that are discharged from the hospital too early or a lack of personnel on the floor, burn-out).

3.1.4 Hypotheses and research questions deriving from quaternary contradictions

Quaternary contradictions deal with the tensions between the central activity and its neighboring activities. First, the tension between the patient and the concept that is being implemented is an example. What if the patients of the future do not want the new type of care that they will be offered? Old patients are not likely to change their behavior and start demanding a special type of care just because of a new hospital with a new concept. They may prefer the old system and moving around in the way they are used to. Another possible problem is that it might be difficult for patients to stand up to a whole team of professionals who cooperate in order to give him or her the best care. The aim of these teams is to provide the best care for the patient, but what if he or she does not agree? Will he or she be able to say so? Are strong teams always preferable for the patient?

Because of these possible problems the ethics of employees will be of major importance to the success of implementing of the concept. It is also possible that when studying this matter, substantial differences between different types of patients (young versus old, educated versus uneducated, women versus men, Swedes versus immigrants etc.) will have to be taken into account.
If the object of the project organization can be seen as the object-activity, the background factors described above are example of a quaternary tension. To an outsider, all conflicts regarding if and where to build the hospital have focused on the future of the employees (the subjects), rather than the future of the patients (the objects). It seems as if the aim of the activity is the well-being of the subjects rather than the needs of the patients. For example, as many of the employees (from the lower part of the organizational hierarchy) of the participatory programs are picked out because of their union commitment, there is a risk that they will focus on union matters, such as keeping as many employees in the new hospital organization as possible. Because of this, there is a risk that the new concept will not be easily implemented.

3.2. A Useful Model

The analysis points to the fact that participatory programs may conflict with the interests of the patients and therefore jeopardize the implementation of the new concept. It also points to the importance of the consistency of the objective of all categories of personnel involved.

In our point view, the analysis also shows that the model applied can be of use in the further development of these hypotheses and the evaluation of the hospital project as a whole.

REFERENCES

This dissertation investigates cooperation within homogeneous and heterogeneous groups and the ways in which these use defensive strategies to cope with their intermediate or subordinate position. It is argued that the strategies used by blue-collar workers (a subordinate homogeneous group) can be understood in terms of the workers' collective, and that new ways of opposing change might be observable in the future. This means that the collective identity of the workers as well as the relations of workers to work and to life outside work, as a result of globalization, polarization and other changes, instead of being uniform, will be differentiated. The intermediate position of midwives (who cooperate within heterogeneous groups) is described in terms of professionalization. It is argued that the discourse of midwifery and the discursive strategies used are essential to their professionalization and to their collective identity. Additionally, the dissertation focuses on problems related to cooperation within inter-professional teams.

Nyckelord, högst 8/Keywords, max 8
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