Litteraturgranskningar

Uppsala universitet 1945 föredrog de forskare som hörde till den sena US framför de som bekände sig till den tidiga US. Han avgjorde på sätt och vis alla de personstrider som kännetecknade den tidiga US.

För de som är intresserade av de politiska aspekterna av US erbjuder denna bok en mycket gedigen introduktion, med analyser av Olivecronas extremism, Lundstedts socialdemokrati och Tingstens rodd från vänster till höger samt Gunnar Myrdals originella utveckling av vårdenihilismen till en egen ekonomisk forskningsmetodologi.


Referenser


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Anmälan av B. Guy Peters.

When policy scientists begin to study a policy issue, we often think we know what the problem really is. Much of the literature in public policy tends to assume that policies come labeled neatly and precisely, rather like presents under the Christmas tree. (That is, however, rarely the case and in many ways the crucial debates on policy interventions by government come as the actors involved attempt to define exactly what the problem is, and therefore how the public sector will attempt to “solve” the problem.

This political conflict over the definitions of policy problems occurs at two levels. The deeper level is perhaps defining the underlying dimensions of the problem, and therefore attempting to design the instruments that would be most suitable and most effective in addressing the problem. For example, some policy problems represent the need to deliver public goods, while others may involve the public sector delivering what are in essence private goods. Some problems can be solved incrementally, while others must...
be addressed with large-scale solutions (see Peters & Hoornbeek, 2005). These two types of policy problems may both occur within the same nominal policy area such as education or agriculture.

The second and more common type of issue that arises in labeling policy issues depends more on functional labels. The classic example of this type of labeling has been surrounding illegal drugs (Payan, 2006). Is the drug problem an issue for law enforcement, or a health issue, an education issue, or a question for family and social policy? While all the above answers are viable, the political struggle over labeling is important for the intended targets of the program, as it will determine if they are in jail or in a hospital. It is also important for the public organizations that are involved in the political process of labeling. The organization that wins that debate will in turn capture the resources that go with the policy area.

The intellectual roots for this labeling approach to public policy come in part from the logic of framing in sociology and social psychology (see Chong & Druckman, 2007). In the policy sciences this constructivist approach has been seen most clearly in the work of scholars such as Deborah Stone (1997). The argument is that as well as being a component of the political debate over policies, framing is also a manner in which individual actors understand policies and is the means through which they can explain them to others. Further, as Schon and Rein (1997) argue, creating agreement about frames is one significant means of addressing conflicts over policy and arriving at a more or less coherent perspective on the policy.

Wendy Maycraft Kall has addressed another significant labeling issue in her dissertation at Uppsala University. She is concerned with the manner in which mental illness is addressed within the political and the policy systems. Although the visibility of this issue is perhaps not as great as the issue of illegal drugs, the labeling issues are no less interesting and important. She demonstrates that over the recent histories of mental health policy in Sweden and in the United Kingdom there have been three rather distinct perceptions of the nature of mental health and the manner in which the public sector, and the society as a whole, should address the issue.

The three frames for mental illness are disease, social problem, and public threat. In the first, mental problems are conceived as a disease, analogous to somatic diseases, and requiring some form of medical intervention. The second frame is that mental problems are social problems requiring community care and interventions more in the style of social work than medicine. Finally, mental health issues can be conceptualized as posing a threat to the public, given that some victims of the condition may be violent, or at least may be disruptive. In this frame, the most logical actors to intervene are the police and other public safety officials.

The choice among these three approaches has implications for the individuals afflicted with this set of diseases, and also has implications for governing. In particular, she has been concerned with the relationship between the definition of the policy problem of mental health and the types of policy instruments that are invoked to attempt to solve the problem. She contrasts three alternative categories of steering in mental health policy–regulation, financial incentives and information. These three types of instruments represent not only alternative conceptions of how to govern, but also represent alternative conceptualizations of the underlying problem being addressed within the public sector.

¹ Even the use of term mental “illness” or “disease” represents a labeling issue, given that not too long ago in our collective history the mentally ill might thought to have been possessed by demons, or to be witches.
Policy Instruments as a Dependent Variable

To the extent that there is a dependent variable in this study it is the selection of policy instruments to implement public programs. In particular, the dissertation contrasts the choice of “hard” and “soft” instruments as means for solving problems. The “hard” instruments are the more traditional “command and control” instruments through which the public sector attempts to address policy problems. For example, governments traditionally have relied upon regulation and direct interventions to produce results. Those direct controls were relatively effective in their day, changes in the political climate and in understandings of public policy have tended to press governments toward the use of softer and less intrusive instruments (Salamon, 2001).

In this study the principal concern is how instruments can be used to guide local governments, and to create control over governance at the local level. Most of the academic discussion of policy instruments has considered them in their role of implementing policies vis-à-vis individuals or other actors in the private sector. This is an interesting example of how instruments work within the public sector itself, broadly defined, and how some of the same questions arise when instruments are used in this manner.

The Three Frames

The disease characterization is perhaps the strongest and most pervasive of the frames. In this approach to mental health reform the underlying assumption is that mental illness is analogous to other diseases. This frame represents, of course, an advance on earlier approaches to mental health problems, although it often involved rather strong interventions such as hospitalization. This frame was supported in both systems by an influential and respected medical profession that could shape interventions and could promote a particular set of instruments for addressing the issues.

The social problem characterization of mental illness invokes a different image of this problem, and also invokes a different set of actors for coping with the problem. In this frame for mental illness, mental health issues could be addressed through social services and counseling rather than through many of the more invasive instruments used within the medical model. This model of intervention is, however, shaped in part by the developments within the medical model meaning that some of the worst manifestations of mental health issues could be managed through new drugs that made deinstitutionalization possible. Again, there is a professional basis for this frame, with social workers and nurses as perhaps the most obvious groups involved, even if they do not generally have the prestige of doctors.

The frame of mental illness as a threat to the society is perhaps the least common and least socially acceptable of the three alternatives. The logic of this frame is that individuals who have mental problems are potential threats to the public and therefore must be controlled. Rather than any specific legislation to make mental illness illegal, the concerns about the perceived irregular behavior of individuals with mental health problems who are deinstitutionalized can be addressed through laws on vagrancy, being a “public nuisance”, or other rather vague laws that can be invoked to control behaviors.

Each of these three approaches to mental health problems have some appeals politically, and also have some grounding in professional and scientific understandings of the problem. These three frames also provide the foundations for political contestation and for conflicts among organizations, professions and individual policy entrepreneurs. The author of this dissertation provided a very interesting and thorough discussion of these frames and the political conflicts that they have engendered.
The Three Causes

In addition to the three possible frames for mental health policies, there were three assumed causes for the selection of the frames, and for the instruments used. These three posited causes were the administrative traditions, the professions involved, and the three frames for the policy area. The first assumption is that administrative traditions – defined as embedded patterns of public management – and indeed state traditions (Dyson, 1980) more broadly affect the manner in which governments select and employ instruments. In this case the more detached étatiste style of British administration can be contrasted with the more embedded, corporatist style in Sweden.

More hierarchically oriented administrative systems may logically be connected with the use of “harder” instruments than would more cooperative administrative systems.

The involvement of different professional groups in the political process also affects the choices of policy instruments. While the medical profession and the police may be used to hierarchical controls over action, social work professionals tend to be more comfortable with negotiation and exercising a lighter level of control over their clients. In this case, however, it may be difficult to detect any differences between the effects of the professions and the effects of the frames themselves.

Framing and Comparative Politics

As well as demonstrating something important about the nature of mental health policy, this dissertation represents an interesting point of departure for studying public policy. The two countries considered in this study have to some extent gone through the same questioning about the proper approach to mental health policy, but they went through these considerations at somewhat different times and in different ways. These differences reflect differences in politics and administrative styles as well as the more fundamental understandings about the nature of the policy problem itself.

In comparative terms the differences between the involvement of interest groups and possibilities for corporatist bargaining between the two cases is an important element in the observed differences. The United Kingdom remains a more centralized regime than Sweden, with a more pluralist style of interest intermediation. These differences should facilitate policy change within the United Kingdom, given that the amount of bargaining required for change is relatively much smaller. That was not, however, necessarily the case and the Swedish reforms appeared to occur as readily as those in the United Kingdom.

The other question for comparative analysis, which arises in this dissertation, is case selection. As is true for many studies in comparative politics the cases here appear to have been selected for convenience rather than for any particular theoretical or analytical reason. One could make a case that these are most similar cases (advanced industrial democracies) and one could also make the case that these were most different systems (Scandinavian corporatist vs. Anglo-Saxon liberal regimes). In a funny way this constitutes another opportunity for framing, as the researcher may define how s/he wishes to consider the research problem and the meaning of the cases within that research problem.

What Was Missing?

This dissertation presented an interesting and plausible analysis of the three frames for understanding mental health issues, and also for beginning to understand the linkage between particular policy frames and the selection of policy instruments for governing them. These findings were significant, and have added to our general understanding of how this policy area, and by extension other policy areas, functions. But as interesting as this study was, what else might have been
done that would have enabled the author to consider the linkages among the variables more effectively?

Causal Arguments: As noted above, three factors are cited as producing differences between the countries and to some extent also among the frames. While there are good reasons to think about these factors as generating the changes, the causal arguments are not as clearly expressed as they might be. In particular, the interactions among these three potential causes, and their relative contributions to the explanations are not made. This is not a variable-based study, so the ability to ascertain those relative contributions toward explanation may be difficult, but it remains important to consider the causal connections and their interactions.

The issues here are to some extent related to the questions of case selection mentioned above. With two cases and three variables it becomes virtually impossible to distinguish causal connections. This is especially true given that the two cases tend to align in the same way on several of presumed causes for differences. All the causal arguments advanced appear plausible, and all three factors probably made some contributions to the outcomes, but an alternative research design might have helped sort out these effects more clearly. For example, although there is some historical description of change within the dissertation, the type of detailed policy-tracing (George & Bennett, 2005) that might be required to understand the changes more fully is not available.²

Policy Change. Perhaps the most central question left unanswered by this study was why and how do policies change? The frame metaphor is a good one for explaining (or describing) the formulation of a public sector response to a perceived problem,³ but may be less valuable in explaining replacement of one frame with another. The most obvious theoretical approach for understanding these changes is the “advocacy-coalition framework” associated with Paul Sabatier (Sabatier & Jenkins-Smith, 1993). The logic of this framework is that an existing policy represents a set of policy ideas and the advocates of that existing frame will tend to defend it against change. In particular, they will defend the “core values” of the approach against others. In this view change comes about through bargaining and acceptance of common perspectives on the issues.

An alternative mechanism for change might be drawn from the historical institutionalists such as Thelen & Streeck (2005). The initial conception of change in historical institutionalism was rather complete change through “punctuated equilibrium” (True & Jones, 1999). In this perspective change occurs when there is an almost complete replacement of one equilibrium by another. In theoretical terms this perspective has a serious weakness in that this replacement does not appear to be predictable, but rather just occurs. The alternative perspective is that change occurs through mechanisms such as layering and displacement that maintain many elements of the initial “path” but also introduce some elements of change.

In both the advocacy coalition framework and the historical institutionalist account of change the transformations of policy tend not to be so complete as implied in this dissertation. In the former change represents something of a compromise between alternative sets of core values, while in the latter change leaves in place many elements of the original

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² There are, of course, limits to what can be included in any one dissertation, so this and most of the other questions raised here are just that – questions for additional investigation rather than criticisms of the quality of the work conducted.

³ The framing logic is in fact also useful for understanding the initial perception of a policy problem. For example, spousal abuse was once conceptualized as simply a part of normal family life, and then was perceived to represent a social and legal issue requiring the intervention of the public sector.
path dependent policy. Arguably this may be a better description of what has happened in mental health policy than is the more complete change implied in Dr. Wendy Maycraft Kall’s dissertation. There are, for example, still some elements of the disease formulation even after deinstitutionalization of care in most treatment systems.

In summary, the three frames of mental health policy provide a natural setting for considering policy change. Further, the emphasis in this dissertation on changing forms of intervention by the public sector in the form of policy instruments also appears to require some closer attention to the dynamics of policy change. Either of the two approaches to change mentioned here, or the several others that are available, could be utilized to provide even greater insights into the dynamics of this important policy area.

**Direction of Causation?**

The above discussion about the three causal factors involved in the choice of policy instruments all appear plausible as associations among factors, but the direction of causation is perhaps not as clear as assumed in this dissertation. On the one hand, it is clear that administrative traditions do precede in time the choice of particular policy instruments, or policy frames. It is not, however, so clear that the other two factors cause the choice of policy instruments, or whether they reflect a preference within the public sector for those types of instruments.

For example, the causal direction assumed in the dissertation is that the involvement of different professions in making and implementing mental health policy tends to shift the types of instruments being utilized. On the other hand, however, there is some evidence that policymaking patterns are changing within the public sector more generally, and that the domination of command and control instruments has been waning. In such a policymaking environment there may be a preference for involving social workers as the principal group implementing the policy rather than either the medical profession or the police, an argument not dissimilar to Theodore Lowi’s famous observation that policy causes politics.

**Summary and Conclusion**

This brief article has attempted to provide a description of an interesting dissertation written at Uppsala University and also to provoke some consideration of ideas about the extension of this research. While the dissertation itself was thoroughly researched and provided numerous insights into this policy area, it also (like many good research undertakings) raised perhaps as many questions as it answered. Perhaps most importantly the dissertation raised a number of questions of how to understand policy change in a complex policy area such as this, when there are several competing frames for understanding and many actors contending for control. This dissertation further forces us to consider the direction of causation when thinking about policy instruments, and to entertain at least the possibility that instruments have some political appeals of their own and that the choice of instruments is an independent force that may influence the manner in which governments attempt to solve policy problems.

**References**


4 Interestingly the role of the nursing profession was largely ignored in the dissertation, although they appear to have been able to some extent to bridge the gap somewhat between the “hard” policy style of the medical profession and the softer policy style of the social work professions.


**Resumé**
