

**TOWARDS A POLITICAL ECONOMY OF CARE:
THE CHANGING LANDSCAPE OF LONG-TERM CARE
IN ALMONTE, ONTARIO**

By

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ABSTRACT

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Soon after forming the first social democratic government in Ontario's history in the wake of their unexpected electoral victory in 1990, Bob Rae's New Democrats embarked upon an ambitious agenda of long-term care (LTC) reform which, if implemented in full, would have fundamentally altered the manner in which LTC services were delivered in the province. In this thesis, I build upon insights derived from a programme of archival and field research carried out in the town of Almonte, Ontario as a basis upon which to explore the contested nature of LTC reform implementation at the local and regional levels. In particular, I draw attention to a number of contradictions inherent within the government's reform programme, along with the means by which local actors sought to make use of them as they attempted to carve out a space of care that was reflective of local needs, concerns and aspirations.

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GLOSSARY OF TERMS AND ABBREVIATIONS

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ACDC	Almonte Community Development Corporation
CMSO	Comprehensive Multi-Service Organization. Essentially an early incarnation of the Multi-Service Agency, this was the name initially given by the Rae government to the entity that would bring 'one-stop-shopping' to the province's LTC recipients and their family caregivers.
DHC	District Health Council. DHCs are locally-based health advisory boards which are involved in a wide range of planning activities around the delivery of health and LTC services for a particular community or region.
EPF	Federal-Provincial Fiscal Arrangements and Established Programs Financing Act (since renamed the Federal-Provincial Fiscal Arrangements and Federal Post-Secondary and Health Contributions Act, 1977).
HIDS	Hospital Insurance and Diagnostic Services Act, 1957.
LTC	Long-term care. For the purposes of this paper, I will employ the definition advanced by the Ontario Ministry of Health in 1991: "[l]ong term care refers to a .. broad range of personal care, support and health services provided to people who have limitations that prevent them from participating in everyday activities. The people who use long-term care services are usually the elderly, people with disabilities, or people who have a chronic or prolonged illness" (Ontario 1991:1).
MCSS	Ontario Ministry of Citizenship and Social Services
MOH	Ontario Ministry of Health
MSA	Multi-Service Agency. The centre-piece of the long-term care reform agenda mooted by the NDP in 1993, MSAs were to be set up across the province in order to provide single entry access into the LTC system, and would deliver a "balance of professional services and a full continuum of care .. ranging from disease prevention to in-home acute and chronic treatment" (Ontario 1995a:48-49).

NDP	New Democratic Party of Ontario
OSCA	Office for Senior Citizens' Affairs. An organization created by the Liberal government of David Peterson in 1986 to advocate on behalf of the province's elders.
PCS	Placement Coordination Service
VON	Victoria Order of Nurses

GENERAL INTRODUCTION

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As anyone with but a passing familiarity of current debates in the social sciences well knows, it has become something of a commonplace to assert that the global political economy is in the throes of a profound and disturbing restructuring, with far-reaching effects upon gender, class and 'race' relations within national social formations throughout (and indeed beyond) the industrialized world. Moreover, this awareness has served in turn to stimulate a great deal of scholarly activity over the course of the past two decades, as critical social scientists from a range of disciplines engage with key questions pertaining to the conceptual bases and regional, national and international specificities underlying this restructuring process. However, despite achieving significant theoretical advances through their efforts, one might nonetheless point to a number of weaknesses which continue to dog the 'post-fordist' and restructuring literatures, with two of the most significant being the tendency to prioritize unjustifiably certain social processes and relations at the expense of others, along with the failure to provide sufficient grounding for analyses through the empirical verification of theoretical postulates.

With respect to the first shortcoming, feminist writers (Bagguley *et al.* 1990; Graham 1992; McDowell 1991 and Watson 1991) in particular have been at the forefront of efforts to challenge the unabashed class reductionism of many restructuring and 'post-fordist' theorists, arguing, as McDowell (1991) does, that these writers' accounts of (for example) labour market segmentation or labour process restructuring are seriously weakened by their failure to consider adequately the role of inequitable gender or 'race' relations in contributing

to particular restructuring outcomes. Needless to say, this situation is exacerbated by the second area of weakness touched upon above, whereby bold theoretical claims are advanced and propagated, often with minimal empirical grounding. While by no means wishing to suggest that conceptual work is somehow unimportant or superfluous - after all, advances in the theoretical realm play a crucial role in framing and guiding the research efforts of the wider scholarly community - it nonetheless behooves subsequent writers not to use these theoretical frameworks uncritically, but rather to assess the extent to which they are applicable on a case by case basis. Indeed, it is precisely this ungrounded use of concepts like 'flexibility' that lies behind several significant critiques of the restructuring and 'post-fordist' literatures (Lovering 1989; Scott 1991; 1988), while at the same time drawing attention to Richard Howitt's (1992) call for research that addresses, in a non-parochial fashion, the local specificities of restructuring processes:

The strength of locality research in contributing to local responses lies in its analysis of the practical mechanisms of marginalisation, and in examining linkages to wider social processes. It provides the forum where the economic is not inherently privileged over the social and cultural. (p.77)

Although there is evidence to suggest that scholars are beginning seriously to grapple with (and overcome) the sorts of weaknesses discussed above, it is in the area of welfare state restructuring that some of the most fruitful recent analyses have taken place, a development which marks something of a departure from the earlier tendency in the literature to devote far more attention to production issues than to questions of social reproduction (Pinch 1995; McDowell 1991). However, as Gary Teeple (1995) makes clear in his work *Globalization and the Decline of Social Reform*, the welfare state has emerged as a key site of struggle in

this era of increased capital mobility and (seemingly) declining national sovereignty, and as such has aroused the attention of scholars who wish to account for the social and economic processes underlying these changes, and to offer alternatives to the neo-liberalism now in ascendance throughout the industrialized West. Thus, while initially galvanized by the reform agendas of leaders such as Margaret Thatcher in Great Britain and Ronald Reagan in the United States, academic writers have since contributed to the creation of a sizeable (and growing) literature on the welfare state, and one moreover that has within the past six to seven years focused increasingly upon the task of uncovering the *specificities* of restructuring processes as they have unfolded at particular moments in time and space, with scholars charting a path that is both informed by theory and empirically grounded, and hence leading to analyses which are at the same time politically relevant *and* theoretically rigorous.

Nature of the present work

As one might have gathered from the preceding discussion, it is my intention in undertaking this work to build upon the contributions of this latter group of writers, and add my voice to those who are seeking to account for the processes that have contributed to the erosion of the legitimacy and substance of the 'interventionist' welfare state in recent years. Indeed, the province of Ontario is a particularly interesting case in this regard: having built up a relatively extensive framework of social welfare services under a series of centre-right regimes (working in partnership with their federal counterparts) (Delhi 1995; Lightman and Irving 1991), the province's recent history has been dominated by retrenchment and cutbacks, processes which have continued unabated despite the ascendancy of two (nominally) left-leaning governments

in the latter half of the 1980s and early 1990s.

Moreover, few aspects of Ontario's welfare state have been so visibly affected by this restructuring as the long-term care (LTC) sector¹, which, as Deber and Williams (1995) argue, has long remained on the margins of Ontario's health care system, not formally subject to the provisions of the *Canada Health Act*, and as such has largely evolved as a 'patchwork quilt', "consisting of mostly unintegrated and unregulated services, offered through a jumble of for-profit, charitable and municipal agencies on widely varying terms and conditions" (p.301). While there can be little doubt that the position of long-term care largely outside of the aegis of the *Canada Health Act* has given Ontario governments' a much freer hand in effecting change in this area, it has by the same token given other actors, including individuals, activist organizations and local states, greater scope for intervention as well. Taken together, it is my contention that this has contributed significantly to the evolution of a landscape of long-term care in the province whereby the 'local', far from simply being the passive surface upon which the dynamics of capital or state restructuring are unproblematically inscribed, is rather a critical site of negotiation and struggle in its own right, where outcomes are generated and mediated in ways that are reflective of local contexts and conditions.

As a way of lending some support to this claim, in the following chapters I will undertake a case-study in which I examine the key processes underlying recent changes to the framework of long-term care services available within Almonte, a small town in eastern

¹ For the purposes of this study, my use of the term 'long-term care' is in all instances informed by the definition provided within the Glossary of Terms and Abbreviations on page ix above.

Ontario, drawing attention all the while to the dynamic, *spatialized* interplay between the interests and strategies of state forces on the one hand, and locally-based actors on the other. Moreover, in undertaking this task, not only will I seek to contextualize the evolution of the provincial government's long-term care policy in light of broader developments taking place at the national and international levels, but I will also endeavour to highlight the means by which individuals and groups have attempted to subvert or repudiate the thrust of such policy where it is deemed to conflict with local needs, concerns and aspirations.

Of course, if I am to meet these objectives within a reasonably concise span of text, it is vital that explicit boundaries be established around what will and will not be undertaken within the context of the work at hand. Most notably, I am limiting my substantive discussion to the town of Almonte and, where appropriate, to the surrounding region of Lanark, Leeds and Grenville, which together constitute the 'catchment area' of the Rideau Valley District Health Council (DHC) (see map on next page). Health or long-term care issues affecting other parts of the province will not be addressed, except in those cases where they are relevant to my contextual overview of the evolution of Ontario's framework of LTC services. Moreover, I am also limiting my analysis to the five-year period (1990-1995) in which the province was under the sway of a New Democratic government led by Bob Rae. In short, not only was this a time of austerity within the state sector in general, but it was also one of profound change for the long-term care system in particular, with Rae's government introducing - and endeavouring to implement - a series of LTC reform measures that were unprecedented in both their breadth and scope. Finally, it should be emphasized that, in undertaking this study, I am somewhat less interested in the direct implications of long-term

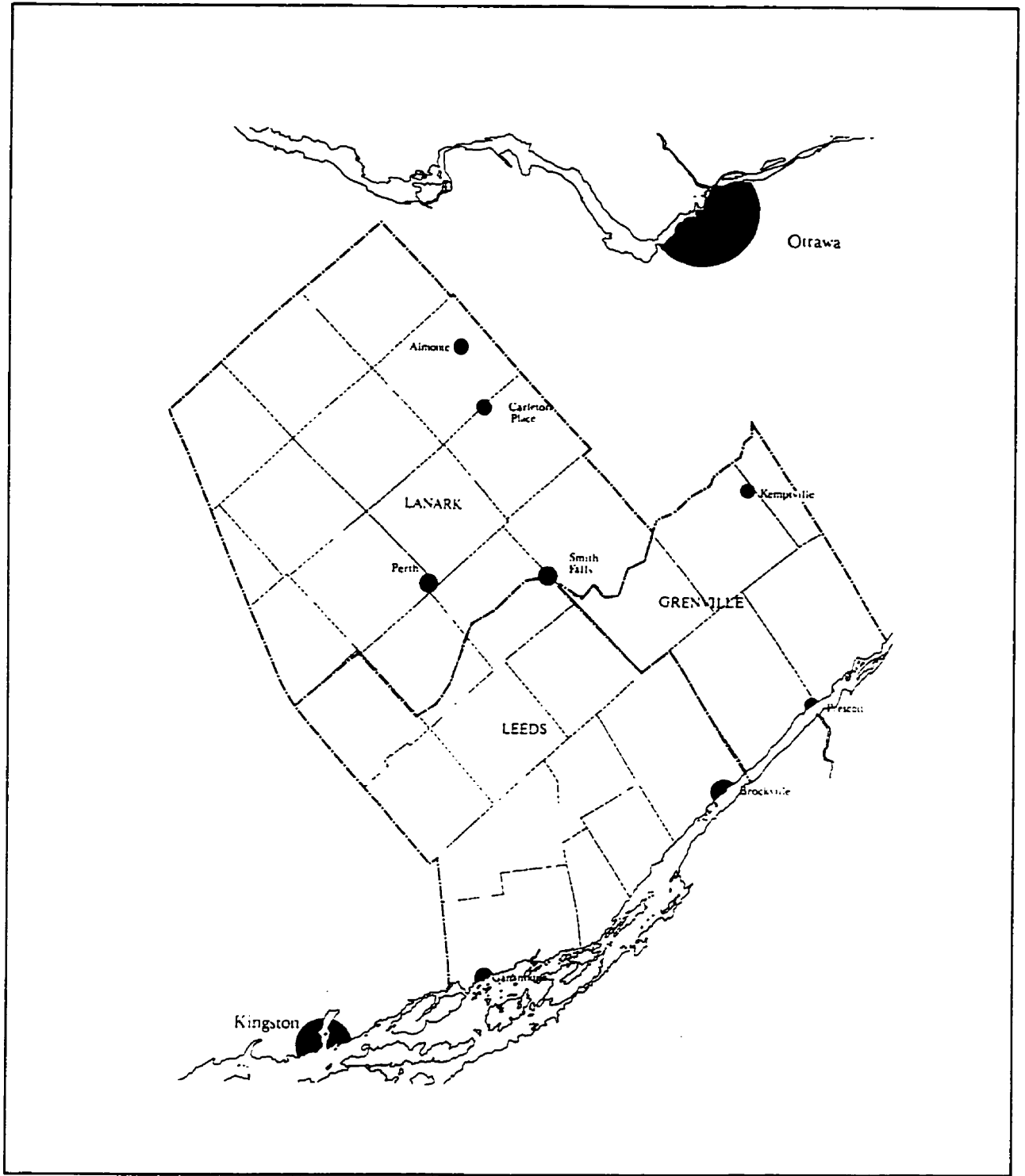


Figure 1 - Map showing the catchment area of the Rideau Valley DHC. Reprinted with the permission of the Rideau Valley District Health Council.

care reform for personal health and well-being (even as I acknowledge that these are vitally important issues in and of themselves), and rather more in the conditions under which state managers (and others) became interested in the policy dimensions of LTC care delivery in the first place, together with the strategic and tactical dimensions of carrying out (or resisting) long-term care restructuring at the local and regional levels.

Plan of the present work

To summarize briefly the points made above, in this work I intend to use the changing framework of long-term care services available within Almonte as the basis upon which to effect an analysis of welfare state restructuring *in place*, accounting all the while for the dynamic interplay of actors and processes at a number of scales, from the global to the local. Thus, I will begin my account in Chapters One and Two with an elaboration of the conceptual frame which underlies the entire analysis, the first chapter providing a relatively broad-based discussion of theorizations of the capitalist state, while the second will outline in detail my understanding of the relevance of space and spatial politics to welfare state restructuring in the current era. In Chapter Three I will conclude my contextual work by presenting an historical overview of the Canadian welfare state, as well as outlining the methodological markers which will guide my subsequent analysis. In this way, having laid the necessary groundwork for the study in the first three chapters, I will be well-positioned in the following two (*ie.* Chapters Four and Five) to undertake a detailed analysis of long-term care restructuring as it has actually manifested itself within NDP-controlled Ontario in the early 1990s.

To this end, Chapter Four will survey in broad brush-strokes the evolution of Ontario's health and long-term care systems, followed by a more detailed analysis of the restructuring initiative undertaken by the New Democratic Party soon after having taken office in the fall of 1990. The context having been established, attention will then turn in Chapter Five to an exploration of the particular set of tensions which the reform has generated in the town of Almonte, focusing all the while upon the inter-relationship between local specificities and the broader dynamics of socio-political change. Finally, in the general conclusion that follows at the end of the case study, I will offer a synthesis of the arguments made throughout the thesis, together with some general comments concerning the implications of the project's findings for the future of welfare state reform in Ontario, along with the resistance that such reform may engender.

INTRODUCTION TO PART I

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It is really impossible to imagine the Welfare State being dismantled without a massive reaction from the traditional workers' organizations. For that very reason I do not regard such an attempt as either probable or imminent. It is more likely that efforts will be made to muddle through .. with forms of modified Keynesianism. (Dews 1986; p.63)

When Jürgen Habermas uttered the above words in 1978, in response to an interviewer's question, his assessment of the threat posed by neo-liberalism likely would have appeared reasonable, given the continuing (albeit wavering) adherence to Keynesian economic policy among many Western capitalist governments at this time (Teepie 1995). However, from today's perspective his predictions seem optimistic to say the least, made hollow by more than a decade of nearly continuous attacks upon the legitimacy of welfare state policies and programmes. While some scholars quite rightly question the extent to which such attacks have thus far succeeded in generating genuinely 'post-fordist' welfare regimes (Pierson 1994, Jessop 1995), they have certainly served to focus academic attention upon the welfare state in general, and the effects upon it of the 'crisis of fordism' in particular. On the Right, this interest is embodied in the work of theorists such as George Gilder (1984) and Richard Wagner (1989), who have sought to understand the development of interventionist welfare regimes in terms of their purported effects upon (*inter alia*) economic competitiveness or the national 'moral fibre' (Gilder 1984). On the Left, feminists, (neo-)Marxists and others have built upon a long legacy of radical state theory in order to develop conceptualizations which seek to account for both the current characteristics of the capitalist state as well as the multiplicity of change processes that have recently been brought to bear upon it.

In the pages that follow I will explore these conceptualizations with two broad goals in mind. Firstly, by drawing upon the insights of a number of Marxist state theorists, including most notably those of Bob Jessop, I hope to arrive at an understanding of the capitalist state that not only takes into account its complex relationship with the economy and civil society, but is also sensitive to the multiple forms of oppression with which it is associated (along lines which include but are not limited to class). In turn, this conceptualization will provide the basis upon which I will assess the significance of space and place within the context of capital and state restructuring, all the while drawing out the potentialities for resistance that these restructurings afford. Finally, having identified the central theoretical issues in Chapters One and Two, I will then seek to ground these in an appropriate methodological framework in Chapter Three, which will also serve as something of a bridge to the more concrete analysis that is at the core of the thesis' second part.

CHAPTER 1

SITUATING THE CAPITALIST (WELFARE) STATE

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INTRODUCTION

Clearly, theoretical understandings of the state have changed dramatically over the course of the last two centuries, in parallel with broad changes in the economy, civil society, and within the state itself. However, what has remained relatively constant throughout this entire period is the notion that the nation-state should remain the basic unit of analysis for those wishing to understand processes of political or economic change. While such an approach may have been satisfactory when it could be plausibly claimed that the state exercised (essentially) exclusive control over its own territory, the internationalization of markets and new communication technologies (among other factors) are rendering this assertion increasingly problematic (Held 1991; Hirst and Thompson 1995), and at the same time arousing scholarly interest in alternative foci and levels of analysis. Thus, it is my intent in this chapter to review critically some of the central debates characterizing the state theory literature up until the immediate post-1945 era, as a basis upon which to undertake a more detailed analysis of its evolution (particularly in its radical/progressive incarnations) following the 're-discovery' of Marxist state theory in the late 1960s. This in turn will provide a frame of reference for the chapter's final section, in which I outline the conceptual understanding of the capitalist state that will serve me in the case study that follows in Part II of the thesis.

CLASSICAL POLITICAL-ECONOMISTS AND THE STATE

However one interprets the significance of Niklas Luhmann's (1990) observation that the

"creation of the modern state in Europe was accompanied by a political theory that ... reflected its development, reacted to its problems and offered solutions of a legal and institutional kind" (p.25), it serves as a useful reminder of why the history of state theory cannot be considered independently of the history of the state itself. In short, despite the classical roots of much modern Western thinking on the state, the latter did not become the object of significant theoretical interest until the rise of the European state system in the sixteenth and seventeenth centuries (Luhmann 1990), when the view of the state as an "impersonal and privileged legal or constitutional order with the capability of administering and controlling a given territory" (Held 1989; p.11) began to gain wide currency. Still, if one is to detect a rupture in the understanding of the state in this early period, it would most likely be in the writings of Hobbes and Locke, whose argument for an impartial state apparatus acting as regulator and protector of its citizens marked a clear break with the absolutist past (Held 1989), while at the same time providing a basis for the ascendancy of liberalism in the eighteenth and (especially) nineteenth centuries.

Indeed, it is precisely in their articulation of basic liberal principles that the above writers contributed to subsequent attempts by the classical political economists to conceptualize the (ideal-typical) relationship between the state, the economy and civil society. Adam Smith (1963) for one, despite his reputation for being the foremost proponent of laissez-faire capitalism, envisioned a need for state involvement in a number of areas, including defence of the realm, administration of justice and the maintenance of "public works and institutions for facilitating the commerce of the society" (p.240). Needless to say, this last area is of particular interest, hinting as it does at the possibility of a legitimate state role

in public welfare provision. However, those wishing for a kinder, gentler Smith are likely to be disappointed, as the 'public works and institutions' that he discusses are meant chiefly to promote commercial activity, rather than the social reproduction of the populace. Indeed, in the final analysis it is widely agreed that classical political economy perceives institutionalized social welfare as ultimately incompatible with an efficient capitalist economic system. As Christopher Pierson (1991) argues, writers such as Smith and Malthus were convinced that the market economy would be fatally undermined if individuals were not forced to sell their labour-power at the prevailing market rate, with welfare provision quickly leading to the dissipation of workers "in idle living (and breeding) at the expense of the productive members of society" (p.9).

Thus, while for Smith the (ideal-typical) state's role is that of neutral regulator and enforcer (of property rights, contracts and so on) among a population of rational and self-interested individuals (Sinisi 1995), for Marx the state under capitalism possesses a quite different set of characteristics. In short, far from representing a truly 'free and equal exchange' between labourers and employers, the wage-relation allows the capitalist class to extract a 'surplus' from the labour of workers, with the state implicated in this exploitation through its apparently neutral defence of property rights, which serves effectively to mystify and depoliticize the bases of labour's domination (Held 1989; 1994). However, in considering Marx's writings on the state it is important to bear in mind that his stance can be interpreted in more than one way (*Ibid* 1989). On the one hand, a 'capital-logic' reading emphasizes the degree to which the state is in fact *dependent* upon the capitalist class, a position succinctly summarized in Marx's (1988) famous assertion that the "executive of the modern State is but

a committee for managing the common affairs of the whole bourgeoisie" (p.57). In this view, the state, far from being a truly neutral arbiter among competing actors (as conceptualized in the liberal tradition), is rather an apparatus serving the long-term interests of capital through its policies and, ultimately, through its monopoly over the legitimate use of violence (Held 1989). While it is precisely this type of 'capital-logic' reading which informs Pierson's (1991) contention that Marx was in broad agreement with the classical political economists over the basic incompatibility between state welfare and capitalism (albeit for different reasons), this is clearly not the only interpretation possible. As David Held (1989) argues, Marx's early writings in particular reveal an alternative view of the state, in which the latter

may take a variety of forms and constitute a source of power which need not be directly linked to the interests, or be under the unambiguous control of, the dominant class in the short term. By this account, the state retains a degree of power independent of this class: its institutional forms and operational dynamics cannot be inferred directly from the configuration of class forces. (p.33)

While bearing in mind that the first ('capital-logic') position tends to dominate Marx's writings *in general*, the existence of this latter view is itself significant, highlighting not only the complexities and contradictions within Marx's *oeuvre*, but, by positing a state that is potentially a site of real struggle among class forces, it is possible to establish a direct link between Marx's thinking and that of the social democratic movement(s), whose willingness to accept incremental (as opposed to revolutionary) change provided the basis for the creation of an interventionist welfare state *within* a capitalist economic system. It is to this project that I will now turn.

THE ROOTS OF THE MODERN WELFARE STATE

The historical context

Among students of the modern capitalist welfare state, it is generally agreed that its early development depended crucially upon a particular conjuncture of events in nineteenth century Europe, including rapid urbanization, industrialization, demographic change and economic expansion (Pierson 1991). However, this does not mean to say that its growth can be explained merely as the state's rational response to changing social or economic conditions, whereby benefits were mechanically redistributed among the social classes to offset relative disparities. Rather, some reference to an *ideological* component, through which the acceptance by individuals of an established social order is secured, is also considered vital as one attempts to grasp what distinguishes the welfare state from other state forms (Marshall 1950; Cooke 1990; Luhmann 1990; Hewitt 1992; and Piven and Cloward 1993). While bearing in mind that this social order implies not only the acceptance of the legitimacy of capitalist economic relations but also a particular gender and 'race' order as well¹, scholars have devoted considerable energy in recent decades to the theorization of the ideological bases of state welfare, thereby influencing both the emergent shape of the welfare state itself, as well as dominant understandings of it.

However, before turning to these issues I will first outline, in schematic fashion, the circumstances under which large-scale welfare apparatuses first arose in Europe and North

¹ The significance of this latter issue is simply not recognized in the early literature on the welfare state. Although this situation has changed somewhat in recent years, as feminist and anti-racist writers (among others) have highlighted the degree to which welfare provision is gendered and racialized, the extent to which the mainstream literature has actually incorporated these critiques is debatable (See Williams 1989; 1995).

America. As has already been noted, Marx's writings indicate that he was quite ambivalent regarding the potential for the state to act independently of the interests of capital; many subsequent Marxists (as well as Marx himself in his later years) were even more pessimistic, believing that the democratic and social reforms of the late nineteenth and early twentieth centuries were at best a smoke-screen behind which capitalist exploitation would continue unabated (Esping-Anderson 1990). Nonetheless, it was roughly at this time that a number of British, Austro-German and other socialists broke with Marxist orthodoxy to form social democratic parties that would carry forward an agenda of *evolutionary* socialism, with reform measures acting as a progressive force (Williams 1989). Indeed, the British case is particularly instructive in this regard, given the key role of the (socialist) Fabian Society in laying the intellectual groundwork for the emergence of the Keynesian Welfare State, *and* in making it politically feasible for state elites to give it serious consideration. In the words of Lee and Raban (1988),

[t]he legislative programme of the first post-war Labour government, with its emphasis on nationalisation, centralisation and state intervention, testifies perhaps to the potency of the Fabian influence. (p.40)

Without wishing to suggest that an identical configuration of forces prevailed elsewhere in Europe and North America, nor that the characteristics of the welfare state were everywhere the same, the British instance is nonetheless typical. How so? In short, it is typical in that the notion that state welfare (undergirded by Keynesian economic policies) is fully compatible with 'advanced' capitalism became hegemonic in the post-1945 era, thereby effectively marginalizing dissenters on both the Left and Right while at the same time facilitating the further expansion of the welfare state itself (Dunford 1990; George and Miller 1994). Indeed,

the British experience is also typical in that this expansion was linked quite explicitly to a (political) project of national consensus-building, to be achieved through the abolition of want and the promotion of social justice (Hewitt 1992), and generally framed within a teleological understanding of historical change.

Theories of the welfare state

In broad terms, it is possible to discern at least two principal reference points for this understanding, both of which were variously present in political and scholarly debates around the welfare state in the immediate post-war period. In the first case, increased state intervention in the lives of its citizens was justified with reference to processes of 'modernization', in which the social reform agendas of Beveridge and his counterparts in other countries were thought to herald an age of enlightened societal organization unprecedented in human history (Lee and Raban 1988; Hewitt 1992). T.H. Marshall is of course a particularly eloquent proponent of this position, arguing in his magisterial work *Citizenship and Social Class* (1950) that the provision of comprehensive social welfare by the state can best be understood as the culmination of three centuries of evolution in the nature of citizenship (along with the civil, political and social rights that this entails), an evolution marked by a growing intolerance for economic and social inequality. While other adherents of the modernization thesis, among them Titmuss and Bendix, have emphasized somewhat different sets of issues in their writings, all are wed, to a greater or lesser degree, to an evolutionary logic which links changes in the role and apparatus of the state to wider processes of democratization and (if only implicitly) civilization (Pierson 1991).

In the second case, the point of reference is shifted from an (overtly) value-laden focus

upon modernization as the driving force behind the welfare state towards one which emphasizes instead the centrality of industrialization and technological change. Although variations on this approach have been used with considerable critical effect, most notably by Polanyi (1968)², it is perhaps more often associated with Anglo-Saxon functionalist sociologists such as Wilensky and Lebeaux, who argue in *Industrial Society and Social Welfare* (1958) not only that the welfare state has arisen *in response* to the 'needs' of advanced industrial society, but that,

[u]nder continuing industrialization all institutions will be oriented toward and evaluated in terms of social welfare aims. The 'welfare state' will become the 'welfare society', and both will be more reality than epithet. (p.147)

In short, within this frame public welfare provision, be it in the area of health care, education or income security, is understood primarily as a response to the (technologically-determined) transition from a largely non-capitalist, agriculturally-based economic system to one that is centred upon capitalist industrial production. As Lee and Raban (1988) note with reference to Great Britain in particular, this explanatory model was adopted enthusiastically in social democratic policy-making circles in the post-war era, where it served both as a rationale for the expansion of the welfare state itself (*ie.* in that it was only by virtue of the latter that governments would be able to resolve the complex socio-economic problems associated with rapid industrialization), and as a backdrop for the adoption of 'scientific' forms of public management, in which almost any social 'problem' could be resolved through recourse to the appropriate technical intervention.

However, as attractive as this account of the evolution of the welfare state might be,

² In particular, see chapter 4. 'Our obsolete market mentality'.

it leaves a number of important questions either unanswered or obscured, including those related to the ideological functions of state welfare, the role of political struggle in generating particular welfare regimes, and the extent to which welfare benefits accrue equitably to all social strata. As it happens, such issues would remain largely unaddressed until the revival of Marxist state theory in the late 1960s and early 1970s, and with it a surge of interest in the political-economic bases of the capitalist welfare states of Western Europe and North America.

FROM MARXIST CRITIQUE . . .

As one might imagine, this 'rediscovery' of the state by Marxists in the late 1960s can be related to the conjuncture of a whole set of political and intellectual developments, including the emergence of 'new' social movements and the events of May 1968; the patent inability of welfare states to banish away economic crisis and gross social inequity; and a growing dissatisfaction on the part of many on the Left with hitherto dominant theories of the state, whether orthodox Marxist or social democratic in origin (Mahon 1991). In short, while the growth of elaborate welfare apparatuses in much of Europe and North America served to undermine any straightforward (*ie.* instrumental) identification of the state with the interests of capital as called for by orthodox Marxists' theory of State Monopoly Capitalism, social democrats' rose-tinted view of the state as the neutral and autonomous vehicle by which the transition to socialism would be achieved likewise appeared increasingly implausible in the face of gathering economic and political crises (Clarke 1991).

The revival of Marxist state theory

Indeed, it was precisely this latter theorization of the state, predicated on the assumption that democracy and interventionist welfare regimes were capable of resolving the fundamental political problems engendered by the industrial revolution, that led a number of scholars towards the formulation of new theoretical approaches which sought to uncover the state's political specificities without lapsing into the crude instrumentalism of earlier Marxist theory. In Great Britain, Ralph Miliband was one of the earliest (and most forceful) writers to move onto this new terrain, arguing in *The State in Capitalist Society* (1969) that the continuing legitimacy of the state (as well as capitalist class relations in general) depends crucially upon the 'political socialization' of dominated strata, a process intended largely to

foster acceptance of a *capitalist* social order and of its values, an adaption to its requirements, a rejection of alternatives to it; in short, that what is involved here is very largely a process of massive *indoctrination*. [author's emphases] (p.164)

However, despite making quite a strong case both for the articulation of state ideology (including the state's welfare provisions) to the interests of capital and for the political partiality of the state apparatus itself, it is far less clear the extent to which he successfully avoids the trap of instrumentalism, a shortcoming in his argument that would be noted by Poulantzas as well as by many subsequent commentators (Mahon 1991).

In West Germany by contrast, scholars influenced by the Frankfurt School of sociology advanced at roughly the same period a substantially more nuanced understanding of the welfare state, one that was informed both by Marxist theory and Weberian sociology. In short, writers such as Habermas and Offe sought, within a broadly Marxist conceptual framework, to characterize the state (following Weber) as an autonomous, rational-

bureaucratic form of domination whose principal purpose was not so much to serve the narrow interests of the capitalist class, but rather to maintain the integrity of the social system in its entirety (Clarke 1991). What this means in effect is that the state is faced with the difficult task of juggling, within the confines of its own political priorities, a series of disparate (political, economic, social welfare) demands made upon it, all the while securing the conditions necessary for the maintenance of its legitimacy and for continuing capitalist accumulation. Of course, as both Habermas (1984) and Offe (1984) argue, the fundamental incompatibility between these two roles (*ie.* accumulation and legitimation) lies at the heart of the political crises which periodically affect the state, to which it must respond either by

means which .. violate the dominant capital relation or undermine the functional requirements - the legitimacy and administrative competence - of state regulation itself. (Offe 1984:61)

However, as successful as the above account might be in conceptualizing the state's autonomy and the contradictory nature of its relations with labour, the German theorists have nonetheless had to face a number of criticisms, ranging from the eclecticism of their approach to the difficulty in treating the relationship between capital and the state as a purely external one (Clarke 1991). Of course, an even more serious weakness, and one that is incidentally also found in Miliband's writings, is the 'politicism' of Offe's (and Habermas') argument, in that he tends to discuss political processes with little reference to the nature of their articulation with the economic³ (*Ibid.*; Jessop 1990).

It was at least partially in response to this type of critique that a number of

³ Of course, in this regard one must acknowledge the efforts of writers such as O'Connor to lay bare the precise nature of this articulation through empirically-based study (Barrow 1993).

(predominantly) West Berlin-based scholars developed in the early 1970s what has come to be known as the 'state derivation' or 'capital logic' approach, in which they returned to Marx's own work in order that they might "logically [derive] the category of the state directly from the concept of capital" (Lebowitz 1995:199). Taking Marx's *Capital* to be a theory of the social relations of capitalist society in general (as opposed to a narrowly economic theory), these writers argue that the state is itself rooted in struggles over the terms of the reproduction of these social relations, emerging as an institution separate from the direct interests of capital in order that it might secure the wider conditions necessary for society's reproduction (Clarke 1991). Of course, as Jessop argues, in advancing this position the state derivationists achieve a significant advance over much previous Marxist theorizing (and the theory of State Monopoly Capitalism in particular), given that their approach conceptualizes the state not merely as a "political instrument set up and controlled by capital" (Jessop 1990:37), but rather as an entity capable of intervening against individual capitalist interests as readily as against labour. However, despite this insight, and despite arguing persuasively against those who would separate the political from the economic in their analyses, there remains a strong functionalist tint to this approach, in which the state's actions, even if not directly controlled by the capitalist class, are understood as reducible *ultimately* to the 'needs' of capital alone (*Ibid.*).

Nicos Poulantzas' theory of the state

It is at this point that some reference to Poulantzas' theory of the state becomes relevant, for he more than anyone in the 1970s 'state debate' offered the means of transcending instrumentalist (and functionalist) accounts while remaining within a broadly Marxist

framework. Drawing in the first instance upon Althusser's tripartite model of society, composed of the economic, the political and the ideological, Poulantzas sets out to formulate a theory of the 'relative autonomy' of the political, in which class struggle (as opposed to capital) plays a key role in either the transformation or reproduction of social structures (Poulantzas 1973; Clarke 1991). Drawing in the second instance upon Gramsci, Poulantzas goes on to theorize the state, not as the capitalist instrument of other accounts, but rather as a 'social relation', in which state power is conceptualized as an "institutionally-mediated expression of the changing balance of forces" (Jessop 1991:95). Thus, within this frame the capitalist state is posed as the chief unifier of the bourgeoisie, responsible not only for the 'hegemonic organization' of this class in relation to society in general (Poulantzas 1973:299), but also for sustaining an 'ideological hegemony' over the dominated strata through the incorporation of their interests into those of the ruling class(es) (Jessop 1990). Moreover, while it is precisely this role (*ie.* securing the on-going reproduction of capitalist social relations) that makes the state 'capitalist', for Poulantzas this process must always remain contingent, both upon the agency of individuals wielding (or resisting) state power, and upon the 'structural selectivity' of the state itself, by which certain actions and outcomes are rendered more likely than others (Jessop 1990).

Despite a tendency today (in the Anglo-Saxon world at least) to discuss Poulantzas primarily in terms of his interventions against Miliband in the pages of the *New Left Review* and elsewhere, Jessop (1991) is nonetheless justified in arguing for the continued relevance of his writings. As I will suggest (following Jessop) in the final section of this chapter, concepts such as 'ideological hegemony' and 'structural selectivity' retain much of their

analytic power, even if aspects of the Poulantzian *oeuvre* have been superseded or otherwise found wanting. In particular, scholars have rightfully challenged the structural determinism of his early work, while at the same time identifying the danger inherent in any 'class-theoretical' account of the state, namely that political and ideological factors will be over-emphasized to the neglect (and detriment) of the economic (Jessop 1982). Still, even if much of the 1970s 'state debate' was focused upon the relative desirability of either a class-centred or a capital-centred framework for theorizing the state, already by the middle of the decade the bases of the debate were beginning to shift, as new questions were posed and as doubt was cast upon old assumptions by changing political-economic realities.

New directions for Marxist state theory?

Nowhere perhaps was this shift more evident than within the ranks of the Conference of Socialist Economists (CSE), for it was precisely among this body's membership that longstanding assumptions regarding the separation of the political from the economic (and production from reproduction) were called into question, as scholars began to grapple with 'novel' forms of community activism - around housing or urban safety, for example - that were not easily reducible to the old (and comfortable) category of work-based struggle. Within this context the formation of the CSE Housing Group in 1975 is highly significant, given its role in reminding mainstream Marxist state theorists not only of the fluidity of the border between the political and the economic, but also the extent to which the state is implicated in its reproduction. Thus, as the work of the CSE Housing Group reveals, tenants' activism (in Britain, if not elsewhere) tends to have both economic *and* political dimensions, as relatively straightforward issues around affordability (for example) spill over into questions of property

rights and the ever-present threat of eviction. Moreover, the state's response to these struggles has usually focused upon enforcing a strict (if illusory) separation of these two dimensions, using the courts to impose a landlord's *right* to property against individual tenants, while calling upon such tenants to take their housing concerns to the ballot box, as the only legitimate means of bringing about political change (Clarke 1991). In this way, the researchers associated with the CSE Housing Group sought to "address the theoretical issue of the relation between the economic and the political from the perspective of concrete struggles" (Clarke 1991:35), taking tenants' activism to represent merely one instance of a more generalized struggle over the conditions of the social reproduction of labour-power in welfare states.

However, as welcome as the contributions of the CSE Housing Group might be in bringing new vitality to the task of theorizing the capitalist welfare state, its conclusions remain flawed in at least one crucial respect, namely the marginal position accorded to gender (as well as age, race/ethnicity and ability) in its analysis. While this is of course a criticism that is almost universal in its applicability to mainstream Marxist work on the state in the 1970s, it seems particularly surprising in the context of research focusing upon social reproduction, given that this is conventionally understood as a domain of women *par excellence*. Nonetheless, the fact that everyday struggles around housing were taken seriously at all within Marxist scholarship at this time may be indicative of the growing influence of feminist scholars and activists, who by the end of the decade had generated a significant corpus of socialist-feminist work on the theoretical bases of the state and the extent of its complicity in women's oppression, with the contributions of Cockburn (1977a; 1997b)

standing out as particularly significant in this regard.

However, at the very time that the latter writers were re-invigorating Marxist state theory along more gender-sensitive lines, the value of such theory was itself being cast into doubt. On the one hand, this can be related to the 'crisis' of western Marxism in general, as scholars self-consciously abandoned Marxist positions in favour of a number of alternatives, whether 'post-Marxist', neo-institutionalist or post-structuralist in orientation (Jessop 1990; Mahon 1991). On the other hand, significant developments both within and beyond national political-economies (including *inter alia* the globalization of capital, welfare state retrenchment and the ascendancy of neo-conservative regimes in Europe and North America) led many to question the relevance of the 1970s 'state debate' in the face of the 'new times' that the world appeared to have entered (Clarke 1991). Of course, whether or not these are sufficient grounds for the rejection of Marxist state theory *in toto* is an open question, and one moreover that I will address in the following section as I consider anti-Marxist, 'post-structuralist' and feminist approaches to the state, whose starting-point is often a critique of Marxist foundations and frameworks.

. . . TO THE CRITIQUE OF MARXISM (AND BEYOND)

Reviewing developments in state theory in the 1980s, Rianne Mahon (1991) is quite candid in her assessment of the role played by the crisis of Marxism in ending prematurely what had been a lively and fruitful 'state debate' among Marxists and their sympathizers. Focusing upon the work of Laclau and Przeworski in particular, she argues that, instead of contributing to a revitalization of "neo-Marxist state theory by going beyond the Althusserian view of agents as mere bearers of structures" (p.125), the apparent failure of the latter to grapple

convincingly with contemporary social problems (such as the rise of neo-conservatism) served to push these writers away from the Marxist fold altogether. While Laclau went on to become, along with Chantal Mouffe, one of the principal proponents of 'post-Marxism', others were drawn towards a range of alternatives, including of course the post-structuralism of Michel Foucault. It is precisely the work of this latter author that I will consider below, addressing in particular his writings on power relations and governmentality, as well as the burgeoning literature that these have inspired. Before doing so however, I will first discuss the explicitly anti-Marxist reformulations of state theory in the early 1980s by neo-institutionalists like Skocpol and Nordlinger (among others), whose clarion call was the need to 'bring the state back in'.

Neo-institutionalism and anti-Marxism

As is suggested by their rallying cry, a central premise of the neo-institutionalist position is that the state, as an institutional ensemble, is *autonomous*, and that if scholars are to understand why it undertakes particular actions, they must pay far greater attention to the *history* of both political parties and the state itself. Thus, in her account of American 'New Deal' politics in the 1930s, Skocpol (1980) argues that the welfare provisions initiated at that time are not reducible to the 'needs' of the capitalist class, as interpreted and acted upon by an all-knowing state system, but are rather the product of

the struggles of politicians among themselves, struggles that sometimes prompt politicians to mobilize social support or to act upon the society or economy in pursuit of political advantages in relation to other politicians. In short, states and parties have their own structures and histories, which in turn have their own impact upon society. (p.200)

Without wishing to delve too deeply into Skocpol's critique of (neo-)Marxist state theory, the

emphasis she places upon uncovering the political bases of policy development is nonetheless welcome, highlighting as it does the importance of paying sufficient attention to the geographical (and historical) specificities underlying particular political-economic conjunctures. However, as valid as Skocpol's approach might be as initially formulated, in her later work she tends increasingly to prioritize state elites to the detriment of all other actors and structures, prompting Linda Gordon (1990a) to comment that Skocpol "seems to want to substitute politicians for social formations (such as class or gender or race), elite for mass politics, political conflict for social struggle" (p.181).

Although this is an important criticism, and one moreover that is variously reproduced by scholars suspecting a hidden agenda on the part of the neo-institutionalists (Jessop 1990), it is nonetheless more applicable in some cases than in others. Nordlinger, for example, expends considerable effort in contextualizing the actions of 'state managers' with reference to the opposition (or support) of elements beyond the state in civil society, in this way specifying the manner in which state autonomy is either enhanced or compromised through the interplay of these actors (*Ibid.*). In fact, the two fundamental weaknesses of the statist approach lie firstly in their tendency to set up the state as radically distinct from 'society', thereby ignoring the extent to which each overlaps and interpenetrates the other; and secondly in their (over-)emphasis upon the role of the past in shaping (determining?) the present, thereby leaving them ill-prepared to account for periods of crisis and rapid structural change (Mahon 1991).

Michel Foucault and 'governmentality'

If the neo-institutionalists place *too much* importance on the state as an autonomous and

independent actor, it may be argued that Michel Foucault (1991) does quite the reverse, asserting as he does that "the state is no more than a composite reality and a mythicized abstraction, whose importance is a lot more limited than many of us think" (p.103). Certainly, Foucault is not particularly well-known as a state theorist; yet his writings and lectures on the state and 'governmentality' have inspired a number of scholars in recent years to make use of his conceptual tools in their own analyses of state projects and practices. In short, Foucault's argument rests upon an understanding of power that differs radically from either standard Marxist or liberal accounts thereof, in which it (or its essence) is generally thought to reside in some central institution(s) or figure(s). Instead, Foucault (1983) asserts that

[p]ower relations are rooted in the system of social networks . . . [and by] taking as point of departure the possibility of action upon the action of others (which is coextensive with every social relationship), multiple forms of individual disparity, of objectives, of the given application of power over ourselves or others, of, in varying degrees, partial or universal institutionalization, of more or less deliberate organization, one can define different forms of power. (author's parentheses) (p.224)

Although this means in effect that power is exercised by and through a multiplicity of sites within society, Foucault goes on to argue that the power relations thereby engendered are increasingly coming under the state's control, and are being elaborated, rationalized and centralized as state institutions in the process (*Ibid.*). Moreover, it is precisely his interest in the changing nature of the state's enmeshment in relations of power that has led Foucault in his later work to studies of disciplinary technologies and programmes of normalization, as well as to the broader field of 'governmentality'.

Indeed, in the years following his death in 1984 these themes have generated considerable scholarly interest, leading such writers as Davina Cooper (1993) and Samantha Ashenden (1996) to adopt Foucault's concepts in their own examinations of the modern

welfare state (in relation to the governance of sexuality and child sexual abuse, respectively), in which they explore not only the means by which state form and state practices contribute to the disciplining of individuals, but also the potential bases of resistance to such domination (particularly in the case of Cooper). In this way, I would argue, these writers exemplify both the strengths and weaknesses of a Foucauldian approach. On the one hand, their emphasis upon forms (and sites) of disciplinary power which are not class-centred serves as a useful corrective to those who continue to believe that class is the only basis of oppression, and that such oppression only occurs in the 'public' spaces of waged work. On the other hand however, they tend (and Foucault himself is guilty of this) to dwell upon the dispersed and immanent nature of power relations in society, while generally ignoring the extent to which these are structurally grounded in particular 'hegemonic projects', or in the capitalist relations of production more generally. Of course, this is not to say that Foucault's account of the 'micro-physics' of power relations is itself without merit, only that the unswerving attention he pays to the micro-level leaves him ill-prepared to make sense of larger-scale processes, such as the deployment of 'global strategies' by actors seeking to organize and orchestrate the micro-social with particular ends in mind (Jessop 1990).

The state in feminist theory

Feminist scholarship, by contrast, has generally avoided this trap by virtue of its overarching concern with specifying and challenging the bases of women's oppression in contemporary societies. With respect to the welfare state in particular, feminist writers have intervened at a number of levels, ranging from critiques of the gender-blindness of Marxism and other mainstream conceptual approaches, to more concrete studies focusing upon the ways in which

the organization and delivery of welfare services impact upon individual women's lives (Williams 1989). In the discussion that follows, I will draw upon this body of work not only to highlight recent debates *within* feminism as to role and importance of the state as a significant site of struggle for women, but also to argue that, despite recent claims to the contrary (Allen 1990), socialist-feminism continues to provide a powerful set of conceptual tools for making sense of welfare states in the current era.

Although the origins of the 'marriage' between Marxism and feminism can be traced back to late nineteenth century Europe (Williams 1989), for many feminist activists the partnership had already turned sour prior to the publication of Heidi Hartmann's (1981) well-known treatise of the subject, in which she called for a 'more progressive' union, based upon a division of labour amongst feminist and Marxist theory that did not serve to prioritize the latter at the expense of the former. However, despite Hartmann's rather pessimistic view of the relationship in the past, it is clear that both feminism *and* the Left more generally had benefited from this cross-fertilization in several important respects. At an immediately practical level, feminists' involvement in Marxist, socialist and labour organizations has forced these latter groups to recognize that gender is an important political issue *in its own right*, and that women's concerns must be actively incorporated into the Left's political agenda(s) (Williams 1989). Of course, as is attested to in the writings of many socialist-feminists (Smith 1977; Sargent 1981), this recognition was not achieved without considerable struggle, and in some quarters remains partially or wholly unrealized, as a rhetoric of gender sensitivity is employed with apparently little of substance underlying it (Smith 1992).

Indeed, one might very well argue that the union between feminism and Marxism has

been most fruitful at a somewhat more theoretical level, with socialist-feminists in the 1960s and 1970s drawing (and building) upon Marxist concepts and categories in order to

present a materialist analysis of women's oppression under capitalism which does not reduce all forms of women's oppression to the requirements of capitalism but does attempt to take account of the concept of patriarchy (Williams 1989: 57).

A particularly good example of this genre is found in Mary McIntosh's (1978) contribution to *Feminism and Materialism*, in which she considers the state's role in the continuing oppression of women under advanced capitalism. In short, she argues that the state is implicated in the reproduction of the patriarchal family household not because it is itself patriarchal, but rather because it is this type of household that, through its involvement in the reproduction of labour power and in maintaining a reserve army of (female) labour, most effectively secures the conditions necessary for capital accumulation to continue. Of course, as McIntosh herself points out, this is an inherently contradictory process, in which the very fact that the patriarchal family household is formed on a kinship basis militates against it fulfilling its functions (for capital) fully, forcing the state to intervene where 'abberations' or 'abnormalities' have arisen (eg. loss of work for the male 'breadwinner'), since these might otherwise lead ultimately to the undermining of the family household system itself.

Despite the underlying functionalism and economism of her argument, McIntosh's contribution is nonetheless significant, offering as it does a theoretical account of the state in which the women's oppression is central. However, it should be noted that McIntosh tends to perceive patriarchy largely as an appendage of capitalism. Other writers by contrast, while recognizing the close relationship between patriarchy and capitalism, nonetheless perceive them as two fundamentally *separate* (or 'dual') systems that have come together at a particular

historical moment. In the words of Heidi Hartmann,

[we] suggest that our society can best be understood once it is recognized that it is organized both in capitalistic and in patriarchal ways. While pointing out tensions between patriarchal and capitalist interests, we argue that the accumulation of capital both accommodates itself to patriarchal social structure and helps to perpetuate it .. We argue, in short, that a partnership between patriarchy and capitalism has evolved. (p.3)

Needless to say, such a perspective raises a number of theoretical and strategic questions. On the one hand, it is not necessarily clear within a dual-systems framework where the roots of patriarchy itself lie, with scholars such as Hartmann ascribing to it a materialist base (Williams 1989), while others, among them Eisenstein (1984), simply reject this question as unanswerable (p.95). On the other hand, the argument that patriarchy enjoys an existence independent from that of capitalism suggests that the class struggle alone is not capable of ending women's oppression; rather, as Hartmann (1981) puts it, feminists "must organize a practice which addresses both the struggle against patriarchy and the struggle against capitalism" (p.33).

Whatever one's sympathies in the entire single- versus dual-systems controversy, throughout the 1980s socialist-feminist accounts themselves became increasingly nuanced, as writers came to recognize for example the extent to which capitalism produces rifts *among* women. Thus, while early forays by socialist-feminists into welfare policy analysis tended to highlight, in a rather functionalist manner, the degree to which welfare programmes consistently benefited capital (or men) at the expense of women (Gordon 1990b), this focus shifted somewhat in subsequent work towards a greater emphasis upon the more contradictory aspects of welfare. Linda Gordon (1986), for example, in her analysis of the history of family violence in the United States, devotes considerable energy to the task of

sorting out the far from straightforward relationships that have arisen between working-class and middle-class women, and between working-class women and state agencies as these latter groups have sought to 'solve' the problem of family violence through a variety of morally-driven interventions.

Indeed, in its focus upon particular state *functions* (ie. child/youth protection), Gordon's account bears some resemblance to a second strand of feminist scholarship, in which the state's welfare programmes are conceptualized primarily as instruments of social control. Labelled 'state sceptics' by Ackelsberg (1994), proponents of this position have drawn upon (and adapted) the work of the sociologist Talcott Parsons along with Frankfurt School critical theory in order to highlight the ways in which the public welfare system intrudes upon individual women's lives, disciplining and controlling them in the process. Thus, writing with respect to the professionalization of welfare services in particular, Ehrenreich and English (1978) argue that this process has been characterized by the appropriation of women's traditional skills by 'experts', who have then drawn upon their newly-acquired knowledge as a means of controlling women's activities in the home and elsewhere.

While admittedly other writers have placed their emphases somewhat differently from Ehrenreich and English, the feminist social control literature in general (at least in its 1970s manifestations) has nonetheless been dogged by a number of difficulties, including an underlying functionalism and a tendency to cast women exclusively in the role of 'victim' (Gordon 1990a; 1990b). Indeed, it is precisely this latter weakness, which in effect seeks to universalize women's experience, that has come under increasing attack throughout the 1980s, the subject of far-ranging critiques both by Black feminists and by scholars influenced by

social theory's post-modern/post-structuralist 'turn' (Williams 1989; Ackelsberg 1994). Significantly, similar critiques have also been directed towards the alleged deficiencies of socialist-feminist thinking, with detractors arguing for example that it is class-reductionist and that it draws upon a fundamentally androcentric theoretical framework. In the context of socialist-feminists' writings on the state in particular, Judith Allen (1990) has argued forcibly against feminists' adoption of a Marxist (or indeed any) theory of the state, not only because feminism has a more pressing need for other, more significant theoretical categories (*eg.* male subjectivity), but also because

'[t]he state' is a category of abstraction that is too aggregative, too unitary and too unspecific to be of much use in addressing the disaggregated, diverse and specific (or local) sites that must be of most pressing concern to feminists. (p.22)

While Allen, in making her argument, is in effect following MacKinnon (1989) in calling upon feminists to de-centre the state (and state theory) in recognition of the diffuse and dispersed nature of its power within civil society, other scholars (particularly Black feminists) have highlighted instead the importance of differences among women,

not just in [the] subjective sense of culture or experience or struggle, but in [the] objective sense of how such difference is structured through the interweaving of patriarchy, imperialism and capitalism, and how it is variously reinforced by the state and other institutionalized structures and by ideologies (Williams 1989:80).

Clearly, both of these criticisms are to a greater or lesser extent valid, in that they point to difficulties that have plagued, and in some cases continue to plague socialist-feminist thought (and indeed Marxism in general). However, to argue (as Allen does) that feminism has nothing to gain from a constructive engagement with Marxist theory is mistaken and unjustified, for at least three reasons. Firstly, Allen's assessment of socialist-feminism is based upon a highly selective reading of the literature, serving in effect to caricature what had by

the mid-1980s become an extremely diverse *and non-reductionist* school of thought⁴. Secondly, while one cannot but agree with Allen in her view that much of women's oppression takes place beyond the state in "disaggregated, diverse and specific (or local) sites" (p.22), this does not mean that the state has no bearing upon civil society. Rather, as Mahon (1991) notes, "[a]ny strategy for change needs to combine struggles directed at the state and those 'at a distance'" (p.127). Finally, with respect to the larger issue of *difference* within feminist thought, although it is certainly true that 'race' as well as gender (not to mention sexuality, age and ability) are important axes of oppression irreducible to class-based exploitation, recognition of this fact should entail neither a rejection of class as a meaningful category in its own right, nor exclusion of the possibility of a truly integrative analysis that does not privilege certain forms of oppression at the expense of all others (Stabile 1995).

FRAMING THE STATE: A RELATIONAL APPROACH

In the preceding pages, various perspectives on the significance and role of the capitalist state have been introduced and evaluated; however, the discussion has invariably been couched in highly generalized terms, with little or no reference to the task of developing a *systematic* understanding of the state that is amenable for use in concrete analysis. It is to this project that I would now like to turn, in anticipation of the second part of the thesis in which I undertake an examination of an actually-existing state (Ontario) and an actually-existing state project (the restructuring of Ontario's long-term care system).

⁴ In her assessment of socialist-feminist writings on the state, Allen draws almost exclusively upon Mary McIntosh's article 'The State and the Oppression of Women', published in 1978. For a sense of socialist-feminism's continuing vitality, see *Feminist Review* 23 (June 1986), and in particular the Feminist Review Collective's editorial in that same issue.

Towards a strategic-relational approach to the capitalist state

As has been noted above, one of Nicos Poulantzas' most incisive contributions to Marxist state theory lies in his argument that the state is not a 'thing' so much as a 'social relation'. What does this mean? In short, that while the state, as institutional ensemble, is inscribed with any number of *capacities* to exercise power, it is only through "the action, reaction, and interaction of specific social forces located both within and beyond" the state that this power is actualized (Jessop 1991:93). Of course, this is not to imply that the state is the neutral arbiter among competing interests of pluralist accounts. Rather, because of its structural selectivity (*ie.* with respect to class actors) and its need for externally-derived resources, some forces (both inside and outside the state) are invariably better positioned than others to pursue particular objectives successfully at any given moment (*Ibid.*). In this way, Poulantzas' conjunctural and relational approach to state power, although superficially quite similar to that of Foucault, in fact differs fundamentally with respect to the role that each ascribes to global strategies: while Foucault tends to be suspicious of any such 'master-narrative', for Poulantzas power is grounded firmly in the relations of production (Jessop 1990). Obviously, both positions are problematic to the extent that they privilege either agency or structure, and it is precisely the middle ground between these two extremes that Jessop would like to occupy with his own strategic-relational approach.

At its most abstract, this approach is informed by an understanding of capital and class in which the dialectical relationship between their 'structural determination' and 'strategic positions' is highlighted. As Jessop (*Ibid.*) puts it,

the moment of structural determination should be considered as the crystallization or

material condensation of past strategies (both successful and unsuccessful). And the elaboration of class strategies (or 'class positions') should be related to the constraints imposed by existing forms of class domination as well as the prevailing balance of forces. [author's parentheses] (p.259-260)

Brought to bear upon the state, such an understanding demands that it too be analysed relationally, as the site, generator *and* product of a complex array of strategies. As a site, the state is in effect a system of *strategic selectivity*⁵, in that its form, its bases of support and so on render it more or less amenable to specific strategic interventions by particular social actors over a given time-horizon (*Ibid.*). Thus, in order to explain for example Ontario farmers' organizations' recent success in securing the repeal of laws permitting the unionization of farm labourers (Ontario 1995a), one must look not only to factors internal to the Ontario state system (*eg.* the type of regime currently in power in the province, the nature of the hegemonic project(s) and accumulation strategy(ies) with which it is associated; the relative power of the Ministry of Agriculture versus that of the Ministry of Labour), but also to the way in which these factors have served either to facilitate or constrain the (counter-) strategies of interested parties, be they the farmers' groups themselves or forces associated with the labour movement.

In addition to comprising a terrain upon which various social actors pursue their respective interests, the state system is also a generator of strategies in its own right. Not of course as an institutional ensemble *per se*, for, as Jessop (following Poulantzas) argues, the state as such has no capacity to act, but rather through the strategies and tactics of state

⁵ This concept is derived from Poulantzas' understanding of 'structural selectivity'. As Jessop (1990) puts it. "I believe this notion of strategic selectivity is more fruitful than that of structural selectivity because it brings out more clearly the *relational* character of this selectivity [author's emphasis]" (p. 260).

managers, who in turn play a crucial role in imposing a relative unity upon the state system and in securing its "relative autonomy from the conflicting pressures emanating from civil society" (*Ibid.* 261). Indeed, in this respect Jessop's approach differs quite markedly from that of many other Marxist theorists (see discussion above), who, in arguing that the state is *essentially* capitalist or has an *essential* class unity, fail not only to specify convincingly the manner in (or extent to) which such a class unity is achieved (*Ibid.*), but also leave little or no room for the potentially gendered or racialized dimensions of particular state projects. In this way, the recent decision by elements within the Ontario state to initiate a form of 'workfare' in the province (Ontario 1996) can be analysed both in terms of (class-relevant and inter-departmental) struggles and contradictions within the state system itself, and as part of a gendered and racialized strategy designed to mobilize support among particular 'strategically-significant' segments of the population (*eg.* rural dwellers or white males).

Finally, the state is also to be understood as a product of strategies, in that its current characteristics have themselves been constituted through and by previous political struggles. Thus, at any given moment the past exerts a powerful structuring (albeit not determining!) influence upon the present, with social actors forced to contend with a system of strategic selectivity that is itself a legacy of past interventions. As Jessop (*Ibid.*) argues,

the current *strategic selectivity* of the state is in part the emergent effect of the interaction between its past patterns of *strategic selectivity* and the strategies adopted for its transformation. In turn the calculating subjects which operate on the strategic terrain constituted by the state are in part constituted by the *strategic selectivity* of the state system and its past interventions. [author's emphases] (p.262)

To return once again to the example of the recent repeal of farm labourers' right to unionize in Ontario, one would therefore wish to consider the degree to which the farmers'

organizations' success can be related to the long legacy of Tory hegemony in the province, which may have contributed to a pattern of strategic selectivity that was already amenable to the farmers' demands *prior to* the ascendancy of the current Conservative regime.

Hegemonic projects, accumulation strategies and the capitalist state

Having outlined in broad brush-strokes the central features of a strategic-relational approach, I would now like to explore in somewhat greater detail a number of its implications. In particular, although the perspective draws attention to the difficulties inherent in ascribing any set of rigid attributes to the capitalist state, there has been little discussion thus far of an alternative basis for its conceptualization. For Jessop (*Ibid.*), such an understanding is grounded in an acknowledgement of the state's multiple boundaries and lack of institutional fixity, resulting in a state system whose unity cannot be taken for granted, but rather must be consciously secured and subjected to on-going surveillance. As one might imagine, one of the principal means by which this unity is achieved (and sustained) is through the realization of particular political projects, which serve to focus (and unify) the state's strategic resources in pursuit of a common set of goals and objectives over a given time-horizon. Without wishing to anticipate my argument in the following chapter, one might nonetheless argue that the preeminent Canadian example of such a project is encapsulated in state forces' engagement with federalism in the decades following the end of the Second World War. Quite simply, not only did the latter provide a rationale for the expansion of state activities and infrastructure into a range of hitherto neglected areas (most notably in the fields of social welfare provision and 'regional development'), but, even more importantly, it secured the substantive unity of the Canadian state in the face of growing centrifugal pressure emanating

from Quebec and other disaffected regions.

However, if it is through the development and implementation of particular political projects that the substantive unity of the capitalist state is derived, it is the latter's interventions in the economy and civil society which are largely responsible for the successful reproduction of a specifically capitalist social order. While Marxist theorists such as Offe (1984) have generally conceptualized these interventions as the state's 'accumulation' and 'legitimation' functions respectively, in so doing they have tended to analyse the one in isolation from the other, thereby running the risk of understating the degree to which the economic and the political/ideological are mutually constituted (Jessop 1990). It is precisely in response to this type of weakness that has led Jessop to advance two alternative concepts - accumulation strategy and hegemonic project - as a means of highlighting not only the ambiguous boundaries separating the state's activities in support of accumulation from those in pursuit of hegemony, but also the fundamentally strategic and relational character of both of these activities (*Ibid.*).

As Jessop makes clear, his conceptualization of accumulation strategies is rooted in the inherent instability of capitalism itself, whereby the ability of individual capitalists to generate profit (upon which the state ultimately depends for its own revenues) is continuously placed at risk by the operation of a number of self-destructive tendencies internal to the accumulation process. *Inter alia*, these include the contradiction between the interests of individual entrepreneurs and those of the capitalist class in general. What does this mean? In short, whereas the former are likely to abhor any state intrusion into their profit-seeking activities, interference may be necessary to preserve the long-term viability of the economy

from the effects of activities which, though profitable in the short-term or for individuals firms, are collectively destructive. Thus, an accumulation strategy is essentially a means of stabilizing such economies through the elaboration of a 'growth model', which, even as it privileges the interests of one fraction of capital (*eg.* banking or industrial capital) at the expense of all others, serves nonetheless to

advance the immediate interests of other fractions by integrating the circuit of capital in which they are implicated at the same time as it secures the long-term interests of the hegemonic fraction in controlling the allocation of money capital to different areas of investment advantageous to itself. (*Ibid.* 199)

Of course, in addition to securing the support of non-hegemonic capital fractions, a successful accumulation strategy must also take into account the balance of forces between the dominant and the subordinate classes, integrating the latter into the 'growth model' through some combination of coercion, marginalization and compromise. As one might imagine, the Fordist 'consensus' of the post-1945 era is often held up as the definitive example of such a strategy, characterized at its broadest by the articulation of Marx's Departments I and II under the hegemony of industrial capital, and underpinned by the acquiescence of a (white, male) labouring class whose support was secured through a steady stream of wage and non-wage concessions (De Vroey 1984).

In elaborating his notion of accumulation strategy, Jessop is clearly inspired by the work of the French regulation school in the same area, and in particular its parallel concept of regime of accumulation. However, while the regulationists have tended (at least in their early work) to leave aside the question of *why* particular regimes of accumulation arise rather than others, this issue is of central concern to Jessop (1990), who argues that "we must recognize that there are various possible [accumulation] strategies with different degrees of

support within and across fractions of capital" (p.205). The extent to which any one of these becomes dominant is a function of the success with which its proponents are able to exploit the 'margin of manoeuvre' available, given a particular balance of forces and particular structural constraints. In this way, by insisting upon the multiplicity of *possible* strategies in existence at any one moment, Jessop highlights not only the flexibility that these alternatives afford in the implementation of the dominant strategy (*ie.* through the provision of a stock of alternative tactics), but also the potential that they offer to non-hegemonic fractions or oppositional forces seeking to further their own interests against those of the hegemonic fraction (*Ibid.*).

Of course, it is precisely in this latter regard that the distinction between accumulation strategy and hegemonic project begins to blur, for both are faced with the similar challenge of ensuring that subordinate groups, even as they pursue their own interests, do so within the framework(s) established by the dominant strata. However, while the former is focused more or less narrowly upon the regulation of the economy, the latter is concerned with the more general problem of interpellating and organizing

different 'class relevant' (but not necessarily class-conscious) forces under the 'political, intellectual and moral leadership' of a particular class (or class fraction) or, more precisely, its political, intellectual and moral spokesmen [*sic*]. (*Ibid.* 207-208)

Although achievement of hegemony is invariably fraught with struggle, the likely outlines of a successful hegemonic project are nonetheless inscribed upon the strategic selectivity of the state itself, which, despite possible short-term shifts in power towards the dominated classes, tends systematically to favour certain (structurally privileged) forces and their interests. Still, even under the leadership of the latter, the successful project must also seek to mobilize the

active support of (at least) some segment(s) of the wider population, linking "the realization of certain particular interests of subordinate social forces to the pursuit of a 'national-popular' programme which favours the long-term interests of the hegemonic force" (*Ibid.* 209). Moreover, while hegemonic projects vary significantly in the proportion of the population which they seek to integrate (leading to Jessop's distinction between 'one nation' and 'two nation' projects), all typically involve the flow of some material concessions to the subordinate strata, thereby rendering them more or less vulnerable to the vagaries of capital accumulation, since it is from the latter that these concessions ultimately derive.

Still, this is not to imply that hegemonic projects need necessarily be class-centred or narrowly focused upon economic objectives; as Jessop argues, their success is more broadly dependent upon the extent to which they take "account of the balance among *all* relevant social forces, however, these may be organized [emphasis added]" (p.208). In short, while the central mobilizing issue of a particular project might be focused upon anything from xenophobic nationalism to social or political reform, its underlying challenge remains the management, co-optation or marginalization of demands emanating from civil society in such a way as to preserve the 'unstable equilibrium of compromise' amongst relevant forces (*Ibid.* 207). How is this accomplished? Despite Jessop's wide-ranging account of the theoretical bases of hegemony, this question remains largely unaddressed in his analysis, even though it is one whose answer is critical if one is to bring his approach to bear upon the complexities of actually existing social formations and the hegemonic projects which they engender. Thus, in order to make good this deficit, one must seek to articulate his relatively simple-abstract theorization of hegemony to concepts which are oriented towards a more complex-concrete

form of analysis, such as those that will serve as the focus of my analysis in Chapters Two and Three below.

CONCLUSION

As I have endeavoured to show in the discussion above, a strategic-relational approach provides a means of evaluating *critically* the capitalist state without falling into either essentialism of the sort that has often plagued Marxist writing in the past, or an exuberant post-structuralist rejection of the significance of 'meta-narratives' in placing any bounds whatsoever upon individuals' scope for action. While acknowledging that Jessop is not without faults of his own - Barrow (1993) for one is justified in questioning the validity of his claim to have achieved a true 'synthesis' of all earlier Marxist theorizations of the state - one should not allow this to detract from the underlying value of his work. In particular, by adopting a framework which stresses the relational and strategic character of the state system, one is well-placed to capture the complex and dynamic interplay of forces that may be acting upon (and through) the state's structures in any given conjuncture. Moreover, it is precisely this conceptual understanding of the capitalist state that will serve me in the following chapter, as I explore the role of space in conditioning processes of capital and state restructuring, as well as the struggles of non-hegemonic social forces in the face of such processes.

CHAPTER 2

SPACE, RESTRUCTURING, AND RESISTANCE

§

INTRODUCTION

[G]eography of all sciences has traditionally placed emphasis on 'seeing'. In how many field classes have we been asked to 'see' an erosion level or 'recognize' a type of settlement pattern. The 'seeing eye', beloved of the late S.W. Wooldridge, is a necessary part of our scientific equipment in that pattern and order exist in knowing what to look for, and how to look. (Haggett 1966:2)

First published in 1966, at the height of what has come to be known as the 'quantitative revolution', *Locational Analysis in Human Geography* (from which the above passage is taken) draws upon a conceptualization of space which highlights its knowability in the face of the 'seeing eye' of the professional geographer. Although Haggett's words may strike one as arrogant today (on what basis does he claim to *know* space?), they are nonetheless indicative of what remains a widely held belief (even among geographers!), one which posits not only the fundamental *un*ambiguity of space, but which also assumes the existence of a detached observer whose "vantage point [is] far removed from the embodied social world" (Rose 1993a:70-71).

While Lefebvre, for one, has devoted much of his life's *oeuvre* to the exploration of this 'illusion of transparency' (Gregory 1994a), within Geography it is only in the last two decades or so that scholars have begun to address seriously the implications of what Soja (1980) has called the 'socio-spatial dialectic'. Drawing upon this latter body of work, as well as the writings of Henri Lefebvre more generally, my purpose in this chapter is to develop a conceptualization of space which highlights not only the degree to which the spatial and the

social interpenetrate one another, but which is also attentive to the role of *power* and *strategy* in structuring the spatial practices and spatial interventions of particular social actors (including the state). However, before undertaking this task it is necessary first to account for geographers' own changing understanding of space, which, not surprisingly, is closely related to a broader set of conditions within the academy and society in general.

SPACE AND MODERNITY

As is attested to by the furore that accompanied the publication in *Social Text* of a spurious article by the physicist Alan Sokal (1996), in which he purports to re-evaluate the bases of quantum mechanics from a post-structuralist perspective, the meanings (and value judgements) attached to such concepts as 'modernism' and post-modernism remain highly contentious. However, whatever the relative merits of Sokal's argument, it is nevertheless clear that the histories of science and modernity are closely intertwined (Foucault 1979), indeed so much so that it is hardly surprising that scientists should be among the latter's most vocal defenders in the face of the 'post-modern challenge' of recent years. Moreover, despite Geography's recent critical turn it should be noted that its past is also strongly coloured by the legacy of the 'Enlightenment project', most notably in relation to European colonial expansionism in the nineteenth century and the increasing 'rationalization' of state power in the twentieth (Gregory 1994b). As I will attempt to demonstrate below, the skills *and concepts* of geographers have been mobilized in support of both of these endeavours, resulting in a coincidence of interests between the discipline and the state whose basis would remain largely unquestioned until the late 1960s, when a distinctly Marxist geography emerged to challenge the formerly hegemonic categories and assumptions of spatial science.

Geography and empire

In spite of its rather cheeky title¹, the introductory chapter in Livingstone's (1992) recent overview of the history of (Western) geographical thought addresses what is in effect a very serious issue, namely the absence of "social context, metaphysical assumptions, professional aspirations, or ideological allegiances .. [from most] textbook histories of the growth of geographical knowledge" (p.2). While Livingstone explains these absences primarily in terms of personal and disciplinary agendas, it is likely that Geography's chroniclers have also been motivated by a desire to downplay the significance of those events and practices which might appear embarrassing or reprehensible from today's perspective. As Brian Hudson (1977) argues, one such episode is the very birth of modern academic Geography in the second half of the nineteenth century, which he attributes not so much to the discipline's 'grand old men', but rather to the "interests of imperialism in its various aspects, including territorial acquisition, economic exploitation, militarism and the practice of class and race domination" (p.12). Quite simply, the quickening pace of colonial expansion during this period generated a need for geographically-knowledgeable technicians and administrators, which a number of metropolitan powers sought to address through the promotion of Geography as an autonomous discipline within the existing university structure² (*Ibid.*).

While this strategy was successful to the extent that it secured the skilled personnel necessary to oversee and implement the colonial enterprise, it also had the effect of

¹ 'Should the history of Geography be X-rated?'

² Of course, it must be acknowledged that Geography was not the only discipline to be co-opted in this manner: throughout the nineteenth century other fields of study were similarly affected in a process that can only be understood as part a broader re-alignment of academic priorities and interests with those of the nation-state.

profoundly influencing the discipline's early development, with the latter's teaching and research agenda becoming thoroughly bound up with the ideology and priorities of empire-building (Heffernan 1994; Smith 1994). In what is almost certainly the most blatant example of this engagement, geographers throughout the colonial era were deeply implicated in a form of climatological research whose aim was to establish a link between climate and patterns of human behaviour, and, more specifically, the 'racial' and cultural inferiority of non-European peoples living in the world's tropical zones (Livingstone 1994). However, while Livingstone is undoubtedly justified in arguing that "the idioms of political and moralistic evaluation were simply part and parcel of the grammar of [colonial] climatology" (1992:221), what is perhaps most interesting about this work is not so much its boundless Eurocentrism, but rather the manner in which it conceptualizes and represents *space*.

In short, it was during this era that Geography began systematically to formalize and order its knowledge of the world, bringing the 'seeing eye' of science to bear upon places and peoples with whom Europeans had previously had little or no contact. Moreover, not only was this process discernable in the naturalization of geographical language that occurred at roughly this time (Livingstone 1992), but it was also felt at the level of space itself, which for the first time in human history was being mapped and parcelled out at a truly *global* scale. This exercise, whose role in facilitating colonial (and capitalist) domination is quite obvious³, has also been linked by some scholars to the 'construction of modernity' more generally (Driver 1992), particularly in light of its adoption of a 'rational' spatial ordering system.

³ By, for example, establishing boundaries, identifying the location of exploitable natural resources, or by providing geographical information to military strategists and tacticians.

Characterized by Gregory (1994b) as the 'world-as-exhibition', it was built upon

a conception of order that was produced by and resided in a structure that was supposed to be somehow separate from what it structured: a framework that seemed to precede and exist apart from the objects it enframed. (p.84)

Moreover, this understanding of space became increasingly hegemonic over the course of the nineteenth century, as more and more of the world's territory was brought under its gaze, and as the vestiges of alternative ordering systems, built around a more direct connection between the representation and its object, were displaced. Still, as Gregory (*Ibid.*) goes on to argue, one would have to wait another half-century or more before the 'world-as-exhibition' would be taken to its ultimate conclusion, under the auspices of Anglo-American spatial science and the quantitative revolution.

The fetishes of spatial science

If the cartographers of the colonial era were responsible for introducing a particular form of spatial order to the territories of the South, this was a process that was already well-advanced within Europe, where the modern nation-state was engaged in the task of unifying, homogenizing and circumscribing the spaces under its control. As Lefebvre (1991) argues, this process involved a double movement, characterized both by the unification of social practices under a single, *national* space, and by the progressive sub-division ('fragmentation') of this space (along with the things and people embedded in it) according to 'rational' administrative criteria designed to facilitate state control and to de-legitimize alternative classification systems (*eg.* along lines of ethnicity or religion) (pp.280-2). However, even as one acknowledges (following Foucault) that this domination of space was grounded in a "generalized medico-administrative system of knowledge that was deeply implicated in the

formation of a modern 'disciplinary' society" (quoted in Gregory 1994b:88), one might nonetheless argue that its conceptual bases remained largely implicit and unsystematized until the advent of spatial science in the 1950s and 1960s..

In short, just as the modern state has endeavoured to construct a sovereign, national space independent of the individuals and relationships constituting it, so has spatial science sought to create a wholly abstract space, governed by spatial laws, spatial causes and spatial relations, totally devoid of anything vaguely resembling the true complexity of social life (Massey 1994). Indeed, given the degree to which the 'new' quantitative geography privileged the observer over the observed, and the organizational framework over that which it ordered, one cannot but agree with Gregory (1994b) in his assertion that, in significant respects, spatial science simply formalized and extended the assumptions already present within the 'world-as-exhibition' ordering system discussed above. However, it did so within a social context markedly different from that which had prevailed in the latter years of the colonial era, for not only was Geography itself now characterized by a "renewed infatuation with scientific aspiration" (Livingstone 1992:321), but Western societies in general had become obsessed with such notions as 'modernization' and 'industrialism', leading to the widely held belief that almost any problem was surmountable through the application of Science and Technology (Massey 1985:10).

For those seeking to bring the fruits of 'modernization' to Geography, their tools of choice were generally concepts and models derived from mathematics or neo-classical economics, interspersed by a language rich in positivist reasoning and metaphor. For example, consider the following statement taken from Haggett's (1965) *Locational Analysis*:

The building, testing, and rebuilding of hypotheses is the slow path by which progress in human geography has been made. Testing, particularly testing in terms of probabilities, provides the appropriate check to .. theoretical excesses .. and a way which new ideas may be thrown up. .. The research cycle, like the nitrogen cycle, demands the death of old hypotheses and the building of new ones (p.277).

Despite its rather Darwinian undertones ("the death of old hypotheses..."), this passage captures remarkably well the degree to which geographers in the 1950s and 1960s were transfixed by the potential of Science to revolutionize their discipline, and who consequently sought to become true spatial *scientists*, separating out and analysing the spatial dimension of social phenomena as a basis for generalization and theory building.

However, as subsequent commentators (Massey 1977; 1985; Livingstone 1992; Gregory 1994a) have noted, despite the undoubted sophistication of many of the models produced during this era, there was a strong tendency to engage in a particularly pernicious form of reductionism, evident not only in theorists' understanding of space (captured most tellingly in the concept of the timeless isotropic plane), but also in the widely held belief that the identification of spatial regularities was a worthy end in itself. Of course, from this latter point it was but a short step to the argument that the *explanation* for such regularities (or lack thereof) lay in the spatial as well. As Soja (1989) so eloquently puts it,

[a]fter all was said and done, outcomes continued to explain outcomes in an infinite regression of geographies upon geographies, one set of mappable variables 'explaining' another through the 'goodness' of fit. (p.51)

As one might imagine, this single-minded preoccupation with spatial patterns and spatial processes made it increasingly difficult for geographers to keep sight of the fact that embedded within their data were real social agents and relations, whose behaviour patterns and interactions are simply not reducible to an underlying spatial 'cause'. To borrow an

example from Massey (1985), although it may be tempting to look for explanations of inner-city decline in such factors as the relative distribution of 'social disorganization' or 'urban pathology', such an account would be at best (highly) incomplete, and at worst a form of spatial victim blaming, in which the characteristics of the place itself are purported to explain its decline.

Towards a critical human geography

However, as obvious as these shortcomings may appear to the reader today, in the mid-1960s, when spatial science dominated Anglo-American Geography, they likely would have seemed far less self-evident. Nevertheless, this situation began to change in the latter half of the decade, as the radicalization of European and North American university communities prompted many geographers to become increasingly critical of their discipline's dominant assumptions, and to begin to explore the potential of intellectual traditions *other than logical positivism* as the basis for a more politically-relevant practice (Peet and Thrift 1989). Moreover, as Peet (1977) argues, by the early 1970s much of this effort had become focused upon the elaboration of an explicitly *Marxist Geography*⁴, a task which involved on the one hand a critique of spatial science, as the then dominant perspective within the discipline, and, on the other, the extraction of geographical theory from the (overwhelmingly historicist) writings of Marx and his followers.

Without wishing to over-simplify what is undoubtedly a complex and wide-ranging

⁴ In making this statement I realize that Marxism was not the only perspective to which geographers turned as they sought to challenge the bases of spatial science. Nonetheless, it is clear that Marxism was very influential in the early development of radical Geography, which is why I focus upon its contributions rather than those of either humanism or anarchism.

argument, one might nonetheless characterize the Marxist critique of the 'new' Geography as embodying two distinct moments. In the first instance, the object of analysis was the discipline itself, with writers such as Anderson (1973) and Peet (1977) drawing upon and extending Marx's concept of ideology in order to unpack the underlying *ideological* bases of spatial science. As one might imagine, these are apparent not only in the fragmentation of knowledge under the existing academic division of labour, in which "geographers try to find 'causes' of the problems they observe in what is the spatial distribution of the *results* of far deeper social causes [author's emphasis]" (*Ibid.*:251), but also in the discipline's purported scientific rationality, which serves both to legitimate 'enlightened' interventions in space (*eg.* urban renewal or slum clearance) (Lefebvre 1976), and to obfuscate the degree to which the 'new' Geography's representations of social phenomena are functional to the interests of capital and/or the state (Anderson 1973).

Whether or not one accepts fully the validity of the above criticisms of spatial science, they are nonetheless important in providing a context for the second element of the Marxist critique, which was focused more narrowly upon the methodological and conceptual assumptions underlying the discipline's analyses. In particular, it was noted that in many cases greater significance was being attached to the accumulation, measurement and classification of (spatial) data than to the selection of an appropriate theoretical framework, leading to the "mechanistic adoption and derivation of bourgeois concepts and theories from related disciplines [and thereby freezing] geographical explanation at the level of surface phenomena" (Slater 1977:44). Moreover, this in turn served to exacerbate a second weakness in 'new' geographers' work (touched upon in the preceding section), namely their tendency to engage

in 'spatial fetishism', whereby "[r]elations between social groups or classes are presented as relations between areas, obscuring (as in chauvinism) the social divisions *within* areas [author's emphasis]" (Anderson 1973:3). Even as one acknowledges that spatial scientists were not the only ones to partake of this type of fetishism, it is clear that the practice had a substantial effect upon their analyses, rendering them both unnecessarily superficial and wholly insensitive to the embeddedness of social phenomena in space.

Needless to say, as radical geographers set about the task of developing an alternative conceptual basis for their discipline, the above critique played an important role in identifying pitfalls to be avoided. Thus, for writers such as Harvey (1973; 1975) and Peet (1975), the challenge lay in extracting a geographical theory from the writings of Marx (a difficult task, given the cursory treatment that space receives within Marx's *oeuvre*) which was not only sensitive to the fact that different social processes occur in different places (shaping them in the process), but which also avoided the sort of fetishistic analysis discussed above. While it is far from clear that the early Marxist Geography was successful in maintaining a balance between these two priorities (see below), it was certainly effective in turning the easy assumptions of spatial science on their head. In short, even as the centrality of the economy was preserved within the Marxist framework, the focus of attention shifted dramatically, from the 'abstract geometries' of industrial location theory to the dynamic spaces of capital accumulation, as writers began to draw upon (and adapt) such concepts as uneven development in order to expose the underlying social processes and struggles at work in constituting and re-constituting particular landscapes over time (Massey 1985; Gregory 1994b). Moreover, within this schema the notion of 'general equilibrium' was increasingly

seen as problematic,

even illusory; crisis and contradiction were connected to the production and reproduction of space; and regional transformations were no longer merely topological operations but the complicated outcomes of social processes and social struggles. (*Ibid.*:90)

While there can be little doubt that this attention to contradiction and social process played an important role in countering the stasis and superficiality of much of the 'new' Geography, one is left with the distinct impression that the radical geographers of the 1970s may have been overly zealous in their desire to avoid the taint (or accusation) of spatial fetishism, for, as Gregory (*Ibid.*) points out, this period was marked by "a widespread withdrawal from the analysis of spatial structures altogether" (p.91). Although this retreat is to some extent understandable in light of the excesses of the past, scholars such as Soja (1980) have suggested that it was responsible for the creation of a new orthodoxy within the discipline during the 1970s, with many Marxist geographers becoming simply unwilling to countenance the suggestion that "organized space [might represent] anything more than a reflection of the social relations of production" (p.211). However, even as one acknowledges the possible strategic advantages to be derived from such a view⁵, it is clear that it poses significant dangers as well, both by downplaying the significance of space (as opposed to time) in the generation of particular social outcomes, and by discounting the important *differences* that distinguish places - and people - from one another.

⁵ Including, for example, the sense of inter-regional or international solidarity that might be derived from the knowledge that a similar set of economic forces are at work in different locales. See Massey (1985).

NEW DIRECTIONS AND OLD VESSELS

In the previous chapter, I suggested that the early 1980s were a time of crisis for Western Marxism; not only had its partisans become more aware of the shortcomings of 'actually existing socialism', as practised in the Soviet Union and Eastern Europe, but the prospect of imminent structural change had receded considerably, under the combined weight of world recession and a sharp turn to the Right among the electorates of a number of European and North American countries. If this was not worrisome enough, Marxism was also being challenged at an intellectual level, as feminists, post-Marxists, as well as heterodox elements within the Marxist camp itself subjected its underlying assumptions and conceptualizations to a number of more or less powerful critiques (Peet and Thrift 1989).

As one might imagine, Geography was not left untouched by these debates, for not only were the 1980s characterized by a destabilization of Marxism's hegemony over the radical wing of the discipline, but geographers in general were becoming engaged with an increasingly diverse set of issues, not least of which was a renewed interest in space and place. While the reasons underlying this latter development are certainly complex, ranging from a wish to explain the spatially variable impacts of economic restructuring to a more generalized concern with notions of particularity and *difference* (Massey 1984; 1994), taken together they have contributed to the emergence of a body of work on 'spatiality' that is both theoretically informed and heterogenous in its outlook. By drawing together a number of strands taken from this larger literature, it is my intent in this section to provide an overview of (predominantly Western, Anglophone) geographers' changing understanding of space and place during the 1980s and early 1990s, emphasizing all the while the degree to which this

work has contributed to a *critical* conceptualization of the spatial.

Making space for the locality

Whether or not one accepts Jonas' (1988) claim that locality research is little more than a 'reconstructed regional geography', he is certainly justified in attributing its rise to prominence in the mid-1980s to the combined effects of several processes, of which two of the most significant were the experience of economic restructuring in several 'advanced' capitalist societies (especially Great Britain), together with developments in social theory which rendered a focus upon local-scale processes increasingly attractive. How is this so? In the first instance, by the early 1980s it had become patently obvious to British (and other) social scientists that the changes then afoot in their country⁶, which included a declining manufacturing base, growing long-term unemployment and an occupational structure that was becoming increasingly differentiated along lines of industry, occupation and gender, were not merely the result of short-term recessionary forces, but were rather a reflection of deep-seated *structural* shifts in the organization of the economy and society more generally (Newby 1985; Cooke 1989). Moreover, one of the most salient features of this restructuring process was its spatial unevenness; as Massey (1994) puts it,

[t]he economies of the big manufacturing cities went into severe decline. The bases of the heavy-industry regions were undermined. There was decentralization of both population and employment from big cities outwards to more rural areas and, in some parts of the period, from core regions to the old industrial periphery. The increase in paid employment for women, and the shifts in balance between male and female employment, happened differentially across the country. (p.126)

⁶ Although interest in locality has spread to several countries over the course of the past decade, the concept was initially popularized by British scholars in the early 1980s. It is for this reason that I focus upon the British case in my own discussion.

Not surprisingly, the political implications of these spatially variable effects were significant, particularly for the British Left, which was not only faced with the destabilization of its traditional bases of support in the old manufacturing centres, but its control over a number of large municipal and metropolitan jurisdictions (including, most notably, the Greater London Council) meant that it was *directly* confronted with the task of mitigating the effects of economic change at the local level (*Ibid.*; Pickvance 1990). As one might imagine, it was in the context of these challenges that debate over the causes of - and appropriate response(s) to - restructuring were framed, with many geographers finding that, although they figured prominently in these discussions, the legacy of 1970s style Marxist Geography had generally left them insufficiently prepared to make sense of the "reality and conditions of diversity, and of the actual processes which linked the local particularities" (Massey 1994:128).

In this way, the emergence of locality as a conceptual category may be understood, at least in part, as one element within a wider critique of those forms of Marxism which sought to account for social and spatial phenomena primarily (or exclusively) in terms of their functions for capital, thereby leaving little room either for human agency, or for a nuanced understanding of the dialectical relationship between social process and spatial form (Duncan 1989). While Giddens, for one, responded to these shortcomings through recourse to structuration theory and to the argument that the 'locale' was necessarily the locus of interaction between structure and agency (Jonas 1988), others set their critical sights upon the conceptual rigidity and insufficient concreteness of contemporary Marxist analysis, drawing upon the realist philosophy of Andrew Sayer (among others) as a basis upon which to develop a theoretically rigorous explanatory framework of concrete phenomena (Smith

1987; Massey 1994). Thus, without wishing to suggest that this renewed interest in methodology was driving the locality studies agenda, it did provide a useful point of reference for scholars as they developed a research programme, and may have assisted as well in their journey along the "knife edge path between .. the abyss of abstract theory on the one side and the equally daunting abyss of empiricism on the other" (Smith 1987:60).

Although locality research has spread to several countries and continues to be pursued, in one guise or another, to the present day (See, for example, Page 1996), much of the most innovative work was undertaken in Great Britain in the mid- and late-1980s, with the Changing Urban and Regional Systems in the UK (CURS-UK) initiative being in all likelihood the best known example. As Philip Cooke (1989) suggests, this programme set out to answer a difficult *political* question:

While people's lives continue to be mainly circumscribed by the localities in which they live and work, can they exert an influence on the fate of those places given that so much [of] their destiny is increasingly controlled by global political and economic forces? (p.1)

In this way, not only did the initiative hold out the promise of human agents who were more than mere bearers of structures, but, by starting from the premise that 'geography matters', it also provided an opening for forms of analysis which gave credence to the dynamic interplay between local specificities and larger-scale processes. In short, rather than signalling a return to the empiricism of traditional regional Geography in all of its essentialist glory, the CURS programme was built upon the understanding that while the character of a particular place was the product of its position in relation to (*inter alia*) the wider forces of social and economic restructuring, this character "in turn stamped its own imprint *on* those wider processes [author's emphasis]" (Massey 1994:131).

This is an important point to grasp, particularly in light of the fact that it presents a view of the articulation of localities' internal characteristics to the broader dynamics of political-economic change which stands in sharp contrast to the type of characterization offered by such critics as Duncan (1989) and Smith (1987). Quite simply, and without wishing to do any gross injustice to their respective arguments, both of these commentators have expressed strong reservations regarding the (alleged) empiricism and particularism of locality research, positioning it *in opposition to* 'theoretical' or 'general' (and hence more sophisticated?) work. As Smith (*Ibid.*) puts it,

the danger is that the CURS project will do little more than repeat the empiricist locality studies of an earlier generation which deliberately examined individual places for their own sake, and not attempt to draw out theoretical or historical conclusions. (p.62)

However, not only do Smith and Duncan appear to forget that the CURS researchers were well aware from the inception of the project that their work would have to be theoretically grounded if they were to "emerge from the morass of statistical information" (Smith 1987:62), but there is a strong tendency on the part of these writers as well to equate local or micro-scale research with mere description, whereas the study of macro-level phenomena is presented as *necessarily* more theoretical in orientation. Of course, as Massey (1994) makes clear, it is an "accusation which could only ever be made from a view of the world which equated empirical generalizability with explanation" (p.130). Still, even more pernicious in this context is the degree to which certain critics, among them Harvey (1989), associate locality with a politically reactionary (or at least questionable) practice, thereby implying that locally-based activism, such as that documented by Meegan (1989) (under the auspices of the CURS initiative) in the outer estates of Merseyside, is inherently particularistic

and antipathetic to place-transcending solidarity (Massey 1994). Without suggesting that place-based action is never particularistic (for it often is), surely it is irresponsible simply to cast one's gaze towards the ever-receding promise of socialist revolution, as Harvey appears to do, while ignoring or castigating those who seek to effect positive change through a progressive politics *in place*? For, as Lefebvre (1991) asserts, such efforts occasionally "allow something *other* to break the barriers of the forbidden [author's emphasis]" (p.379).

Destabilizing dualities: feminism and space

Of course, localized political activism is not the only target for Harvey's barbs. As several commentators have noted (Deutsche 1991; Massey 1994; Rose 1993b), he also appears ready to discount feminism's contribution to a critical practice, reducing it to yet another 'me-too-ism' (as Deutsche puts it) that serves to draw attention away from the 'real' issue at hand, namely the struggle against capitalism. Whether or not this is an entirely fair assessment of Harvey's argument, it is certainly true that brush-offs of this sort have been an all too common response on the part of mainstream social science to many of the concerns raised by feminists. Still, within Geography at least there is a sense that, despite continuing inequities in such areas as the hiring and promotion of women academics, feminism and feminist theory have begun to make significant in-roads in a wide range of disciplinary specializations, from economic Geography to regional studies (Bowlby, Lewis, McDowell and Foord 1989; Bondi 1990). Needless to say, space has not been left untouched by these efforts, with feminist geographers at the forefront of those seeking to refute claims made about its essentially unproblematic and transparent nature, while arguing instead that both space and individuals' perceptions of it are profoundly *gendered*, and that any analysis which fails to take this into account is likely to be

seriously flawed (Massey 1994). Without pretending to offer an exhaustive survey, in the pages that follow I will trace the outlines of this still emerging critique, emphasizing all the while the degree to which it has provided the basis for alternative, feminist conceptualizations of space and place.

If feminists' initial engagement with human Geography in the mid- to late-1970s was focused upon uncovering the extent to which the discipline was implicated in the erasure of women, both as practitioners and as subjects of analysis (Bowlby *et al.* 1989), this soon expanded to take in additional concerns, most notably (in relation to the present discussion, at least) the relationship between space and gender. While acknowledging (following Mackenzie [1989]) that the earliest explorations along this vein sought simply to situate women and their activities in space, under the influence of socialist-feminism this work evolved to encompass the more ambitious aim of *explaining* observed differences in women and men's spatial practices in terms of their underlying social causes (*Ibid.*). In this way, writers such as McDowell (1983) and Mackenzie and Rose (1983) argued persuasively that the spatial organization of the modern capitalist city, far from being the mere reflection of rational and value-neutral planning principles (as had been commonly assumed by spatial scientists), is in fact the manifestation of an historically-specific gender ideology, built around the radical separation of the city's public sphere (the domain of work, production and men) from that of the private (the space of leisure, reproduction and women). Moreover, even as the authors acknowledged that this separation was never as absolute as the categories might at first suggest, the ideology underpinning them has served nonetheless to naturalize (and inscribe in space) an oppressive gender order based upon the relegation of women to the

spaces of domesticity, where their unpaid reproductive labour is expropriated from them, first by their husbands and secondly (through their husbands) by capital.

Although the above account has been subjected to a number of critiques, particularly with respect to its theorization of patriarchal capitalism (See, for example, McDowell 1991), its underlying message, that urban space is permeated by the legacy of both past and present gender ideologies, has nonetheless had a significant impact upon feminist scholarship pertaining to the interconnections between space and gender. In the first instance, this is evident in the contributions of early feminist industrial geographers, who drew upon the notion of the 'city of spheres' in order to explain the feminization and decentralization of manufacturing employment in Great Britain in the late 1960s and early 1970s, arguing that many firms had re-located their operations to the suburban areas of peripheral cities as a means of capturing women workers recently 'freed' onto the labour market by virtue of their husbands' loss of employment in heavy industry (Bowlby *et al.* 1989; Massey 1994). Moreover, as the 1980s wore on this work became increasingly nuanced, as feminist scholars, often in the context of locality research, demonstrated not only the significance of spatial variation in gender relations to processes of local economic change (Bowlby *et al.* 1989), but highlighted as well the degree to which women were actively re-configuring existing spaces and appropriating new ones as part of their overall response to the impingement of restructuring forces upon their communities (Mackenzie 1987; England 1991). As Mackenzie (1989) argues, central to this latter process was the transcendence of the barriers separating the public from the private, with women engaging in the

alteration and extension of the domestic workplace to incorporate economic activities. Women's space now encompassed not only resources for private family life, but also

resources for providing public services and for waged work. (p. 117)

While all of the scholarship discussed thus far draws upon the notion of a gender ideology inscribed in space chiefly as a means of accounting for the gendered nature of the organization of the space economy, other writers making use of it have done so from what might be called a 'social control' perspective, emphasizing instead the manner in which the gendering of space is implicated in the management and surveillance of women's movements, behaviour and activities (Pain 1991). Thus, scholars such as Wilson (1991) and Swanson (1995) have sought to demonstrate that the dichotomization of public and private space in nineteenth century capitalist cities was intimately bound up with bourgeois (male) fears regarding women's unbridled sexuality, and in particular its potential to erode dominant values while promoting disorder and assorted urban 'pathologies' (embodied by such figures as the prostitute and the kleptomaniac). In this way, it became essential (from the perspective of the city 'fathers') that women's penetration of the public sphere, where they were no longer under the watchful gaze of their husbands or fathers, be circumscribed. As Swanson argues, this process involved the careful (if implicit) labelling of spaces as either female or male, with women's legitimate access to the latter restricted to well-defined locales (such as the shopping boulevard) and particular times of day (*Ibid.*). Needless to say, those who transgressed these boundaries were faced with the risk or actuality of male violence perpetrated against them, something moreover which women have continued to live with ever since.

Indeed, in recent years this latter issue has itself attracted considerable attention, with feminist geographers undertaking a number of important studies on the spatial expression of the threat of violence against women, and its relationship to forms of patriarchal control (Pain

1991). In this context, writers such as Valentine (1992) have found that the public-private dualism continues to exert a powerful influence over women's violent crime perceptions, causing them to be most fearful in public spaces in spite of the fact that the risk of such violence is often highest within their own homes, at the hands of a male partner or family-member. However, even as one acknowledges the significance of this finding, exposing as it does the falsity of a dichotomy built around the security of the private realm and the *in*security of the public, Valentine's study includes another, equally important message, namely that there exists a diversity of opinion *among* women as to their perceptions of dangerous places. As she puts it, these vary "for each women (*sic*) over time according to her past experiences of first and second-hand information, her changing sensitivity to fear information and her social context" (1992:28). As one might imagine, this is an extremely significant insight, not only because it points to the weaknesses inherent in any account which assumes that all women are equally susceptible to the risk or fear of violence, but also because it serves to highlight a more general shortcoming in a great deal of feminist geographical research in the 1970s and early 1980s, specifically the tendency to privilege the experiences of a certain type of woman (*ie.* one who is young, white, Western, middle-class and heterosexual) over those of all others.

However, over the course of the 1980s the untenability of this position has become increasingly apparent, as Black feminist scholars in particular have noted that mainstream feminism's portrayal of domesticity as necessarily embodying patriarchal social relations simply does not reflect the life-experiences of many Black women, who tend instead to think of the home as a safe haven from the racism that is endemic elsewhere in Western society

(Bowlby *et al.* 1989). Spurred on by this criticism, as well as others like it, feminist geographers have become progressively more sensitized to "the significance of context in shaping women's lives and to the intersection of gender with other forms of difference" (Monk and Katz 1993:4), leading them in turn to engage in forms of research which explore the ways in which women's diversity translates into differential experiences of space and place over the life course. Doreen Massey (1994), for one, has responded to this challenge in a particularly innovative fashion, arguing not only that space and time should be thought of together, as mutually constituted out of the interplay of social relations, but that there exists

in the lived world .. a simultaneous multiplicity of spaces: cross-cutting, intersecting, aligning with one another, or existing in relations of paradox or antagonism. Most evidently this is so because the social relations of space are experienced differently, and variously interpreted, by those holding different positions as part of it. (p.3)

In this way, the task at hand for feminism (as indeed all progressive '-isms') is not so much to posit a singular experience of space that is grounded in one's gender, 'race' or class position, but rather to ascertain how unequally-powerful groups and individuals, each imbued with distinct histories and social characteristics, attempt to use, appropriate and define the spaces around them, shaping, and being shaped, by these spaces in the process. By adopting such an approach, not only does one avoid the sort of dichotomous thinking that pervades Western social theory and practice (*ie.* through the privileging of such categories as male-female, public-private or time-space), but one is rendered sensitive as well to the importance of power and strategy, both in allowing dominant groups to impose particular meanings upon the spatial (through, for example, the coding of public space as 'male') and in providing a basis for those who would seek to challenge such meanings.

Situating the geography of post-modernity

Of course, even as one acknowledges that feminist geographers have gone further than most in attempting to give voice to the 'Other' in their conceptualizations and research priorities, it should be noted that questions of *difference* are becoming increasingly salient for Geography as a whole, as its practitioners grapple with that particular conjuncture of events which Michael Dear (1988) refers to as the 'post-modern challenge'. While Dear himself emphasizes the role of recent developments within the discipline and in social theory more generally in precipitating the current period of ferment, others, among them Soja (1989), suggest that its roots lie deeper, in that the

same crisis-induced rhythm that ripples through the macro-historical geography of capitalist cities and regions is seen reflected in the history of critical theoretical consciousness, creating an interlocking sequence of 'regimes' of critical thought (p.3).

Regardless of whether or not Soja is justified in making this ambitious claim, few would dispute the fact that the conceptual tools which had served human Geography so well in the 1960s and 1970s were appearing increasingly lacklustre by the 1980s, as geographers sought to come to terms with (*inter alia*) changes in the socio-spatial organization of Western societies that were quite simply at odds with the progress-oriented assumptions built into many of their earlier theoretical models⁷. Although recent debates within the discipline would tend to suggest that geographers' response to this state of affairs has been limited to either a dogged adherence to the old methods or a whole-hearted embracement of an anti-foundationalist post-modernist theory (Graham 1988; Pile and Rose 1992), there have

⁷ Certainly the most obvious example of this type of change would be the return of large informal economic sectors to such 'world cities' as New York and London. See Sassen (1991; 1994).

nonetheless been a number of scholars who have attempted to engage in a somewhat more constructive dialogue with post-modernism, though remaining all the while within a broadly modernist paradigm. In this section I will consider one such engagement, that of David Harvey (1989) in *The Condition of Postmodernity*, whose work is significant in this regard not only on account of the seminal weight attached to it both by geographers and non-geographers alike⁸, but also because it represents an attempt to re-invigorate historical materialism in light of the realities of the post-modern era by making space central to its analysis (Lagopoulos 1993).

From the outset, it should be emphasized that Harvey is not, nor has he ever been, a partisan of post-modernism; his interest lies, rather, in the fact that it seems set

to play a crucial role in defining the trajectory of social and political development simply by virtue of the way it [has] defined standards of social critique and political practice. (1989:viii).

This is an important point to grasp, both to avoid any possibility of subsequent confusion (after all, Soja does refer to him as a 'post-modern geographer' [1989:8]), and to foreground what is surely one of the book's principal aims, namely the reclamation of the initiative in standard-definition on behalf of modernism, by arguing that the 'post-modern condition' is, in the final analysis, merely one manifestation of the cultural logic of late capitalism (to borrow a phrase from Jameson [1984]). In order to make this case, Harvey presents the reader with two interlocking histories, the one a coarse-grained overview of the putative transition from fordist to flexible accumulation in the capitalist West, the other a more

⁸ For example, sociologists Friedland and Boden (1994) include Harvey in their list of the four 'key' theorists of space, time and modernity. His co-luminaries consist of Bourdieu, Foucault and Giddens (p.21).

nuanced presentation of the shift from modern to post-modern cultural forms, values and practices. While Harvey's account of the former is relatively straightforward and non-controversial (at least among those sympathetic to the post-fordism hypothesis), his discussion of cultural change is far less so, and takes him onto some rather delicate conceptual territory in the process.

In short, he grounds his argument in the observation that the dominant forms of cultural expression in Western societies underwent something of a sea-change in the period 1968-1972, as the long hegemony of modernism, with its faith in absolute truths, linear progress and rational planning, began to give way under the weight of the 1960s counter-cultural critique to increased fragmentation, ephemerality and discontinuity (1989:35-38), symbolizing for the author the emergence of the 'post-modern condition' into the mainstream of Western social life. Moreover, as Harvey goes on to argue, this condition has come to dominate a wide range of cultural domains, ranging from art and architecture to social theory and popular culture, and in each case can be characterized not only by its rejection of the linearity, order and 'grand narratives' of the modern era, but also by its de-privileging of notions of temporality and 'depth' in favour of a "fixation with appearances, surfaces, and instant impacts that have no sustaining power over time" (*Ibid.*:58).

For Harvey, this latter development is crucial, as it provides the basis for his subsequent argument that individuals' changing experience of space and time since the early 1970s (as manifested in the 'post-modern condition') *can be directly related* to a set of parallel changes in the global political-economy, involving principally the internationalization of financial markets and the speed-up of capital turnover time, which mark in turn "another

fierce round in the process of annihilation of space through time that has always lain at the center of capitalism's dynamic" (*Ibid.*:293). Although it is important to recognize that Harvey, in making this statement, wishes to emphasize (*contra* such theorists as Lyotard and Baudrillard) the degree of continuity between fordist modernity and flexible post-modernity, this not should be taken as indicative of his support for a simple return to traditional forms of Marxist analysis, along with their unfortunate tendency to privilege time over space. Insisting that there is "much to be learned from aesthetic theory about how different forms of spatialization inhibit or facilitate processes of social change" (*Ibid.*:207), he devotes much of the latter half of the book to precisely this task, deploying the concept of 'time-space compression' as a means of coming to terms with the interrelationship between post-modernity and the broader dynamics of global capital restructuring, underlining in the process the continued relevance of (a spatialized) historical materialism in this post-modern age.

However, even as one acknowledges the persuasiveness of Harvey's argument, it is nonetheless instructive to consider the work's shortcomings as well, of which three are particularly salient in the context of the present discussion. In the first instance, throughout his account Harvey places considerable emphasis upon the logic of capital as a structuring force, both in the transition from modernism to post-modernism, and in representations of space more generally. Without wishing to dispute the premise that the dynamics of capital accumulation have played a vital role in both of these areas, the author is clearly at risk of falling into economic and/or class reductionism when he implies that these processes are a reflection of the logic of capital alone (*Ibid.*:306-307), while failing to give serious consideration for example the degree to which the modernist project was thoroughly gendered

and racialized from its inception (Gregory 1994a).

Moreover, this leads directly into the work's second weakness, namely the insufficient attention it pays to the radical potential implicit within post-modernists' affirmation of the 'Other', and to the lessons that this might hold for a re-invigorated - and more inclusive - critical practice. Again, while the author is certainly justified in pointing out that affirmation without access to more universal sources of power is of little use to marginalized groups, and may actually serve to disempower them by "ghettoizing them .. within the specificity of this or that language game" (1989:117), it is important to remember that this need not *necessarily* be the case, nor must it inevitably follow that their subsumption under a universalized class politics is the only means by which "the fetishisms of .. social grouping" (*Ibid.*), so decried by Harvey, might be overcome. Instead, one would be much better served by recognizing that individuals' identities, like their struggles, are multi-faceted, and that, in recognition of this diversity, unity of purpose "must be gradually built up upon the articulation of differences and individual experiences" (Hadjimichalis and Vaiou, quoted in Massey 1994:243). Perhaps not surprisingly, Harvey is similarly pessimistic in his discussion of the fragmentation of space in the face of a universalizing capitalism, arguing that the stress and insecurity engendered by the latter have prompted individuals increasingly to find solace in the rootedness of place, and in parochial *place-bound* struggles whose effect, ironically enough, is to contribute to the "very fragmentation which a mobile capitalism and flexible accumulation can feed upon" (1989:303). As I argue above, not only does such a position give inadequate credence to the potential for a progressive sense of place, one which is "extra-verted, which includes a consciousness of its links with the wider world, [and] which integrates in a positive way the

global and the local" (Massey 1993:66), but it also effectively marginalizes the very forms of political activism which are often ideally positioned to confront capital where it is most vulnerable, that is to say, *in place* (Merrifield 1993).

RESTRUCTURING THE GLOBAL/LOCAL: FROM ABSTRACT TO DIFFERENTIAL SPACE?

Still, it should be emphasized that to critique Harvey in this way is not to reject the underlying thrust of his argument, that profound change is afoot in the manner in which individuals experience space and time, and that capitalism is deeply implicated in this process. However, by the same token it is also clear that his work suffers from a number of shortcomings and silences, thereby undermining its usefulness as an appropriate model for the conceptualization of the socio-spatial dynamics of state and capital restructuring. How then to proceed? In this section, I will seek to build upon the scholarship of Henri Lefebvre in order to develop an alternative framework, one which acknowledges (in a fashion similar to that of Harvey) the central role played by capital in the progressive 'abstraction' of space in the current era, yet which is sensitive to the salience of other forces as well (*eg.* the state, patriarchy, 'new' social movements), in contributing to the production of abstract space and in engaging in oppositional projects whose objective is precisely to undermine its production or oppose its effects. However, before proceeding to this task it is first necessary to consider Lefebvre's own understanding of spatiality, both in order to outline its essential features and to identify any internal weaknesses or lacunae that might serve to dull its critical edge.

Engaging Lefebvre

As I have already suggested in my discussion of the 'new' Geography above, Lefebvre was

among those writing in the late 1960s and early 1970s who were highly critical of spatial science, not only on account of its generally close association with state and para-state forces, but also because it was predicated upon a questionable understanding of space, one which assumed that it is possible to analyse spatial structures and spatial relationships independently of their social context. Moreover, as Lefebvre (1991) makes clear, this understanding is itself indicative of a wider dislocation in Western thought since the time of Descartes, characterized both by the emergence of social, physical and mental space⁹ as distinct conceptual categories, and by the subordination of the first two to the latter, which in turn has become the "locus of a 'theoretical practice' .. separated out from social practice and .. [set] up as the axis, pivot or central point of Knowledge" (p.6). For Lefebvre, this latter process, which has led to the championing of mental space as a field of (apparently) absolute and extra-ideological knowledge existing *beyond* the domain of lived experience, has been extremely pernicious in its effects, contributing *inter alia* to the progressive de-corporealization of (Western) space in the modern era, as representations (*ie.* of bodies, 'things' and indeed space itself) have come increasingly to dominate and displace that which they represent.

Given this state of affairs, Lefebvre (*Ibid.*) considers it vital that a *unitary* theory of space be developed, one which is not only capable of re-unifying the social, physical and mental fields, but which is grounded as well in the integration of

levels and terms which are isolated by existing spatial practice and by the ideologies underpinning it: the 'micro' or architectural level and the 'macro' level currently treated as the province of urbanists, politicians and planners; the everyday realm and

⁹ According to Lefebvre (*Ibid.*), physical space may be understood as space occupied by 'sensory phenomena' (*ie.* nature, the cosmos); social space is that which has been mediated and/or transformed by social practice; and mental space, the domain of philosophers, mathematicians and scientists, is the product of *abstraction* (pp. 11-2).

the urban realm; inside and outside; work and non-work (festival); the durable and the ephemeral; and so forth. (p.64)

As a means of accomplishing this task, Lefebvre (*Ibid.*) argues that the Marxian notion of the production of things *in space* should be extended in order to take in the production of space itself (pp.36-7), a process characterized by the author as encompassing three interrelated moments, namely spatial practice, representations of space and spaces of representation¹⁰. In the first instance, spatial practice refers to that which 'secretes' a society's space, giving it meaning and (relative) coherence by virtue of a near-infinite number of gestures, actions and flows, ranging from the daily routine of a woman living in a suburban housing project without access to an automobile to the national and international networks over which people, goods and capital circulate from place to place with (seemingly) ever-greater ease and speed.

While Lefebvre notes that such practice generally embodies an element of 'performance' or strategy, typified by the carefully-chosen route that the woman from the previous example is likely to follow as she returns home at night in order to minimize the likelihood of violent assault, he also emphasizes the role of spatial practice in circumscribing and constituting the representations of space and the spaces of representation which together serve to define particular societies' socio-spatial order (see Figure 2). With regard to the former, Lefebvre argues that these might be understood to be the *dominant* spaces in any given society. Shot through with ideology and understanding, they are implicated in the subordination of the established relations between objects and people to

¹⁰ Following the practice of Stewart (1995), I will use 'spaces of representation' to denote what Nicholson-Smith in his translation of *La production de l'espace* refers to as 'representational space'. As Stewart points out, not only is the former term less confusing, but "it is also more suggestive, subtle, and closer to the French" (p.610).

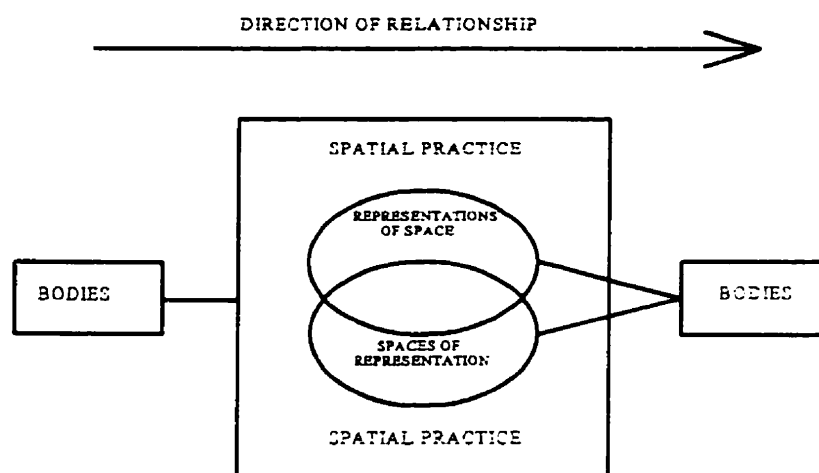


Figure 2 - Conceptualizing the production of social space

an overarching (albeit always provisional) logic and rationality (p.41), as seen for example in the meticulous order and endless replicability of the 'planned unit developments' which grace the urban fringes of all too many North American cities. Spaces of representation by contrast are directly *lived*, unmediated by Logos, overlaying physical space and given shape through the symbols and practices associated with its 'users' or 'inhabitants'. Specifically, these are the spaces of the "clandestine or underground side of social life" (p.33), ranging from the village square to the squatter settlement, whose relationship with representations of space, though not necessarily contradictory at any given moment in time¹¹, invariably contains the potential for conflict, simply by virtue of the alternative 'coding' of space which they provide.

Moreover, to Lefebvre's mind the likelihood of such conflict has increased

¹¹ Modern-day China and the ancient Greek city-state are among the examples offered by Lefebvre of societies in which representations of space and spaces of representation exist in a state of harmony.

dramatically in the modern era, as the exigencies of power and profit have conspired to produce a representation of space in which transparency (to facilitate surveillance) and homogeneity (to facilitate exchange) are paramount, while only

the narrowest leeway [is left to spaces of representation], which are limited to works, images and memories whose content, whether sensory, sensual or sexual, is so far displaced that it barely achieves symbolic force. (p.50)

However, as Lefebvre is quick to point out, despite the fearsome array of forces mobilized in support of this project (including the coercive power of the modern nation-state), domination of space in its entirety remains elusive, undermined by differences which "endure or arise on the margins of the homogenized realm, either in the form of resistances or in the form of externalities (lateral, heterotopical, heterological)" (p.373). In this way, struggles over the 'coding' of space acquire a political significance for Lefebvre that is seldom seen amongst Marxist writers, and he devotes considerable energy to the task of delineating the range of strategic and tactical interventions undertaken by individuals (at the level of spatial practice) in order to secure or subvert the dominance of a particular representation (this is an issue to which I will return in the following sections) (Allen and Pryke 1994).

Furthermore, Lefebvre's account can also be distinguished from that of many of his contemporaries¹² by the importance he attaches to "the human body [as a means of] understanding ... the connections between power and space" (Stewart 1995:609). Thus, as Figure 2 suggests, not only does he consider the body to be capable of *producing* space in its own right, through its various actions, gestures and movements (*ie.* through spatial practice),

¹² Remember, *The Production of Space* was originally published in 1974, an era in which structural Marxism continued to dominate French intellectual circles.

but he also stresses the degree to which bodies are themselves subject to the determinants of that space (Lefebvre 1991:195), something which has led increasingly in the modern era to their domination and fragmentation at the hands of a range of "overpowering forces, including a variety of brutal techniques and an extreme emphasis on visualization" (*Ibid.*:166). Still, even as Lefebvre acknowledges that all bodies have suffered under the aegis of abstract (dominated) space, he is careful to note that its effects have been particularly marked with respect to the *female* body, whose 'pulverization' has been brought about through the combined efforts of patriarchy and capital, and reflect the latter's attempt to transform women's bodies into a commodity, into exchange value, into a series of "images of advertising (where the legs stand for stockings, the breasts for bras, the face for make-up, etc.)" (*Ibid.*:310).

Without wishing to delve too deeply into questions surrounding the fragmentation of the body at the moment (as this will be discussed in greater detail below), this issue is nonetheless useful in pointing to the true nature of Lefebvre's aims in *The Production of Space*. Quite simply, he does not consider the development of a 'unified' (or indeed any) theory of space to be a worthy end in itself; rather, it should only be the first step in a much larger, *revolutionary* project, whose ultimate goal is to reverse the pernicious effects engendered by the domination of bodies and spaces, by making the "reappropriation¹³ of the body, in association with the reappropriation of space, into a non-negotiable part of its agenda" (*Ibid.*:166-7). While not seeking to pass judgement on the relative merits or demerits

¹³ For Lefebvre, appropriated space enjoys a dialectical relationship with dominated space. While the latter denotes a space "transformed - and mediated - by technology, by practice" (1991:164), the former refers to a "natural space modified in order to serve the needs and possibilities of a group" (*Ibid.*:165).

of this larger project, there can be little doubt that the conceptual framework itself offers a useful basis upon which to undertake critical analyses of space-relevant struggle, provided of course that one remains sensitive to its weaknesses, which are at least in part attributable to the particular manner in which the author presents his argument.

This is perhaps most evident in Lefebvre's discussion of the relationship between modes of production and the production of space. Thus, even though Gregory (1994a) is largely justified in arguing that Lefebvre, unlike scholars such as Harvey, appears to be quite sensitive to the dangers of collapsing social space directly into a particular mode of production, one is nonetheless left with the sense that Lefebvre sometimes forgets himself, and attempts to establish a direct causal link between the two, running the risk of falling into economic reductionism in the process (See, for example, Lefebvre 1978:283-90). While one can only surmise that Lefebvre does this as a means of integrating his work more readily into a broader Marxist praxis, by the same token it should be noted that this is only an occasional lapse; as Gregory (1994) states, for the most part he "eschews [this type of] causal analysis altogether" (p.398). Indeed, one might even go so far as to argue that Lefebvre's apparent inconsistencies are largely a function of his writing style, and his seemingly singular ability to frustrate his readers "with digressions and gratuitous swipes at other scholars, and with mysterious phrasings, inconsistent usages, and disorganized development of content" (Molotoch 1993:893).

Along somewhat different lines, despite the obvious analytical power of Lefebvre's conceptual 'triad', one must be careful in following the author into an overly literal application of its premises in the context of one's own work. Quite simply, while Lefebvre places

considerable stress upon the extent to which spatial practice, representations of space and spaces of representation form discrete categories, he devotes rather less attention to the degree to which they overlap in practice. In this way, as Allen and Pryke (1994) point out, not only does he strip "formal representations of space (conceived space) of the 'everyday' spatial practices [*sic*] which produce and secure a dominant coding of space" (p.454), but, by establishing a direct, categorical link between spatial practice and perception, he "distorts our view of such practices [*sic*] as unmediated by concepts or at one remove from lived experience" (*Ibid.*). Of course, given these problems one cannot but agree with Allen and Pryke as they argue in favour of a 'nominal' or 'descriptive' interpretation of Lefebvre's conceptual moments, rather than one which attempts to position them within a definitive logical system (*Ibid.*).

The production of abstract space

Still, even as one acknowledges the attractiveness of such an interpretation, the question of *how* Lefebvre's approach might be usefully deployed at a somewhat more complex-concrete level of analysis remains largely unaddressed, a significant gap which I will seek to fill in the discussion that follows. As a preliminary step, however, it is necessary to return once more to Lefebvre's conceptual framework, and in particular to its role within the author's broader critique of Western society. In short, as I have already suggested in the previous section, to Lefebvre's mind the relationship between the three moments in the production of space, far from being rigid or unchanging, is in fact characterized by a significant degree of contingency, which is itself operative at a wide range of spatio-temporal scales, from the micro to the macro. While recognizing that the ambitious nature of Lefebvre's project leads him to

consider both extremes during the course of his analysis, particularly relevant in the present context is his (unambiguously macro-scale) history of Western social space, a wide-ranging account in which he seeks to document a series of fundamental changes that have taken place at the level of representations of spaces and spaces of representation over the past three millennia.

Quite simply, Lefebvre grounds his argument in the observation that whereas the city-states of classical Greece tended to embody an *absolute* space, in which the conceived (representations of space) and the lived (spaces of representation) moments were experienced as one, under the rule of the Roman empire this unity was effectively shattered, as Logos (in the guise of Law and private property) was brought to bear upon space in its entirety, separating out and privileging the conceived moment as it did so. In turn, this set into motion a process of abstraction whose significance would not become fully apparent until the Enlightenment era, when a particular mode of visualization (built around notions of Cartesian rationality and Euclidean geometry), in combination with the nascent logic of capital accumulation and state power, would be implicated in the creation of spaces increasingly given over to exchange and surveillance, at the same time as lived (everyday) experience was pushed ever more effectively towards the margins of the social realm. However, despite this early proliferation of abstract space in metropolitan Europe, it is only in the present century, following a "leap forward in the productive forces (in technology, in knowledge, in the domination of nature)" (Lefebvre 1991:102-3), that its reach has become truly planetary in scope, leading Lefebvre to muse upon the possibility of a not so distant future in which the commodity occupies *all* space, and where use value is everywhere subordinated to the

hegemony of exchange value (*Ibid.*:219-20).

However, even as one acknowledges that Lefebvre is, by his own account, being deliberately provocative by speculating in this way, this should not detract from the significance of his larger argument, that social space is increasingly coming under the sway of abstraction, and that capital and the modern nation-state, by virtue of their totalizing logic and global strategies, are deeply implicated in this process. Needless to say, this is a potent observation, providing one not only with a basis upon which to link power and (social) space, but also with a frame of reference whose applicability extends well beyond the bounds of Lefebvre's own argument. In the following paragraphs I will explore these claims in greater detail by relating them to what Lefebvre considers to be the two central means by which abstract space is produced and sustained in the modern era, namely 'commodification' and 'bureaucratization'¹⁴.

With the proliferation of capitalist production and exchange relations over wider and wider swathes of the planet's surface, Lefebvre argues that these have brought in their train a particular process of commodification, whereby the logic of the commodity has been extended to space itself, homogenizing *and fragmenting* it in the process. How is this possible? In short, as Lefebvre (*Ibid.*) makes clear, although capitalism has always placed a great deal of importance upon interchangeability, which is not surprising considering the fact that goods must be readily comparable (*ie.* it must be possible to reduce differences between them to monetary or other quantifiable terms) in order to be exchanged, over the course of

¹⁴ Although the latter term belongs to Gregory (1994) rather than Lefebvre, I use it because I believe it conveys, in a usefully abbreviated fashion, Lefebvre's sense of the state's role in the abstraction of space.

the twentieth century there has been something of a shift in focus, from an emphasis upon the interchangeability of goods *in space*, to the interchangeability of space itself. On the one hand, this is seen in the development of world-wide grids of property relations and property markets, given concrete form by the trans-nationalization of architectural style and building technology, which have served to underpin the emergence of real estate and construction as a globalized and dynamic (if highly unstable) economic sector (pp.335-6). On the other, this is also seen in the constitution and articulation of vast exchange networks, over which commodities flow in ever greater volumes and at ever higher speed, and which have contributed in turn to the development of an (apparently) homogenous global space where relative location (*ie.* place) has lost much of its importance and where "centrality now aspires to be *total* [author's emphasis]" (p.332).

However, as Lefebvre is quick to point out, despite the seeming inexorability of this process of homogenization, it is countered at every turn by the fact that

[e]ach location, each link in a chain of commodities, is occupied by a *thing* whose particular traits become more marked once they become fixed, and the longer they remain fixed, at that site; .. [t]he space of the commodity may thus be defined as a homogeneity made up of specificities [author's emphasis] (p.341).

As one might imagine, this is an important observation, serving not only to highlight the fact that commodities' existence (as indeed their production and consumption) is invariably localized in particular places, but also to underscore the salience of the larger paradox inherent within capitalist space, that it is "*homogenous yet at the same time broken up into fragments* [author's emphasis]" (p.342). Needless to say, this is a contradiction which is likely only to grow sharper in the future, as more and more disparate places are incorporated into global networks and circuits of exchange, and as places are increasingly forced to rely upon

their 'distinctiveness' (however sanitized or contrived this may be) as the principal means by which they are able to attract inward investment and migration.

Still, it should be stressed that a number of powerful social forces are arrayed against the development of a truly autonomous capitalist space, not least of which is the nation-state itself, much of whose strength derives precisely from its ability to intervene amongst the various capitalist interests rooted in its territory. Although Lefebvre's *problématique* of the state in *The Production of Space* is generally not as well-developed as one might have wished, he is sensitive to the importance of the relationship between capital and the state, and devotes considerable attention to it within his larger account of spatial bureaucratization in the modern era. Not surprisingly, the relationship is portrayed as a rather contradictory one, encompassing both a 'collision' and a 'collusion' of interests, as the state shows itself willing to act against the interests of individual capitals at the very moment that it attempts to secure the general conditions necessary for accumulation to continue.

Indeed, in this latter regard it is instructive to consider Lefebvre's discussion of time, and in particular his claim that, because lived time (*eg.* that which manifests itself in the turning of the seasons or the ageing of the body) is characterized by a logic which is not reducible to that of either capital or the state, *together* these latter actors have sought to erase it from the social space of modernity altogether, and replace it with an emasculated version, "recorded solely on measuring-instruments, on clocks, that are as isolated and functionally specialized as this time itself" (p.95). Although it is not difficult to imagine ways in which

capital might stand to benefit from this process¹⁵, of greater pertinence to the present discussion are the benefits derived by the state, not least of which being the opportunity (according to Lefebvre) for it to de-emphasize the importance of time as anything other than a means of measurement (and thereby obscuring the significance of history, with its injustices, animosities and revolutionary potential), while simultaneously emphasizing that of space, particularly in terms of its role as the embodiment of the state's (timeless) sovereignty over a particular territory.

Indeed, to Lefebvre's mind one simply cannot over-stress the centrality of space as an organizing principle of the modern state; accumulation strategies and hegemonic projects (to use Jessop's terms) necessarily embody a spatial dimension, and this in turn leads

the state and its bureaucratic and political apparatuses [to] intervene continually in space, and make use of space in its instrumental aspect in order to intervene at all levels and through every agency of the economic realm. (p.378)

As one might imagine, this is an important point, underscoring the fact that Lefebvre does not simply take the coherence and legitimacy of the state system for granted, but rather considers them to be derived directly from the state's strategic interventions *in* and *through* space. Moreover, during the course of his account Lefebvre (1978) identifies two dialectically related processes which he deems to be of particular relevance in this regard, categorizing them (once again) as homogenization and fragmentation, and arguing that together they have contributed to the creation of abstract national spaces in which visualization, order and the 'phallus' are preminent, and where "the body no longer has a presence; it is merely

¹⁵ Haug (1986), for example, argues that the erasure of lived time has benefited capital by drawing attention away from the fact that individuals are inserted into an economic system controlled "not by life's real needs, but solely by the achievement of surpluses and profits" (p.89).

represented [author's emphasis]" (p.292)¹⁶.

Bound up with notions of sovereignty and nationhood, homogenization is perhaps the most straightforward of the two processes to grasp. In short, it involves the state's unification/domination of social space through the imposition of a particular representation upon it, one which seeks to erase or marginalize difference while at the same time promoting a sense of universal coherence and transparency. As Lefebvre puts it,

political space .. does not have the chaotic appearance of that produced by 'private' interests. Rather, it seeks to be homogenous, the *same* everywhere, imposing, by means of an overarching and ubiquitous rationality, the state's presence, power and gaze upon the most remote corners of its territory (which cease to be 'remote' in the process) [author's emphasis]. (*Ibid.*:270)¹⁷

Paradoxically, however, in order for this homogenous space to be actualized (let alone sustained), it is vital that the state be able to subject its territory to continuous surveillance, necessitating the inscription upon it of what Lefebvre (1991:281) calls a 'framework of power', whereby space is effectively partitioned and parcellized (fragmented) as a means of controlling it. How is this achieved?

In the first instance, it entails the installation of a series of (horizontal) 'operational' or 'classificatory' grids, which allow the various administrative systems (*eg.* judiciary, finance, health/social service) associated with the state to regulate and control individuals, and indeed social life more generally, by dispersing, segregating, separating or localizing them *in space* (*Ibid.*:321). Thus, to cite but one example, psychiatric care in Ontario is organized according

¹⁶ "le corps n'a plus de présence: il est seulement *représenté*"

¹⁷ "espace étatique .. n'a pas le caractère chaotique de l'espace produit par les intérêts <<privés>>. Il se veut homogène, le *même* partout, selon une rationalité de l'identique et du répétitif qui permet d'introduire dans les coins les plus reculés (qui cessent d'être des <<coins>>) la présence étatique, contrôle et surveillance."

to an entire range of spatial grids, from the delineation of hospital catchment areas to the ensemble of spatial routines and controls imposed upon patients within the confines of a treatment facility or hospital ward (Dear and Wolch 1987). Moreover, in Lefebvre's (1991) view this process of horizontal fragmentation is accompanied by an analogous *vertical* one, whereby "centralized power sets itself above other power and eliminates it" (p.282), either through the creation of spatial hierarchies, ranking - and localizing - places in the process, or through recourse to 'monumentality' and 'phallic erectility', which are meant to reinforce the (patriarchal) power of the state as well as its capacity to subject its citizens to a continuous and all-penetrating gaze (pp.286-7). Needless to say, this latter point is an important one, serving not only to highlight Lefebvre's sensitivity to the gendered nature of space, but also his more general argument that the state and capital together are implicated in the establishment of a particular 'logic of visualization', whose starkest effect has been the objectification of women and the subjection of their bodies to a process of intense commodification (Gregory 1994). However, what is perhaps even more significant in this regard is the fact that Lefebvre does not content himself merely with charting the effects of abstraction upon bodies and places (as one might argue Foucault does in his analysis of the 'micro-physics' of power), but seeks instead to use this knowledge as a means of gaining a fuller understanding of processes of *resistance* in the modern era (Stewart 1995). It is precisely this issue which I will seek to address in the chapter's final section.

Resistance: strategies, bodies and place

As I have repeatedly suggested during the course of the preceding discussion, for Lefebvre (1991) the spatial practice of the nation-state almost always embodies a strategic or tactical

dimension: unification and localization, dispersion and subdivision are but a few of the myriad interventions possible as the state attempts to secure its own internal coherence in the face of restive local authorities; as it struggles to maintain balanced economic growth amidst capitalism's inherent contradictions; and as it strives to suppress or marginalize challenges to its own hegemony by social forces operating within civil society. Moreover, within each of these contexts space is becoming an increasingly important stake, as the transnationalization of capital, the (re-)assertion of regional identities and the proliferation of new communication technologies are all contributing, in one way or another, to the subversion of the particular representation of space with which the nation-state has for so long been associated, namely that of a bounded, homogenous territory occupied by a "unified and hence homogenous society" (*Ibid.*:281).

However, while these challenges have, if anything, prompted the state system to become ever more forceful in its interventions in defence of abstract space, Lefebvre is nonetheless adamant in arguing that contained within the latter is a set of contradictions - between exchange value and use value, between homogeneity and fragmentation, between quantity and quality - whose resolution lies ultimately in the genesis of a new kind of *differential* space. As one might imagine, the latter is an important category for Lefebvre (*Ibid.*), denoting a space which will not only serve to

restore unity to what abstract space breaks up - to the functions, elements and moments of social practice .. [but will also] put an end to those localizations which shatter the integrity of the individual body, the social body, the corpus of human needs, and the corpus of knowledge. (p.52)

Needless to say, this is an ambitious project, perhaps even a utopian one, and Lefebvre (*Ibid.*) has no illusions regarding its imminent conclusion, describing it merely as a "dawn now

beginning to break on the far horizon" (p.422). However, whatever its present or future status, far more significant in the present context is the degree to which Lefebvre grounds this struggle, as Stewart (1995) puts it, in "individual bodies themselves, through the appropriation of space and the exercise of the ability to invent new forms of space - for example a space of enjoyment" (p.615). This is a crucial observation, for not only does it reinforce Lefebvre's (1991) sense of the strong connections between the re-appropriation of the body and the re-appropriation of space, but it also serves to underscore his view that no action is too inconsequential, as

[a]ny proposal along these lines, even the most seemingly insignificant, shakes existing space to its foundations, along with its strategies and aims - namely the imposition of homogeneity and transparency everywhere within the purview of power and its established order. (p.383)

Of course, in making this statement Lefebvre departs quite markedly from what one might call a 'traditional' Left perspective, which tends to treat with suspicion movements and struggles not readily reducible to questions of class, and which continues to manifest itself in the writings of David Harvey among others. Lefebvre, by contrast, adopts a far more *inclusive* view of progressive political activism, arguing that the women's and student movements, as well as place-based struggle (eg. for greater local autonomy or against economic restructuring) all have the potential to subvert the totalizing power of the (patriarchal) state and capital, either through their assertion of non- or counter-hegemonic interpretations of space (as seen, for example, in women 'taking back the night'), or through the establishment of "links and networks [*ie.* outside of existing state structures], by directly connecting up very diverse places, and by ending their isolation - though without destroying the peculiarities and differences to which that very isolation had given rise" (p.378). Indeed, in this latter respect

one might argue that Lefebvre's position is quite close to that of Massey, particularly in terms of her defence of the notion of a 'progressive sense of place', and that together they hold up the possibility of a place-based resistance which is forward-looking rather than reactionary, inclusive rather than exclusive. While it is certainly true that such resistance need not *necessarily* be 'progressive', the prospect is nonetheless intriguing, and it is one moreover which I will explore in further detail in the case study that follows in Part II of this work.

CONCLUSION

Having reviewed in this chapter geographers' changing understanding of space in the post-World War Two era, from the rather sterile and de-politicized conceptualizations associated with spatial science to the considerably more dynamic, if less tidy, approaches that have emerged from radical Geography (in its various guises) in more recent years, I have gone on to argue in favour of a conceptual framework developed by Henri Lefebvre in *The Production of Space*. In it, he builds upon the notion of a 'socio-spatial dialectic' both to emphasize the role of the human body in directly *producing* space (through its gestures, movements and so on), and more broadly to draw attention to the importance of space as a strategic resource in its own right, and one moreover whose salience is likely only to increase amidst the profound restructuring(s) of the current epoch. As I will seek to demonstrate in the balance of this work, not only do these attributes render Lefebvre's approach useful in framing the process of long-term care reform in Ontario, but they also provide a solid basis (albeit in conjunction with more recent state theoretical work) for making sense of the socio-spatial dynamics of capitalist state formation and restructuring more generally.

CHAPTER 3

TOWARDS A METHODOLOGY: MAKING THE CONNECTIONS

§

INTRODUCTION

During the course of the previous two chapters, a series of conceptual categories and relationships was introduced and evaluated, providing the basis for the elaboration of a particular orientation towards the capitalist state, as well as the social space in which the latter is embedded. However, as necessary as this discussion has been in order to lay the theoretical groundwork for the analysis that follows, by the same token it is clear that additional work is needed if one is to ensure that its conceptual underpinnings are rendered sufficiently coherent and unified. To this end, the first half of this chapter will be devoted to the task of developing an appropriate frame of reference for the conceptualization of the state's spatio-temporal restructuring in an era dominated by the crisis of fordism and the unravelling of the foundations of the Keynesian welfare state consensus. Following this discussion, attention will then shift to problems of research methodology, and in particular to the set of challenges associated with the implementation of the specific aims and objectives of this study.

FROM CONCEPTUAL INTEGRATION . . .

While acknowledging the extent to which writers such as Graham (1991; 1992) and Amin (1994) are justified in their criticism of the questionable assumptions and over-generalizations of the early post-fordism and flexible specialization literature, it is nonetheless clear that the bases of a distinctly fordist accumulation regime entered into a state of crisis in the early to mid-1970s, providing a potent stimulus in turn for the on-going restructuring of political-

economic arrangements throughout much of the capitalist West. Needless to say, the state system itself has not remained aloof from these developments, with the trans-nationalization of capital and the resurgence of regionalist sentiment (*inter alia*) undermining its ability either to manage the domestic economy effectively or to secure a protected space for social welfare within the bounds of its territory (Magnusson and Walker 1988). Without wishing to suggest that there has been a single, unitary response on the part of state forces to these various challenges, I will nonetheless seek to demonstrate in the pages that follow that the latter have typically resorted to a dual strategy, involving the production of an increasingly fragmented and fractured state space, circumscribed all the while by the heightened surveillance and repression of marginalized populations.

Accumulation and regulation during the long boom: Towards a fordist space?

From the outset, it should be (re-)emphasized that the use of regulationist concepts in the study of political-economic change brings in its train certain dangers, of which one of the most pernicious is the erasure of complexity and contingency through the careless prioritization of conceptual categories and relationships over the social reality which they are purported to represent. In the words of Alain Lipietz (1987),

when labels make us forget concrete analysis, .. we are heading for disaster. Matters become even worse when basic characteristics are deduced from those categorizations, when we are so blinkered that we see only those aspects of the concrete reality of a country that correspond to the appropriate category. (p.28)

Thus, if one is to make use of regulation theory in the analysis of actually existing social formations, not only is it critical that one pay sufficient attention to local specificities, but one must also give an adequate account of the strategic interventions and strategic capacities of

relevant actors. Of course, as Jessop (1995) maintains, doing so successfully is likely to require the articulation of regulationist concepts with ones drawn from other levels of abstraction or other axes of analysis, either as a pre-condition for the incorporation of a sufficiently wide range of causal mechanisms into one's work, or as a means of coming to terms with (for example) the "overdetermination of the (integral) economic functions of the .. state by patriarchy and racial relations" (p. 1617).

In order to illustrate the potential that this type of integrated approach offers, it is useful to consider the case of the Canadian political economy in the post-war era. Quite simply, if one were to attempt to explain the evolution of the latter from a conventional regulationist perspective, one would likely argue that the shift towards fordist accumulation in Canada and, along with it, the development of an elaborate system of social welfare should be understood primarily in the context of a broad-based class compromise whose principal objective was the subsumption of the vast bulk of wage-earners under the state-sponsored hegemony of one or more fractions of the capitalist class (De Vroey 1984; Jenson 1991). However, as has been made abundantly clear during the course of the preceding discussion, in advancing such an account not only does one risk giving insufficient credence to the salience of social relations other than those of class in structuring the fordist 'consensus', but one is also likely to fall into any number of erroneous conclusions through the unmediated application of (abstract) regulationist concepts at what is in effect a relatively concrete level of analysis.

How then to proceed? In the first instance, one's assessment of the relevance of class to the development of post-war regulatory and social welfare institutions in Canada will most

certainly be found wanting if one fails to consider the key role played by patriarchal gender relations (as embodied by the family wage or the male-headed nuclear household), both in securing the bases of fordist accumulation for capital, and in legitimating a social welfare paradigm built around a particular set of assumptions regarding the appropriate place of women in the family and in society more generally (Williams 1994; Bakshi *et al.* 1995). Furthermore, as Jane Jenson (1989; 1990) cogently argues, any attempt to make use of regulation theory within a specifically Canadian context must also take adequate stock of the country's shifting political landscape, which has itself been deeply marked by the legacy of sharp regional disparities and the weakness of Canada's labour movement. Not surprisingly, this in turn leads Jenson towards an account of the rise of Canadian fordism in which she attaches relatively little weight to the role of organized labour in stabilizing accumulation through the negotiation of a 'class compromise', while emphasizing instead the power of federalism to act as an alternative basis for the regulation of Canada's economy and society in the post-1945 era. In other words, the Canadian welfare state, rather than being principally the product of class-centred politics and struggle, is instead the child of "Depression-era and wartime bureaucracies which saw the solution to the problems of the Canadian economy residing in a stronger federal government with the will to intervene in the economy in a countercyclical fashion" (Jenson 1989:81). Needless to say, this is a potent argument, with far-reaching implications in a number of areas, not least of which being the process of interest mobilization in support of Canada's post-war accumulation strategy. As Jenson rightly points out, this mobilization depended crucially upon a discourse of *nation-building*, one which stressed the "commonality of all residents of a large and dispersed country. It was founded,

as it had been traditionally, on emphasizing the differences between Canada and the United States and the role of the state in organizing the nation" (*Ibid.*).

Whether or not Jenson is fully justified in attributing so little clout to the Canadian labour movement, her work does provide a convincing account of the evolution of Canada's post-war political economy, one moreover that is also useful in highlighting the particular manner in which space itself is bound up in the process of developing and sustaining a given hegemonic project. How is this so? As the previous chapter's engagement with the work of Henri Lefebvre suggests, both the coherence and the legitimacy of the modern nation-state are to a considerable degree dependent upon the latter's ability to produce authoritative representations of space. While this ability manifests itself in any number of ways, from the imposing verticality or contrived timelessness of official monuments to the functional networks and spatial hierarchies through which state power actually flows, all may be said to enjoy a modicum of unity by virtue of their subordination to an overarching logic of representation. Thus, with reference to the Canadian case in particular, one might well argue that the mode of regulation which came to be associated with the 'long boom' of the 1950s and 1960s rested upon one such representation, under whose aegis Canada was constructed as a "single space having one labour market, universal standards for social programmes, and a central government with responsibility for assuring the well-being of the whole" (Jenson 1991:62).

The spatialities of state restructuring

Of course, even as one acknowledges the authoritative status of this representation of space in the decades immediately following the end of the second world war, its hegemonic position

should not be taken to preclude the co-existence of other representations, whether these emanate from elsewhere in the state system or from the wider terrain of civil society. For example, the nationalist sentiment fuelling Quebec's 'Quiet Revolution' in the 1960s provided the basis for one such alternative, with an ascendant professional class centrally implicated in the struggle to extend social welfare services in the province and, more generally, to carve out an embryonic *national* space from the confines of existing provincial boundaries (*Ibid.*). However, to the extent that the instruments and ideology of federalism were successful in stabilizing accumulation in general throughout this period, the task of countering centrifugal social forces, including those associated with Quebecois separatism, was also facilitated.

Still, one need hardly recount the entire subsequent history of strained relations between the federal and provincial levels of government for it to become painfully obvious that this time of relative stability was to be short-lived. As Jenson (1990) among others makes clear, by the mid- to late 1970s unwelcome developments in the world economy had intensified latent contradictions within Canada's own post-war accumulation strategy, while at the same time calling into question the legitimacy of the hegemonic project that underpinned it. Quite simply, the declining profitability of the country's leading economic sectors during this period contributed significantly to the erosion of the federal-provincial partnership that lay at the heart of the latter project, with provincial governments becoming increasingly implicated in a discourse of regionalism and 'province-building' (Smiley 1987) as they sought not only to contest the particular manner in which their federal counterpart was attempting to manage the economy, but also to legitimate the extension of their own powers relative to those of the centre. In essence a disavowal of actually-existing federalism, this

process was characterized by a shift in the country's dominant mode of representation, away from one rooted in the notion of a singular national identity (and space), and towards one which embraced a *multiplicity* of identities (and spaces), fractured along lines of region and language (Jenson 1991).

In this way, the global crisis of fordism, which is generally understood to have had broadly analogous implications for all of the major industrialized economies of Europe and North America (see for example Harvey 1989 or Dunford 1990), can by the same token be linked to a highly individuated crisis within the Canadian polity itself, as state actors at both the federal and provincial levels were forced to grapple with the effects of continuing economic instability in combination with a seemingly endless struggle to define the terms of hegemony in Canada at the dawning of the post-fordist era. Within the context of the Canadian federal state system in particular, attempts to manage the crisis took two principal forms during the 1980s. In the first phase, from roughly 1980 until the Liberals' electoral defeat at the hands of Brian Mulroney's Progressive Conservatives in 1984, an effort was made to re-assert the primacy of federalism, with the government of the day undertaking a number of initiatives in pursuit of this goal, including most notably the National Energy Program, the Charter of Rights and Freedoms, as well as a series of measures designed to offset the effects of uneven development in the country's peripheral regions.

In the end however, this attempt proved largely to be a failure, foundering under the combined weight of sustained provincial opposition, hostility on the part of American business interests and, not least of all, Canada's worst recession since that of the 1930s (Jenson 1989). With the Liberals forced by these developments to all but abandon the substance of their

nation-building agenda, the Progressive Conservatives lost no time in piecing together an alternative vision of the country's future, one which encompassed, in the words of Jenson (*Ibid.*), support for the "idea of 'the community of communities', for greater decentralization of federalism, and for continentalism" (p.88). Needless to say, once this programme had received a validation of sorts by the voting public in the 1984 general election, the stage was set for a fundamental shift in government policy, with free trade, neo-liberalism and an ever-more decentralized federal structure becoming the central tenets of subsequent governments' strategic response to the unravelling of fordist (and federalist) certainties (*Ibid.*).

Of course, even as one acknowledges the significance of this change in orientation on the part of the federal government, it is clear that, by the late 1970s or early 1980s, the provinces had acquired the power necessary to shape representation in the country, a power which they used in support of their own attempts to chart a successful course through the crisis of fordism, regardless of whether the latter complemented or undermined the work of federal state actors in this same area (Jenson 1991). Thus, for English-speaking Canada in general, and for peripheral, resource-extracting regions in particular, not only has the period since the early 1980s been increasingly dominated by discourses associated with globalization and continental economic integration, but it has also brought in its train a growing willingness to make use of neo-liberal 'solutions' to the problem of stalled growth, with provinces such as British Columbia and Alberta having the dubious distinction of being leaders in the implementation of "Thatcher-style policies of austerity, authoritarian labour legislation, and privatization" (Carroll 1990:408).

As for the situation in Ontario itself, while one might argue that its diversified

economy has afforded it some protection from the volatility seen elsewhere in the country, there can be little doubt that the combined effects of constitutional and economic crisis over the past twenty years have forced opinion leaders and state managers in the province to devote considerable energy towards a re-consideration of Ontario's relationship with its federation partners, and of the 'proper' role of the provincial state *vis à vis* the economy and society more generally. Moreover, one might characterize these efforts on the part of state managers and others as encompassing a gradual de-legitimation of the idea of a strong, interventionist welfare state in the province, accompanied all the while by the promotion of Ontario as a society that is at once globally-oriented, heterogenous and, above all, a good place in which to do business (Dehli 1993).

Of course, given the nature of this representation, along with the high levels of foreign capital penetration that the province has traditionally enjoyed, it is hardly surprising that successive governments, up until and including that of the nominally social democratic NDP, have done little that might serve to jeopardize Ontario's much-vaunted reputation for stability, even at the cost of adopting a considerably more cautious approach in matters of welfare reform than either of the two western-most provinces cited above. Still, despite it being reasonable to argue that the retreat from a strong welfare state in Ontario had progressed more slowly and with less (obvious) social dislocation than has been the case in many other jurisdictions, it has been a retreat nonetheless, and one moreover that has been far from indifferent to questions of spatiality. How is this so? Quite simply, state restructuring in Ontario, in common with other measures taken in response to the crisis of Canadian fordism and its associated mode of regulation, is closely linked to a coterminous (and on-going)

re-configuration of the province's dominant representation of space, with welfare reform initiatives centrally implicated in this process.

TO PROJECT METHODOLOGY

Admittedly, this is an ambitious claim, and it would be beyond the scope of this project to attempt to demonstrate its veracity in fully conclusive terms, leading me to address instead a rather more limited set of goals in the present work. Specifically, by exploring the dynamics of change within Ontario's long-term care system, along with the implications that these changes hold for a particular community located in the eastern periphery of the province, I will seek to make sense of, firstly, the extent to which the politics of space/place are relevant to an understanding of the restructuring process, and secondly the range of strategic and tactical responses which the reform process has engendered 'on the ground' in Almonte and its environs. Of course, it need hardly be emphasized that undertaking this project raises a number of pressing questions, not least of which being how one might best hope to deploy one's research tools so as to capture the full array of social processes at work in generating particular outcomes, while at the same time avoiding superficiality or triteness in one's analysis. Indeed, it is precisely in an effort to come to terms with challenges such as these that I now turn to issues of methodology proper, and in so doing lay the necessary groundwork for the case study that follows in Part II of this work.

Exploring restructuring in place: challenges and possibilities

Despite the publication of a flurry of articles in the past several years which purport to examine the effects of state restructuring upon local welfare regimes (as seen, for example,

in the 'special issues' devoted to the subject in *Economy and Society* and *Environment and Planning A*), it should be noted that much of this interest on the part of social scientists is of a quite recent vintage. Earlier work in the area of welfare state studies has tended to take geography for granted, while focusing attention instead upon such issues as the impact of welfare reform on specific user populations (eg. the unemployed or developmentally disabled), or its implications for the legitimacy of the state apparatus more generally (Atkinson 1995; Painter and Goodwin 1995). This is unfortunate, not only because it has led to analyses which pay insufficient attention to the spatially uneven effects of many policy initiatives, but also because it has served to promote a view of welfare state restructuring in which the national scale is privileged to the detriment of both the global and (especially) the local. While not wishing to suggest that state-level processes are somehow *not* important in this regard, by the same token it is clear that the relative lack of analytical (as opposed to purely rhetorical) attention paid to sub- and supra-national processes in these accounts is a significant omission, and is indicative of a longstanding belief within mainstream social scientific circles that space and place are essentially unproblematic, and hence can be safely ignored (Taylor 1996).

Of course, as was made amply clear during the course of the discussion in Chapter Two, a number of developments both within and beyond the bounds of the academy have conspired to alter this situation markedly, forcing scholars to re-evaluate the spatial assumptions embedded in their work. Geographers, not surprisingly, have been at the forefront of this process, and have contributed significantly to a growing body of research on the restructuring of the welfare state in which the spatiality of the latter is given active

consideration, whether from the perspective of global forces and flows overdetermining national reform agendas, or from that of local specificities and the implications these hold for the successful implementation of particular state initiatives. In positioning my own research endeavours within this larger literature, not only am I signalling my intent to argue that the impetus behind recent attempts to restructure Ontario's long-term care system lies, to a significant degree, in supra-national processes and trends, but also that these attempts have themselves contributed to the development of place-based alliances and place-based resistances that have proved to be remarkably successful in altering the thrust (if not the substance) of the reforms *at the local level*.

Thus, even as I acknowledge the existence of certain dangers in emphasizing the significance of place in this way, including most notably the risk of lapsing into an untenable spatial fetishism, by the same token it is clear that work undertaken at this scale enjoys a sharpness of resolution which would be very difficult to replicate at other levels of analysis. In light of this state of affairs, the challenge becomes one of developing a sufficiently sophisticated conceptualization of place, sensitive not only to the degree of interpenetration between the social construction of the latter and identity politics more generally (Thomas and Stirling 1990), but also to the variable effects of scale upon the generation of local outcomes. Not surprisingly, Massey's (1991) notion of localities as "*constructions* out of the intersections and interactions of concrete social relations and social processes in a situation of copresence [author's emphasis]" (p.277) is particularly relevant in this regard, and provides the basis for my own efforts to situate Almonte within the context of this study. Needless to say, one of the chief advantages of adopting such a position lies in the fact that place thereby

ceases to be an analytical black box which is simply buffeted about by external social forces, while focusing attention instead upon the role of social processes, social relations and social struggles in actively constituting, and continuously re-constituting, particular locales. As will become increasingly clear as I embark upon the case study below, representing Almonte in this way offers a framework not only for making sense of the complex web of actors and relationships which collectively comprise the local system of long-term care, but also one for coming to terms with those instances of *resistance* to state-imposed reform which draw upon the strategic capacities of place as bases for action and struggle.

Towards a methodology

However, before becoming engaged in any such endeavour, it is necessary first to set out the methodological markers which will guide the research process as it unfolds and, more generally, to identify - and hopefully avoid - the principal pitfalls associated with an insufficiently reflexive research practice. As one might imagine, the latter task is bound up above all with recognition of the inherent subjectivity of knowledge, and, by extension, the degree to which claims to the contrary by 'neopositivist' social scientists (among others) have contributed in turn to the (re)production of a world-view which is largely functional to the interests of dominant groups and social classes (England 1994). This is an important point to grasp, not only because it draws attention to the close relationship between knowledge and power in a general sense, but also because it serves to remind one that research methodologies, far from being "a set of tools from which you can pick and choose depending on the circumstances, .. [are instead inscribed] with specific underlying assumptions which will shape the way information is gathered and the kind of knowledge created" (Kirby and

McKenna 1989:26). Still, this is not to imply that searches for meaning should henceforth be abandoned, nor that the thoughtful scholar need necessarily be immobilized by indecision amid the multitude of methodologies on offer and the knowledge that each of them has its own particular way of skewing one's findings. However, what *is* required of the researcher is an honest assessment of his or her own positioning *vis à vis* the study and its participants, buttressed all the while by a commitment to generate both explanation and understanding as outcomes of the research process. Indeed, in this regard it is instructive to consider the work of Michael Burawoy (1991a; 1991b), and in particular his assertion in *Ethnography Unbound* that the great strength of social science lies in its potential to integrate these two principles through dialogue between participant and observer on the one hand (which generates understanding), and dialogue between theory and data on the other (which produces explanation).

Of course, one need hardly be a dedicated follower of changing academic sensibilities for it to become only too obvious that the recent explosion in critical theorizing (whether feminist, post-colonial or post-modernist/post-structuralist in orientation) has altered the bases of this dialogical process in a number of highly significant ways. In the first instance, it has re-asserted the power of what Burawoy calls the hermeneutic dimension of social science, by focusing attention upon difference and the situatedness of knowledge, and by exposing the ideal of the detached, objective observer as the mystification that it truly is. Not only has this development proved useful in sensitizing critical social scientists to the importance of self-disclosure and of actively engaging with 'otherness' in their research endeavours (Moss 1995), but it has also led some scholars to attempt to break down the

barrier separating researcher from researched in its entirety, using such techniques as co-authorship (see for example Mbilinyi 1989) or participant 'ownership' of interview data (for example, Kelly 1988) as means of short-circuiting the hierarchical power relations that have long been the hallmark of mainstream social science research. However, without wishing to call into question the motivation underlying these latter strategies, one must nonetheless ask oneself whether or not it is actually possible to eliminate power differentials from research settings, or whether attempts such as those described above serve merely to communicate the *appearance* of equality, while the researcher continues to wield ultimate control over the production and dissemination of the study findings themselves (England 1994). Indeed, given the degree of contradiction that is inherent in the relationship between researcher and researched, a far better course of action would be simply to recognize the inevitability of power differentials and to work towards the mitigation of their distorting effects. not, admittedly, by seeking to "strip ourselves of biases, for that is an illusory goal, nor to celebrate those biases ... but rather to discover and perhaps change our biases through interaction with others" (Burawoy 1991a:4).

If the re-assertion of the hermeneutic dimension of social science can generally be understood to have been a positive development, having awakened scholars to issues of power and positioning in their research, the same cannot be said of the wider assault upon foundationalist epistemology by post-modernist and post-structuralist writers, whose efforts in this regard have brought in their train an unprecedented challenge to the explanatory power of theory in the face of a chaotic and ever-shifting social reality. How is this so? Quite simply, by casting social theory as little more than an ideology among ideologies, neither more

penetrating nor more interesting than the world-views of those whom such theory purports to make sense of, explanation loses its distinctive meaning, and social science is reduced to the level of mere "dialogue between insider and outsider aimed at mutual self-understanding" (*Ibid.*:3). Admittedly, while one might reasonably argue that the post-modernist critique has been useful in exposing the arrogance and exclusivity of a particular mode of theorizing, dominant in the past, in which anomalies are either rejected outright or dismissed as insignificant, this does not alter the fact that explanation (and hence theory) *must* remain a central aim of critical social science, for it is only through the latter that the particularities of the social setting under study are transcended, and the interplay between micro and macro principles is made visible. In this way, the principal challenge becomes one of relating one's data to appropriate conceptual categories and models, while at the same time avoiding the sort of reductionist argument that has so galvanized anti-foundationalist writers in the past. As one might imagine, walking this tight-rope successfully requires not only a willingness to engage critically with (and, if necessary, to rework) one's theoretical constructs in the face of counter-instances, but also a methodology that is concerned with what is in effect a *reciprocal* relationship between theory and data. Not surprisingly, one example of this type of methodology is Burawoy's (1991b) own 'extended case method' (ECM), which "takes the social situation as the point of empirical examination and works with given general concepts and laws about states, economies, legal orders, and the like to understand how .. micro situations are shaped by [and in turn shape] wider structures" (p.282). Moreover, the ECM is also relevant to my own work in at least two respects: in the first instance, it holds the promise of a methodological orientation in which field-work becomes party to a two-way

conversation between data and theory; in the second, it provides a frame of reference that is at once critical, and yet flexible enough not to shatter under the weight of the contradictions and anomalies that are bound to surface in the midst of the messiness of everyday life.

Having made the argument above that recent attempts to reform Ontario's long-term care system are best understood as one element within a larger project to restructure the bases of hegemony in the province, and that the strategic capacities of space and place have been pressed into service by both supporters and opponents of reform in a number of significant ways, it is now necessary to offer some means of supporting these claims through recourse to substantive events and processes. To this end, in the latter half of 1995, at a time when long-term care reform was very much a policy priority of the provincial government of the day, I embarked upon a programme of field and archival research with four questions foremost in my mind:

1. What is the relationship between long-term care restructuring in Ontario and reform of the provincial welfare state more generally?
2. What range of strategic resources have state actors made use of as they attempt to implement long-term care reform in the province?
3. To what extent and in what ways has this restructuring affected (or is likely to affect) long-term care 'clients', health-care personnel and community-members living in or around the town of Almonte?
4. Have any of the latter groups become engaged in acts of resistance to the restructuring process and, if yes, what material and/or discursive resources have they drawn upon in order to do so?

Through these questions, not only did I seek to gain an understanding of the socio-political dynamics underlying long-term care restructuring in general, but I also hoped to situate this process within the context of a particular locale, with its own history, its own network of

social relations, and, not least of all, its own landscape of long-term care. Although a number of localities were considered for this role, Almonte was eventually chosen as the most appropriate candidate (see Figure 1 on p.6), for reasons ranging from its accessibility (situated only 80 kilometres from Ottawa, I was able to travel to and from the study site on a daily basis) to its relatively small size (facilitating management of the data), to the particularly innovative and progressive nature of some of its interventions in the area of long-term care. Of course, in selecting Almonte as the object of my case study it should be emphasized that at no time did I imagine it possible to establish a definitive boundary around the town, beyond which I would not permit my attention to stray. Concurring with Massey in her view of localities as the product of social relations stretched out across both time and space, my efforts were focused instead upon teasing out the particular web of relationships and institutions which together constitute (and continuously re-constitute) the town's framework of care over a given time horizon.

Significantly, it was precisely this understanding of place that induced me to venture beyond the physical borders of Almonte itself in my search for interview participants, recognizing that the day-to-day decisions of many individuals who neither work nor live in the town nonetheless have a direct bearing upon local service delivery. Moreover, it also served to remind me of the need to limit the temporal scope of the study, if only as a means of ensuring its continued practicality in the face of an endless proliferation of potentially relevant information. In the event, the relative paucity of local level data available for the period preceding the mid- to late-1980s provided the necessary rationale for my decision to restrict the time-frame of the study to the duration of New Democratic rule in the province

(1991-1995), with earlier or later material introduced only as needed for contextual purposes. Moreover, by limiting the scope of the case study in this way, I was able to avoid the additional burden of having to consider the effects of regime change within the provincial government upon the formulation and implementation of long-term care policy, along with its implications for care delivery in Almonte itself.

At the time when I embarked upon the field-work component of my research, a vast stock of data concerning the restructuring of the provincial long-term care system was already in existence, the legacy of four years of sustained (if not feverish) activity on the part of a number of state agencies and departments, including most notably the Ministries of Health, Citizenship, and Community and Social Services. While the fruit of these latter bodies' labour is largely encapsulated within two policy documents, entitled *Redirection of Long-Term Care Services* (Ontario 1991) and *Partnerships in Long-Term Care* (Ontario 1993a; 1993b; 1993c; 1993d), it should be noted that these works represent only a tiny fraction of the veritable flood of documents released during this period that touch upon the reform process in one way or another. Recognizing the importance of multiple sources of data as a way of enhancing the credibility of one's findings (Yin 1994), yet at the same time not wishing to become inundated by great quantities of redundant or otherwise superfluous material, I decided to restrict my data collection efforts to just two principal sources, underpinned all the while by a review of the existing secondary literature.

In the first instance, I engaged in the analysis of a range of **documentary** material, encompassing policy statements, position papers, press releases and annual reports, pertaining to long-term care restructuring at both the provincial and local levels. Provincially-oriented

material includes publications released by Ontario state agencies, as well documents associated with a number of key interest groups, among which one finds the Senior Citizens' Consumer Alliance for Long-Term Care Reform (SCCA), the Canadian Union of Public Employees (CUPE) and the Ontario Home Health Care Providers Association (OHHCPA)¹. As for documentary data outlining the situation in Almonte itself, sources include media reports taken from the town's principal newspaper, the *Almonte Gazette*², the publications, annual reports and press releases of all local (publicly-funded) health providers and health-oriented state agencies, and finally information drawn from the publications of advocacy organizations and other locally-based non-governmental actors that have taken a public stance either for or against the province's restructuring initiative. At a more general level, I also made use of material drawn from the Canadian census (for the period 1971 to 1996) and the Ministry of Health's *Ontario Hospital Statistics Yearbook* (for the period 1975 to 1995), principally as means of developing a socio-demographic profile of Almonte's population, and of contextualizing changes in the allocation of local health-sector resources over time.

If the source material discussed above has been crucial to my understanding of the dynamics of long-term care restructuring in general, the in-depth **interviews** which I conducted during the months of September through November, 1995 were equally important to the research process, in that they allowed me to fill gaps in my knowledge of relevant

¹ While it was deemed necessary to consider the work of the Consumer Alliance on account of its prominent role in advising the Ontario government on the area of long-term care policy matters, CUPE and OHHCPA were selected on the basis of their contrasting ideological positions, together with the depth of their involvement in debates surrounding long-term care reform more generally.

² In order to develop a sufficiently detailed chronology of relevant events, an exhaustive review of this newspaper was undertaken for the twenty-year period spanning 1975 to 1995.

events and processes; to identify disjunctures between official positions and on-the-ground realities; and to explore in detail the strategic capacities of groups and individuals in the face of the hegemonic power of the state apparatus. Recognizing from the outset that a qualitative approach was most appropriate given the nature of the information sought (Abel and Sankar 1995; Tutty *et al.* 1996), my chief concern was one of balancing my own time and resource limitations with a desire to include a sufficiently broad range of positions and perspectives within my interview sample. In the end, twenty interviews were carried out³, with purposive and snowball sampling techniques (Field and Morse 1985) employed in order to ensure a roughly even distribution of participants drawn from the three populations that I had previously identified as most intimately involved in the long-term care reform process. Referring to these groups as care recipients⁴, health-sector personnel⁵ and 'advocates'⁶ (and acknowledging some overlap among the categories), I prepared an interview guide for each of them, consisting of a series of open-ended questions designed to elicit responses regarding participants' positions on a range of issues touching upon long-term care restructuring, as well as their activities either in support of or in opposition to LTC reform, their understanding of their organization's role(s) and mandate, and finally their own sense of likely and preferred

³ Each of which was taped with the participant's consent, and subsequently transcribed.

⁴ Although the majority of individuals in this category were elders living at home who were receiving some combination of health, personal, and house-keeping services, I also included two family care-givers in my sample, as a means of corroborating the responses of other participants.

⁵ It should be noted that within this category I include both front-line staff and individuals employed in management positions, whether in the context of a health care agency or institution, or within that of a state or para-state organization.

⁶ In this category I include members of political and community organizations, as well as individuals involved in the labour movement.

outcomes within the context of a changing provincial long-term care system.

However, it must be acknowledged that despite all of the careful planning in which I had been engaged prior to commencing the interviews themselves, to some extent I was caught unawares by the 'gap' (to borrow a term from Moss) separating me from the research participants. Quite simply, the fact that I was male (whereas the majority of informants were female), not accustomed to interacting with elders, and less knowledgeable of health care issues than most if not all of the individuals I was interviewing was frustrating, and occasionally a real barrier to frank and open dialogue. In the event, my response to these challenges included a course of self-education in health matters relevant to the care of unwell elders at home and in institutions, the allocation of additional time to interviews involving older care recipients and a commitment to foster relationships with elders in my personal life, and finally an acceptance of the inevitability of the 'gap', and within this context to work towards its mitigation through understanding and honest engagement.

As is the case with many qualitative studies, the task of analysing the data that I had assembled proceeded in parallel fashion to the collection exercise itself, with my forays into the theoretical literature proving extremely useful in helping me to refine my interview questions and data collection strategies, while the material that emerged from the latter process served in turn to inform and guide my reading of the literature. Indeed, it is precisely in this respect that one might reasonably speak of a *dialogue* between theory and data. As I have already suggested above, my conceptualization of long-term care restructuring as a terrain of struggle upon which social forces, variously positioned according to their access to discursive and material resources, struggle to actualize particular outcomes in and through

space, remains little more than a string of words until its plausibility can be weighed against evidence drawn from the substantive arena of everyday life. Thus, my engagement with the data collected during the course of the research is predicated above all upon a commitment to validate, refine or extend the bases of the theoretical position that underpins my argument. As Burawoy (1991a) himself argues, it is only by orienting oneself in this way that one is likely to become engaged in a "dialogue that is emergent rather than conclusive, critical rather than cosmetic, involving reconstruction rather than deconstruction" (p.7).

CONCLUSION

In this chapter, not only have I endeavoured to integrate my discussion of the state theoretical and critical geography literatures in order to arrive at an overarching conceptualization of long-term care restructuring and its relationship to place, but I have sought as well to develop a methodological framework that is appropriate to the project at hand, one which draws upon insights derived from Michael Burawoy's extended case method as a means of positioning oneself in relation to the theoretical and empirical dimensions of one's research. Moreover, having completed these tasks, it is now possible to turn to the case study proper, the substance of which may be found below in Part II of this work.

INTRODUCTION TO PART II

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Responding to a question regarding recent changes in the nature and conditions of her work, a registered nursing assistant whom I interviewed prefaced her reply by noting that "long-term care has become almost a trendy subject in recent years, as you know, and the trendier it gets the more people and the more ideas it attracts" (participant #19¹). Given my own position as a researcher whose interest in this field was initially galvanized by its rise to prominence in the early 1990s as a key element within Ontario's health care reform agenda, my immediate reaction to the RNA's comment was one of embarrassment, tempered subsequently by a measure of thoughtful reflection upon the significance of shifts in the meaning and the importance attached to long-term care over the course of recent years and decades. While the underlying thrust of these shifts is generally quite clear, and is characterized by a progressive widening in the number and types of practices falling under the rubric 'long-term care', far less obvious are the reasons why this has occurred in the particular manner that it has, and why *certain* practices (such as the 'informal' care-giving work of women in the home) have been consistently excluded from the expanded definitions of policy makers and other state officials.

Although government spokespeople have been quick to proffer their own explanations for the growing salience of long-term care within public policy discourse (particularly in its 'community-based' incarnations), for reasons ranging from the inexorable logic of

¹ A short description of each interview participant may be found in Appendix A at the end of this work.

technological development (Ontario 1989) to the changing health care needs of an ageing population (Ontario 1986), few have sought to integrate into their analyses a critical understanding of the state's role in this process, as it attempts to secure (and even extend) the bases of its own hegemony in the face of the political and economic instability associated with the crisis of fordist accumulation. Thus, in the following two chapters I will seek to engage with this silence directly, through a case study which explores on the one hand the restructuring of Ontario's long-term care system as one element within a wider (socio-spatial) re-configuration of the provincial welfare state apparatus and, on the other, instances of resistance which this process has engendered at the local level. To this end, Chapter Four will survey in broad brush-strokes the evolution of Ontario's health and long-term care systems, followed by a more detailed analysis of the restructuring initiative undertaken by the New Democratic Party soon after having taken office in the fall of 1990. The context having been established, attention will then turn in Chapter Five to an exploration of the particular set of responses which the reform has generated in the town of Almonte, focusing all the while upon the inter-relationship between local specificities and the broader dynamics of socio-political change. Finally, in the general conclusion that follows at the end of the case study, I will offer a synthesis of the arguments made in Parts I and II of this work, together with some general comments concerning the implications of the project's findings for the future of the welfare state in Ontario, and in Canada more generally.

CHAPTER 4

LONG-TERM CARE RESTRUCTURING AND THE ONTARIO STATE

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INTRODUCTION

As anyone who enjoys even a passing familiarity with the policy documents of the Ontario Ministry of Health (MOH) well knows, it appears to have become almost mandatory that some reference be made to the 'greatness' of the province's health care system, after which the report in question invariably sets about identifying the deep-seated problems which will require drastic intervention if this same system is to avoid collapse in the not-too-distant future. While acknowledging that such statements are, at least to some degree, rhetorical devices of an entirely banal nature, one might argue that they are nonetheless useful in obscuring the extent to which today's problems are merely a reflection of weaknesses that have been present in the system since its very inception with the advent of publicly-funded hospital insurance in 1959. Indeed, it is precisely for this reason that it is essential that one undertake a detailed examination of the latter's genesis and early development, for it is only in this way that one is likely to acquire the means necessary to contextualize the subsequent re-configuration of the system around such concepts as efficiency, total quality management, and, not least of all, community care. Moreover, in light of this state of affairs the chapter will be divided into two principal parts, with the first providing an overview, grounded in the wider dynamics of state formation and societal change, of Ontario's health care system, while the second will seek to assess the significance of long-term care restructuring from the perspective of the state's attempts to engage in a strategic re-orientation in the face of the new

political and economic realities ushered in by the global crisis of fordism.

HEGEMONY, HEALTH CARE AND THE ONTARIO STATE

The history of the Canadian welfare state is a story that has been told many times in a wide range of disciplinary contexts, and readers will no doubt be relieved to learn that it is not my intent here to re-trace the steps of scholars far more well-versed in this particular subject area than I might ever hope to be. However, what I *do* hope to provide in the pages that follow is a convincing account of the evolution of Ontario's health (and long-term) care system, one which is capable not only of coming to grips with the effects of a changing political-economic climate upon their development, but also of highlighting the degree to which the system's early history has been bound up with a particular representation of space, whose progressive unravelling over the past two decades has left state actors grasping for an alternative means of organizing and managing health care resources in a post-fordist era. As one might imagine, such an understanding is crucial if one is to make sense of the health care system's traditional institutional bias on the one hand, and the more recent championing of community-based care on the other.

The history of health care in Ontario: institutionalizing health, spatializing care

In his assessment of the implications for Canadian social policy of an apparent neo-conservative turn among federal politicians in the 1980s, John Myles (1988) offers a useful framework for periodizing the evolution of the country's welfare programmes over the course of the past century. In particular, he differentiates between 'social assistance' and 'social security' welfare states, with the former, typical of the pre-depression era, characterized by

minimal central state involvement in service delivery, paltry benefits and a high degree of stigmatization of recipients, while the latter, emergent in the 1950s and 1960s, were founded upon the then novel principles of 'universality' (though the practice of means-testing - and hence stigmatization - continued unabated in certain programme areas) and 'wage replacement', whereby "benefit levels [were] sufficient to allow individuals and families to maintain continuity of living standards when the wage-earner leaves the market through illness, unemployment or old age" (p.87). Applied within the context of Ontario's health care system, such a framework brings to the fore the significant contrasts which distinguish health service delivery in the periods before and after the genesis of a 'public' system in 1959, albeit at the cost of downplaying the extent to which some attributes of the old system, such as the fee-for-service payment structure for physicians, survived the transition to the new one more or less intact (Naylor 1986). Still, what is crucial to bear in mind when reflecting upon the provisions in place in Ontario prior to the second world war for containing the spread of disease and for ministering to the health needs of the population is that this was a thoroughly fragmented system, with the provincial state in overall charge of public health activities (*ie.* tuberculosis control and the operation of psychiatric hospitals) and not much else, while an eclectic mixture of entrepreneurs, charitable organizations and local-level governments were left to provide almost all of the province's patient care services, in a wide variety of institutional and community-based settings (Ontario 1977).

Of course, it need hardly be emphasized that by far one of the most salient features of this system was its unevenness, both in physical-geographical and in social equity terms. That is to say, not only was there no mechanism to ensure that a sufficient range of health

services were available in all regions of the province, but decent health care was in any case beyond the reach of the large proportion of Ontario residents who were neither privately insured nor wealthy enough to pay for care at the hands of a trained professional (Badgley and Wolfe 1992). For these individuals, their choice was one of being cared for informally by family-members in the confines of their own home (Torrance 1987; Armstrong and Armstrong 1996) or, failing that, of seeking help within the generally de-humanizing environment of a charitable hospital or municipal 'house of refuge', which Tarman (1990) characterizes as "crowded with persons unable to care for themselves, such as the aged, poor and insane" (p.50). While leaving aside the human cost of this type of inequity, it is clear that the Ontario government's disengagement from health care delivery (and indeed from the field of social welfare provision more generally) during this period was also significant in its implications for the latter's capacity to manage and control *space*. Quite simply, the fact that the state played such a peripheral role in the coordination and oversight of what had nonetheless grown into a large and amorphous system of care by the early twentieth century served not only to limit its ability to monitor and control the activities of its citizens, but also effectively to undermine attempts to assert the state's hegemony over the province through the production of a unified and coherent representation of space (see below for a more detailed discussion of this latter issue).

Still, regardless of whether or not these were sufficiently potent reasons in themselves to justify the mobilization of state resources in pursuit of the goal of a public health care system, it is clear that a number of developments were already contributing to the destabilization of the existing model of care long before the state gained any measure of real

control over health services delivery in the province. In the first instance, the early decades of the twentieth century were characterized by rapid change within the field of medicine itself, as the introduction of new diagnostic techniques and capital-intensive technologies (such as the X-ray) began to shift the locus of care (at least for the wealthy) from the home to the hospital, and as professionalization pressures within the principal health occupations served increasingly to validate and extend the authority of physicians (and, to a lesser extent, nurses) at the expense of 'non-professional' health workers and those whose healing activities took place beyond the bounds of the formal system, including traditional practitioners and family care-givers (Torrance 1987). Acting in parallel to these trends, albeit in a somewhat more oblique manner, was the progressive de-legitimation of the 'social assistance' welfare state during the course of the 1930s and 1940s, both in the eyes of poor, working-class Canadians who felt they had gained little in return for the hardships they had suffered during the Great Depression and the war years, and in those of the country's business and state elite, who were becoming increasingly sensitive to the fact that traditional approaches to welfare were if anything harming Canada's prospects of becoming a major capitalist economy in the post-war era (McBride and Shields 1993; Armstrong *et al.* 1994). As one might imagine, it was precisely sentiments such as these that provided the broad base of support needed to restructure the Canadian welfare state along more inclusive lines, and in so doing lay the groundwork for a hegemonic project, rooted in discourses of nation-building and citizen-as-consumer, which would guide the country successfully through nearly a quarter century of rapid economic growth and relative social harmony (Jenson 1990).

However, despite this level of support, and despite the strong case made in favour of

the establishment of a national health system by some of the period's most influential commentators, including Beveridge in Great Britain and Marsh in Canada (Fulton 1993), Ontario would have to wait a full fourteen years after the end of the second world war before the first tentative steps towards universal accessibility in health care would be taken in the province. Why is this so? In large measure, the delay can be explained by a combination of inter-governmental wrangling over the appropriate degree of federal involvement and influence in what was traditionally an area of provincial jurisdiction (under the British North America Act of 1867, the provinces were given wide powers over health care and other social services), together with a long legacy of conservatism within Ontario itself, which likely contributed to the provincial government's early reluctance to enact a universal hospital-insurance plan, even as those of several other provinces did so (Tarman 1990; Vayda and Deber 1992). Still, this is not to say that Ontario's policy makers did nothing in the immediate post-war era to confront the challenges facing the provincial health care system at the time. In particular, they were quick to take advantage of a system of federal grants (initiated in 1948) for new hospital construction, and embarked upon an ambitious building programme which resulted in a prodigious increase to the province's acute care bed capacity by the early 1960s (Palley 1987; Armstrong and Armstrong 1996). However, even as one acknowledges the undeniable success of these efforts in addressing longstanding shortages in hospital bed availability across the province, one might argue that they are nonetheless highly suggestive of two features of Ontario's post-war health care arrangements that would in later years prove to be distinctly problematic: the extent of federal influence over the system, together with a marked bias towards facility-based care grounded in a narrowly medical model of health (*Ibid.*

1996; Sutherland and Fulton 1988).

Not surprisingly, federal influence is most easily discernable in the system's early, expansionary phase (encompassing roughly the 1950s and 1960s). As was noted in the previous chapter, not only was this the golden age of Canadian fordism, but also of Canadian *federalism*, with (federal) state actors throughout this period showing themselves to be strongly committed to the task of developing a national system of social welfare provisions, as one element within a larger state project whose fundamental objective was the mobilization of popular support for a particular model of capitalist development, grounded in the articulation of mass production and consumption and the progressive integration of the Canadian economy into the larger North American market (Jenson 1989; 1990). Of course, given the considerable powers vested in the hands of provincial governments, it need hardly be emphasized that their acquiescence to the terms of this project was crucial if it were to succeed, and thus state managers at the federal level were careful to offer the concessions necessary to ensure continuing provincial goodwill and cooperation: for the poorer provinces, these included the prospect of federal funds to assist in provincial institution-building; for Ontario and Quebec, these included a relatively high degree of autonomy over the management of federal transfer payments, along with the opportunity to tap into expanded markets for their goods and services, as the advent of new social programmes contributed to an increase in the disposable income of people residing in the country's more peripheral regions.

Having provided something of a background to the Canadian federal state's involvement in the development of social welfare provisions across the country, it is now

possible to turn one's attention to the particular set of conditions which surrounded the birth and early evolution of public health care in Ontario. Quite simply, the federal government, having already failed once (at the Conference on Reconstruction, held during the closing days of the second world war) to secure provincial support for a national approach in matters of health care funding and planning (Sutherland and Fulton 1988; Wolfe 1991), sought instead to make use of its control over much of the country's tax revenues as a means of inducing the provinces voluntarily to support the development of a nation-wide, universally-accessible health care system. Central to this latter endeavour were two pieces of legislation, namely the Hospital Insurance and Diagnostic Services (HIDS) Act (1957) and the Medical Care Act (1966-67), through which

the federal (national) government provided funds to provincial plans as long as those plans complied with specified terms and conditions. These terms entrenched access to health care as a 'merit good' that should be, by right, available to all. To qualify for federal funds all provincial plans had to comply with five principles: they had to be *universal*, *comprehensive* (covering all 'medically necessary procedures'), .. *accessible*, .. *portable* .. [and] publicly administered [authors' emphases] (Mhatre and Deber 1992:646).

Given that the initial framers of these Acts attached no upper limit upon the level of federal contributions to provincial plans², and that a large proportion of Ontario's population was in any case strongly supportive of greater equity of access to health care services, the provincial government was left with little choice but to bring forward its own hospital insurance plan in 1959, suitably expanded ten years later so that it might cover physician services as well (Ontario 1977).

² Such limits would only be introduced in 1977, under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act (EPF).

Without wishing to become embroiled in the minutiae of the Ontario state's entry into the field of health care provision, it is nonetheless vital that, when thinking about the dynamics underlying the system's development, one bear in mind Evans' assertion that although "the Canadian public insurance program is often portrayed, particularly in the United States, as 'socialized medicine', [t]his is inaccurate. Canada has 'socialized *insurance*' [emphasis added]" of medicine (1994:463). In Ontario, this has meant that the introduction of payment for hospital services in 1959, far from heralding the birth of an entirely new framework of care, in fact left much of the existing system intact, while focusing attention instead upon the means by which these services were organized and paid for. That is to say, even as the province assumed responsibility for insuring a bundle of in-patient hospital services, including (*inter alia*) "accommodation and meals in a standard ward, necessary nursing services, laboratory and other diagnostic tests, drugs and similar preparations, use of operating rooms and anesthetic facilities, routine surgical supplies, radiology and physiotherapy" (Armstrong *et al.* 1994:16), existing service providers (particularly physicians) retained wide-ranging control over their use by individual patients.

Not surprisingly, a system organized in this way contained a number of perverse incentives. On the one hand, as Malcolm Brown (1991) argues, the fact that federal HIDS funding was only available for services delivered within a hospital setting provided an impetus for the province to channel as much in-patient care through hospitals as possible, regardless of whether or not other settings (such as chronic care or psychiatric facilities) may have been more appropriate. On the other, not only were doctors left with little incentive to consider cost-effectiveness when recommending (insured) hospital procedures to their patients, but the

government's failure to insure non-hospital based physician services from the outset contributed to a significant shift in service delivery from doctors' offices to hospitals, "where costs were higher and techniques often more complicated" (Armstrong *et al.* 1994:16). In this way, the arrival of 'public' health care in Ontario, while of undeniable benefit to those whose poverty had previously placed needed medical services beyond their reach, served nonetheless to reinforce a model of care, already in ascendance in the pre-war period, whose hallmarks were a strong emphasis upon institutional (particularly hospital-based) services, combined with physician dominance of a system given over almost in its entirety to the principles of scientific medicine³.

That the quality of care delivered by means of this type of cure-oriented system should be found wanting in important respects is not especially surprising, and has been well documented by writers as diverse as George Torrance (1987) and Neena Chappell (1993). What has been less well explored by contrast is the degree to which its development has also been shaped by a particular representation of space, whose production (and implications) can only be grasped with reference to a wider set of processes unfolding at a number of scales, from the provincial to the international. How is this so? Quite simply, throughout the industrialized world the twentieth century has been marked above all by a significant shift in the locus of responsibility for the welfare of individuals, from the realm of the private to that of the public, and from the domain of families and voluntary associations to that of state-

³ As Armstrong and Armstrong (1996) argue, scientific medicine presumes that the human body can be divided into a series of parts, each of which can be fixed through recourse to particular procedures and treatments. Moreover, within this paradigm, "[s]cience determines cause, effect, and cure. It is assumed that the effectiveness of tests, drugs, surgery, and other techniques used in treatment have been scientifically established and agreed upon" by a community of physician-experts (p.22).

sponsored delivery of an increasingly wide range of social programmes.

Needless to say, this project is not, nor has it ever been, an aspatial one. Intersecting with processes of urbanization and capitalist development, it has been bound up from the beginning in a progressive *abstraction* of space, with the Canadian state system, like its counterparts elsewhere in the industrialized West, engaged in an on-going restructuring of social and physical space as a means of extending the bases of its hegemony over the territory under its control. Without wishing to reiterate the argument already advanced in Chapter Two above, it is nonetheless possible to characterize this process as the product of a double movement, involving the homogenization of national spaces on the one hand, and their fragmentation on the other. Deployed in the context of Ontario's public health system, such a reading provides a way of coming to grips with the particular thrust of the state's mediations during the system's early, formative years. In short, by systematically channelling such a large share of provincial health spending towards hospitals and facility-based care, Ontario state actors, in association with their federal partners, expedited a process whereby the existing health system was effectively re-constituted along lines that would enhance mechanisms of oversight and control, through the systematization, regularization and *fragmentation* of the province's spaces of care. As one might imagine, central to this process was the subsumption of existing health care infrastructure under a series of ever more fine-grained regulatory and administrative grids, with hospitals (themselves sorted out according to their positioning within a spatio-functional hierarchy) serving as the foci of care at the local level (as defined by each hospital's 'catchment area'), as well as the principal zones of interface between health providers and their patients. In this way, not only might one characterize the 1950s and

1960s as the era of scientific medicine *par excellence*, but also as the period when 'rational' management principles, undergirded by increasingly sophisticated surveillance and administration technologies, were brought powerfully to bear upon Ontario's landscape of care, leaving in their wake a representation of space whose hallmarks were transparency, homogeneity and order, embodied symbolically in the monumental space of the modern acute-care hospital.

While the implications of this state of affairs will be explored more fully in the following section, it is important to bear in mind that the outcome described above was neither inevitable nor irresistible, but is rather a reflection of the choices made by autonomous human agents, circumscribed all the while by social processes over which they have little or no control. By acknowledging the effects of contingency in this way, one is able to highlight the degree of interplay between structural forces on the one hand, including capitalism and 'bureaucratization' pressures within the nation-state and, on the other, the historically- and geographically-specific strategies and tactics of a range of unequally powerful social actors. Thus, in the specific case of Ontario's health care system, even as one observes broadly analogous patterns of evolution in other provinces and in other countries (indicative perhaps of the effects of a similar set of macro-level processes), this is not to say that its evolution can be explained in an identical fashion. Instead, one must focus one's attention upon such issues as the balance of forces within the state and civil society during the period in question, the power of physicians and hospital administrators relative to that of other health care advocates and professionals, and finally the particular logic underpinning Canada's engagement with fordism (as both an accumulation strategy and hegemonic project), as well as the Ontario

state system's place within this larger project.

Patchwork quilts and long-term care: mapping the forgotten spaces of care

While it is clearly beyond the scope of the present work to attempt to unravel the many threads of debate which underlie the development of Medicare in Ontario, by the same token a summary overview is necessary if one is to grasp the range of forces at work in the systematic (and, as I will argue below, on-going) marginalization of non-medicalized notions of care and care-giving from the province's emergent health system. In this regard, two loci of struggle are especially significant. At the most general level, federal state actors' commitment to the cause of universally-accessible health care, like their commitment to the 'social security' welfare state more generally, was born out of wider efforts to define the terms of federal hegemony in the post-war era, a project involving the mobilization of mass support behind a particular vision of the country's economic and political future. However, given the fact that the fruits of this vision did not accrue equally to all strata of the population, it is not particularly surprising that the state's mobilization efforts did not aspire to be universal in scope, but were instead focused upon those social groupings deemed to be of greatest strategic significance, while others, less powerful or thought to embody subversive tendencies, were either effectively marginalized or subjected to the coercive capacities of the state apparatus. In this way, not only were federal interventions in support of a publicly-funded health care system reflective of the hegemonic project of which they were part, but also of the strategic and tactical considerations of a state structure whose margin of manoeuvre was limited, both by shifting internal priorities and by the conflicting demands

made by social forces from the field of civil society.

In the event, federal state actors responded by embarking upon a legislative programme designed principally to benefit the white, working-class men whose labour-power had become so integral to the reproduction of Canada's permeable fordism, while at the same time taking a number of concessionary steps to counter the threat of opposition by physicians, whose earlier hostility to Medicare in Saskatchewan had nearly stymied that province's attempt to bring health insurance into the public domain (Naylor 1986). Thus, while not wishing to suggest that the relative might of doctors and male industrial workers were the only factors taken into account by the state as it grappled with the challenge of building a national health system, one might nonetheless argue that their clout served to push state managers in certain directions rather than others, and more generally to frame the discursive limits of debate around such questions as the meaning of health or the most appropriate means of allocating health care resources. Indeed, it is precisely in this regard that one might speak of a collusion of interests between the state and particular social groupings (of which medical doctors are only the most notable example), whose existence has contributed not only to the promotion of the medical model and physician dominance, but also to the progressive de-legitimation of care-giving as a key element within the larger health care system⁴.

Of course, it need hardly be added that the adoption of such an approach entailed a number of questionable assumptions on the part of state actors, of which one of the most

⁴ However, despite these developments, it should be noted that a number of dissonant voices continued to highlight the deficiencies of a health care system organized in this manner, with perhaps the most notable example being the *Report of the Royal Commission on the Status of Women* (Canada 1977), which endeavoured to make explicit the contributions of women, as family care-givers and volunteers, to the delivery of health services across the country.

significant was the belief that the health of Canadians was best-served by entrenching a model of service delivery that was at once curative in its approach and largely under the control of physicians who had little incentive to manage resources efficiently or control system costs (Vayda and Deber 1992). While leaving aside for the moment questions pertaining to the long-term viability of a health system organized along these lines, in a more immediate sense this orientation served to reinforce the already dominant view that health was nothing more than the absence of illness, and that the only worthwhile care was that provided by a physician, preferably in a hospital setting and invariably involving a battery of intrusive (and expensive) diagnostic tests. However, what remained largely hidden from view under such a paradigm was the fact that good health is much more than simply good health care, and that supplementing and supporting the cure-oriented interventions of physicians and other health professionals is the daily caring work of countless women, carried out in a wide range of settings, from acute-treatment hospitals to long-term care facilities, and for family-members at home. Thus, by effectively dismissing the physical and psycho-social significance of caregiving to individuals' wellness, not only did the architects of Canada's health system reinforce patriarchal relations of power, whereby the paid and unpaid labour of women was simultaneously devalued and rendered invisible, but their work also served to chart out a landscape of 'care' in which caring elements were either absent or taken for granted, while promoting instead the development of a system dominated by the networks and nodes of hospital-centred, technologically-driven medicine.

Still, regardless of the ideological and substantive underpinnings of federal state managers' forays into the field of national health policy, it should be borne in mind that

ultimate responsibility for the latter's implementation rested (and indeed continues to rest) with provincial governments, whose efforts in this regard comprise the second locus of struggle alluded to above. Thus, in the case of Ontario, even as the strategic selectivity of its state structure rendered any aggressive intervention in support of socialized health care unlikely (Wiseman 1996; Tarman 1990), provincial politicians and bureaucrats were nonetheless sufficiently aware of the social and economic benefits to be derived from accession to the federal vision of a national health system for them to introduce their own hospital insurance plan in the years following the proclamation of HIDS in the House of Commons. With the implementation of this scheme, a trajectory was embarked upon that would lead not only to close state involvement in almost all facets of health services funding, planning and delivery, but would serve as well to propel the Ontario Ministry of Health (MOH) into a dominant position among the constellation of provincial agencies and departments, administering a budget that, by the early 1990s, was equivalent to almost one quarter of *all* government expenditures (Ontario 1993e). However, despite the sense of inevitable progression which permeates many 'official' histories of public health care in Ontario (see for example Ontario 1977; 1983a), it is clear that both its development and subsequent retrenchment are grounded in the evolving priorities and struggles of a range of social actors, including those internal to the state system itself.

In the first instance, this is seen in the attention given within MOH documents of the 1960s and early 1970s to such themes as spatial restructuring and the need for organizational 'rationality', and given concrete form by the new institutional arrangements introduced during this period, with two of the most notable being district health councils (DHCs) and the new,

regionally-based planning framework imposed by the Ministry upon the province (*Ibid.* 1977; Ontario 1970). Of course, in accounting for the significance of these latter measures in particular it need hardly be added that, apart from the province's obvious interest in meeting federal accessibility requirements within the limits of available resources, its actions also served to advance a particular representation of space, which, in addition to facilitating the state's ability to monitor and control individuals' activities, was also directly implicated in the construction of Ontario as the embodiment of a homogenous territory and a harmonious, meritocratic society. That this representation differed little from that being promoted by the federal state structure at roughly the same time is not especially surprising, given the extent to which Ontario was itself a chief beneficiary of the federal state's post-war accumulation strategy (Wiseman 1996). What is noteworthy by contrast is the fact that, even at the height of Canada's engagement with permeable fordism and one-nation federalism, provinces such as Ontario were already absorbed in the task of developing alternative place- or (as in the case of Quebec) ethnically-based identities, whose salience would only grow more pronounced as the bases of the fordist consensus began to crumble in the early to mid-1970s.

While this is an issue which will be taken up in greater detail below, of more immediate concern is the nature of the representation itself, as well as the implications it holds for the evolution and management of Ontario's spaces of (long-term) care. To this end, one might argue that the development of an integrated provincial health care system during the course of the 1960s and early 1970s was predicated upon at least two interrelated assumptions, encompassing a belief in the redemptive power of technology (and scientific medicine) together with the conflation of social space with its geometric or 'Euclidean'

counterpart. However, while by no means wishing to cast doubt upon the sincerity of those who accepted these assumptions as given during the period in question, in recent years it has become increasingly evident that their role in shaping the early development of the health care system was less a function of their ability to deliver upon what they actually promised (*ie.* substantially better health for all Ontarians, regardless of place of residence or ability to pay), and rather more of their usefulness to the state as it sought to extend the bases of its power through the pursuit of a particular hegemonic project. In this way, it is possible to interpret the early resource allocation decisions of provincial politicians and MOH bureaucrats as dictated not only by federal funding guidelines and the cost-benefit analyses of health economists and planners, but also by the need to secure consent for an entire system of governance, along with the power imbalances which the latter helped to perpetuate.

By facilitating access to certain types of health services (*ie.* acute care) in specific locales (*ie.* hospitals), Ontario state actors contributed to the reproduction of this system in at least two important respects. On the one hand, their actions served to mobilize support among that broad segment of the province's population for whom a strong welfare state was the unquestioned basis of a secure and prosperous future. On the other, their interventions promoted the development of a space of care in which physical distance from hospital became the all-encompassing variable, while other barriers to good health (defined, not coincidentally, as the mere 'absence of illness') - sex, class, 'race', among others - were either erased or trivialized to such an extent that they became essentially meaningless. To cite but one example, in MOH promotional literature and annual reports much was made of the extension of air ambulance service to the province's most northerly reaches, with such service being

presented as a way for individuals living in remote regions to derive as much benefit from the expertise and technology found in southern teaching and tertiary-care hospitals as the residents of Ontario's largest urban centres (Ontario 1983a:14-15). However, regardless of whether or not the availability of air ambulance evacuation has saved any lives (as it undoubtedly has), the fact remains that these documents consistently blur the distinction between good health and good health *care*, while ignoring the degree to which poverty, neo-colonialism, and institutionalized racism and sexism are far more significant in their effects upon the generally poor health status of many northern Ontarians (a large proportion of whom are Aboriginal) than the lack of a tertiary-care facility in, say, Moose Factory.

When one turns one's attention to the processes underlying the evolution of Ontario's long-term care system, a remarkably similar pattern begins to emerge. As I have already made clear in the discussion above, state investment in health care services, infrastructure and personnel has long been guided by a series of questionable assumptions regarding the manner in which the health needs of Ontario residents might best be met. Most obviously, this has resulted in the development of a Medicare system that is at once cure-oriented and reactive in its approach, and generally ill-placed to consider individuals' health problems and complaints within the broader context of their day-to-day lives. In a somewhat less obvious fashion, these assumptions have also served to invalidate, marginalize and otherwise erase approaches to health care that are not readily reconcilable with the principles of scientific medicine and the medical model. Without wishing to suggest that this was the only tool at the disposal of the state to enforce conformity with its health vision, it is nonetheless clear that the concept of 'medically necessary' services has been deployed with great effect over the

years in precisely this way, by both federal and provincial state managers, as a means of policing the border between hegemonic, subversive and residual health care.

While one might reasonably argue that this power to distinguish between 'necessary' and 'unnecessary' procedures has proved useful in preventing public funds from being diverted towards superfluous or questionable treatments (eg. tattoo removal), it has also shown itself to be highly effective in de-legitimizing a range of health services whose value to individuals' well-being cannot be overstated. In the area of long-term care in particular, it is implicated in the creation what Deber and Williams (1995) facetiously call a 'non-system', whereby some services, such as those provided in acute- or chronic-care hospital settings, were deemed medically necessary and hence publicly insured, while others, including chronic home care and home support, were not and thus left to develop as a 'patchwork quilt', consisting of a mass of largely unintegrated and locally-based services, "offered through a jumble of for-profit, charitable, volunteer and municipal agencies, on widely-varying terms and conditions" (*Ibid.*:301). As one might imagine, the implications of this confused state of affairs for both the equity and efficiency of long-term care delivery in Ontario have been far-reaching, and range from problems of service duplication or non-availability in some areas, to a marked bias towards institutionalization as the preferred means of 'caring' for those who are unable to care for themselves, regardless of whether or not community-based alternatives might have met these individuals' needs just as effectively, at considerably lower cost to the public purse.

However, while it is precisely issues such as these that have been at the forefront of LTC policy debates from roughly the mid-1980s onwards, one must ask oneself *why* it took so long for the importance of these questions to be recognized in policy circles (after all,

feminists had been offering critiques of this sort since the late 1970s if not earlier [Aronson and Neysmith 1997]), let alone for purposive action to be taken that would seriously address the system's underlying inequities and inefficiencies. Without presuming to offer a definitive explanation, there can be little doubt that the longstanding marginalization of long-term care is closely related to its ambiguous positioning *in-between* the realms of health and social welfare, which has led to an effective bifurcation of LTC, with its overtly 'medical' aspects (eg. palliative care, chronic hospital or nursing home care) subsumed under the existing health system, while those which were community-based or more holistic in their approach were generally deemed to be social services, to be delivered through means- or needs-tested social programmes or, more likely, by family members themselves with no help at all from state agencies or structures. Of course, in dividing the field of long-term care in this way, not only were Ontario state managers drawing upon a highly medicalized understanding of health and health care, but also upon a particular gender ideology, thoroughly bound up with the logic of industrial capitalism, which constructed women primarily as nurturers, able and willing to undertake a wide range of caring tasks for their families without remuneration or recognition. That such an ideology bore little resemblance to the lived experience of many, if not most, Ontarians scarcely mattered; its power lay instead in its ability to cast as 'natural' a family structure in which women were the care-givers of first resort, and hence as abnormal all those families for whom no female care-giver was available, either because she was absent, unwilling to take on such a role, or simply too busy on account of conflicting child-care or waged work responsibilities.

While the implications of this state of affairs for individuals and families requiring

long-term care were undoubtedly far-reaching, at a systemic level they were perhaps even more so, serving to disarticulate much of the community-care sector from the mainstream of the health system, leaving in its wake what were in effect *two* distinct systems of long-term care: the first, hegemonic, being comprised of an ensemble of specialized (mostly facility-based) services meant for the elderly or disabled person whose care needs had become so substantial or acute that they could no longer be provided for by a full-time family care-giver at home; the second, residual and largely invisible, consisting of a range of services oriented towards individuals who lacked a 'normal' kin network, and thus were in need of community support if their lives were to remain viable outside of an institutional setting. Given concrete expression through a multitude of locally-based programmes, organized on an ad hoc basis by existing social welfare organizations or informally by community or senior-citizen groups, the latter system evolved largely within the gaps and interstices of its hegemonic counterpart, engendering in the process a landscape of care whose unevenness and chaotic organization stood in sharp contrast to the rationality and homogeneity of the larger health care system. Of course, in this regard it need hardly be stressed that each was underwritten by a very different dynamic, with MOH-funded services (whether acute or chronic in orientation) part of a larger project to sustain and extend the bases of the state's hegemony over the province, while the 'residual' system was the product of the combined (and often contradictory) effects of a much more complex set of interests and priorities, encompassing (*inter alia*) the state's desire to monitor and discipline potentially troublesome populations (such as the mentally ill); municipalities' historically-given mandate for the care of citizens who have fallen into destitution or indigence, and finally the aspirations of particular social groupings to carve out

a space of care that was more functional to the needs of their members than that afforded by the public health system at large (Dear and Wolch 1987; Tarman 1990; O'Neill 1992). However, what is important to bear in mind in each of the latter cases is that, for the most part, the community-based programmes and services emanating from activist groups, municipal governments and social services organizations enjoyed only the most tenuous of links with the province's health/long-term care system. Until roughly the mid-1970s, in the official discourse of MOH, as well as that of the health and public policy communities more generally, long-term care *was* institutional care, while providing for the needs of elderly or disabled individuals in the community was primarily the responsibility of family-members or, in cases of family 'dysfunction', of municipalities, charitable organizations or the Ministry of Community and Social Services (MCSS) (Deber and Williams 1995; Armstrong and Armstrong 1996).

Moreover, this was an understanding that also manifested itself concretely in the form of a particular representation of space, in which the province's territory was subsumed under a logic of catchment areas and 'health regions' (Ontario 1970), with the long-term care needs of individual citizens reduced to those which could be provided for within the context of a hospital, chronic-care facility or nursing home. Quite simply, space itself became a strategic asset in the service of MOH as it struggled both to impose its understanding of health (and, by extension, long-term care) as hegemonic, and to marginalize those health practices and programmes which called into question the assumptions built into its own position. While one might propose any number of reasons for the Ministry's action in this regard, by far two of the most significant were the need to defend the premises of the medical model, upon which

the province's health and long-term care systems were firmly based, together with a more general commitment on the part of the state to 'permeable fordism' and its accompanying mode of societal regulation, which necessitated in turn the surveillance and control (whether by co-optation or obliteration) of practices which challenged the ideological bases of this project. Thus, by championing a particular landscape of care, in which rationality and monumentality came together in the shape of a network of functionally-specialized health facilities spread out across the province (and underpinned by a series of operational and administrative grids), the Ministry of Health contributed to this process in at least two significant ways. In short, its interventions served to facilitate the regulation of care providers (along with their patients) who opted into the public health system, while at the same time providing a basis for the de-legitimation and marginalization of those whose care-giving work ran counter to the principles of the medical model or to dominant patterns of care delivery⁵. Though certainly not the only example of this process at work, by far one of the most notable (and ignoble) instances is centred upon the Ministry of Health's treatment of mentally ill individuals in the decades following the end of the Second World War. In short, despite attempts to develop a viable system of community-oriented mental health clinics as early as the 1940s, MOH state managers remained firmly wed to facility-based care throughout much of the period in question, even going so far as to countenance the placement of former psychiatric facility inmates into nursing homes and homes for the aged following widespread 'de-institutionalization' in the late 1960s and early 1970s (Simmons 1990).

⁵ As one might imagine, likely candidates for marginalization would include family care-givers and the 'alternative service organizations' which emerged in a number of Canadian cities in the 1960s and 1970s out of the feminist, student and new left movements (Lustiger-Thaler 1994; O'Neill 1992).

However, as appropriate as this particular set of institutional, regulatory and ideological arrangements may have been in an era of rapid economic growth and relative social harmony, inherent within them were a number of contradictions, whose full significance would only become apparent as Ontario (along with the rest of Canada) entered into a period of protracted political-economic crisis in the mid-1970s. Although health care was by no means the only policy domain affected in this regard, one might argue that the reaction of MOH state managers was nonetheless telling, encompassing as it did a combination of damage control together with a search for longer-lasting solutions. In the following section, I will explore the circumstances underlying the articulation and implementation of one such 'solution', in the area of long-term care restructuring, which I argue is indicative not only of a significant shift in MOH's understanding of the meaning of health and health care, but also of a broader attempt to re-configure the province's spaces of care in accordance with a rapidly changing *ideological* landscape. It is to this task that I now turn.

ENGAGING A NEW PARADIGM OF CARE? LTC REFORM AND THE NDP

Whether one chooses to emulate Harvey in holding up 1972 as the *momentus mori* of global fordism (1989:vii), or rather to situate it instead somewhat earlier or later in time, there can be little question that the entire decade was one of considerable ferment, as economic crisis interspersed with political crisis produced recessionary forces on a scale not seen since the Great Depression of the 1930s. Needless to say, Ontario, with a branch-plant and resource-based economy dangerously exposed to the vagaries of the world market and to trans-national capital flows, did not emerge unscathed from these wider developments: not only were its

citizens faced with the prospect of restructuring in many of the province's leading economic sectors, but also with a state system for whom social welfare spending was increasingly seen as being out of control. In the field of health care in particular, state managers' immediate reaction to this assessment included a programme of selective cost-cutting, through such measures as the imposition of new restrictions upon the growth of the province's nursing home sector (Ontario 1975a), along with real cuts to public hospital budgets, resulting in bed closures, staff reductions and the amalgamation of obstetrical units in some areas (Ontario 1974).

However, as is made clear in the discussion above, spending cuts were not the only response on the part of politicians and bureaucrats to a precarious fiscal situation; also relevant in this regard was the newfound willingness with which they explored alternative approaches to health and health care, in an effort to derive greater cost-effectiveness from a system increasingly plagued by diminishing returns (Ontario 1970). While Marc Lalonde's (1974) call for a policy re-orientation towards the social determinants of health is perhaps the best-known example of this new openness, it is mirrored at the provincial level by a near-constant stream of reform-oriented policy papers and programme pilots. Indeed, as Deber and Williams (1995) argue, it is precisely in the context of these latter initiatives that Ontario state managers (along with the health community more generally) began increasingly to identify community-based services as a potential alternative to hospital care, providing a basis in turn for the (re)construction of long-term care services as a component of the larger health system, rather than as "more stigmatized 'last resort' social welfare programs" (p.302). During the course of the following pages, I will seek to highlight the various forces at work

in producing this particular shift in understanding, as a necessary first step to my subsequent discussion of the New Democrats' efforts, once in office, to carry out a wholesale restructuring of the province's long-term care system.

Long-term care reform as state project

As Jessop (1990) makes clear in his theorization of the capitalist state, although social formations tend to be dominated by a single hegemonic project at any given historical conjuncture, the realization of the latter does not preclude the co-presence of a stock of non-hegemonic alternatives, each typified by a distinct set of overlapping characteristics and varying degrees of support among state and non-state forces. As one might imagine, not only do these alternatives provide the dominant class with some margin for manoeuvre, to the extent that it is possible to silence dissent through the appropriation or co-option of particular elements within these rival programmes, but they also serve as the prospective bases for hegemonic projects of the future, should the existing arrangements collapse under the weight of external aggression or internal contradiction. Thus, it is no coincidence that, at the very moment that the Canadian polity became embroiled in a dual crisis of accumulation and hegemony in roughly the mid-1970s (Jenson 1990; Albo and Jenson 1997), formerly marginal (and marginalized) projects, most notably those associated with Québécois separatism and the 'regionalization' of Canada, took on an ever-greater salience relative to that of the nation-building aspirations of the federal government.

Of course, given the extent to which the country's Medicare system was a key component of Canada's post-war hegemonic project, it is not especially surprising that it was

among the first programmes to be called into question by the demise of the fordist consensus. At a federal level, this entailed a tacit retreat from the principle of universally-accessible health care, as changing fiscal realities along with shifting ideological priorities caused state managers to pay less attention to that which was needed to sustain a strong version of federalism in Canada, and rather more to the seemingly inexorable rise in federal contributions to provincial health care budgets. In light of this situation, the federal government instituted bloc funding in 1977⁶, under the guise of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act (EPF), thereby limiting its own exposure to increasing provincial health costs, while at the same time handing over to the provinces one of the key levers by which it had previously been able to enforce national health policies and guidelines (Badgley and Wolfe 1992).

If the enactment of EPF signalled the end of solid federal support for a truly *national* health care system, by the same token its introduction also coincided roughly with something of a shift in dominant conceptualizations of health and health care, as uncritical acceptance of the medical model and of physician dominance gave way to a rising tide of oppositional voices calling for the re-organization of health care delivery systems as a basis for improving their cost-effectiveness, efficiency and equity. Within Ontario, this process encompassed the struggles of a diverse set of social actors, variously positioned both within and beyond the bounds of the state system itself, whose particular interests ranged from the improvement of

⁶ Under HIDS and the Medical Care Act, the federal government was committed to an open-ended funding formula whereby federal contribution roughly matched those of the provinces. Under EPF, by contrast, "provinces would receive a block of money for health and postsecondary education which they could use as they wished. However, although EPF gave more spending freedom to the provinces, as federal contributions were no longer tied directly to specific health services, provinces would have to rein in costs or absorb increases themselves." (O'Neil 1996:550)

conditions within nursing homes and mental health facilities (Tarman 1990; Simmons 1982), to the development of means of delivering health services to citizens at a reduced cost to the public purse (Tsalikis 1993). While not wishing to suggest that the proponents of these various positions shared anything approaching a common understanding of either the problems afflicting the health care system of the day or how best to resolve them, they were united in their identification of institution- and physician-dominance as two features of the system that were in urgent need of attention if the latter was to remain viable (let alone equitable) beyond the 1970s.

Without seeking to exaggerate the impact of these early critics of the province's Medicare system - after all, the *status quo* also had its defenders, in the form of such powerful organizations as the Ontario Medical Association and the Ontario Hospital Association - one might argue that their interventions were nonetheless crucial in shifting the locus of policy debate away from essentially technocratic discussions monopolized by physicians and health bureaucrats, and towards a somewhat broader-based dialogue which, for the first time since the inception of public health insurance in the late 1950s, included the airing of serious and sustained misgivings concerning the particular manner in which Ontario's health system had evolved. Given initial expression in such MOH documents as the *Report of the Committee of the Healing Arts* (Ontario 1970), these qualms soon crystallized into a generalized attack upon the alleged inefficiencies and wastage engendered by the "free-spending decades of the '50's and '60's" (*Ibid.* 1975b:4), and was usually followed by some reference to the supposed advantages to be derived from investing in a more proactive, community-based health system.

Indeed, at a programme level the latter half of the 1970s was characterized by the

introduction of a number of new initiatives in the area of community-oriented care, with two of the most notable examples being chronic home care in 1976 (Ontario 1979) and a long-term care 'placement coordination service' (PCS) in 1979 (Ontario 1982). Following upon the heels of MCSS-led efforts to cut substantially the rate of institutionalization among developmentally-delayed individuals and those suffering from psychiatric illnesses, the purpose of these programmes, together with earlier initiatives undertaken in such areas as community mental health and district health councils, may be summarized briefly as attempts by MOH to control rising health care costs through enhancement of its gate-keeping and command-and-control capabilities on the one hand, and through the galvanization of a nascent community-care sector on the other. However, regardless of the precise manner in which one interprets the evolving policy and programme priorities of the Ministry of Health during the course of the 1970s, it is clear that, rhetoric aside, budgetary considerations figured far more prominently in Ministry calculations than did any real concern with re-invigorating the system through a sustained commitment to community-based forms of care. Should confirmation of this fact be required, one need only consider the Ministry's institutional care budget alongside that for its community health programming. While acknowledging that repeated changes to classification protocols over the past two decades make it difficult to gauge with any certainty the degree of change in the proportion of funding allocated to community-based services, a perusal of MOH annual reports leaves one in no doubt that expenditures on community care remained comparatively tiny throughout the 1970s and early 1980s, with substantial gains in

its share of overall health spending not occurring before the mid-1980s at the earliest⁷.

Given these findings, what is one then to make of the Ministry of Health's purported embrace of community care from roughly the mid-1970s onwards? In the first instance, it clearly encompasses an element of tactical calculation, as state actors sought to justify retrenchment in the facility sector by arguing that the expansion of community services would more than compensate for cuts to hospital beds and staff. While the accuracy of the latter claim remains hotly debated even to this day, there can be little doubt that the Ministry's early forays into the realm of community-based service delivery were not particularly conducive to the realization of an integrated, cost-effective health care system. In short, not only was MOH slow to capitalize upon successful local pilots by transforming them into province-wide programmes⁸, but scant attention was paid by the Ministry either to the task of integrating existing community services into the established framework of care, or to the possibility that the new programmes being put into place (for example, chronic home care), far from merely shifting care recipients from the institutional sector to that of the community, would serve as well to expand the pool of likely users, as those whose care-giving needs had previously been met informally now attempted to make use of the new services (Deber and Williams 1995).

However, as I have already suggested above, in assessing the significance of the Ministry's early interventions in the field of community health and long-term care, more important than the interventions themselves is the degree to which they are indicative of a

⁷ Indeed, even in the 1989 fiscal year, funding for community-oriented services (including community support, in-home services and support service living units) consumed no more than 21.9 percent of total provincial spending on long-term care (Ontario 1993a:15).

⁸ For example, it would take fifteen years for PCS to be introduced in all parts of the province (Ontario 1994a).

broader set of changes in the regulation of everyday life, with the destabilization of key welfare state institutions in the wake of the crisis of fordism providing a basis both for the introduction of new patterns of regulation, and for the manifestation of hitherto quiescent forms of protest and dissent (Jessop 1993; Ratner 1997). Viewed from this perspective, the Ministry of Health's engagement with community-based forms of care delivery may be understood in the first instance as an exemplar of the strategic selectivity of the capitalist state, and in the second as an early manifestation of a tendential shift, still underway today, from a mode of regulation grounded in Keynesian economic and social policy, and towards one which one embodies a quite different set of characteristics, broadly (if not always accurately) understood to be 'post-fordist' in its orientation (Teeple 1995).

Of course, in positing such a transition, by no means am I attempting to argue that the logic of capital lies behind all, or even most, of the diverse social, economic and political changes to have taken place in Ontario since the early 1970s. However, by the same token this is not to say that the crisis of accumulation visited upon Canada (and elsewhere) at this time did not play a vital role in forcing social actors to undertake a sharp and often painful adjustment in the face of a rapidly changing political-economic order. Although this process of adjustment remains on-going in most quarters, one might nonetheless argue that, for the Ontario state system in particular, it has become increasingly dominated by a single strategic orientation, grounded in neo-liberal ideology, in which a slimmed-down welfare state structure, increased emphasis upon discourses of flexibility and personal responsibility, a *laissez-faire* approach in economic matters, and a growing dependence upon autocratic styles of governance are perceived to be the only means of piloting the province successfully into

the post-fordist age (Dehli 1993; Ehring and Roberts 1993). However, as singular and monolithic as this neo-liberal orientation has become, not only in Ontario but in other jurisdictions as well, it should be borne in mind that its wholesale adoption during the course of the 1980s did not occur without considerable negotiation and struggle among the various agencies and departments of the provincial state system, before a combination of circumstance and structural imperative resulted in the emergence of one particular set of responses as hegemonic.

In this way, even as one interprets the growing salience of community care in the 1970s as the harbinger of a sea change in the manner in which health care in general was delivered in Ontario, by the same token it was also indicative of short-term tactical manoeuvring on the part of MOH in the face of more immediate budgetary concerns. While it is precisely for this reason that one is left with little sense of an overarching rationale contained within the community-oriented reforms introduced at this time (except, of course, for that of cost control), it is clear that the latter did provide a set of markers which would prove useful to those charged with carrying out a more fundamental restructuring of the province's health system in later years. That is to say, even as one acknowledges that the Ministry did little in the 1970s and early 1980s to address in a truly fundamental fashion such problems as the system's over-dependence upon institutions and a largely unintegrated and fragmented community care sector, the interventions which *were* carried out were nonetheless sufficient to lay the discursive groundwork necessary to frame much of the subsequent debate over health and long-term care reform in the province. In short, by placing increased emphasis upon individuals' personal responsibility for their own health (Ontario 1980); by

adopting the position that the health system would rapidly become unsustainable unless prompt corrective action was taken (*Ibid.* 1983b); and by resolutely arguing that community-based services could, and indeed should, be integrated into the mainstream of Ontario's health care system (*Ibid.* 1975b), state actors set into motion a process which served not only to expose the contradictions inherent within the system since its inception as a public good in the late 1950s, but also to provide particular social forces outside of the state system with a set of strategic resources which they might then use in their own bid to influence the trajectory of the health system's subsequent development.

Thus, regardless of whether or not the Ontario government would have undertaken a substantive restructuring of the province's health and long-term care systems of its own volition, circumstances such as those outlined above served to push it inexorably in this direction, with unflattering media accounts of the state of chronic and long-term care in the province together with the well-orchestrated interventions of social movements such as the Concerned Friends of Seniors in Care Facilities, highlighting the degree to which the health system appeared to be failing Ontario's elderly population in particular (Deber and Williams 1995). Although the political pressure generated in this way was sufficient to propel health care (or, more precisely, long-term care) onto the government's policy agenda, and served even to galvanize the latter to take limited action in the face of a number of especially grievous (and high profile) problems, it was not until the 1985 Liberal election victory under David Peterson that the piecemeal approach formerly predominant in matters of health care reform was replaced by something approaching a more coordinated - and ambitious - response on the part of the state.

Having promised repeatedly during the heat of the campaign to pay closer attention to the needs of older Ontarians, Peterson, once elected, wasted no time in creating an Office for Senior Citizens' Affairs (OSCA), with a mandate (*inter alia*) to

improve and enhance the quality of life of Ontario's seniors: to ensure that elderly persons who require assistance to remain in their homes can obtain necessary community services; and to ensure that senior citizens who require institutional services receive appropriate and high quality care (Ontario 1986:vii).

Ambitious objectives to be sure, yet ones whose practicality was from the beginning called into question by the Office's lack of legislative authority or resources with which to carry them out (Deber and Williams 1995). However, in spite of these handicaps, during the winter of 1985/86 OSCA mounted a large-scale consultation process, canvassing the opinions of a cross-section of Ontario's "senior citizens, volunteers, service providers and members of the public" (Ontario 1986:4) as a basis upon which to develop an "appropriate, responsive and affordable system of services for the elderly" in the province (*Ibid.*). While many have subsequently questioned the underlying purpose of such consultations, asking whether or not their role might merely be to legitimate courses of action already decided upon by state managers themselves (Aronson 1993), the process initiated by OSCA was significant, as Deber and Williams argue (1995), to the degree that it established the principle of public consultation as a necessary ingredient in policy development and implementation. Moreover, it was clearly also significant in contributing (however superficially) to the production of a policy agenda for long-term care reform (entitled, appropriately enough, *A New Agenda*) that systematized, for the first time in Ontario, changes that had been taking place in the province's health services delivery system since roughly the mid-1970s

That is to say, in its principal findings report not only did OSCA recommend the improvement and expansion of the province's community health and social services, along with the implementation of a bundle of measures designed to support family care-givers and promote the health status of the province's elderly population, but, even more importantly, it also advocated the integration of existing community programming under a new management structure, whereby all services in a given geographical area would be accessible through a single point of entry, 'one-stop shopping' in the jargon of the day. While the means and timeline associated with the implementation of such a regime were necessarily left somewhat vague - this was after all a discussion paper rather than a blueprint for action - sufficient detail was provided so as to leave one with no doubt that its implementation would mark a significant departure from previous health reform initiatives in the province. How is this so? In short, by shifting so decisively the locus of attention in matters of health and long-term care from institutions to the community⁹, and by calling for the adoption of an integrated approach to the delivery and management of all community-based services, OSCA contributed to a process, subsequently taken up with renewed vigour by the NDP, which involved the progressive *institutionalization* of the community and the services provided within that context.

While noting that this is a matter which will be taken up in greater detail in the following section below, it is nonetheless vital that the reader understand precisely what is involved. Quite simply, by positing the 'community' as constituted by a space of care that is

⁹ Not only is this shift in emphasis evident from the report's organization and layout, but also from any number of specific passages in which community-based service delivery is championed, such as the report's claim that the "government's first priority will be to enhance community care services" (Ontario 1986:10)

equal in importance and legitimacy as that of the institution, not only did OSCA's report serve to blur the boundaries separating institutional from non-institutional space¹⁰, but it also presented a persuasive case for introducing the sort of comprehensive planning and management to community health and social services that had long been predominant in the hospital sector. In this way, under the cover of assisting "the elderly to obtain appropriate services through the development of an integrated 'one-stop shopping' approach" (Ontario 1986:11), OSCA laid the groundwork for a new paradigm in health and long-term care delivery in the province that would, as it turns out, become caught up and articulated with an equally new approach to *societal* regulation, whose 'post-fordist' credentials were becoming increasingly evident even as *A New Agenda* was being published. However, due to a series of complicating factors arising in the aftermath of the latter's release, including the political weakness of OSCA relative to other affected ministries (despite initially being given the 'lead agency' role in the implementation process); claims that the reform agenda it advocated was not comprehensive enough or else too narrowly focused upon the needs of elders to the detriment of other users of LTC services; and finally fears regarding the eventual cost of carrying out the proposed measures in full, all conspired to slow the pace of translating policy recommendation into policy action, a pace which ground abruptly to a halt in 1990, in the wake of an unprecedented election victory by Bob Rae's New Democrats on September 6th of that year (Deber and Williams 1995).

¹⁰ This was given further impetus by a number of recommendations which involved transferring expertise, technology and procedures 'normally' associated with institutional contexts to community care settings. Geriatric assessment units, which provide "multi-disciplinary assessment, case consultation, [and] staff training" (Ontario 1986:13), are one example of this phenomenon.

Re-imagining Ontario's landscape of care: restructuring care, re-configuring space

As one might imagine, the Canadian Left greeted this victory with considerable elation; not only was it deemed to be an historic breakthrough in the country's industrial - and Progressive Conservative - heartland, but was seen by many to represent as well a definitive repudiation of the neo-liberalism that had recently come to dominate discourse and practice in almost all facets of Canadian political life. However, as understandable as such optimism may have been at the time, hindsight has since exposed the NDP's victory for what it largely was: the reaction of "voters angry with the Liberal Government of David Peterson ... for calling the election too soon and for trying to inflict the Meech Lake constitutional accord upon them" (Watkins 1994:139-140). Needless to say, this is an important point to grasp, as it helps to explain both the 'thinness' of popular support for the Party during much of its tenure in office, together with its seeming inability to stay true to its mildly social democratic election platform when faced with sustained threats from an uncompromising capitalist class. Indeed, if there is any lesson to be derived from the New Democrats' accession to power in Ontario, it may be quite simply that the scope for bold action on the part of an elected government, while theoretically quite broad, is in fact highly circumscribed, whether by the structural selectivity of the state system itself, or by the power of capital to withdraw at any time its support from a regime that is not to its liking (*eg.* through geographical relocation).

Of course, in making this point it must be acknowledged that all too many on the Left have spent far too much time in recent years engaged in self-defeating theorizing of the inexorable progression of capitalism or state power, while leaving little room for the

possibility that these processes might be successfully opposed, let alone reversed (Gibson-Graham 1996). Certainly, the danger is a real one and must be resisted, yet by the same token one cannot let this knowledge obscure the fact that the Left *has* suffered serious reversals over the course of the past two decades, and that developments in the world economy (*inter alia*) have altered the relationship between capital and the nation-state in fundamental and often startling ways. While one might argue that the New Right has not been as successful in Canada (with Alberta, British Columbia and, more recently, Ontario being three notable exceptions) as it has been elsewhere in exploiting the latter processes for its own party-political advantage, it is undeniable that its ideology and values (in the form of neo-liberalism and neo-conservatism) have been internalized by most if not all of the country's mainstream parties, including, as it turns out, the recently-elected Ontario New Democrats under Bob Rae.

Not surprisingly, the realization that the NDP, having formed a government, would act in a fashion very similar to that of its predecessors was greeted with dismay by its rank-and-file supporters, prompting many to ask how a party, which had for so long styled itself as Ontario's (and Canada's) 'social conscience', could execute with such suddenness an ideological reversal that would cause it to turn its back upon precisely those groups with whom it had forged its closest links while in opposition, organized labour and the women's movement among them. Of course, in this regard one is well-advised to consider the cautionary words of commentators (and long-time socialists) such as Leo Panitch (1992), who argues that the

tragedy of the NDP may be that not having played, outside Saskatchewan, the role

of government in the founding era of the Keynesian welfare state - a project for which it was more suited than any other party - it has finally won the part at the end of that era. (p.174-175)

While some may consider this to be nothing more than a statement of the obvious, it is a crucial point nonetheless, serving to remind one of the fact that the balance of forces had shifted in Ontario since the golden age of the welfare state in the 1960s, and that the room for manoeuvre available to the Rae government was from the outset constrained in a number of significant ways, not least of which being the rigours imposed by a world-wide recession that was in the midst of gathering momentum as the Party came to power in 1990. Certainly, one can only imagine that, had the economy been stronger or the margin of the Party's electoral victory wider, perhaps the Rae government would have had the stomach to hold to a more recognizably social democratic course during its time in office, even if this meant confronting directly the vested interests resident in the province's business and financial communities. However, as Watkins (1994) makes clear, such action would have required exactly the sort of "political mobilization that social democratic parties are reluctant to engage in, [and] a kind utterly alien to the Ontario NDP under Rae" (p.141).

In the event, lacking either the will or the ability to face down its neo-liberal critics, the government capitulated, turning its back upon social solidaristic and Keynesian economic management principles in favour of what was essentially a New Right agenda of deficit-cutting and leaner, meaner government, tempered all the while by the *vener* of social democracy. However, as understandable as it may be that Party members and social activists should feel betrayed by this development, their proclivity to place the blame squarely upon the shoulders of the political opposition and the business lobby (along with timorous NDP

leaders) must be tempered by appreciation for the role played by forces internal to the state bureaucracy itself in producing this outcome. How so? Quite simply, since the early 1980s the history of the Canadian (and Ontario) state system has been dominated (constitutional questions aside) by exigencies arising from the crisis of fordism, including an eroding revenue base and the heightened permeability of national borders to the flow of capital, which have served to engender a particular range of responses on the part of state actors. While it is clearly beyond the scope of the present work to provide a detailed overview of the latter, variable as these are across time, space and government department, they are nonetheless unified, in Ontario if not elsewhere, by the common theme of 're-inventing government', whereby the bounds of state responsibility are rolled back, leaving individual responsibility and the 'animal spirits' of private competition to assert themselves.

Granted, at the time of the NDP's accession to power in Ontario, this process had not progressed as far as it had in many other jurisdictions, of which Klein's Alberta is perhaps the best-known Canadian example. Yet, despite this, it was clearly of sufficient magnitude to generate significant changes in the internal organization of the provincial state, as well as the particular manner in which the organs of the latter produce and control space. While asking for the reader's indulgence in making this argument - it would require a separate thesis at the very least to explore the full complexity of this process as it has affected the Ontario state system in general - one might nonetheless characterize it in general terms as involving a retreat from the 'social' on the part of the state structure (Donzelot 1979). That is to say, faced with the erosion of their ability to manage the economy and regulate society through

traditional fordist means¹¹, Ontario bureaucrats and politicians have set about 'rationalizing' and 'streamlining' the provincial welfare state structure, an exercise which has entailed (*inter alia*) divesting the latter of functions and responsibilities deemed to be either inappropriate or insufficiently cost-effective. Of course, regardless of the reasons given for undertaking such reforms in theory, in practice their chief effect has been to shift downwards the locus of responsibility for the provision of many social services, onto individuals themselves, onto their family-members, and onto a rapidly growing 'shadow state' of voluntary associations, community organizations and profit-seeking companies (Laws 1988; Little 1995; Wolch 1989).

Needless to say, Ontario's restructuring of the welfare state has not occurred in a political vacuum. At the federal level, repeated cuts between 1985 and 1990 by the Mulroney government in the area of EPF transfers provided an immediate impetus for Ontario state managers to re-assess their own commitment to provide for the social welfare needs of the province's residents (O'Neill 1996). Moreover, if this was not enough, further impetus was provided by growing fears, mightily fanned by business lobby groups such as the Fraser Institute and the Business Council on National Issues (BCNI), that state spending was out of control, and that the country would soon hit a 'debt wall' if radical measures were not taken to reduce the size of federal and provincial deficits (Rosenbluth 1992). Of course, regardless of whether or not such fears can be justified through recourse to measured argument, they have shown themselves to be highly effective in mobilizing popular support (or at least

¹¹ For example, through the assumption of responsibility of an ever-growing array of 'private' matters, including wage substitution for the unemployed; the provision of care for those unable to look after themselves, whether elderly, disabled or unwell, and the 'protection' of children and youth whose parents are deemed abusive or neglectful.

acquiescence) for the 're-invention' of government alluded to above, along with the re-configuration of the bases of hegemony which this exercise implies. What does this mean? Quite simply, spurred on by the demands imposed by 'deficit-phobia' (to borrow Rosenbluth's phrase) and the globalization of the economy, the terms of state hegemony in Ontario have undergone a slow process of re-definition, as a recognizably Keynesian welfare regime is replaced by something approaching the sort of hollowed-out, Schumpeterian workfare state discussed by Jessop (1993; 1995) in his more recent work.

Moreover, it should be noted that this process is not, nor has it ever been, spatially neutral. Rather, it has involved a marked transition in the means by which the provincial state structure represents - and hence controls - space. In other words, whereas Ontario in the fordist period had been characterized by a representation of space in which discourses of belonging, social justice and economic potential were pre-eminent¹², by the mid-1980s the emphasis had shifted considerably, so that the province was increasingly defined only in terms of its positioning within an evolving network of national and international economic relations. Of course, in championing such a representation, not only was the state implicated in a de-legitimation of those spaces and relations which were not economic in nature, but also in a parallel process whereby state space became more and more indistinguishable from the spaces of capitalism. In short, by calling upon state agencies to adopt the language, organizational structure and philosophy of private enterprise, an effort was made to transform the latter into profit-seeking companies, complete with their own customers, product lines and sales

¹² This representation was captured most tellingly in the words of the province's centennial-year theme song, which described Ontario quite simply as 'a place to stand/a place to grow'.

territories. That the authenticity of such an endeavour is belied by the state's continuing monopoly over the legitimate use of force in the territory under its control, along with the inescapable observation that the *substance* of capitalist production relations remains missing from almost facets of state activity, need not be of concern.

By contrast, what is of importance to the discussion at hand is the fact that this representation of space had become the dominant one in the province by the late 1980s, if not earlier, and that the newly-elected NDP government of Bob Rae, unable or unwilling to challenge its legitimacy directly, chose instead to embrace it (albeit with a number of significant concessions to the cause of social justice). This is seen in Rae's haste following the election to re-affirm his government's commitment to a vision of Ontario in which economic space defined and circumscribed *all* space in the province. As he himself put it shortly after having taken office, "[Ontario's] competitive advantage is the quality of our schools, our infrastructure and our work force .. Ontario's future .. depends on a well-functioning partnership between government, business and labour" (cited in Delhi 1995:84). In other words, while the state's responsibility for and operational control over a range of activities, from health services delivery to law enforcement, had formerly been defined and delivered according to any number of rationales and sets of spatial practices, increasingly all were being represented as subject to the overarching demands of capital alone. As one might imagine, it is precisely this tendency which has informed the restructuring of the province's long-term care system throughout the 1980s, as well as the reform measures introduced by the New Democratic Party during its own tenure in office. It is to a discussion of this latter initiative that I now turn.

From the outset, it should be noted that long-term care reform was one policy field in which the NDP was anxious to achieve results; having abandoned its plans to create a fairer tax regime in the province and to introduce public auto insurance, the Party was in need of a high-profile issue that would allow it to showcase its progressive credentials to the voters in general and to long-time supporters in particular. Thus, using a well-worn ploy of new governments everywhere, the NDP, having already eliminated the Office for Senior Citizens' Affairs in an early purge of vestiges of the Liberals' years in power¹³, re-worked, re-packaged and re-released OSCA's long-term care reform agenda as though it had been conceived of by the New Democrats themselves (Deber and Williams 1995). Not surprisingly therefore, the resulting document, entitled *Redirection of Long-Term Care and Support Services in Ontario* (Ontario 1991), contained most of the recommendations made in previous reports, including the two central policy aims of shifting resources from the facility sector to the community and of centralizing access to all LTC services in the province through the creation of 'Service Coordination Agencies'. However, this is not to suggest that *Redirection* was nothing more than a carbon copy of these earlier papers. In particular, its framers were careful to include a number of measures which would ensure that the reform plans proposed remained (or at least were seen to remain) consistent with the Party's stated concern for social justice: *inter alia*, these consisted of the emplacement of mechanisms whereby racial equity and respect for cultural diversity would be promoted, along with the elimination of user fees for certain types of LTC services (*Ibid.*).

¹³ Initially, the role of lead agency in long-term care reform was given to the Ministry of Citizenship. However, by 1992 the baton had been passed to MOH, which would then keep its lead ministry status for the balance of the NDP's term in office.

Moreover, also in the name of social justice, the government committed itself to broad-based public involvement in the reform process, through a consultation exercise which would eventually canvass the views (or so it was claimed) of 75,000 participants in over 3,000 public meetings across the province (Ontario 1993a). However, despite the assertion made by the government at the time that there was an historical lack of 'community' participation in matters of policy development and implementation at the provincial level, in fact many users and providers of LTC services felt distinctly *over*-consulted prior to the NDP's own initiative, having already been subjected to two separate rounds of consultation under the Liberals (Deber and Williams 1995; Aronson 1993). Among other things, this served to generate considerable ill-will and cynicism on the part of participants, who, in Almonte if not elsewhere, were often highly critical of the process itself, as well as the government bodies responsible for carrying it out. As two individuals whom I interviewed put it,

I think there was an awful lot of frustration around here with them [*ie.* those responsible for carrying out the consultation] because people thought the decisions were already made beforehand. (participant #13)

The government says it interviewed seventy thousand. It didn't. It interviewed maybe half that, with some people being counted two or three or four times, and we had our suspicions of it from the beginning.. So these consumer consultations might be useful, and they would be useful .. provided you handle them in a very upfront and forthright manner, and the long-term care reform consultation was not (participant #7)

Moreover, it was partially in response to criticisms such as these, along with a more generalized desire to expedite its own political agenda, that a coalition of activist organizations in the province, operating under the name of the Senior Citizens' Consumer Alliance for Long-Term Care Reform, carried out its own, rival consultation in February and

March of 1992, a process which led ultimately to the Alliance's (1992) publication of a findings paper in July, 1992.

This document was significant in at least two respects. On the one hand, it called for an approach to long-term care restructuring which gave explicit recognition to the existence of a continuum of care and supported it through interventions designed to ease an individual's passage from relative wellness to palliation and death. On the other, the report rejected outright the brokerage model implicit in the government's first consultation paper (*ie.* the Service Coordination Agency), recommending instead the creation of a series of 'Comprehensive Multi-Service Organizations' (CMSO), whose responsibilities would include gate-keeping for the institutional sector and the actual delivery of almost all community-based services. Of course, regardless of whether or not the framers of the report had any inkling of it at the time, the latter recommendation in particular would eventually prove to be highly contentious, recommending as it did the curtailment of private-sector involvement in the delivery of MOH funded community services, together with the amalgamation of existing LTC providers (each with its own base of political support) into a single, multi-purpose agency with broad powers to determine the eligibility and needs of individual care-recipients (Deber and Williams 1995).

While acknowledging that these are all issues which will be taken up in greater detail below, it is nonetheless highly significant that, despite the critical tone adopted by the *Consumers' Report* in its assessment of the NDP's first consultation document, the government was quick to adopt many of the Alliance's recommendations, either in whole or in part, when preparing a new round of position papers, entitled *Partnerships in Long-Term*

Care (Ontario 1993a; 1993b; 1993c; 1993d), which it released over the course of the Spring and Summer of 1993. Whether this favourable reception owes more to the superior quality of the Alliance's work or to the particular nature of its relationship with the unit within MOH responsible for the reform implementation process may never be known. By contrast, what is known for certain is that the *Consumers' Report* provided a key basis for the government's subsequent efforts to restructure the province's long-term care system, with the CMSO concept in particular being transferred almost without change into its revised policy framework.

In the event, having re-stated its position in the *Partnerships* series, the government lost no time in setting the implementation process into motion, through a legislative programme which consisted of two principal components, the *Long-Term Care Statute Law Amendment Act, 1993* (Bill 101) and *An Act Respecting Long-Term Care* (Bill 173). Although both pieces of legislation are noteworthy for a number of reasons, one is immediately left with the sense as one considers their respective contents that long-term care reform had become much more ambitious in its scope since OSCA released its initial consultation report in 1986. That is to say, whereas the authors of the latter document focused their attention more or less exclusively upon the service needs of individuals over the age of 65, the reform initiative undertaken by the NDP, besides addressing the needs of this population in particular, sought more generally to "build a comprehensive, effective system that will serve seniors, adults with physical disabilities, and people of any age who need health services at home or in school" (Ontario 1993a:i).

As one might imagine, the CMSO¹⁴ concept was central to this vision. Quite simply, not only was it seen as a means of integrating case management and almost all forms of community-based care, including community support services (eg. friendly visiting), professional services (eg. physiotherapy, social work), personal support services (eg. personal care and attendant care services) and homemaking, into a single agency with transparent lines of accountability and command, but, perhaps even more importantly, it was perceived (and presented to the public) as a cost-saving device at a time when health care spending was increasingly being characterized by the mainstream media and business lobby groups as unsustainable and out of control (Armstrong 1995; Rosenbluth 1992). Indeed, in this regard it is highly instructive to consider for a moment the reasons given by Ontario state managers to justify such a wide-ranging restructuring of the province's long-term care system, and how these reasons changed over time. In short, when one compares the New Democrats' first consultation document (published in 1991) with the position papers it released during the Spring and Summer of 1993, one is immediately struck by the sharp difference in tone and orientation. While the former tends to couch problems facing the long-term care system largely as internal weaknesses (eg. over-reliance on institutions, fragmentation in service delivery) which are amenable to a set of measured or incremental responses, *Partnerships* is far more strident (dare one say hysterical?) in pitch, interpreting such trends as an ageing population and growing health care expenditures as indicative of a looming crisis, which will require drastic action if the worst is to be avoided.

As an example of the sort of tone invoked by the framers of the *Partnerships* series,

¹⁴ In adopting the CMSO as its own, the government re-named it 'Multi-Service Agency' (MSA)

consider the following:

By 2010, the number of people in Ontario aged 65 and over is expected to increase by 45 per cent from 1992, based on 1986 census projections. The number of people over 85 will increase by almost 125 per cent. Older people receive more care than the general population. In Ontario, an estimated 40 per cent of the health care budget is spent on the 12 per cent of the population over age 65. And the per capita cost has been increasing. If total health spending continued to increase at the previous rate, the \$17 billion we spend today would *balloon* to \$34 billion by the year 2000. [emphasis added] (Ontario 1993a:7)

A frightening scenario to be sure, but is it accurate? While it is undeniable that public health care costs have been rising steadily over the course of the past three decades¹⁵, it is disingenuous to posit a direct link between the proportion of Ontarians over the age of 65 and growth in health expenditures. Not only are Ontario elders becoming an increasingly healthy segment of the province's population, as they reap the benefits of a higher standard of living and advances in medical technology, but many other factors (such as pharmaceutical pricing regimes) are in any case equally important in determining the size of the provincial health care budget at any given moment in time (Armstrong and Armstrong 1996). Finally, as the most recent demographic projections by Statistics Canada have revealed, the rate of growth among Canadians aged 65 and over appears to be considerably lower than previously forecast, resulting in a sharp decrease in the projected size of this population in coming years (*Globe and Mail* 1997).

Since one can only assume that state managers in MOH were well aware of most if not all of the above issues prior to the release of the *Partnerships* series, one is left with little

¹⁵ However, it should be noted that this trend may have reversed itself. As a recent study by Statistics Canada (*Ottawa Citizen* 1997) makes clear, state spending on health care decreased in 1995 for the first time since the genesis of the Canadian Medicare system.

choice but to assume that other factors were at work in generating the ominous tone on the part of the documents' authors. As has already been made clear in previous pages, one such factor is surely the NDP's decision, once in office, to cave in to those forces demanding that it adopt an uncompromising neo-liberal approach to the particular problems which the province was facing at the time, as a relatively small, powerless economy into which global-scale forces were increasingly intruding. Of course, once that decision had been made, it was but a short step to a view of long-term care restructuring which conceived of it not only as a means of achieving substantial savings in an area of welfare state spending that swallowed up a significant proportion of *all* government spending in any given year, but also as a way of introducing some 'rationality' to community-based health and social services, a sector that was widely perceived to be both unaccountable and fragmented in its delivery of care. As I will seek to make clear during the course of the pages that follow, at least two implications stem from this state of affairs. On the one hand, by making cost control a central (if implicit) objective of the reform process, MOH seriously undermined its ability to deliver on its commitment to the development of a "system [which] will promote dignity, independence and choice" (Ontario 1993a:39). On the other, by focusing so single-mindedly upon measures designed to enhance access, accountability and fiscal rectitude in long-term care delivery, the state sacrificed the benefits to be derived from local initiative and choice, while contributing to the production of a representation of space whose hallmarks were homogeneity and the ubiquity of state power and surveillance.

Let me turn first to the latter issue. As is indicated above, central to the NDP's long-term care reform agenda was the concept of a 'Multi-Service Agency', an organization which

would shoulder a range of case management responsibilities (including the screening of applicants to LTC facilities), as well as delivering the bulk of community-based health and social services to elders, adults with disabilities and others in need of such care within a specified geographical area. While each community (under the auspices of the District Health Council) was charged with the task of developing an MSA which reflected local needs and priorities, in practice local creativity was circumscribed by strict guidelines imposed by MOH to ensure that all MSAs in the province adhered to a set of pre-established criteria, in such areas as governance structure and the type and range of services delivered. As the Ministry puts it, "provincial direction will promote consistency and equity in the community planning process .. It is also important to ensure that the government's vision of system reform is implemented all across Ontario".(Ontario 1993b:5). Among other things, this vision included the twin assumptions that the capitalist home care sector, which by the early 1990s had built up a substantial roster of MOH-funded clients across the province (Aronson and Neysmith 1996), would stand by in the face of its elimination from this lucrative market¹⁶ and, at a more general level, that the pre-existing 'patchwork quilt' of community-based service providers, each with its own history, volunteer pool and funding base, would meekly accept amalgamation into the larger MSA structure, while individuals good-naturedly transferred their allegiance, volunteer efforts and funding dollars to the new agency without complaint.

Of course, given these objectives, it is not particularly surprising that the MSA implementation process quickly ran into sustained (and often fierce) opposition from certain

¹⁶ While MSAs would be allowed to purchase some services from outside agencies (up to a pre-determined ceiling), profit-seeking companies would be barred from receiving contracts in excess of ten percent of each MSA's budgetary allocation for homemaking and professional services . Eventually, this rate was to fall to nil (Ontario 1993c).

quarters. On the one hand, commercial providers, along with the provincially- and nationally-based lobby groups which represent them, quickly resorted to a number of strategies designed to slow or stop that part of the restructuring process which would eventually serve to force many of them out of the province altogether. As the manager of a private home care company whom I interviewed describes it,

we wrote letters, we phoned, we did blitzes where we would sit all day long and phoned Queen's Park, and they didn't know where we were phoning from. I mean we didn't let on who were or anything. Everybody in the OCHPA [the interviewee is referring to the private providers' umbrella organization, the Ontario Home Health Care Providers' Association] was doing this. (participant #4)

On the other hand, many non-profit care providers were equally adamant in refusing to countenance a process which would result in the loss of 'their' agency's individual identity, and which could very well leave them personally unemployed as well. However, despite this rising tide of opposition, MOH pushed its agenda doggedly along, making limited concessions to its critics¹⁷ while holding firmly to the central tenets of its reform programme. Why is this the case? Quite simply, despite the antagonism of providers (or, more precisely the managers and spokespeople) of community-based long-term care services, not only did the government retain powerful allies in the field, including the many unionized health workers who stood to benefit from particular aspects of the reform process (see below for a more in-depth discussion of this issue), but it remained convinced that the agenda it proposed was fundamentally sound, bringing order to bear upon what had previously been a highly

¹⁷ These include, for example, the announcement in November, 1994 that amendments would be made to Bill 173 that would protect the rights of volunteers and ensure sufficient ethnocultural diversity on MSA management boards (Ontario 1994b).

fragmented landscape of care.

However, from the outset it must be acknowledged that this was a particular form of order, one which accorded with and was permeated by the representation of space that had already attained hegemonic status in the province well before the New Democrats' election victory in 1990. Through its promotion of the Multi-Service Agency and a seamless continuum of care as the bases upon which long-term care reform (and indeed health care reform more generally) would be realized, the state contributed to the production - and extension - of such a space in at least three respects. In the first instance, the introduction of MSAs brought with them the promise of unified, transparent and rational spaces of care, and thus of a "system that provides the right care for the right person at the right time and place" (Ontario 1993a:6). In this way, by eliminating the potential for local creativity and difference through the imposition of common parameters and guidelines upon the province in its entirety, not only did the state seek to assert its jurisdiction over those localities and regions which had previously enjoyed relatively little in the way of formal long-term care services, but, even more importantly, it also endeavoured to create of an entirely new set of operational grids through which individual care recipients and their service providers could be tracked, monitored and disciplined.

Moreover, this in turn was accompanied by a second process which I refer to as the institutionalization of the community. That is to say, at the very moment that MOH was consciously expediting a longstanding trend in the health care field whereby more and more

services are being delivered in individuals' homes¹⁸, it brought to bear upon the community oversight and management structures which had formerly been unknown outside of the institutional sector. In this way, not only might one argue that the government envisioned a gradual shrinkage in the scope and extent of facilities' role in the larger health system, but that this would be accompanied by a commensurate growth in the management infrastructure (and bureaucracy) surrounding the delivery of community-based care. Finally, along somewhat related lines, MOH showed itself strongly committed throughout the reform process to the imposition of private-sector 'discipline', in the form of wage concessions and neo-Taylorist management techniques (in such incarnations as Total Quality Management [TQM] and Continuous Quality Improvement [CQI]), upon long-term service providers, for instance by making continued funding conditional upon the successful adoption of TQM or CQI principles (CUPE 1993; Ontario 1993d). However, as inappropriate as these management systems have been shown to be in the context of health care delivery (Armstrong 1995; Armstrong *et al.* 1994), one can hardly say that one is left surprised by the NDP's action, given the extent to which it had already allied itself (even if unwillingly) with the forces - and logic - of neo-liberalism.

Of course, it must be acknowledged that, at a broader level, issues surrounding TQM serve to bring to the fore a second key implication of the Ministry of Health's approach to long-term care restructuring. In short, by placing the demands of cost control ahead of its commitment to undertake reform measures which would truly serve to enhance the degree

¹⁸ For example, in the midst of implementing its LTC reform agenda, MOH introduced sweeping budgetary cutbacks and bed closures throughout the facility sector (Deber and Williams 1995).

of equity and efficiency within the LTC system, the government missed a unique opportunity to effect positive change in an a policy field that is in desperate need of greater fairness. How so? As Tarman (1994) among others have made clear, women, in the role of daughter, wife, sister, friend, are thought to perform almost 90 percent of the work involved in caring for the country's unwell elderly population. Furthermore, many of these same women (a significant proportion of whom are also members of racialized minorities or recent immigrants), in addition to any child-rearing and child-raising responsibilities which they might have, are also involved in the long-term care field by virtue of their employment therein, and as such are regularly faced with unsafe working conditions and exploitation at the hands of an unscrupulous employer (Aronson and Neysmith 1996). Finally, as a function of Canadian women's higher life expectancy *vis à vis* that of men, they form the overwhelming majority of LTC service users, yet are often treated with scant dignity and respect (and in many cases are abused) by those meant to care for them. While the Ontario government was clearly aware of all of these problems prior to implementing its reform agenda, even going so far as to commission a consulting company to undertake a detailed analysis of issues touching upon family care-giving in particular (Ontario 1994c), it pointedly ignored most of the recommendations contained within the latter report, embarking instead upon a trajectory which was more notable for the lip service it paid to gender equality than for the substantive action taken in this regard. Quite simply, by refusing to countenance the possibility of providing monetary compensation to family care-givers; by committing itself to the defence of unionized health workers at the expense of their non-unionized (and often exploited) counterparts; and by failing to provide the financial resources necessary to ensure that service

providers are able to provide appropriate care in a respectful manner, not only did the Rae government miss an historical opportunity to bring about real change in the field of health care, but it lost critical support and credibility at the grass-roots levels, which would cost it dearly as it entered into the final stages of the LTC reform process and, more to the point, an election campaign that would end with a decisive defeat at the hands of the Progressive Conservatives under Mike Harris.

CONCLUSION

Having outlined my theoretical framework and methodological orientation in Part I of the thesis, my sights have turned in this chapter to the case study proper and, more specifically, to an examination of the long-term care reform initiative undertaken by the New Democratic government of Bob Rae during the years 1990 to 1996. However, before engaging in this latter task, it was first necessary to provide an historical overview of Ontario's health care system more generally, out of which the province's long-term care services have incrementally grown. In the event, having argued that LTC restructuring in Ontario was subverted from the beginning by the demands imposed by a number of political and economic exigencies, I will now seek to focus the scope of my analysis through a consideration of the reform process as it has affected a particular community located in the eastern periphery of the province. It is to this task that I now turn.

CHAPTER 5

LONG-TERM CARE RESTRUCTURING IN PLACE: THE CASE OF ALMONTE

§

INTRODUCTION

In a number of ways, this chapter marks a significant departure from the direction taken elsewhere in this thesis. Most evidently, it draws much more heavily upon the words and narratives of individuals experiencing welfare state restructuring *directly*, rather than those whose perspectives have been mediated by self-conscious engagement with social scientific theory, or by a comfortable, tenured position within an institution of higher learning. Moreover, along somewhat similar lines, it is also couched at a considerably more complex-concrete level of analysis, as the categories, concepts and ideas advanced during the discussion above are deployed within the messy, unpredictable confines of everyday life. That is to say, having endeavoured to lay out the bases of a conceptual framework which is capable of grappling with the realities of long-term care restructuring in the province of Ontario, one must now assess the latter's usefulness as a theoretical construct, through a case study which brings together the various forces at work in either facilitating or countering the logic of state restructuring in the present era. To this end, Chapter Five is divided into two principal sections, with the first (re)introducing the line of argument that underlies my understanding of LTC reform at the local level, while the second explores in detail several tensions which have arisen in the wake of attempts to implement - or resist - the NDP's reform agenda within Almonte and the surrounding region. It must be emphasized that I make no pretension of offering an exhaustive account of the reform process; rather, my intent is to make sense of

the complexities inherent within it through the identification of key contradictions within the local landscape of care, and through the elaboration of the means by which relevant actors have made use of these contradictions as they attempt to secure or advance their own particular interests.

A COMMUNITY THAT CARES? LOCAL AUTONOMY AND STATE APPROPRIATION IN LTC DELIVERY

In the last chapter, I suggested that Ontario's long-term care system is best understood as the product of two distinct growth trajectories: the one, closely associated with the evolution of the province's public health care system, comprised of all those specialized (primarily institutional) services which are readily subsumable under the medical model of health; the other, marginalized and residual, the product of an ad hoc development process, whereby a varied assortment of mostly community-based programmes has grown out of the divergent needs and agendas of a number of groups, including care recipients themselves, state and para-state agencies, local community associations, and grass-roots activist organizations. Moreover, while there can be little doubt that the latter ensemble of services has long been characterized by numerous weaknesses, of which questionable cost-effectiveness, blurred lines of accountability, and sharp regional disparities in service availability are only the most notable examples, by the same token I would argue that the absence of firm state control over the initial development and subsequent management of these services has been instrumental in opening a space for the manifestation of alternative approaches to care delivery. That is to say, over the course of the 1970s and 1980s a 'patchwork quilt' of community-oriented LTC services sprung up at the margins of the welfare state, whose rationale was governed

less by the overarching logic of fordist social regulation, and rather more by actual human needs or the effects of geographical contingency, as differences in political culture, in relative wealth, and in the socio-demographic characteristics of particular locales and regions together served to generate a series of highly differentiated landscapes of care across the province.

Without wishing to pass judgement on the relative merits or demerits of LTC delivered in this manner, one can hardly be surprised by state managers' growing concern over the proliferation of more or less autonomous community-based service providers, particularly in an era when 'community care' was increasingly seen as the norm. Indeed, in this regard one might even go so far as to argue that the New Democrats' long-term care restructuring agenda was nothing short of an attempt to initiate a wholesale appropriation of the community-based LTC sector. This process was characterized by the progressive subsumption of formerly unique or informal care arrangements under a network of ever-more standardized and transparent practices, overseen all the while by a state structure whose ability to monitor individuals' actions and to intervene at the local level was to be considerably enhanced in the process. Thus, even though the costs associated with the implementation of the NDP's reform programme were bound to be high, comprising an additional \$647.6 million in the government's own estimation (Ontario 1993a), the potential benefits were deemed to be equally substantial. They range from the chance to re-assert state control over an area of social welfare provision that was already consuming a large - and growing - share of provincial health expenditures, to the opportunity it afforded the government to cloak itself in the mantle of bold, progressive action, even as it imposed sharp cuts upon the hospital and facility sectors, and perpetuated a model of service delivery which

cast women as the care-givers of first resort, regardless of their ability or willingness to take on such a role in the first place. However, while noting that further attention will be devoted to the contradictions inherent within the NDP's reform initiative in the pages that follow, it is first necessary to offer some explanation as to how precisely the Rae government intended to bring its vision of a re-configured long-term care system to fruition.

In essence, the centre-piece of this vision was the Multi-Service Agency. Presented to the public in the Spring of 1993 as the product of careful and measured deliberation, the government's MSA initiative encompassed a series of measures that, if fully implemented, would have entailed a radical transformation in the way in which services were delivered at the local level. Superficially quite flexible and amenable to inter-communal difference, the initiative laid down, in prescriptive form, guidelines with which all local planning bodies must comply as they set about the task of devising and implementing their own MSA development plans. Discussed in detail in the previous chapter, the essence of these guidelines may be summarized as follows:

- Communities must adopt an integrated model of LTC service delivery, in which access to all facility- and community-based services is coordinated (and, in the case of the latter) through a single point of entry, and which divides all community-oriented services into four components, encompassing homemaking services, community support services, personal support services and professional services.
- MSAs' governance structures must comply with pre-determined diversity standards, while ensuring that consumers and the public at large are adequately represented on all relevant governing boards.
- Although MSAs may sub-contract some service delivery to approved non-profit agencies, they may only do so to a maximum of 20 percent of their allocated budget for any particular service component.
- After an initial grace period, MSAs may not sub-contract service delivery to any

profit-seeking companies.

- During the course of the MSA development process, priority attention must be given to the protection of job security for staff already employed within the existing system.
- Quality assurance systems must be built into the organizational structure of all MSAs.
- MSAs are to be defined geographically, and each must be physically and culturally accessible to all residents living in its catchment area.

While there is clearly a strong case to be made for some of the requirements outlined above, particularly in such areas as access to services and client representation, it must also be acknowledged that underlying the reform were a number of significant implications, several of which would prove highly contentious in the months and years following the initial release of the MSA guidelines in 1993. Most immediately, these included the elimination of for-profit service providers from the market for MOH-funded home care contracts, an intervention which the companies involved would subsequently condemn as expropriation without compensation (Deber and Williams 1995). Although the NDP was explicit in calling for the active absorption of displaced (unionized) health workers into the new MSA structure, it offered relatively little guidance to local planning bodies as the latter struggled with such issues as succession rights, the role of unionized personnel, the role of volunteers within the new system, or how one might best balance the interests of unionized staff with those of their non-unionized counterparts. Indeed, so controversial did these questions become in Lanark, Leeds and Grenville¹ that the local working group charged with MSA development was in the end forced to suspend debate, with stakeholders agreeing that efforts to resolve these issues

¹ Under the guise of the Rideau Valley District Health Council catchment area, these three counties constitute a single unit in matters touching upon health and long-term care planning and delivery.

would be taken up again once MSA implementation had reached a more advanced stage (Rideau Valley District Health Council 1995).

At an even more fundamental level, the decision to impose upon the province an integrated model of care delivery, though commendable to the extent that it would have facilitated ease of access by those in need of LTC services, was clearly a radical departure from the relatively hands-off approach previously favoured by Ontario state managers. Not only were existing service providers expected to shed their individual identities as they were incorporated into an overarching MSA structure, but, by devising a template whose use would be mandatory in all parts of the province, the state sought to achieve a degree of uniformity - in accountability standards, in governance structure, in the type of services available - that had hitherto been most notable by its absence within Ontario's landscape of long-term care. Although the government's immediate purpose in undertaking this aspect of the reform should be obvious, encompassing a desire to rationalize the community-based LTC sector while enhancing state managers' command and control capabilities, one might argue that, even as they were pursuing these objectives, state actors were also committed to a somewhat more ambitious agenda, involving nothing less than a wholesale re-configuration of Ontario's spaces of health and long-term care.

How so? I have suggested repeatedly during the course of preceding chapters, not only would the NDP's long-term care reform initiative serve the state's interests in general through its promotion of a particular representation of space, with clarity, coherence and efficiency being among its defining features, but it would also serve effectively to restructure the relationship between institutional space and spaces of care in the community. That is to

say, whereas the delivery of both health and long-term care services has traditionally been understood to be intimately bound with institutions and the particular sort of space which these produce (*ie.* antiseptic, public, carefully policed and controlled), the advent of 'dehospitalization' (Glazer 1993) in the 1980s and 1990s has resulted in an ever-larger share of health-oriented services being delivered in community settings, without a corresponding shift in the manner in which such space is represented. Given the extent to which spaces of care in the community continue to be associated with a private realm dominated by women, the home and unpaid or apparently 'unskilled' labour², it is hardly surprising that many remain sceptical of state managers' claims that much of the acute and chronic care now provided within the context of a hospital or nursing home could just as effectively be delivered by a nurse or personal attendant within a home setting.

Viewed from this perspective, the MSA became a means of institutionalizing (discursively, if not in actuality) the community, to the extent that it was to be the focal point for a multi-disciplinary team of professionals who, during the course of their day-to-day activities, would enter into individuals' homes and in the process convert them into mini-institutions. For example, consider the following anecdote:

While for many people to stay in their home is the ultimate, that is what they always want is to stay at home, but it becomes virtual isolation for some of these people, and, as one man said, he had meals on wheels, he had home care, he had VON, he had a physio coming in, he said everything you could think of, but he said I realized I'd created an institution in my home (participant #3)

As this passage suggests, institutionalization of home-space was already a reality for many

² This is given concrete form in the tendency among some elders to refer to those providing them with personal or home support services as their 'maids' or 'house-keepers' (administrator, community sector).

individuals prior to the New Democrats' advent to power, yet because it had occurred incrementally and without much fanfare, its significance was perhaps not as widely recognized as it otherwise would have been. Thus, by introducing MSAs across the province, not only did the government seek to expedite the production of a *new* representation of space, whereby the community was overlain and penetrated by the technologies and practices of institutional care, but it clearly hoped as well that this would serve as sufficient justification for further spending cuts, staff lay-offs and bed closures in the facility sector.

Long-term care reform in Almonte: institutionalizing the community, de-centring the institution

Having re-visited the conceptual framework which informs and circumscribes my analysis, and having identified the key features delimiting the New Democrats' MSA initiative, the groundwork has now been laid for a consideration of Almonte's own framework of long-term care services, along with the particular ways in which the LTC reform process has made its presence felt at this level. From the outset however, it should be emphasized that the evolution of the town's landscape of care has proceeded in a manner which is broadly compatible with the set of conceptual markers outlined above. How so? Quite simply, if one considers for a moment the historical development of each of Almonte's principal long-term care services (summarized below in Table 1), evidence of a bifurcated growth pattern, along with the marginalization of the community-oriented sector, is readily apparent. In the first instance, this is seen in the unmistakable institutional bias discernable in the funding allocation decisions made by (or for) the community during the course of the 1970s and early 1980s,

<p>INFORMAL SERVICES</p> <ul style="list-style-type: none"> • Self-care • Care provided by family-members, neighbours or friends • Informal arrangements for the provision of transportation, friendly visiting and home support for 'vulnerable' individuals
<p>COMMUNITY-BASED SERVICES</p> <ul style="list-style-type: none"> • District Health Unit's Home Care Program (services provided include acute home care: chronic home care, the Integrated Homemaking Programme and the School Health Program) - the DHU initiated its acute home care programme in 1973; other services were incrementally added over the course of the late 1970s and 1980s* • Almonte Community Development Corporation's (ACDC) Almonte/Ramsay & District Home Support** programme (services delivered include, <i>inter alia</i>, friendly visiting, meals-on-wheels and foot care) - 1988 • Board of Health's Lanark Community Mental Health Program - ca1983 • VON Lanark Branch (services provided include a tri-county Alzheimer's outreach programme and nursing services under contract to the Home Care Program) - n/a • Red Cross Society (services provided include homemaking under contract to the Home Care Program) - 1975 • Bradson Home Health Care; Interim Health Care; and Para-Med Health Services (profit-seeking companies providing nursing and homemaking services under contract to the Home Care Program, as well directly to paying clients) - n/a • Ontario March of Dimes (services delivered include outreach attendant services) - n/a • Almonte Community Development Corporation's Town & Country supportive housing complex - 1983
<p>SERVICES PROVIDED AT THE COMMUNITY-FACILITY INTERFACE</p> <ul style="list-style-type: none"> • District Health Unit's Placement Coordination Service - 1981 • Almonte General Hospital's Day Hospital Program - 1984
<p>FACILITY-BASED SERVICES</p> <ul style="list-style-type: none"> • Almonte General Hospital - chronic care unit opened in 1982 • Almonte Nursing Home (operated on a for-profit basis by Omni Health Care Ltd) - ca1980 • Fairview Manor (operated by Lanark County) - 1977 <p>* In each case, I have included the year in which the service began in its current form or location. ** Please note that items in bold denote programmes or services originating within Almonte itself, or whose mandate extends principally or exclusively to residents of the town and/or the surrounding township.</p>

Table 1 - Tabular summary of Almonte's framework of long-term care services

which, as Table 1 suggests, was a period dominated by the disbursement of millions of dollars for several (facility-oriented) capital projects (including a 26-bed addition to Almonte General Hospital, and the construction and/or renovation of the Almonte Nursing Home and Fairview Manor).

Of course, given the continued strength of the assumption that long-term care was institutional care, it is scarcely surprising that resources continued to be lavished upon institutions throughout this period, even as the outlines of a *community-based* framework of care began slowly to emerge from the gaps and interstices implicit within pre-existing patterns of LTC delivery. Turning once again to Table 1, the attentive reader will observe that, as early as 1982, community care was garnering some attention at the hands of outside funding agencies and community activists, with permission to build an elder-oriented supportive housing complex in the town being granted by the Ontario Municipal Board in June of that year (*Almonte Gazette* 1982). However, it should be noted that it was only in the latter half of the 1980s that a full complement of community-based LTC services became available in Almonte, the product of several, mostly unrelated initiatives by local community groups, provincial state agencies, and charitable organizations. Of course, however the formal arrangements designed to integrate and coordinate service delivery, either among community-based service providers themselves, or between the community and facility sectors more generally, were most notable by their absence. Instead, Almonte-based LTC providers, like their counterparts elsewhere in the province, were crucially dependent upon informal personal and professional networks as they orchestrated care delivery, engaged in strategic planning and advocated on behalf of their clients.

To cite but one example of this process at work, consider the following statement by a community-based case manager:

Sometimes we have to go to the client's insurance and see if they have anything that they can help us with. So you kind of, you search for different things to help people out and sometimes it's phoning different people, or if I'm stuck I'll talk to my team members, again we were a team, and somebody in the team might say did you try this, oh no okay, so we go ahead, keep on searching, that doesn't work out, bring it back to the team and say what else can I do? Don't know, talk to Brenda. So I talk to Brenda. And sometimes I might go and talk to the doctor and say listen I don't know what I'm gonna do anymore, and the doctor might say the same thing. So okay let's sit down and, let's find a solution here. (participant #12)

Needless to say, negotiating such a maze of services and service providers would be a challenging task for anyone, let alone someone who suffers from a cognitive impairment or who lacks any prior experience within the long-term care system (as either a provider or care-recipient). Thus, it was not surprising to learn that the bulk of elders in Almonte, in a fashion common to the province and country as a whole, generally have little or no contact with formal care-providers until such time as they are hospitalized or in crisis, thereby garnering the attention of a discharge planner or community-based social worker, whose mandate includes an initial needs assessment and on-going case management. Two implications arise from this state of affairs. On the one hand, it underlines the fact that, for all of the importance attached to long-term care services provided within the 'formal' context of, say, a home care programme or nursing home, the lion's share of LTC is in reality delivered without any formal support or guidance whatsoever, mostly by female family-members, friends and neighbours upwards of 90 percent, according to some recent studies (Tarman 1994).

On the other, despite the relatively high profile enjoyed by particular programmes within Almonte at large (such as the home support programme run by the Almonte

Community Development Corporation), confusion and lack of knowledge regarding the availability of local services and the best means of gaining access to them is unfortunately widespread. Indeed, this was more generally the case in Ontario, a fact which provided the Rae government with ample justification for its engagement with an ambitious long-term care restructuring agenda during its five years in office. That is to say, by repeatedly drawing attention to the difficulties experienced by elders in obtaining appropriate community care, the government adeptly shifted public attention away from the underlying bases of its agenda, which included most notably its desire to bring the state's discipline to bear upon what was perceived to be a disturbingly unaccountable community-based LTC sector, and, at a more general level, to reign in rising provincial health care costs.

Arguably, there was some awareness among Almonte-based service providers that the latter might be part of the government's agenda in bringing forward its LTC reform plans in the particular manner that it did. Witness, for example, the complaints made by Ray Timmons, the administrator of the Almonte General Hospital, in the context of the LTC consultation hearings held in the town in February 1992.

It is possible to get the impression from the [public consultation] report that anything that can be labelled community care is, by definition, good, and anything to do with institutions is automatically bad .. Missing entirely from the *Redirection* report is any suggestion that elderly people get sick, are treated, get better and return to the community. (*Almonte Gazette* 1992c:2)

However, despite Timmons' and other similar interventions, initial support in Almonte for the NDP's reform programme appeared relatively strong, particularly on the part of individuals involved in non-profit, community-based service delivery, who felt that the MSA initiative would lead to a strengthening of under-funded areas of care provision, such as home support,

or that it would prove useful in enhancing their own organization's influence or resource-base.

As the manager of a commercial home health care agency put it,

[w]hen they first came out with the MSAs, VON and Red Cross were all for them, and I can only speak for VON and Red Cross because that's the only not-for-profit agencies that are in this county, and Leeds-Grenville as well. And they were all sort of leaping for joy, they were gonna get the whole thing now, you know they didn't have to share with the commercial agencies .. But at, at that time, Red Cross and VON didn't understand the concept of the MSA, they thought they were going to be in like flint, you know they were just gonna take, here's an MSA and here's your nursing component, that's the VON, and here's your home-making component, that's the Red Cross and it's yours girls. (participant #4)

While acknowledging that the speaker is hardly a neutral observer, her words are nonetheless suggestive of the information vacuum which characterized the early stages of the reform implementation process in Almonte and Lanark County. Undeniably, this state of affairs served the provincial government's interests well, for it helped to create - and sustain - the impression that local flexibility in MSA development would be permitted or even encouraged, all the while downplaying, for a time at least, the prescriptive dimension of the reform.

Thus, with the exception of facility-based service providers, who were more or less hostile to the MSA initiative from its inception, the (non-profit) long-term care community in Almonte (and indeed throughout the tri-county region) adopted what was initially a broadly supportive stance of the MSA development process, with several individuals from the local area (representing both service providers and user groups) taking part in the two committees³ struck by the Rideau Valley District Health Council (DHC) to formulate and implement the region's 'MSA strategic plan'. While leaving aside for a moment the fact that these individuals

³ These include the Long-Term Care Task Force, which was established in September 1993 with a mandate to coordinate LTC reform in the tri-county region, and the Multi-Service Agency Working Group, a committee struck in December 1993 to oversee the MSA planning process (Rideau Valley District Health Council 1994).

had little choice but to become involved if they wished to have some say in a process that was bound to affect them deeply, by the same token one cannot overstate the role of the local DHC in generating sufficient trust among the parties involved so as to allow MSA development to be carried forward in a relatively expedient fashion. While some might find this surprising given the fact that the DHC is wholly a creation of the provincial Ministry of Health, the use of its planning and advisory mandates in order to promote local projects and initiatives had served its credibility well in the past, and provided a basis for its role as 'honest broker' within the context of MSA negotiations.

Of course, in light of this situation it is not particularly surprising that, among those whom I interviewed, there was widespread agreement that the DHC had done its utmost to ensure that the implementation process was as inclusive and participatory as possible. In the words of a consumer member of the Long-Term Care Task Force,

I thought that the concept of the [LTC Task Force] and the principles underlying it of access and equality of services throughout the province and many things like that were ideal objectives. And the process I thought was very good, very consultative, it had, the Task Force had seven consumers, seven providers and seven others, and I was on actually as .. a consumer, a senior, a disabled person, so I was wearing a variety of hats. (participant #10)

However, despite these words of praise, it rapidly became apparent to many of those directly involved in the process that the latter was riven by a number of serious flaws, products mostly of the provincial government's unwillingness to compromise or show flexibility in the interpretation of MSA guidelines. To cite one interview participant involved in community-focused service delivery,

I do believe that the District Health Council worked hard to try and make it an interactive, communicative thing, but they were really stuck with the process as well.

(participant #6)

As one might imagine, this inflexibility proved to be the source of considerable alienation, particularly on the part of community-based service providers once they realized that the government was intent upon transferring control over virtually all of their respective organizations' long-term care activities to the emergent MSA structure. While further attention will be devoted to service providers' response to this state of affairs in the following section, the passage below is nonetheless useful in offering some preliminary insight into the nature of their reaction within the context of the LTC Task Force's deliberations:

I felt that during the two year period there were a fair number of tensions that arose, basically it seemed as though the providers were saying yes but, to integration, to new initiatives. They, the impression was given that they were there to protect their turf at all costs, and that they would only be dragged into an MSA screaming and unwillingly. (participant #8)

Again, it must be acknowledged that the District Health Council was ultimately successful in producing an MSA development plan which complied with the majority (though not all) of the guidelines laid down by the government. Released in May 1995 under the name of *Draft MSA Strategic Plan* (Rideau Valley District Health Council 1995), this document answered a number of key questions pertaining to how and when an MSA organizational structure would be introduced in Lanark, Leeds and Grenville, and what precisely its essential attributes would be. Without wishing to engage in an unnecessarily long and tedious review of the many issues it raised, its principal features may be summarized as follows:

- The plan envisaged the development of one Multi-Service Agency for the entire tri-county region, with up to 12 local 'satellite' offices (themselves divided amongst four to six 'service areas') serving as an initial point of contact for individuals in need of LTC services.

- In establishing the boundaries for each service area, the plan made use of a series of criteria, including the number of individuals over the age of 65 who are institutionalized; the number of individuals living in the community who are over the age of 65 and/or disabled; population density; population points in the service area; the current framework of facilities and services; existing transportation patterns; natural groupings and affinities; and existing strengths and linkages among service providers. A broadly similar set of criteria were also to be used to determine the location of each local office.
- Services to be provided directly by the MSA include administrative functions, information referral and screening; client assessment; placement coordination services; case management; visiting nursing services; Alzheimer's outreach services; professional therapies (*eg.* physiotherapy); school health support services; and provision of medical supplies and equipment. During its initial start-up phase, the MSA would employ sub-contractors for the delivery of home support, homemaking and volunteer hospice visiting services.

However, even as one concedes that the publication of the *Draft MSA Strategic Plan* did constitute a substantial first step in the direction of an operational MSA model in the tri-county region, perhaps more significant than the issues addressed are those that are not. The same time that it prescribed in great detail the means by which the placement of service areas and local offices would be determined, avoiding conflict in the process by invoking the power of 'rational' criteria, the report failed markedly to confront a number of more serious - and far more controversial - questions (including the role of volunteers and the relationship between unionized and non-unionized workers), assuming that they would resolved in due course once the first MSA governing board was in place. However, as I have already intimated above, such optimism was ill-placed, given the degree to which implementation of the proposed reform measures was from the beginning undermined by a number of key contradictions within the region's pre-existing landscape of care. It is to a discussion of the latter that I now turn.

RESTRUCTURING IN PLACE: AN ANALYSIS OF RESISTANCE AND REFORM AT THE LOCAL LEVEL

It bears emphasis from the outset that long-term care restructuring, as envisioned and carried forward by the New Democratic government of Bob Rae, failed to survive the latter's defeat in the 1995 Ontario election, with Jim Wilson, the new (Progressive Conservative) minister of health moving rapidly to suspend all activities associated with MSA implementation in the province. Explaining his decision, the new minister claimed that

[w]e are living up to our election promise. MSAs would have eliminated choice, favored [*sic*] organized labour at the expense of volunteers and hurt the quality of care by driving long-standing provider organizations out of business. (Ontario 1996b)

Setting aside the fact that the Tories would subsequently unveil a plan for the reform of long-term care that was in many ways similar to that of their New Democratic predecessors (albeit bereft of almost any hint of a socially progressive orientation on the part of its backers), there are clearly certain difficulties in attempting to engage in analysis around a set of policy and programme interventions that were abandoned before they were fully implemented. In short, not only is one left with little sense of how successfully the reform initiative would have met the government's stated objectives for it in the first place (which included, *inter alia*, enhanced 'quality' of care and reduced health spending over the medium- to long-term), but it is also impossible to judge what concessions, if any, the New Democrats would have been forced to make in order to placate the reform's opponents, whose loud and often inflammatory attacks continued unabated until the very final days of the Rae government.

That being said, the problems facing Ontario's long-term care system, like the problems plaguing the NDP's own attempts to reform and 'rationalize' it, are grounded in a

number of contradictions which remain as relevant today as they were during the five years in which the Party held sway. For this reason if for none other, these tensions warrant careful examination, and all the more so because of the degree to which they informed (even if implicitly) many of the strategies and tactics adopted by local actors as they sought to shape the MSA implementation process to their advantage. In the pages that follow, I will focus my attention upon three such axes of contradiction, in each case exploring its implications for the delivery of long-term care services in the Almonte area and, more importantly, for the implementation of the government's restructuring programme at the local level.

Inside/Outside

Situated roughly 80 kilometres south-west of Ottawa, at the northern-most end of the United Counties of Lanark, Leeds and Grenville (see map on p.5) Almonte is peripheral in at least two senses. On the one hand, its position on the eastern fringe of the province, closer to Montreal than to Toronto, has served to generate widespread feelings of marginalization and alienation among residents of the town (and indeed the region), along with the perception that their needs, whether for economic development or long-term care, are routinely overlooked by provincial politicians and bureaucrats. Of course, given this level of exasperation, it is not surprising that these feelings found their way into the responses of those whom I interviewed, with two individuals in particular noting that,

Toronto doesn't see anything beyond Mississauga. Mississauga for them is the end of the world. They don't realize the difficulties we have, they don't care. They're with their little blinders. It's as if they're saying, if it's good for Etobicoke then it must be good enough for everywhere else, one size fits all. (participant #7)

What I'm saying is that why couldn't somebody .. come out of their bloody office in

Toronto, and come out and say well geez, this is a different problem than in the city.
(participant #14)

On the other hand, many in Almonte also feel marginalized by the distance separating the town from Brockville, the seat of county government, and the headquarters for several 'tri-county' programmes operated or funded by the Ministry of Health, as such Home Care and Placement Coordination. Although health planners have made a conscious effort to decentralize some service provision, for example by siting the region's district health council in Smiths Falls (the geographical centre of Lanark, Leeds and Grenville), and by opening 'satellite' Home Care offices in such locales as Perth and Almonte, their interventions have been unsuccessful in completely silencing those critics who argue that, in comparison with Leeds and Grenville, the towns and villages of Lanark County continue to receive a disproportionately small share of the region's resources.

While the latter perception has clearly played a role in inducing some local service providers to adopt a defensive stance when engaged in planning activities with their counterparts from Leeds and Grenville, it has in a more general sense served to shape local processes of identity formation, whereby Almonte, along with Lanark County more generally, is constructed *in opposition to* the rest of the province and to the rest of the tri-county area.

For example, consider the following statements:

I really do favour Lanark, not that I've got anything against Leeds-Grenville. but the community, the sense of community, the sense of wanting to help, of going the extra mile in Lanark County is just incredible. (participant #4)

Almonte has a very strong volunteer part of their existence, more so than I've found in other communities that I've lived in and worked in. And so people here are geared to helping others. (participant #11)

We don't have a lot of things you might find in Ottawa, so you've got a client with a particular need .. and you can't quite meet it, so you start looking around to see what's out there, and then talking to people, and I think that's why, we're desperate and we don't have the other resources, we don't have easy access to existing resources sometimes, so we have to connect and make things happen.(participant #17)

In each case, not only does the speaker place particular emphasis upon the innate qualities of local people - their resourcefulness, their helpfulness, their sense of place - but each then goes on to contrast these favourably, if implicitly, with the qualities of people elsewhere. Without wishing to suggest that all of the town's residents would readily agree with such an assessment, the belief that Almonte enjoys a particular distinctiveness, rooted variously in its rural character, its solidaristic values or the fact that it has been starved of resources by external forces, is a recurring theme in much of what is said or written about the town by local people and media.

Interesting observations to be sure, but how is any of this relevant to long-term care delivery at the local level? For those troubled by such a question, my response would be two-fold. In the first instance, principles of voluntarism and self-reliance, alluded to repeatedly during the course of my discussions with interview participants, have clearly played a key role in the historical development of the town's landscape of care. On the one hand, this is apparent in area residents' traditional dependence upon informal networks of support when arranging for home support, respite assistance, or transportation to and from medical appointments in Ottawa. Indeed, one might even go so far as to argue that, for some participants, the years preceding the advent of substantial government involvement in local landscapes of care were akin to a golden age, whose values and strengths have since been eroded by an increasingly weighty state presence in almost all facets of community-oriented

care delivery, coordination and oversight. In the words of two participants in particular.

well, I think the government has taken over. Twenty years ago, if you'd looked at the community, there were a terrific number of resources in the community and there was no government involvement whatsoever. (participant #1)

we were doing fine without people from the Ministry [*ie.* MOH]. But it's just grown to the point where it's all paper. You know, we now have to have an audit, an *audit* done every year. (participant #14)

On the other hand, it is also clear that many in Almonte feel a strong sense of ownership over local care-providing institutions and services, most notably the community's hospital, and as such are loth to stand by while 'outsiders' engage unilaterally in any measures which are perceived to compromise the quality or availability of services in the town. As one locally-based MOH administrator put it,

[i]f you were to within Almonte [to] do something within that hospital that would have a lay-off of two staff it would hit all the headlines in the paper. Our community last year, because of cuts in the Home Care Program throughout Lanark, Leeds and Grenville we lost more than a hundred staff, more than 100 people were laid off, no press whatsoever. (participant #2)

While admittedly this lack of balance in town dwellers' response is in part explained by the far higher profile that facilities enjoy in comparison with their community-based counterparts, of equal significance is the widely held belief among area residents that local institutions belong to *them*, and that it is local people rather than distant, Toronto-focused bureaucrats who are best-placed to judge the community's needs, along with the most effective means of satisfying them. Returning once again to the case manager cited above,

it's not that the system couldn't be better and streamlined because I think it certainly could. However, if they [*ie.* the Ministry of Health] truly are serious about giving an envelope of funding to a community and letting them truly develop the method of delivery, we could do a better job, because we'd get rid of a lot of the red tape that's in between, that causes problems, and if anybody's ever quite brave enough to do that.

well, we'll wait and see what happens. (participant #1)

One cannot overstate the importance of this assertion, not only because it serves to highlight the frustration felt by many of those directly involved in service provision over perceived government meddling within the long-term care system in general, but it is also effective in bringing to the fore the sizeable gap separating rhetoric and reality in the New Democrats' own long-term care restructuring initiative. How so? Quite simply, during its first two to three years in office, the NDP devoted considerable energy to the task of publicizing its commitment to the principles of 'public consultation' on the one hand, and giving communities greater say over how their affairs should be run on the other. While leaving aside questions surrounding the government's credibility in undertaking its much-touted long-term care hearings, which have since been roundly criticized by hearing participants⁴ and scholars alike (Aronson 1993; Deber and Williams 1995), NDP officials left the public in no doubt that local control and the use of local expertise would be touchstones throughout the LTC restructuring process. In the words of Frances Larkin, the minister of health at the time,

[m]y colleagues and I believe that our new system should place the emphasis where it belongs: on community-based services that will be locally planned and delivered ... Local planning will ensure that these agencies are designed in such a way as to be sensitive to local needs. The model for Kingston may be quite different from the one that is developed by and for Sault Ste Marie. (Ontario 1992:1)

Significantly, this commitment was again restated by the government in 1993 as it set about the task of actually implementing its reform programme, with the ministers of the three

⁴ To cite an interview participant who had attended one of the consultation meetings held in Lanark County in February 1992: "[t]he public consultation process was extremely flawed. The government's claim was that they had seventy thousand responses, well that's a huge chunk of Ontario's population, and if truth were really known which it was so nicely and so cleverly masked, those numbers are inaccurate ... Most of this was all smoke and mirrors"

departments responsible for drafting *Partnerships in Long-Term Care* (ie. the government's chief policy statement on the matter) calling upon district health councils to play a "central role in ensuring that the system uses local experience and responds to local needs" (Ontario 1993a:ii).

Needless to say, these pledges did not go unnoticed by those with a stake in the long-term care system, and they served to generate considerable excitement among both care-providers and care-recipients in Almonte (as elsewhere in the tri-county region), who believed that they would be afforded the opportunity to contribute *substantively* to the reform process, and that this would result ultimately in a local action plan which was truly reflective of local needs, concerns and aspirations. However, as has already been made clear, enhancing local autonomy over the delivery of LTC services was precisely what was *not* on the government's agenda, whose priorities were focused instead upon bringing sufficient accountability and 'discipline' to bear upon a system that was deemed to be lacking in both areas. While one might argue that provincial bureaucrats and politicians were for a time able to maintain the pretence of subscribing to both positions simultaneously, their fundamental incompatibility ensured that this could not be kept up indefinitely, with actors in Almonte and Lanark County becoming progressively more disillusioned with the rigidity of a reform process over which they felt they exercised little or no control.

As one might imagine, a principal outlet for this disillusionment were the committees struck by the Rideau Valley DHC to oversee MSA development in the tri-county region. Among those whom I interviewed who had also been committee-members, several commented upon the acrimonious exchanges pitting state managers against the

representatives of local interests, with the most vocal among the latter generally being those associated with community-based, non-profit LTC providers. While one can only presume that provider groups, in leading the attack against MSA implementation, were at least in part motivated by self-interest (given that they would have faced amalgamation had MSAs actually been put into place), they nonetheless proved themselves to be highly adept in drawing out contradictions inherent within the government's reform plans, and using them to their advantage. In this way, at the same time that the district health council was busy deliberating upon the advantages and disadvantages of a number of alternative MSA 'templates' for the region, organizations like the Victoria Order of Nurses were engaged in a campaign to highlight their credentials as community 'insiders', with long histories in the region and with the best interests of local elders at heart. Moreover, with regard to the VON in particular, once it had positioned itself in this manner it was well-placed to criticize the NDP's long-term care reform plans as yet another instance of 'big government' micro-managing (and making a mess of) communities' local affairs. To quote Gary Winters, the president of the VON's Lanark Branch, in a letter to the editor of the *Almonte Gazette*,

[t]he VON has some concerns that the establishment of such a large government bureaucracy will not result in more efficient, more cost effective service .. The VON believes the best way to reform community health care is to build upon current strengths and existing agencies .. There is no need to destroy the current system to accomplish that. (*Almonte Gazette* 1994a:4)

While it is clear that the NDP leadership was sensitive to the threat posed by these charges and made some attempt to deflect them, for example by giving district health councils a lead role in MSA implementation at the local level, its ability to win over public opinion was nonetheless undermined by the fact that many Almonte area residents were suspicious of the

provincial government's motives even before it embarked upon this particular venture, suspicions seemingly confirmed by the wide gap separating the latter's rhetoric of local ownership and control over LTC reform, and the actuality of a process that appeared to pay little heed to the priorities or concerns of community-members themselves. As one Almonte-based administrator put it,

I think there's an awful lot of frustration around here .. because they thought the decisions were already made beforehand. And that's not okay, that's wasting the knowledge that you have, that's wasting time. (participant #18)

Improving service quality/Controlling service cost

However, if implementation of the New Democrats' restructuring agenda exposed a degree of tension between the NDP's urge to centralize decision-making power in its own hands and local actors' wish to retain as much control at the community level as possible, this was by no means the only contradiction to emerge during the course of the reform process. A second issue hinged upon the relative importance attached to cost control and system improvement within the government's agenda, and this was closely related to the particular relationship which had evolved between facility-based and community-oriented LTC services in the province. In short, as was made amply clear in Chapter Four above, Ontario's medicare system has from its inception privileged 'cure' over 'care', and institutional services over those provided within the context of the home or community. Not surprisingly, this in turn has been implicated in the relatively under-developed state of the community health sector, along with the tendency to marginalize anything not readily subsumable under the aegis of the medical model of health. However, from roughly the mid-1970s onwards, the effects of change felt

at a number of levels (including, most notably, that of the economy) served to awaken Ontario bureaucrats and politicians to the potential benefits to be derived from investing more heavily in illness-prevention on the one hand, and, on the other, from promoting community care as a comparatively inexpensive alternative to prolonged institutionalization in a hospital or nursing home.

While acknowledging that much of the policy activity which took place in the immediate wake of this realization was rhetorical rather than substantive in outlook, it is nonetheless clear that the 1970s and 1980s were a period of growth for the community sector, as new technologies and new funding opportunities provided the requisite basis for care providers to deliver an increasingly wide range of services within the confines of individuals' homes. Bill 173, in this reading, became a means for the Rae government to consolidate and extend the gains made in community care by directing more funding towards it, by 'rationalizing' the system through the application of an integrated model of service delivery, and by adopting a new ideological orientation in which community-based services were to be placed at the centre of a restructured long-term care system (Ontario 1992; 1993a). However, as benign as this vision might superficially appear, concerned stakeholders in Almonte and its environs soon began to question whether or not there might be an underlying agenda in the NDP's decision to champion community care in the manner that it did, particularly in light of the wide gap which seemed to separate the government's words from its actions on the ground.

How so? In short, during the course of the reform process government officials came forward repeatedly to reassure the public that, despite the attention and promises of resources

being lavished upon the community-based LTC sector, not only did MOH remain committed to the enhancement of the continuum of care in general (including facilities), but that all of the measures proposed would be carried out in a fiscally-responsible fashion. For example, consider the following passages taken from the government's *Partnerships* document:

Transforming the current system will involve reorganizing and improving services and facilities, with special emphasis on expanding and strengthening community-based services according to consumer needs. (Ontario 1993a:2)

New funds for long-term care will come from a variety of sources, an estimated \$150 million just from changes to the accommodation payment for people in long-term facilities. In keeping with the government's commitment to shifting resources from institutional to community-based care, \$37.6 million will be transferred from institutions within the Ministry of Health's budget. (*Ibid.*:55)

Clearly, if these words are to be believed, the Rae government stood poised in 1993 to expand community-oriented services throughout the province *and* improve the quality of institutional care as well, all the while meeting ambitious cost-reduction targets within the facility sector. Were these three objectives mutually compatible? Unfortunately, much of the evidence accumulated over the five years in which the NDP was in power suggests that they were not.

In the first instance, it is evident that many of the individuals involved in facility-based service delivery within Almonte and Lanark County were from the outset highly sceptical of the heavy emphasis being placed upon community care by the government in its reform deliberations. Returning once again to the statement made by the administrator of the Almonte General Hospital in the context of the public consultation meeting held in February 1992, he observed that "it is possible to get the impression .. that anything that can be labelled community care is, by definition, good, and anything to do with institutions is automatically bad" (*Almonte Gazette* 1992c). Certainly, the NDP leadership, in planning its various

interventions designed to reform and re-organize the province's health and long-term care systems, appeared all too willing to accept without question the notion that Ontario had relied far too heavily upon institutions in the past, and that the best means of bringing health spending under control lay in shifting resources away from the latter area and towards (supposedly more inexpensive) community-based alternatives. However, as one community activist whom I interviewed pointed out, one must engage directly with the question of

[w]here does [institutionalization] make sense and where does it not make sense? And how much does it truly cost to run an institution versus having people in the community? Now in some cases maybe you can support people in the community. Which cases? What kind of criteria, what do you expect from the person who's going to be served in the community? .. Now, we have someone like my mother, who's now deceased. But with Alzheimer's, who wanders, who can be very lucid and very persuasive. The bottom line is this is a person who's severely cognitively impaired. Is she safe at home? Ha, nay. Home becomes a very dangerous place .. So where do people like her belong? In an environment that would make it safe for them, make it possible for them to walk around [and] be engaged in activities. Is it worth it? Yes it is. Is it right for us to build institutions or to, what we did up until now, to warehouse everyone who's an Alzheimer person, and put them on Haldol and drive them into a stupor? No that's not right. What do we need? We need to train staff, and have institutions that are home-like, that are human, and where people can live their lives in safety, in comfort without it becoming this, this bogey-man institution. (participant #7)

However, rather than attempting to explore (and act upon) the policy implications contained within questions such as these, the government chose instead to take advantage of the public's growing acceptance of community-based alternatives to institutionalization in order to impose unprecedented cuts in the budgets of hospitals, nursing homes and homes for the aged, all the while trumpeting its continued enthusiasm for a more efficient, more cost-effective facility sector.

Certainly, from a fiscal perspective alone, the NDP's reform strategy proved to be a

remarkable success, serving to slow - and, in some cases, even reverse - budgetary growth among all classes of facility in the province (Ontario 1996c). However, this was achieved at a cost, namely that of the government sacrificing any pretence of remaining true to its pledge to enhance the quality of care available within institutional settings. This by no means is to suggest that the government actually came forward with such an admission. In official MOH documents emphasis was for more likely to be placed upon identifying the benefits of reform, such as the efficiencies achieved by foisting neo-Taylorist management strategies upon the staff of hospitals and nursing homes (Ontario 1994d; 1996c). Still, it is clear that the quality of care available within Almonte-area institutions *was* adversely affected by the government's cost-cutting measures, with several interview participants commenting upon changes in the characteristics of facility residents over the past several years which have resulted in additional stress and significantly heavier workloads for those directly involved in service delivery:

The care certainly has become increasingly heavy, heavier than it was before, we see that particularly in terms of dementia .. you know, we get a fair level of aggression, much more than we used to see, we're not using medication as much as they used to, so whereas perhaps years ago if there was any sign of aggression there was a tendency to medicate, keep them in the geriatric chair and then they weren't as great a problem .. so I think in some respects for the staff it's more stressful because they are dealing with so many behavioural problems. (participant #3)

What's really scary right now is that nursing homes and homes for the aged are being asked to look after individuals who have major psychiatric or psycho-geriatric problems, and they don't have the training for it, that's scary. And the burn-out level and the stress level is increasing among the staff, so that really gets complicated, I don't know how they're going to handle it, you know the reports I get back from some of the clients that I see in institutional settings .. they pick up the stress of the care-givers, they pick up the deteriorating quality of care. It's like the basic health needs are being met, by and large .. but the emotional needs are not. (participant #17)

Without wishing to suggest that the Rae New Democrats were themselves directly responsible

for this state of affairs - far more likely culprits include the increased availability of community resources and a movement away from the use of chemical and physical restraints - it should be patently obvious that, by failing to acknowledge the growing demands being placed upon long-term care facilities in Ontario and pressing on with cuts regardless, the NDP severely compromised the ability of institutional care providers to meet the physical and emotional needs of their residents.

Moreover, if these actions on the part of the government were not unwelcome enough, they were exacerbated in turn by the latter's apparent failure to re-direct monies saved from cutbacks in the facility sector towards the improvement or expansion of community-oriented services, despite having made an explicit commitment to do so. Among those whom I interviewed, several commented upon the fact that they had seen no evidence of such a shift in resource allocation taking place:

Haven't seen it. Doesn't exist. Well, I mean it's kind of a joke because at this point, ah, it's not just in long term care, it's in mental health as well, where it's supposed to come from psychiatric institutions and, all that I've seen so far is the institutions wanting to develop programmes and then offer them to the community, as opposed to resources coming to the community. (participant #18)

Well I don't believe there has been a shift really. I mean that has been talked and talked about .. but I don't think there will be much of a shift, because I don't think there's money there really to be used .. I think it's going to just be the opposite, it's going to be claw-back I think. (participant #12)

I don't think it's occurring. I mean it's not happening, it's pretty much staying the same and we have a couple projects .. looking at re-investments, of re-investing some of the money that was saved through rationalization into the community, but hospitals are being hit in terms of their own budgets, and so .. when we look at re-investment they're not certain that they're going to have any money to re-invest, because their budgets keep getting decreased, so I don't think it's going too far, I think it's not, it's just not happening. (participant #2)

Leaving aside the question of whether or not provincial officials were deliberately disingenuous in their intimations that a substantial pool of additional funding would be made available for community-based services in the context of long-term care reform, one is well-advised to consider for a moment the issues raised in the passages cited above. These serve to underline the difficulties faced by the government in its attempts to meet two mutually incompatible goals, of reducing health spending on the one hand, while introducing needed reforms to the LTC system on the other. Quite simply, if the Rae government had been truly sincere in its stated aim to restructure long-term care delivery in the province, it would have been necessary to bring more - rather than less - resources to bear upon the system (at least over short- or medium-term), for it is only in so doing that the new configuration of services would have a chance to prove its superiority over the old. In the event however, the government could not resist the temptation to shift its orientation from reform to cost control, drawing upon a caricatured understanding of both the facility sector (bloated, inefficient) and community care (cheap, under-exploited, superior to institutional care) as a basis upon which to cut funding to the former while expecting the latter to shoulder ever-greater responsibilities, without any substantial change in the amount of resources being allocated to it. Of course, given the inability of either sector to respond favourably under these circumstances, one would not be particularly surprised to learn that opposition to the NDP's reform plans grew increasingly vocal as time wore on, or that several of the interview participants indicated to me that they had initially *welcomed* Mike Harris' election victory, seeing it as a means of stopping implementation of an ill-advised agenda. In the words of one community-based service provider, "the NDP were crazy and I voted for them, I can't believe

I did that. I wanted a change, and I got one" (participant #4).

Unionized workers/Volunteer workers

Any discussion of recent changes in Ontario's long-term care system would be incomplete without some reference to the role of volunteers, who, as the framers of MOH's *Partnerships* series remind their readers, are the 'lifblood' of the system, and "make an invaluable contribution to supporting people in communities" across the province (Ontario 1993a:11). Needless to say, they also save the government the expense of having actually to pay staff to carry out the tasks which they perform, thereby awakening a certain wariness among trade union members in particular, who are naturally suspicious of any moves to reduce health care spending by promoting voluntarism at the expense of waged labour. Certainly, there does appear to be some cause for pessimism in this regard, with writers such as Wolch (1989) suggesting that the latter-day expansion of the voluntary sector in a number of industrialized countries (including Canada) may be indicative of a deliberate strategy on the part of governments to roll back basic welfare entitlements, while at the same time using state control over funding arrangements as a basis upon which to extend regulation over the activities of voluntary associations and the individuals whom they serve.

However, by the same token one should not assume that these processes are occurring everywhere at the same pace (if they are occurring at all); in NDP-controlled Ontario, for example, the government exhibited a measure of sensitivity to the dangers inherent in over-dependence upon voluntary organizations in long-term care delivery. It is possible to cite several instances in Canada of joint action by organized labour and the voluntary sector, with

the memorandum of understanding agreed to by the Canadian Labour Congress and the United Way of Canada being only one example (Canadian Labour Congress 1987). Still, despite these promising signs, it is difficult to imagine in retrospect how the Rae government could have implemented its LTC reform agenda in full without alienating either unionized workers on the one hand, or volunteers and the grass-roots organizations with which they are associated, on the other. In the paragraphs that follow, I will seek to make sense of this issue in the particular context of Almonte and Lanark County, all the while drawing out some of the key tensions to emerge during the MSA implementation process.

Given the traditionally fragmented nature of long-term care delivery in the Almonte area, it should come as no surprise that LTC providers vary widely both in the importance they attach to volunteers within their respective organizational structures, and in their receptivity to labour unions, whose presence in the workplace is typically associated with the formalization of industrial relations and the imposition of certain restrictions upon managers' ability to dictate the terms and conditions of employment to those working for them. However, in spite of this variance, it is clear that the majority of local providers fall into one of two broad categories, the first characterized by such attributes as a unionized work force, relatively high wages and well-developed workplace protocols and procedures, the second by heavy dependence upon volunteer or non-unionized labour, low wages and a less than transparent decision-making style, with wide discretion generally invested in the executive director and his or her closest associates. Without wishing to suggest that the profile of any given agency accords perfectly with the attributes outlined above, one might nonetheless suggest that Fairview Manor (the county-operated home for the aged), VON and the Almonte

General Hospital should be placed in the former category, while Almonte/Ramsay & District Home Support, Para-Med Health Services and the Almonte Nursing Home fall into the latter.

Obviously, a number of forces are at work in generating these contrasts, with varying accountability standards, the relative clout of the workers involved⁵, and the ease or difficulty with which union activists are able to organize particular work-places being among the factors which come immediately to mind. Moreover, also relevant in this regard are certain differences in ideological orientation, differences which were brought to the fore during the course of the interview process. In short, whereas the public health sector *in general* has a long history of unionization in the province, the long-term care system, particularly in rural locales such as Almonte, has typically been less than entirely welcoming of unions and the structured approach to management-employee relations which their presence implies. While this is in part due to the fact that many LTC service providers are capitalist enterprises (eg. the Almonte Nursing Home, Para-Med), and thus wary of any development thought likely to compromise their capacity to exact a profit, it is also clearly the result of stereotyping by local actors, particularly among those involved in the voluntary sector, who feel either that labour unions are antithetical to Almonte's 'traditional' rural values, or that they impose an unworkable rigidity upon organizations whose principal strength has always been their flexibility and resourcefulness in the face of financial adversity. For example, consider the following statement by an elder who is also an active volunteer:

⁵ For example, whereas VON nurses enjoy 'professional' designation and are able to draw upon a province-wide network of resources and support in the shape of the Ontario Nurses' Association, home support workers have little leverage with which to extract concessions from their employers, given their marginalized occupational status and the fact that they have no umbrella organization to defend their interests (Aronson and Neysmith 1996).

I'm on the board of the Victorian Order of Nurses. They do a hell of a good job, but do you know what's killing them? Unions. The union, they have to pay their nurses at a union rate, and they're just not in competition, they cannot compete with the for-profit people who can hire nurses, but no union. So, they can't compete, especially with so many bodies not delivering services, you know. There's programme directors, there's district programme directors, there's area programme directors, and then there's the director of the directors. (participant #20)

As this participant makes clear, in her estimation the problems facing the long-term care system in Almonte and the surrounding region are less the product of government neglect or funding scarcity, and more a consequence of inappropriate demands being placed upon care providers at the local level, whether by state managers insisting upon meticulous documentation of all activities undertaken, or by powerful unions wresting overly-generous (and hence unsustainable) concessions from LTC providers at the bargaining table

While there are undoubtedly many individuals employed in the long-term care sector who would dispute the veracity of this latter assertion, it serves nonetheless to highlight a sentiment which has enjoyed relatively wide currency in Almonte's public fora in recent years (with the *Almonte Gazette* being a prime example), and which proved to be an especially contentious issue in the midst of attempts to implement the New Democrats' reform agenda in the tri-county region. That is to say, even as the NDP sought to present its restructuring programme as one that would "improve the quality of work life for paid and unpaid caregivers", and committed itself to the provision of re-training and support for all those involved in long-term care delivery (Ontario 1993a:42), many remained highly sceptical of the government's underlying intent, for a number of reasons. Within the facility sector, attention was focused primarily upon the relationship between repeated cut-backs in state funding and the use of volunteers as a means of compensating for the latter, with unionized staff in

particular expressing strong reservations regarding the prudence of any such moves. To cite one interview participant,

you take a staff-member away and you have one less person to, for example, feed people at meals. So they bring some volunteers in and they're feeding residents, carting, transferring residents from dining rooms to their rooms, that type of thing. That affects the paid staffs' duties and more and more that seems to be the common solution for management .. Of course that opens up a whole new ball game. I mean, are the volunteers, are they insured? Are they trained? You're telling us on one hand you want trained direct care-givers, well who's going to be training these volunteers? I mean any volunteers that we've experienced, in our facility, they're not, they receive no training in geriatric care, in dementia care, none whatsoever. [Interviewer: *there's a lot of responsibility there*] There certainly is. Well, my favourite phrase is sucking and blowing at the same time. How can they be demanding that all our employees receive their training, and yet they're bringing in people off the street without any training at all, scab labour? (participant #19)

However, while acknowledging that these are serious enough concerns in their own right, they were to some extent overshadowed (at the local level at least) by the high profile enjoyed by the government's plans for *community-based* LTC services, which involved *inter alia* the subsumption of existing agencies under an integrated MSA structure; a pledge to give hiring priority to displaced hospital workers over those already employed in the community sector; and the expectation that volunteers and charitable donations would continue to accrue to the system as before. Needless to say, observers lost no time in casting doubt upon the latter assumption in particular, with many pointing out (including Deber and Williams 1995) that there was bound to be some reluctance on the part of individuals to donate their time or money to an organization that was perceived to be an integral part of the state structure. Moreover, these fears were aggravated in turn by the suspicion, widely held by front-line staff employed in agencies delivering long-term care services within the community, that the government was prepared to go to almost any length to win the backing of organized labour

for its reform programme, even if this demanded the sacrifice of the interests (and jobs) of non-unionized health personnel, many of whom were already faced with highly exploitative and hazardous working conditions. As way of underscoring the intensity of emotion which this issue engendered, consider the following statement by Judy Armit, a spokesperson for the Canadian Red Cross Society in Lanark, Leeds and Grenville:

I am extremely disappointed and outraged with the government's last-minute Human Resources amendment to Bill 173 .. Despite months of committee hearings [and] public submissions the government has only now introduced an amendment that will force MSAs to offer available jobs to unionized workers before they are offered to non-unionized workers no matter what their length of service .. Reassurances from the government that workers need not worry as "this is a growth sector" and there will be lots of jobs are not convincing as there is no guarantee there will be enough jobs for all workers presently working in the sector (*Almonte Gazette* 1994b:4)

While it is hardly surprising that the prospect of substantial lay-offs in the community-based LTC sector was sufficient to arouse stiff resistance among those who thought themselves likely to be affected, the reform's implications for volunteer-driven organizations like the Almonte Community Development Corporation served to generate opposition on an even wider scale, as care recipients, volunteers and members of the public at large voiced their disapproval in the face of the impending disappearance of a popular, locally-run home support programme for community elders. In short, by calling for the amalgamation of *all* existing long-term care services, including those with a well-established local identity and strong voluntarist ethos, the NDP risked alienating concerned stake-holders on the one hand, while compromising the quality of community-level landscapes of care on the other. How so? With respect to the former issue in particular, the costs involved should be largely self-evident, and are centred upon the withdrawal of voluntary labour by individuals wishing to signal their

opposition to this aspect of the MSA implementation process. In the words of a locally-based MOH employee,

we have within the home supports alone in Lanark, Leeds and Grenville, we have about 1,200 volunteers. They have volunteered for the community, to deliver services in their community. They perceive the MSA to be a large bureaucracy and that causes them some difficulties. I think that we probably could get around that in terms of organizational structure, and we tried to address it in our model, but in the end where we really get the crunch .. is the union-volunteer issue, because in the home supports volunteers very clearly answer phones, they do books, they help out with all kinds of things that can be described as work, so work of a union person, and there's a real fear and the discussion was very lively .. but we felt that there were too many issues around volunteers, they felt too threatened, it looked like we were going to lose some, but even if they decided they wanted to stay there would be too much adversity between the volunteer and the unionized staff. (participant #2)

Matters become considerably more complex when one turns one's attention to the second issue touched upon above, namely that of the likely impact of the government's reform plans upon the calibre of local LTC services. Without wishing to become entangled in a wide-ranging discussion of the relative strengths and weaknesses of (de)centralization of service delivery, it is undeniable that the people of Almonte have to some extent benefited from the hands-off approach formerly favoured by MOH in its management of the province's long-term care system. Quite simply, not only did the latter prove useful in giving organizations like the Almonte Community Development Corporation the freedom necessary to devise creative ways of coping with gaps or weaknesses in the local landscape of care (through, for example, its interventions in the supportive housing field), but it served as well to foster an environment that was amenable to the participation of a highly diverse group of volunteers, contributing their talents in many areas. As one Corporation official put it,

volunteers have always been important at ACDC. They started the organization .. [and] with home support we're always looking at volunteers. We also use volunteers

in housing, to help us with developing specifications for tendering documents, so we really do use volunteers in a wide variety of areas .. The type of volunteers that are available are very well-qualified, they have a lot of expertise to give, and we have a lot of retired civil servants .. who have a lot of good background that we can use. (participant #18)

However, with the advent of Bill 173 and its provisions for the creation of a province-wide network of MSAs, the emphasis in long-term care delivery at the community level (in Almonte if not elsewhere) underwent something of a shift, as service providers became less concerned with simply making do in the face of financial adversity, and rather more with the challenge of coming to terms with the highly structured approach to care delivery inherent within the government's reform agenda.

Obviously, such a shift in focus was unwelcome to the extent that it stifled local creativity and contributed to the production of homogenous, undifferentiated spaces of care; yet at the same time there were clearly certain benefits to be derived from the adoption of explicit standards, protocols and procedures, whether by health workers saddled with unreasonable demands on the part of their employers, or by elders faced with an incompetent or poorly-trained volunteer care-giver. In the words of an interview participant.

I don't want someone unqualified, I don't want unqualified people taking care of a person who has severe medical needs. I want to be assured that I'm not gonna inject the wrong way, I'm not gonna cause severe damage. Does that impact on society and long term care, of course it does! Because these people might end up in emerge[nce], emergency costs a lot of money. They're gonna be very sick, then they're going to be in the hospital and they'll be in intensive care and you've just racked up the bill. all because of what? My volunteer ineptitude. That's not the answer. (participant #14)

Of course, one might wish to argue (as government officials did at the time) that the New Democrats' MSA initiative sought to occupy the middle ground between an integrated, highly structured long-term care system and the volunteer-intensive, 'patchwork quilt' approach

which had been preponderant in the past. Certainly, sufficient ink was spilled by the Rae government in the pursuit of this cause. Yet, as with the shift in resources from the institutional sector to community-based care, claims that the interests of everyone involved, from volunteers and non-unionized personnel to union members themselves, would be protected and advanced under the new MSA-centred regime fell afoul of the government's unwillingness (or inability) to take substantive steps to realize this vision, preferring instead to focus its attention upon those groups deemed to be of greatest strategic value (*ie.* unionized workers), while simply assuming that all others would fall into line in due course. Given the fact that the NDP's reform plans were promptly abandoned in the wake of the Party's electoral defeat in 1995, it is of course impossible to say whether or not volunteers and non-unionized health personnel would have in the end acquiesced to the latter's long-term care agenda. However, if the intensity of debate within Almonte and the tri-county region over the two-year period is any indication, one can assume that vocal resistance to the MSA implementation process would have been unlikely to subside without significant concessions on the part of regional state managers or the provincial government more generally.

CONCLUSION

In the foregoing analysis, I have sought to identify and explore some of the key tensions to emerge out of efforts by the Rae New Democratic government to realize its vision of a restructured long-term care system in the province of Ontario. Obviously, in undertaking this task, I do not pretend to be exhaustive in my coverage; attentive readers will have noticed, for example, that there is only limited discussion of family care-givers, a group on whose

labour the LTC system is crucially dependent, yet which was largely ignored by the NDP in its haste to bring its reform agenda to fruition. However, even as I acknowledge my failure to address all of the contradictions inherent within the government's restructuring programme (a failure rooted in the need to limit the size of this document on the one hand, and the unavailability of appropriate source material on the other), I would argue that the tensions that I *have* addressed provide a sufficiently broad basis upon which to highlight one of the central weaknesses undermining state managers' attempts to implement long-term care reform in Almonte and the surrounding tri-county region.

This weakness, as one might imagine, resides in the gap between the New Democrats' stated agenda of progressive social change in matters touching upon the care of elders and others requiring specialized health or social services in the course of their day-to-day lives, and the actuality of a restructuring programme seemingly dominated by cost control objectives to the exclusion of all others. By failing to acknowledge the existence of such a gap, not only did the government effectively undermine the reform in general, including its positive aspects, but it served as further confirmation of the belief, already prevalent among particular strata of the population in Almonte and Lanark County, that provincial bureaucrats and politicians have little regard for their needs and concerns, and as such are entirely prepared to sacrifice them at the altar of 'fiscal discipline' or Toronto-centred economic development. In the general conclusion that follows, I will seek to cast further light upon these issues, both by placing them within the context of Ontario's changing *political* landscape, and by relating them to a more generalized (and on-going) societal shift away from the certainties of fordism and the 'strong version' of the Keynesian welfare state.

CONCLUSION

NEW TIMES FOR THE WELFARE STATE?

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Whether or not there is any merit in the claim that new information technologies, such as the Internet or satellite-based telecommunications, have liberated individuals from the tyranny of the established media and public-relations 'experts', there is certainly scant evidence to suggest that state managers, among others, have relented in their attempts to shape public opinion through the judicious management of information. Long-term care reform in Ontario, as envisioned and carried forward by the Rae New Democratic government in the early 1990s, is a case in point. Presented to the public as the result of measured and careful deliberations, a benign set of interventions designed to improve service quality and accessibility for the benefit of all elders and disabled individuals across the province, government spokespeople failed palpably to place the reform within its broader political and economic context, bar the occasional swipe at previous regimes for failing to address at an earlier stage the problems confronting the LTC system.

Thus, my first priority in undertaking this work was centred precisely upon the task of providing such a context. As one might imagine, this involved in the first instance an exploration of the forces buffeting the capitalist state system itself along with the means by which the latter has sought to adapt in the face of new challenges, emanating both from the terrain of civil society, and from the ebbs and flows of increasingly globalized capitalist interests. Drawing upon the work of Bob Jessop among others, I argued that the state is best understood as a system of 'strategic selectivity', acting upon and acted upon by a range of

social actors, with its ability to shape events at any particular moment in space or time as an "institutionally-mediated expression of the changing balance of forces" (Jessop 1991:95). Needless to say, few developments have been more significant in altering this balance than the onset of the crisis of fordist accumulation in the early 1970s, whereby the conditions necessary for the wedding of sustained economic growth with relative social harmony began to collapse under the weight of their own contradictions, leaving behind a seemingly weakened state structure on the one hand, and capital re-invigorated by a period of rapid globalization on the other. However, while noting that some political theorists, overawed by the breadth and speed of the changes taking place around them, have subsequently been quick to predict further weakening in the fabric of the nation-state, in fact one might argue that in many cases the reverse is true, and that the capitalist state system has often emerged from the crisis of fordism better-positioned to control and dominate its citizenry than ever before.

How so? While one might point to any number of strategies employed in this regard, among the most important are those related to the management and regulation of *space*. In short, as I have endeavoured to show through my exploration of the writings of Henri Lefebvre, capitalist state systems, like capital, have always tended to produce a particular sort of space, one that is transparent, homogenous and easily controlled. However, by the mid-1970s a changing fiscal climate in Ontario (and indeed throughout the industrialized West) had made it increasingly impractical to do so in typical Keynesian fashion, that is to say by using an ever-larger share of national tax revenues as a basis upon which to widen - and deepen - the existing framework of social welfare services. In the face of this dilemma, state

forces adopted a variety of responses, including a set of practices which amounted to something of a re-configuration of dominant representations of space. What does this mean? Quite simply, rather than seeking to dominate space through interventions which serve principally to highlight and extend the monumentality of the state's presence within the territory under its control (for example, by explicitly signalling its 'ownership' of a community hospital or transit service), one might argue that, in many quarters, there is evidence of a shift towards a somewhat more subtle approach, with state actors handing limited control over a range of services to local or regional authorities, while at the same time attempting to preserve or expand their own capacity to exercise power through the exploitation of new management, information and surveillance technologies.

Since it was obviously beyond the scope of the present work to offer definitive proof for such an assertion, I have instead engaged in a highly tentative exploration of a single issue (the delivery of long-term care services) within the context of a single jurisdiction (Ontario). Long-term care, from this perspective, is immediately noteworthy on account of its peculiar historical development, in which it was cast as both part of, and marginal to, the larger welfare state structure. Grounding their understanding in the radical separation of health and social services on the hand, and the spaces of institutions and the community on the other, Ministry of Health bureaucrats were only too happy to direct the bulk of their policy attention (and resources) towards facility-based long-term care, leaving community-oriented services in the hands of a 'patchwork quilt' of state and non-state actors, ranging from municipalities and community groups, to religious orders and profit-seeking companies. However, in the wake of mounting fiscal pressure during the course of the 1970s, MOH officials became

increasingly sensitive to the costs imposed by such an orientation, and began to cast about for ways of bringing greater efficiency and cost-effectiveness to bear upon the system in general.

While acknowledging that these efforts did result in the publication of a number of reports and the implementation of several new programmes on a 'pilot' basis, decisive action would have to wait until the election of the NDP in the Fall of 1990. Indeed, in this regard one might even go so far as to argue that the New Democrats' agenda went *beyond* the recommendations mooted in earlier deliberations, encompassing instead a wholesale re-configuration of the means by which long-term care services were organized and delivered in the province. In short, not only was there to be (some) divestment of decision-making power from MOH to local communities, but, of even greater significance to the discussion at hand, the NDP planned to integrate LTC service delivery into a single organizational framework (*ie.* the MSA), enhancing provincial state managers' command and control capabilities in the process. However, whether or not these moves are taken as vindication of the conceptual framework outlined above, one must acknowledge the extent of the government's difficulties in actually attempting to implement its reform agenda. That is to say, not only was the NDP forced to contend with place-based resistance on the part of LTC service providers and others who were not prepared to stand by while 'their' organization or agency was subsumed under a new grid of state-imposed relationships and hierarchies, it was also faced with a series of unresolved tensions internal to the reform itself, which conspired to create the impression that the government was guilty of incompetence at best, and unrestrained hypocrisy at worst.

Of course, one need hardly be reminded of the fact that, in the final analysis, all

discussion of the New Democrats' LTC reform programme is strictly academic, given that their MSA initiative was swiftly abandoned by the Mike Harris Progressive Conservatives following the 1995 provincial election. However, at the same time, this should not be taken to mean that the issues discussed above have no bearing upon processes currently unfolding within the Ontario state system, or on civil society more generally. Most obviously, this is underscored by plans recently unveiled by Jim Wilson, the Conservative minister of health, to implement a long-term care restructuring initiative¹ that is based upon premises surprisingly similar to those underlying the NDP's own agenda: in short, that the best means of improving the province's long-term care system resides in measures which serve to enhance the state's ability to monitor, control and discipline locally-based LTC service providers. Moreover, one might also argue that other aspects of the 'common-sense revolution', particularly in such areas as education, municipal affairs and welfare reform, provide further examples of the government's active involvement in interventions designed to re-configure 'state space', whereby it becomes engaged in a simultaneous process of withdrawal from, and penetration into, the social spaces of everyday life.

Still, this is not to suggest that individuals are completely powerless when confronted with these developments. That is to say, even as one acknowledges the degree to which state forces aspire to produce space that is transparent, homogenous, and governed by immutable laws (such as the 'rational' ordering principles underlying the development of MSA service areas), the contingency of everyday life and the irrepressibility of human nature are such that

¹ Unlike the New Democrats, who adopted the term 'Multi-Service Agency' to describe the organizational framework around which their reform plans were centred, the Tories chose a somewhat less threatening label, 'Community Care Access Centres', to characterize their own initiative in this regard (Ontario 1996b).

they serve constantly to undermine the hegemony of abstract space, either by virtue of chance effects which expose the contradictions inherent within it, or by deliberate interventions on the part of self-reflexive human agents. As I argued repeatedly during the course of the preceding chapter in particular, there are several examples in Almonte and Lanark County of service providers, volunteer care-givers and care-recipients themselves mobilizing to oppose particular aspects of the NDP's reform programme, especially where these were deemed to undermine the local framework of care. What could have motivated these individuals to commit the resources necessary to mount such a campaign? Clearly, given that so many of them felt they shared a personal stake in the continued reproduction of the local system of long-term care services, together with the fact that local identity was itself intimately bound up with the town's spaces of care, one can hardly pretend not to be left surprised by the vehemence with which many town residents opposed the NDP's reform plans. Though written in the context of a different struggle undertaken in another country, Andrew Merrifield's (1993b) words are particularly apt in this regard:

Ordinary people in neighbourhoods and communities are for most part [without the means necessary to relocate in the face of adversity], and because of their relative immobility they are left with no other alternative but to struggle over and attempt to dominate their own absolute territory as a 'lived' social space. (p.115)

Of course, this is not to imply that all instances of place-focused resistance to long-term care restructuring were necessarily progressive. Indeed, far from it: as one might imagine, there are all too many instances of interventions by groups and individuals whose principal purpose is either the exclusion of marginalized Others (Dear *et al.* 1997), or the championing of narrow group interests at the expense of equally valid interests found

elsewhere. However, be this as it may, local resistance is significant in that it embodies at least the possibility, and in many cases the actuality, of progressive, forward-looking change. Certainly, any moves which lay bare the contradictions inherent within the totalizing logic of the capitalist state system are to be applauded to the extent that they open up a space for difference at the local level. Likewise, one must acknowledge the efforts of individuals associated with grass-roots community organizations in Almonte and elsewhere to articulate their own sense of place with a set of spatial practices which render visible those whose 'abnormality' (be it age- or disability-based) had previously pushed them to the very margins of community life. Whether or not these interventions denote the only way forward in confronting the logic of state power or the systemic roots of ageism and sexism is immaterial; of far greater significance is the fact that these represent the actions of ordinary individuals who have been confronted with - and addressed directly - the effects of inequity and injustice in their daily lives.

REFERENCES

§

- Abel, E. and A. Sankar (1995) 'Introduction: the uses and evaluation of qualitative research', *Research on Aging* 17 (1): 3-7.
- Ackelsberg, M. (1994) 'Dependency or mutuality: a feminist perspective on dilemmas of welfare policy', *Rethinking MARXISM* 7 (2): 72-86.
- Aglietta, M. (1979) *A Theory of Capitalist Regulation: The US Experience*, London: New Left Books.
- Albo, G. and J. Jenson (1997) 'Remapping Canada: the state in the era of globalization' in W. Clement (ed.) *Understanding Canada: Building on the New Canadian Political Economy*, Montreal: McGill-Queen's University Press, 215-239.
- Allen, J. (1990) 'Does feminism need a theory of 'the state'?' in S. Watson (ed.) *Playing the State: Australian Feminist Interventions*, London: Verso.
- and M. Pryke (1994) 'The production of service space', *Environment and Planning D: Society and Space* 12: 453-475.
- Almonte Gazette* (1975) 'Local group hopes for early start on geared-to-income housing', August 5th: 5.
- (1983) 'A discouragement', July 20th: 4.
- (1987) 'Home support plan designed after survey shows demand', September 30th: 1-2.
- (1988) 'Underfunding could deal death blow to homemaking program', October 26th: 1-2.
- (1992a) 'Former councillor offers rebuttal', January 8th: 4-5.
- (1992b) 'Seniors' apartment benefits from ACDC director's election to provincial board', December 22nd: 6.
- (1992c) 'Health care workers and users poke holes in long-term health care report', February 12th: 2.
- (1994) 'VON concerned about MSAs', November 9th: 4.

- Amin, A. (1994) 'Post-fordism: Models, fantasies and phantoms of transition' in A. Amin (ed.) *Post-Fordism: A Reader*, Oxford: Blackwell, 1-39.
- Anderson, J. (1973) 'Ideology in geography: An introduction', *Antipode* 5: 1-6.
- Armstrong, H. (1995) *The Health Reform Agenda and Industrial Relations under Canadian Social Democratic Regimes*, Don Mills: Ontario Federation of Labour.
- Armstrong, P., H. Armstrong, J. Choinière, G. Feldberg and J. White (1994) *Take Care: Warning Signals for Canadian Health Care*, Toronto: Garamond.
- and H. Armstrong (1996) *Wasting Away: The Undermining of Canadian Health Care*, Toronto: Oxford University Press.
- Aronson, J. (1993) 'Giving consumers a say in policy development: influencing policy or just being heard?', *Canadian Public Policy* 19 (4): 367-378.
- and S. Neysmith (1996) "'You're not just in there to do the work": depersonalizing policies and the exploitation of home care workers' labor', *Gender and Society* 10 (1): 59-77.
- (1997) 'The retreat of the state and long-term care provision: implications for frail elderly people, unpaid family carers and paid home care workers', *Studies in Political Economy* 53: 37-66.
- Ashenden, S. (1996) 'Reflexive governance and child sexual abuse: liberal welfare rationality and the Cleveland Inquiry', *Economy and Society* 25 (1): 64-88.
- Atkinson, S. (1995) 'Restructuring health care: tracking the decentralization debate', *Progress in Human Geography* 19 (4): 486-503.
- Badgley, R. and S. Wolfe (1992) 'Equity and health care' in C. Naylor (ed.) *Canadian Health Care and the State: A Century of Evolution*, Montreal: McGill-Queen's University Press, 193-237.
- Bagguley, D., J. Mark-Lawson, D. Shapiro, J. Urry, S. Walby and A. Warde (1990) *Restructuring: Place, Class and Gender*, London: Sage.
- Bakshi, P., M. Goodwin, J. Painter and A. Southern (1995) 'Gender, race, and class in the local welfare state: Moving beyond regulation theory in analysing the transition from Fordism', *Environment and Planning A* 27: 1539-1553.
- Barrow, C. (1993) *Critical Theories of the State: Marxist, Neo-Marxist, Post-Marxist*,

Madison: University of Wisconsin Press.

- Bondi, L. (1990) 'Progress in geography and gender: Feminism and difference', *Progress in Human Geography* 14: 438-445.
- Bowlby, S., J. Lewis, L. McDowell and J. Foord (1989) 'The geography of gender' in R. Peet and N. Thrift (eds.) *New Models in Geography: The Political-Economy Perspective*, Vol. II, London: Unwin Hyman, 157-175.
- Brown, M. (1991) *Health Economics and Policy*, Toronto: McClelland and Stewart.
- Burawoy, M. (1991a) 'Introduction' in M. Burawoy, A. Burton, A. Ferguson, K. Fox, J. Gamson, N. Gartrell, L. Hurst, C. Kurzman, L. Salszinger, J. Schiffman and S. Ui (eds.) *Ethnography Unbound: Power and Resistance in the Modern Metropolis*. Berkeley: University of California Press, 1-7.
- (1991b) 'The extended case method' in M. Burawoy, A. Burton, A. Ferguson, K. Fox, J. Gamson, N. Gartrell, L. Hurst, C. Kurzman, L. Salszinger, J. Schiffman and S. Ui (eds.) *Ethnography Unbound: Power and Resistance in the Modern Metropolis*, Berkeley: University of California Press, 271-287.
- Cammack, P. (1990) 'Statism, new institutionalism, and Marxism', *Socialist Register*: 147-170.
- Canada. Royal Commission on the Status of Women in Canada (1970) *Report of the Royal Commission on the Status of Women in Canada*, Ottawa: Supply and Services Canada.
- Canadian Labour Congress (1987) *Organized Labour and Voluntarism*, Ottawa: The Congress.
- Canadian Union of Public Employees (1993) '*Quality Management Systems' and Long-Term Care: Bill 101 and its Implications*, Proceedings of the CUPE Ontario HCWCC Conference, Minaki, Ontario, September 16-18.
- Carroll, W. (1990) 'Restructuring capital, reorganizing consent: Gramsci, political economy, and Canada', *Canadian Review of Sociology and Anthropology* 27 (3): 390-416.
- Chappell, N. (1993) 'The future of health care in Canada', *Journal of Social Policy* 22 (4): 487-505.
- Clarke, S. (1991) 'The state debate' in S. Clarke (ed.) *The State Debate*. Houndmills:

Macmillan, 1-69.

Cockburn, C. (1977a) *The Local State: Management of Cities and People*, London: Pluto Press.

----- (1977b) 'When women get involved in community action' in M. Mayo (ed.) *Women in the Community*, London: Routledge, 61-70.

Cooke, P. (1989) 'Locality, economic restructuring and world development' in P. Cooke (ed.) *Localities: The Changing Face of Urban Britain*, London, Unwin Hyman, 1-44.

----- (1990) *Back to the Future*, London: Unwin Hyman.

Cooper, D. (1993) 'An engaged state: sexuality, governance, and the potential for change', *Journal of Law and Society* 20 (3): 257-275.

De Vroey, M. (1984) 'A regulation approach interpretation of contemporary crisis', *Capital and Class* 23: 45-66.

Dear, M. (1988) 'The postmodern challenge: reconstructing human geography', *Transactions of the Institute of British Geographers* N.S. 13: 262-274.

----- and J. Wolch (1987) *Landscapes of Despair: From Deinstitutionalization to Homelessness*, Cambridge: Polity Press.

-----, R. Wilson, S. Lord-Gaber and L. Takahashi (1997) 'Seeing people differently: the sociospatial construction of disability', *Environment and Planning D: Society and Space* 15: 455-480.

Deber, R. and A. Williams (1995) 'Policy, payment, and participation: long-term care reform in Ontario', *Canadian Journal on Aging* 14 (2): 294-318.

Dehli, K. (1993) 'Subject in the new global economy: power and positioning in Ontario labour market policy formation', *Studies in Political Economy* 41: 83-110.

Deutsche, R. (1991) 'Boys town', *Environment and Planning D: Society and Space* 9: 5-30.

Dews, P. (ed.) (1986) *Autonomy and Solidarity: Interviews with Jürgen Habermas*, London: Verso.

Donzelot, J. (1979) *The Policing of Families*, New York: Pantheon.

- Driver, F. (1992) 'Geography's empire: Histories of geographical knowledge', *Environment and Planning D: Society and Space* 10: 23-40.
- Duncan, S. (1989) 'What is locality?' in R. Peet and N. Thrift (eds.) *New Models in Geography: The Political-Economy Perspective*, Vol. II, London: Unwin Hyman, 221-252.
- Dunford, M. (1990) 'Theories of regulation', *Environment and Planning D: Society and Space* 8: 297-321.
- Ehrenreich, B. and D. English (1978) *For Her Own Good: 150 Years of the Experts' Advice to Women*, New York: Doubleday.
- Ehring, G. and W. Roberts (1993) *Giving Away a Miracle: Lost Dreams, Broken Promises and the Ontario NDP*, Oakville: Mosaic Press.
- Eisenstein, Z. (1981) *The Radical Future of Liberal Feminism*, New York: Monthly Review Press.
- England, K. (1991) 'Gender relations and the spatial structure of the city', *Geoforum* 22 (2): 135-147.
- (1994) 'Getting personal: reflexivity, positionality, and feminist research', *Professional Geographer* 46 (1): 80-89.
- Esping-Andersen, G. (1990) *The Three Worlds of Welfare Capitalism*, Cambridge: Polity Press.
- Evans, R. (1994) 'Canada: the real issues' in J. Morone and G. Belhin (eds.) *The Politics of Health Care Reform: Lessons from the Past, Prospects for the Future*, Durham: Duke University Press, 463-486.
- Feminist Review Collective (1986) 'Editorial', *Feminist Review* 23: 3-10.
- Field, P. and J. Morse (1985) *Nursing Research: The Application of Qualitative Approaches*, Rockville: Aspen Publishers.
- Foucault, M. (1979) *Discipline and Punish: The Birth of the Prison*, New York: Vintage Books.
- (1983) 'Afterword: the subject and power' in M. Dreyfus and P. Robinow (eds.) *Michel Foucault: Beyond Structuralism and Hermeneutics*, 2nd edition, Chicago: Chicago University Press, 208-226.

- (1991) 'Governmentality' in G. Burchell, C. Gordon and P. Miller (eds.) *The Foucault Effect: Studies in Governmentality*, London: Harvester Wheatsheaf, 87-104.
- Fraser, N. (1989) *Unruly Practices: Power, Discourse, and Gender in Contemporary Social Theory*, Minneapolis: University of Minnesota Press.
- Friedland, R. and D. Boden (1994) 'NowHere: An introduction to space, time and modernity' in R. Friedland and D. Boden (eds.) *NowHere: Space, Time and Modernity*, Berkeley: University of California Press, 1-60.
- Fulton, J. (1993) *Canada's Health System: Bordering on the Possible*, New York: Faulkner & Grey.
- George, V. and S. Miller (1994) 'Squaring the welfare circle' in V. George and S. Miller (eds.) *Social Policy towards 2000: Squaring the Welfare Circle*, London: Routledge, 6-21
- Gibson-Graham, J. (1996) *The End of Capitalism (as we knew it)*, Oxford: Blackwell.
- Gilder, G. (1984) *The Spirit of Enterprise*, New York: Simon and Shuster.
- Glazer, N. (1993) *Women's Paid and Unpaid Labour: The Work Transfer in Health and Retailing*, Philadelphia: Temple University Press.
- Globe and Mail* (1997) 'Greying of Canada oversold notion', July 30th: A1, A4.
- Gordon, L. (1986) 'Family violence, feminism, and social control', *Feminist Studies* 12 (3): 453-478.
- (1990a) 'The welfare state: towards a socialist-feminist perspective', *The Socialist Register*: 171-200.
- (1990b) 'The new feminist scholarship on the welfare state' in L. Gordon (ed.) *Women, the State, and Welfare*, Madison: University of Wisconsin Press, 9-35.
- Graham, J. (1988) 'Post-modernism and Marxism', *Antipode* 20 (1): 60-66.
- (1991) 'Fordism/post-fordism, Marxism/post-Marxism: the second cultural divide?', *Rethinking MARXISM* 4 (1): 39-58.
- (1992) 'Post-Fordism as politics: the political consequences of narratives on the left', *Environment and Planning D: Society and Space* 10: 393-410.

- Gregory, D. (1994a) *Geographical Imaginations*, Oxford: Blackwell.
- (1994b) 'Social theory and human geography' in D. Gregory, R. Martin and G. Smith (eds.) *Human Geography: Society, Space, and Social Science*, Minneapolis: University of Minnesota Press, 78-109.
- Grossberg, L. (1992) *We Gotta Get Out of this Place*, London: Routledge.
- Habermas, J. (1984) 'What does a Legitimation crisis mean today? Legitimation Problems in late Capitalism' in W. Connolly (ed.) *Legitimacy and the State*, Oxford: Blackwell, 134-155
- Haggett, P. (1966) *Locational Analysis in Human Geography*. New York: St Martin's Press.
- Hartmann, H. (1981) 'The unhappy marriage between Marxism and feminism: towards a more progressive union' in L. Sargent (ed.) *Women and Revolution*, London: Pluto Press, 1-41.
- Harvey, D. (1973) *Social Justice and the City*, London: Edward Arnold.
- (1975) 'The geography of capitalist accumulation: A reconstruction of the Marxian theory', *Antipode* 7: 9-21.
- (1989) *The Condition of Postmodernity*, Oxford: Blackwell.
- (1993) 'From space to place and back again: reflections on the condition of postmodernity' in J. Bird, B. Curtis, T. Putnam, G. Robertson and L. Tickner (eds.) *Mapping the Futures*, London: Routledge, 3-29.
- Haug, W. (1986) *Critique of Commodity Aesthetics: Appearance, Sexuality and Advertising in Capitalist Society* (translated by R. Bock), Minneapolis: University of Minnesota Press.
- Hefferman, M. (1994) 'The science of empire: The French geographical movement and the forms of French imperialism, 1870-1920' in A. Godlewska and N. Smith (eds.) *Geography and Empire*, Oxford: Blackwell, 92-114.
- Held, D. (1989) *Political Theory and the Modern State: Essays on State, Power, and Democracy*, Stanford: Stanford University Press.
- (1991) 'Democracy, the nation-state and the global system', *Economy and Society* 20 (2): 138-172.

- (1994) 'Inequalities of power, problems of democracy' in D. Miliband (ed.) *Reinventing the Left*, Cambridge: Polity Press, 47-59.
- Hewitt, M. (1992) *Welfare, Ideology and Need: Developing Perspectives on the Welfare State*, Hemel Hempstead: Harvester Wheatsheaf.
- Hirst, P. and G. Thompson (1995) 'Globalization and the future of the nation state', *Economy and Society* 24 (3): 408-442.
- Howitt, R. (1992) 'The political relevance of locality studies: a remote Antipodean viewpoint', *Area* 24 (1): 73-81.
- Hudson, B. (1977) 'The new geography and the new imperialism: 1870-1918', *Antipode* 9 (2): 12-19.
- Jameson, F. (1984) 'Postmodernism, or the cultural logic of late capitalism', *New Left Review* 146: 53-92.
- Jenson, J. (1989) "'Different" but not "exceptional": Canada's permeable fordism', *Canadian Review of Sociology and Anthropology* 26 (1): 69-94.
- (1990) 'Representations in crisis: The roots of Canada's permeable fordism', *Canadian Journal of Political Science* 23 (4): 653-683.
- (1991) 'All the world's a stage: Ideas, spaces and times in Canadian political economy', *Studies in Political Economy* 36: 43-72.
- Jessop, B. (1982) *The Capitalist State: Marxist Theories and Methods*, Oxford: Martin Robertson.
- (1990) *State Theory: Putting the Capitalist State in its Place*, University Park: Pennsylvania State University Press.
- (1991) 'On the originality, legacy, and actuality of Nicos Poulantzas', *Studies in Political Economy* 34: 75-107.
- (1993) 'Towards a Schumpeterian workfare state? Preliminary remarks on post-fordist political economy', *Studies in Political Economy* 40: 7-39.
- (1995) 'Towards a Schumpeterian workfare regime in Britain? Reflections on regulation, governance, and welfare state', *Environment and Planning A* 27: 1613-1626.

- Jonas, A. (1988) 'A new regional geography of localities?', *Area* 20 (2): 101-110.
- Kelly, L. (1988) *Surviving Sexual Violence*, Cambridge: Polity Press.
- Kirby, S. and K. McKenna (1989) *Experience, Research, Social Change: Methods from the Margins*, Toronto: Garamond Press.
- Lagopoulos, A. (1993) 'Postmodernism, geography, and the social semiotics of space', *Environment and Planning D: Society and Space* 11: 255-278.
- Lalonde, M. (1974) *New Perspective on the Health of Canadians: A Working Document*, Ottawa: Health and Welfare Canada.
- Laws, G. (1988) 'Privatisation and the local welfare state: the case of Toronto's social services', *Transactions of the Institute of British Geographers* 13 (NS): 433-448.
- Lebowitz, M. (1995) 'Situating the capitalist state' in A. Callari, S. Cullenberg and C. Biewener (eds.) *Marxism in the Postmodern Age: Confronting the New World Order*, New York: Guildford Press, 198-207.
- Lee, P. and C. Raban (1988) *Welfare Theory and Social Policy: Reform or Revolution*, London: Sage.
- Lefebvre, H. (1976) 'Reflections on the politics of space', *Antipode* 8 (2): 30-37.
- (1978) *De l'Etat: Les contradictions de l'Etat moderne*. Vol. 4, Paris: Union générale d'éditions.
- (1991) *The Production of Space*, Oxford: Blackwell.
- Lightman, E. and A. Irving (1991) 'Restructuring Canada's welfare state', *Journal of Social Policy* 20 (1): 65-86.
- Lipietz, A. (1987) *Mirages and Miracles: The Crises of Global Fordism* (translated by D. Macey), London: Verso.
- Little, M. (1995) 'The blurring of boundaries: private and public welfare for single mothers in Ontario', *Studies in Political Economy* 47: 89-105.
- Livingstone, D. (1992) *The Geographical Tradition: Episodes in the History of a Contested Enterprise*, Oxford: Blackwell.
- (1994) 'Climate's moral economy: Science, race and place in post-Darwinian

- British and American geography' in A. Godlewska and N. Smith (eds.) *Geography and Empire*, Oxford: Blackwell, 132-154.
- Lovering, J. (1989) 'The restructuring debate' in R. Peet and N. Thrift (eds.) *New Models in Geography*, Vol. 2, London: Unwin Hyman, 198-223.
- Luhmann, N. (1990) *Political Theory in the Welfare State* (translated by J. Bednarz Jr.), Berlin: Walter de Gruyter.
- Lustiger-Thaler, H. (1994) 'Community and social practices: the contingency of everyday life' in V. Amit-Talai and H. Lustiger-Thaler (eds.) *Urban Lives: Fragmentation and Resistance*, Toronto: McClelland and Stewart, 20-44.
- Mackenzie, S. (1987) 'Neglected spaces in peripheral places: Homeworkers and the creation of a new economic centre', *Cahiers de géographie du Québec* 31: 247-260.
- (1989) 'Women in the city' in R. Peet and N. Thrift (eds.) *New Models in Geography*, Vol. 2, London: Unwin Hyman, 109-126.
- and D. Rose (1983) 'Industrial change, the domestic economy and home life' in J. Anderson, S. Duncan and R. Hudson (eds.) *Redundant Spaces in Cities and Regions? Studies in Industrial Change and Social Change*, London: Academic Press, 155-199.
- MacKinnon, C. (1989) *Towards a Feminist Theory of the State*, Cambridge: Harvard University Press.
- Magnusson, W. and R. Walker (1988) 'De-centring the state: Political theory and Canadian political economy', *Studies in Political Economy* 26: 37-71.
- Mahon, R. (1991) 'From "bringing" to "putting": the state in late twentieth-century social theory', *Canadian Journal of Sociology* 16 (2): 119-144.
- Marshall, T. (1950) *Citizenship and Social Class and Other Essays*, Cambridge: Cambridge University Press.
- Marx, K. (1988) *The Communist Manifesto*, New York: Norton.
- Massey, D. (1977) 'Towards a critique of industrial location theory' in R. Peet (ed.) *Radical Geography: Alternative Viewpoints on Contemporary Social Issues*, Chicago: Maaroufa Press, 181-198.

- (1984) 'Introduction: Geography matters' in D. Massey and J. Allen (eds.) *Geography Matters! A Reader*, Cambridge: Cambridge University Press, 1-11.
- (1985) 'New directions in space' in D. Gregory and J. Urry (eds.) *Social Relations and Spatial Structures*, Houndmills: MacMillan, 9-19.
- (1991) 'The political place of locality studies', *Environment and Planning A* 23: 267-281.
- (1993) 'Power-geometry and a progressive sense of place', in J. Bird, B. Curtis, T. Putnam, G. Robertson and L. Tickner (eds.) *Mapping the Futures*, London: Routledge, 59-69.
- (1994) *Space, Place, and Gender*, Minneapolis: University of Minnesota Press.
- Mbilinyi, M. (1989) "'I'd have been a man": politics and the labor process in producing personal narratives' in Personal Narratives Group (ed.) *Interpreting Women's Lives: Feminist Theory and Personal Narratives*, Bloomington: Indiana University Press, 204-227.
- McBride, S. and J. Shields (1993) *Dismantling a Nation: Canada and the New World Order*, Halifax: Fernwood.
- McDowell, L. (1983) 'Towards the understanding of the gender division of urban space', *Environment and Planning D: Society and Space* 1: 59-72.
- (1991) 'Life without father and Ford: the new gender order of post-Fordism', *Transactions: Institute of British Geographers* N.S. 16: 400-419.
- McIntosh, M. (1978) 'The state and the oppression of women' in A. Kuhn and A. Wolpe (eds.) *Feminism and Materialism: Women and Modes of Production*, London: Routledge, 254-289.
- Meegan, R. (1989) 'Paradise postponed: The growth and decline of Merseyside's outer estates' in P. Cooke (ed.) *Localities: The Changing Face of Urban Britain*, London: Unwin Hyman, 198-234.
- Merrifield, A. (1993a) 'Place and space: A Lefebvrian reconciliation', *Transactions of the Institute of British Geographers* N.S. 18: 516-531.
- (1993b) 'The struggle over place: redeveloping American Can in southeast Baltimore', *Transactions of the Institute of British Geographers* N.S. 18: 102-121.

- Mhatre, S. and R. Deber (1992) 'From equal access to health care to equitable access to health: a review of Canadian provincial health commissions and reports', *International Journal of Health Services* 22 (4): 645-668.
- Miliband, R. (1969) *The State in Capitalist Society: The Analysis of the Western System of Power*, London: Quartet Books.
- Molotoch, H. (1993) 'The space of Lefebvre: Review of Henri Lefebvre's *The Production of Space, Theory and Society* 22: 887-895.
- Monk, J. and C. Katz (1993) 'When in the world are women?' in C. Katz and J. Monk (eds.) *Full Circles: Geographies of Women over the Life Course*, London: Routledge, 1-26.
- Moss, P. (1995) 'Reflections on the "gap" as part of the politics of research design', *Antipode* 27 (1): 82-90.
- Myles, J. (1988) 'Decline or impasse? The current state of the welfare state', *Studies in Political Economy* 26: 73-107.
- Naylor, C. (1986) *Private Practice, Public Payment*, Kingston: McGill-Queen's University Press.
- Newby, H. (1985) 'Introduction: Recession and reorganization in industrial society' in H. Newby, J. Bujra, P. Littlewood, G. Rees and T. Rees (eds.) *Restructuring Capital: Recession and Reorganization in Industrial Society*, Houndmills: MacMillan, 1-17.
- Offe, C. (1984) *Contradictions of the Modern Welfare State*, London: Hutchinson Education.
- (1987) 'Democracy against the welfare state?', *Political Theory* 15 (4): 501-537.
- O'Neill, M. (1992) 'Community participation in Quebec's health system: a strategy to curtail community empowerment?', *International Journal of Health Services* 22 (2):287-301.
- (1996) 'Health as an irreversible part of the welfare state: Canadian government policy under the Tories', *International Journal of Health Services* 26 (3):547-559.
- Ontario. Committee on the Healing Arts (1970) *Report of the Committee on the Healing Arts*, Vol. III, Toronto: The Committee.

- Minister of Health's Committee to Examine the Effect of Fiscal Constraints on Hospital Employees (1974) *Report of the Minister of Health's Committee to Examine the Effect of Fiscal Constraints on Hospital Employees*, Toronto: Ministry of Health.
- Ministry of Health (1975a) *Annual Report 1973-1974*, Toronto: Ministry of Health.
- Ministry of Health (1975b) *The District Health Council: Action Centre in Ontario's Health Care Delivery*, Toronto: Ministry of Health.
- Ministry of Health (1977) *Annual Report 1975-1976*, Toronto: Ministry of Health.
- Ministry of Health (1979) *Annual Report 1977-1977*, Toronto: Ministry of Health.
- Ministry of Health (1980) *The Responsible Consumer: Being Well and Staying Well*, Toronto: Ministry of Health.
- Ministry of Health (1982) *Annual Report 1979-1980*, Toronto: Ministry of Health.
- Ministry of Health (1983a) *Annual Report 1981-1982*, Toronto: Ministry of Health.
- Ministry of Health (1983b) *Health Care for the 80s and Beyond: Seeking Consensus*, Toronto: Ministry of Health.
- Office for Senior Citizens' Affairs (1986) *A New Agenda: Health and Social Service Strategies for Ontario's Seniors*, Toronto: Queen's Printer for Ontario.
- Ministry of Health (1989) *Deciding the Future of our Health Care: An Overview of Areas for Public Discussion*, Toronto: Queen's Printer for Ontario.
- Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship (1991) *Redirection of Long-Term Care and Support Services in Ontario: A Public Consultation Paper*, Toronto: Queen's Printer for Ontario.
- Ministry of Health (1992) 'Statement by Frances Larkin, Minister of Health to the Legislature regarding long-term care, December 2nd'. Toronto: Ministry of Health.

- Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship (1993a) *Partnerships in Long Term Care: A Policy Framework*, Toronto: Queen's Printer for Ontario.
- Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship (1993b) *Partnerships in Long Term Care: A Local Planning Framework*, Toronto: Queen's Printer for Ontario.
- Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship (1993c) *Partnerships in Long Term Care: An Implementation Framework*, Toronto: Queen's Printer for Ontario.
- Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship (1993d) *Partnerships in Long Term Care: Guidelines for the Establishment of Multi-Service Agencies*, Toronto: Queen's Printer for Ontario.
- Ministry of Health (1993e) *Annual Report 1991-1992*, Toronto: Ministry of Health.
- Ministry of Health (1994a) 'News Release: Grier announces successful expansion of long-term care placement service', Toronto: Ministry of Health.
- Ministry of Health (1994b) 'News Release: Government amendments strengthen long-term care act', Toronto: Ministry of Health.
- Ministry of Citizenship (1994c) *Volunteer Caregiving: Meeting the Challenges of the New Reality*, Toronto: Ministry of Citizenship.
- Ministry of Health (1994d) *Annual Report 1991-1992*, Toronto: Ministry of Health.
- Ministry of Labour (1995a) 'News Release: Bill 7 receives royal assent and becomes law on Nov. 10th', Toronto: Ministry of Labour.
- Ministry of Health (1995b) *Annual Report 1992-1993*, Toronto: Ministry of Health.
- Ministry of Community and Social Services (1996a) *A Guide to Ontario Works*, Toronto: Queen's Printer for Ontario.
- Ministry of Health (1996b) 'News Release: Government unveils plan for speedy long-term care reform', Toronto: Ministry of Health.

- Ministry of Health (1996c) *Annual Report 1993-1994*, Toronto: Ministry of Health.
- Ottawa Citizen* (1997) 'Medicare spending falls for first time', August 11th: A1-A2.
- Page, M. (1996) 'Locality, housing production, and the local state', *Environment and Planning D: Society and Space* 14: 181-201.
- Pain, R. (1991) 'Space, sexual violence and social control: Integrating geographical and feminist analyses of women's fear of crime', *Progress in Human Geography* 15 (4): 415-431.
- Painter, J. and M. Goodwin (1995) 'Local governance and concrete research: investigating the uneven development of regulation', *Economy and Society* 24 (3): 334-356.
- Palley, H. (1987) 'Canadian federalism and the Canadian health care program: a comparison of Ontario and Quebec', *International Journal of Health Services* 17 (4): 595-616.
- Panitch, L. (1992) 'The NDP in power: illusion and reality', *Studies in Political Economy* 37: 173-188.
- Peattie, L. and M. Rein (1983) *Women's Claims: A Study in Political Economy*, Oxford: Oxford University Press.
- Peet, R. (1975) 'Inequality and poverty: A Marxist-geographic theory', *Annals of the Association of American Geographers* 65: 564-571.
- (1977) 'The development of radical geography in the United States', *Progress in Human Geography* 1 (2): 240-263.
- and N. Thrift (1989) 'Political economy and human geography', in R. Peet and N. Thrift (eds.) *New Models in Geography: The Political-Economy Perspective*, Vol. II, London: Unwin Hyman, 3-29.
- Pickvance, C. (1990) 'Introduction: The institutional context of local economic development: Central controls, spatial policies and local economic policies' in M. Harloe, C. Pickvance and J. Urry (eds.) *Place, Policy and Politics: Do Localities Matter?*, London: Unwin Hyman, 1-39.
- Pierson, C. (1984) 'New theories of state and civil society: Recent developments in post-Marxist theory', *Sociology* 18: 563-571.

- (1991) *Beyond the Welfare State? The New Political Economy of Welfare*, University Park: Pennsylvania State University Press.
- (1994) 'Continuity and discontinuity in the emergence of the 'post-Fordist' welfare state' in R. Burrows and B. Loader (eds.) *Towards a Post-Fordist Welfare State?*, London: Routledge, 95-113.
- Pile, S. and G. Rose (1992) 'All or nothing? Politics and critique in the modernism-postmodernism debate', *Environment and Planning D: Society and Space* 10: 123-136.
- Pinch, S. (1995) 'Guest editorial', *Environment and Planning A* 27: 1337-1340.
- Piven, F. (1990) 'Ideology and the state: women, power, and the welfare state' in L. Gordon (ed.) *Women, the State, and Welfare*, Madison: University of Wisconsin Press, pp.250-264.
- and R. Cloward (1993) *Regulating the Poor: The Functions of Public Welfare*, 2nd edition, New York: Vintage.
- Polanyi, K. (1968) *Primitive, Archaic, and Modern Economies* (edited by G. Dalton) Boston: Beacon Press.
- Poulantzas, N. (1973) *Political Power and Social Classes* (translated by T. O'Hagan) London: New Left Books.
- Ratner (1997) 'Many Davids, one Goliath' in W. Carroll (ed.) *Organizing Dissent: Contemporary Social Movements in Theory and Practice*, 2nd edition, Toronto: Garamond, 271-286.
- Rideau Valley District Health Council (1994) *Working Document for Multi-Service Agency Development*, Smiths Falls: The Council.
- (1995) *Draft MSA Strategic Plan*, Smiths Falls: The Council.
- Rose, G. (1993a) 'Some notes towards thinking about the spaces of the future' in J. Bird, B. Curtis, T. Putnam, G. Robertson and L. Tickner (eds.) *Mapping the Futures*, London: Routledge, 70-83.
- (1993b) *Feminism and Geography: The Limits of Geographical Knowledge*, Minneapolis: University of Minnesota Press.
- Rosenbluth, G. (1992) 'The political economy of deficit-phobia' in R. Allen and G.

- Rosenbluth (eds.) *False Promises: The Failure of Conservative Economics*, Vancouver: New Star Books, 61-76.
- Sargent, L. (1981) 'Introduction. New Left women and men: the honeymoon is over' in L. Sargent (ed.) *Women and Revolution*, London: Pluto Press, xi-xxxii.
- Sassen, S. (1991) *The Global City: New York, London, Tokyo*, Princeton: Princeton University Press.
- (1994) 'The informal economy: between new developments and old regulations', *The Yale Law Journal* 103: 2289-2304.
- Senior Citizens' Consumer Alliance for Long-Term Care Reform (1992) *Consumer Report on Long-Term Care Reform*, Toronto: The Alliance.
- Simmons, H. (1982) *From Asylum to Welfare*, Downsview: National Institute on Mental Retardation.
- (1990) *Unbalanced: Mental Health Policy in Ontario, 1930-1989*, Toronto: Wall and Thompson.
- Sinisi, J. (1995) 'Marxism in the shadow of Hobbes' in A. Callari, S. Cullenberg and C. Biewener (eds.) *Marxism in the Postmodern Age: Confronting the New World Order*, New York: Guildford Press, 79-88.
- Skocpol, T. (1980) 'Political response to capitalist crisis: neo-Marxist theories of the state and the case of the New Deal', *Politics & Society* 10: 155-201.
- Slater, D. (1977) 'The poverty of modern geographical enquiry' in R. Peet (ed.) *Radical Geography: Alternative Viewpoints on Contemporary Social Issues*, Chicago: Maaroufa Press, 40-57.
- Smiley, D. (1987) *The Federal Condition in Canada*, Toronto: McGraw-Hill.
- Smith, A. (1963) *An Inquiry into the Nature and Causes of the Wealth of Nations*, Vol. I and II, Homewood: Irwin
- Smith, D. (1977) *Feminism and Marxism*, Vancouver: North Star.
- (1992) 'Feminist reflections on political economy' in M. Connelly and P. Armstrong (eds.) *Feminism in Action: Studies in Political Economy*, Toronto: Canadian Scholars' Press, 1-21.

- Smith, N. (1987) 'Dangers of the empirical turn: Some comments on the CURS initiative', *Antipode* 19 (1): 59-68.
- (1994) 'Geography, empire and social theory', *Progress in Human Geography* 18 (4): 491-500.
- Soja, E. (1980) 'The socio-spatial dialectic', *Annals of the Association of American Geographers* 70: 207-225.
- (1989) *Postmodern Geographies: The Reassertion of Space in Critical Social Theory*, London: Verso.
- Sokal (1996) 'Transgressing the boundaries: Towards a transformative hermeneutics of quantum gravity', *Social Text* 46/47: 217-252.
- Stabile, C. (1995) 'Feminism without guarantees: the misalliances and missed alliances of postmodernist social theory' in A. Callari, S. Cullenberg and C. Biewener (eds.) *Marxism in the Postmodern Age: Confronting the New World Order*, New York: Guildford Press, 283-291.
- Stewart, L. (1995) 'Bodies, visions, and spatial politics: a review essay on Henri Lefebvre's *The Production of Space*', *Environment and Planning D: Society and Space* 13:609-618.
- Sutherland, R. and J. Fulton (1988) *Health Care in Canada: A Description and Analysis of Canadian Health Services*, Ottawa: The Health Group.
- Swanson, G. (1995) "'Drunk with glitter": consuming spaces and sexual geographies' in S. Watson and K. Gibson (eds.) *Postmodern Cities and Spaces*, London: Blackwell, 80-98.
- Tarman, V. (1990) *Privatization and Health Care: The Case of Ontario Nursing Homes*, Toronto: Garamond.
- (1994) 'Age and sex of caregivers: missing pieces in the analysis of long-term care', *Canadian Family Physician* 40: 963-970.
- Taylor, P. (1996) 'On the nation-state, the global, and social science', *Environment and Planning A* 28: 1917-1928.
- Teeple, G. (1995) *Globalization and the Decline of Social Reform*, Toronto: Garamond.
- Thomas, H. and T. Stirling (1996) 'Locality, urban governance and contested meanings of

- place', *Area* 28 (2): 186-198.
- Torrance, G. (1987a) 'Socio-historical overview: the development of the Canadian health system' in D. Coburn, C. D'Arcy, G. Torrance and P. New (eds.) *Health and Canadian Society: Sociological Perspectives*, 2nd edition, Markham: Fitzhenry and Whiteside, 6-32.
- (1987b) 'Hospitals as health factories' in D. Coburn, C. D'Arcy, G. Torrance and P. New (eds.) *Health and Canadian Society: Sociological Perspectives*, 2nd edition, Markham: Fitzhenry and Whiteside, 479-500.
- Tsalikis, G. (1993) 'Ontario's health strategy of "muddling through" to the millennium'. *Health and Canadian Society* 1 (2):395-413.
- Tutty, L., M. Rothery and R. Grinnell (1996) *Qualitative Research for Social Workers*, London: Allen and Bacon.
- Valentine, G. (1992) 'Images of danger: women's sources of information about the spatial distribution of male violence', *Area* 24: 22-29.
- Vayda, E. and R. Deber (1992) 'The Canadian health-care system: a developmental overview' in C. Naylor (ed.) *Canadian Health Care and the State: A Century of Evolution*, Montreal: McGill-Queen's University Press, 125-140.
- Watkins, M. (1994) 'Ontario: discrediting social democracy', *Studies in Political Economy* 43: 139-148.
- Watson, S. (1991) 'The restructuring of work and home: productive and reproductive relations' in J. Allen and C. Hamnett (eds.) *Housing and Labour Markets*, London: Unwin Hyman, 136-154.
- (1995) 'Reclaiming social policy' in B. Caine and R. Pringle (eds.) *Transitions: New Australian Feminism*, New York: St Martin's, 164-171.
- Wagner, R. (1989) *To Promote the General Welfare*, San Francisco: Pacific Research Institute for Public Policy.
- Wilensky, H. and C. Lebeaux (1958) *Industrial Society and Social Welfare*, New York: Free Press.
- Williams, F. (1989) *Social Policy: A Critical Introduction*, Cambridge: Polity Press.
- (1994) 'Social relations, welfare and the post-Fordism debate' in R. Burrows and

- B. Loader (eds.) *Towards a Post-Fordist Welfare State?*, London: Routledge, 49-73.
- Wilson, E. (1991) *The Sphinx in the City: Urban Life, the Control of Disorder, and Women*, London: Virago.
- Wiseman, N. (1996) 'Provincial political cultures' in C. Dunn (ed.) *Provinces: Canadian Provincial Politics*, Peterborough: Broadview Press, 21-62.
- Wolch, J. (1989) 'The shadow state: transformations in the voluntary sector' in J. Wolch and M. Dear (eds.) *The Power of Geography: How Territory Shapes Social Life*, Boston: Unwin Hyman, 197-221.
- Wolfe (1991) 'Ethics and equity in Canadian health care: policy alternatives', *International Journal of Health Services* 21 (4):673-680.
- Yin, R. (1994) *Case Study Research: Design and Methods*, 2nd edition, London: Sage.

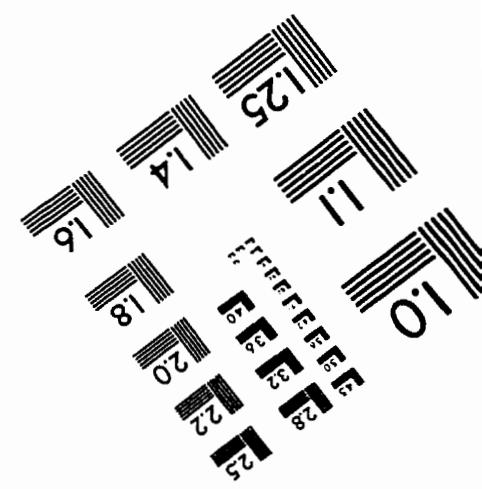
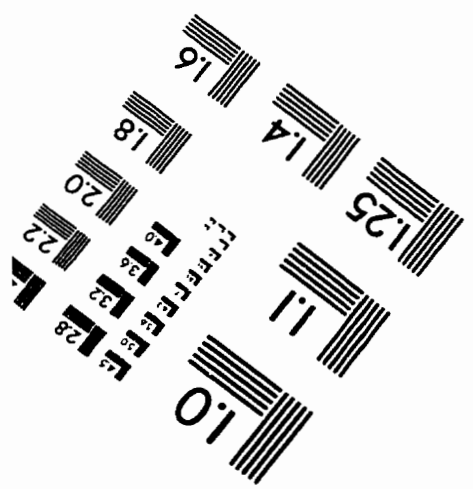
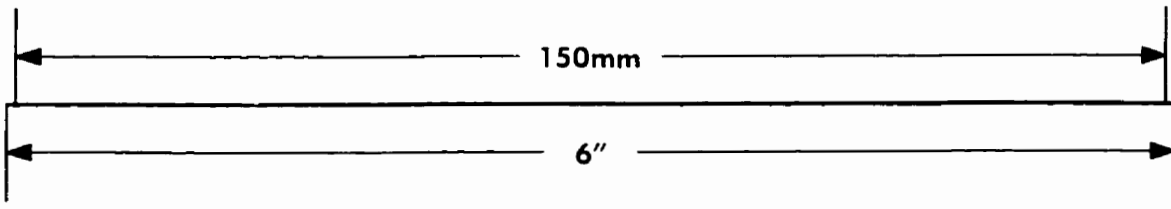
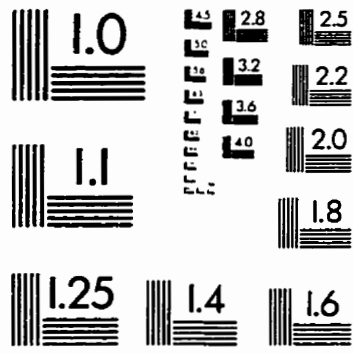
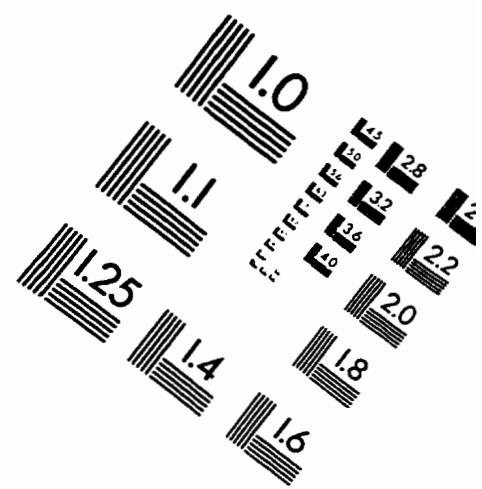
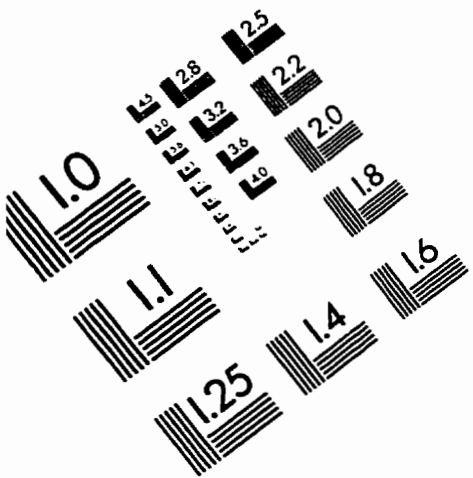
APPENDIX A

PROFILE OF INTERVIEW PARTICIPANTS

§

1. Case manager in the non-profit institutional sector (woman)
2. Provincial state manager (woman)
3. Administrator in the for-profit institutional sector (woman)
4. Administrator in the for-profit community sector (woman)
5. Administrator in the non-profit institutional sector (man)
6. Administrator in the non-profit community sector (woman)
7. Activist (woman)
8. Family care-giver and volunteer within the long-term care system (woman)
9. Family care-giver and volunteer within the long-term care system (woman)
10. Care recipient and volunteer within the long-term care system (man)
11. Administrator in the non-profit institutional sector (man)
12. Case manager in the non-profit community sector (woman)
13. Administrator in the non-profit community-sector (woman)
14. Family care-giver and volunteer within the long-term care system (woman)
15. Care-recipient and volunteer within the long-term care system (man)
16. Activist and front-line health care worker in the non-profit institutional sector (woman)
17. Front-line health care worker in the non-profit community sector (woman)
18. Administrator in the non-profit community sector (woman)
19. Activist and front-line health care worker in the non-profit institutional sector (woman)
20. Family care-giver and volunteer within the long-term care system (woman)

IMAGE EVALUATION TEST TARGET (QA-3)



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