

Social Care as Discipline

Abstract

Changes in the scientific community affect the association between discourses and academic disciplines.

The first international conference on social care and social pedagogy in Sweden took place in Stockholm on June 15-16, 1996. This **was** an indication of **an** ongoing debate in Sweden concerning the emergence of new academic disciplines. Social care **was** one of these. Since then social care as subject in Sweden has become part of the academic discipline social work. The aim of this article is to provide a basis for **a renewed** discussion concerning social care as academic discipline, based on a chapter written in Swedish in 1996 about social care as discourse and discipline in different meanings related to writings by Foucault.

In this article social care is focused as concept, practice, discourse and discipline. Conclusion is that social care as subject in Sweden can be considered a scientific discourse but not an academic discipline in the sense meant by Foucault.

Keywords: social care, social work, discourse, discipline, Foucault

Social Care as Discipline

Background

The first international conference on social care and social pedagogy in Sweden took place in Stockholm on June 15-16, 1996. This was an indication of an ongoing debate in Sweden concerning the emergence of new academic disciplines. Social care was one of these.

Aim

The aim of this article is to provide a basis for a renewed discussion concerning social care as academic discipline, based on a chapter written in Swedish in 1996 (Nordin, 1998) updated and translated into English.

Introduction

In the 1970s, the concept of social care was often used synonymously with society's care services. As a consequence, the concept has been operationalized based on concrete existing and desired community efforts. From an international perspective, as well as in Sweden in the mid 1990s and still today, such an operational definition is obviously too narrow.

Discussions about social care as an area of study and a field of knowledge have dealt with fields of research such as "social work" and "nursing" or "nursing science". A common understanding is that social care and social work overlap when the focus is on community and welfare resources, and that social care and nursing overlap when medical aspects and handicaps are the focus. Like social care, social work and nursing are relatively new academic disciplines that are often called into question by representatives of traditional, adjacent research disciplines.

Bernler (1991) and Blomdahl-Frej (1988, 1991) have written about different aspects of social care. As late as 1991, Bernler defined social care as "professional, concrete relief work, under society's auspices, with individuals, families and groups". Based on both a "top-down model" with its point of origin in society's intentions concerning assistance for the neglected, as well as a "bottom-up model" with its point of origin in the care given as a matter of course to one's relatives, Bernler places social care in a societal context. In the top-down model, relief work is seen as an implementation of all-embracing societal intentions. In the bottom-up model, society's professional social care organization for relief work has developed out of the care people give their relatives. Bernler divides the relief processes of social care into contributory processes, governing processes and relational processes.

Blomdahl-Frej (1988, 1991) takes relational relief processes as her starting point. She sees everyday reality as the arena of social care. The concept of arena is used in the same way by Swedner (1983). Social care's field of knowledge is defined by Blomdahl-Frej as relationship knowledge in the borderland between professional relationship work and everyday human relationships. In her doctoral thesis (1991) she uses the concept of an "existential relationistic holistic view".

Waerness (1981) writes about "care" both as activity and quality in relationships. She derives the concept of care in part from the German "sorgen", to look after, and also includes devotion and affection. Waerness calls care asymmetric when the meaning is caring for others, and symmetric when it is "caring for one another". She observes that for some people

care is something they have a right to receive, while for others care is something they have a responsibility to give, and that by tradition, work involving care is done by women.

Szebehely (1995) discusses the relationship between professional, organized social care work and the “encounter” between caregiver and care receiver. She studies whether reciprocal relationships can be organized in professional social care work. A rough summary of her findings is that this is possible in part. The freedom to act oneself is central to both the caregiver and the care receiver. Working conditions that make it possible to be a “care worker”, with emphasis on both concepts, are essential for the professional caregiver. Others, for example Johansson (2001, 2007), focus on both relations between caregiver and care receiver and consequences on social care as academic subject. Based on what has been written about the branch of knowledge of social care, I conclude that the field of knowledge stretches all the way from knowledge about general social care efforts to therapeutic, individual relationships, depending on the focus: professionalism or altruism.

Social care as discourse

A definition of discourse, which in French is *discours*, is “the practice that results in a certain type of pronouncement” (Foucault, 1993). One can talk about “the medical discourse”, “the legal discourse”, “the societal discourse”, etc. Using examples from many different areas, activities or *practices*, Foucault (1974, 1980, 1983, 1986, 1987, 1993) makes clear how discourses in society, the will for power and control, are developed in language as expressing what is truth, rationality and knowledge (Beronius, 1986). As an example, in “The History of Mental Illness” (1983) Foucault shows the consequences of the French societal discourse concerning what was “normal” for individuals who ended up on the wrong side of the boundary between what was acceptable and what was not acceptable.

Social care is a discourse according to Foucault in that people have some idea of what it is: it is an understanding that governs expression and action; it provides the basis for defining boundaries, for relief efforts, as well as for labeling, marginalizing and excluding; it more or less thoroughly affects people’s lives, which can be a mixed blessing. Foucault does not use the term social care, but by means of examples he illustrates the phenomenon, expressed in different times and in different ways and with “the blessing of science”, of marginalizing people by making them the object of society’s social services.

Within the area of social care there are many examples of how *the social care discourse* has directed and influenced people’s lives. In an ongoing research project, I am studying women who were born in Sweden in the 1920s and 1930s and who, until the 1970s and 1980s, spent large portions of their lives in institutions (Holmlund, Johansson, Nordin, Rydberg, 1971). As a consequence of the 1968 Social Welfare Act they have lived “out in society” for the past 15-35 years, either without any social support or with different forms of support. Each and every one of these women has been clearly affected by the *breakdown of the social care discourse* that occurred in Swedish *social care practice* during the 1960s. Social care practice was changed from being an institutional or segregating practice to being an integrating or normalizing practice. The discourse was legitimized by the social care discourse and thereby with the support and blessings of medical science and then later of the psychological, pedagogical and social sciences. For the women, this meant moving from what was primarily

a “total institution” (Goffman, 1973; Örebro läns landsting, 1983) out into “society”, however for some of them a continuation of institutionalization.

To simplify, the discourse expresses a general understanding of how something is at that particular time. Discourses change over time. The scientific community legitimizes, is included in, contributes to and directs the practices of the discourse. Discourses influence and produce the perceptions of individuals and groups. The individual discourse is continuously developing in interaction with the practice and will gradually come to permeate ordinary people’s general opinions, experiences, feelings and attitudes, and will be clothed in words of rationality and knowledge. According to Foucault, there is no innocent discourse. Social care can be considered a discourse in the sense meant by Foucault. I call it the social care discourse in order to distinguish it from what I am going to discuss in a later section, i.e. social care as a discipline. Just as was the case in earlier epochs, social care today is a manifestation of the social care discourse.

What is a discipline?

Foucault (1993) distinguishes between scientific discourses and disciplines.

Generally speaking, a discourse is the same thing as the practice that results in a certain type of pronouncement. The definition applies to scientific practices just as well as it does to other areas where people encounter one another. By disciplines, Foucault means something else.

According to Foucault, the disciplines are a kind of principle for differentiating or restricting the discourse, a principle that nevertheless provides for the possibility of formulating new assertions. Other principles for restricting, what Foucault describes as the arbitrariness and randomness of discourses, he terms “the critique principle” and “the author principle”.

According to Foucault, the following are characteristic of a discipline:

- an object domain
- a group of methods
- a “body” of assertions held to be true
- a play of rules, definitions, techniques and instruments

Social care as discipline, a comparison

In an evaluation of the main subject of social care in bachelor’s degree and master’s degree programs (National Agency for Education, 1996), Sune Sunesson, Professor of Social Work at the University of Lund, discusses social care as a scientific discipline. He compares social care and social work and states the following:

“The majority of education programs in social care provide academic, professional training with a basis in social care. In many places, however, there are great deficiencies with respect to advanced study and research.” (p 36)

“The discursive, “scientific” elements in the subject of social care are not unique. The underlying theories of social care are also those of other subjects in which human relationships and work dealing with people are studied. This does not disqualify social care as a subject, but it is difficult to see how it is or can be a separate area for research that is clearly differentiated from other subjects, particularly social work.” (p 36)

In an article with the title “Social Care and Social Work as Concepts of Ideas in a Foucauldian Discourse Setting” I focus on questions related to goals of social care and social work (Nordin, 2008), quality of life and welfare.

Social care as discipline in the sense meant by Foucault

For Foucault (1993), knowledge and truth, like other discourses, are always connected to historical conditions and are indissolubly associated with power and social relationships. Foucault portrays *power and knowledge as containing one another*. Knowledge therefore has the character of a strategic or political field (Beronius 1986, p 55). Within the practices of the “scientific community”, as in those of the widely differing areas Foucault has chosen to consider, issues concerning power and power strategies are of immediate interest.

In this way the sciences get a double meaning in Foucault’s theory, both as practices in and by means of which scientific discourses are developed, and as active components in the development of practices outside of the scientific community itself. The discussion about social care as a new discipline is an example of the former. The social care discourse, as I described it in an earlier section, is an example of the latter. In order to clarify similarities and differences, I will further describe how Foucault views science and disciplines.

In “The order of discourse” (1993), Foucault clarifies the role of disciplines while discussing how discourses arise and remain in force. Foucault starts from the following hypothesis: *“that in every society the production of discourses is controlled, selected, organized and dispersed simultaneously by a certain number of procedures the role of which is to fend off their power and threat, to overcome their randomness, and to evade their unwieldy, frightening materialism.”* (p 7)

Prohibition, division and rejection are examples of exclusion procedures. These procedures are applied both in scientific and in “non-scientific” practices.

Conflicts between what is true and what is false are also part of the exclusion procedures. According to Foucault, the division between what is true and what is false in a discourse is not arbitrary, modifiable, institutional or forcible. The same applies to disciplines.

“Within its own boundaries each discipline recognizes true and false theses, but pushes a whole teratology of knowledge outside its margins.” (1993, p 24)

Social care as a discourse, the social care discourse, has developed in interaction with “science”, influenced by and influencing a multitude of different social care practices. In a corresponding way, scientific discourses have developed in and through scientific practices. Foucault considers (1993, p 21-26) “the disciplines” as scientific practices.

According to Foucault, the description of what distinguishes a discipline is a description of the discipline as principles for differentiating or restricting the discourse, and not the discourse or discipline as such.

The will for truth characterizes scientific discourses but is at the same time a part of the exclusion procedures that rely on so-called institutional support and that are strengthened and replenished through sluggishness in the practices. The scientific institutions, the practices, can be considered as truth-seeking discourses with this institutional support. In this sense *social care as a discipline* cannot be considered as a scientific discourse in the sense meant by Foucault, but only as *a scientific discourse under development in 1998* (Nordin, 1998) as well as today.

Social care in relation to Foucault's criteria for what characterizes an established discipline

The four points Foucault designates as characterizing a discipline are closely intertwined with the prevailing scientific discourse or "subject". With the emergence of new scientific discourses, the boundaries between them are less clear than is the case with established disciplines. The definitions of the common object domain and the group of methods determine to a great extent the body of assertions that is held to be true and the play of rules, definitions, techniques and instruments that will prevail. The opposite is more likely in an established discipline. The first two points are therefore central both to social care as a discipline and to social care as a scientific discourse.

The four points that, according to Foucault (1993), define a discipline place the "discipline principle" in opposition to the "author principle" and differentiate it from the "the critique principle" (see "What is a discipline?" section). What differentiates the discipline principle from the critique principle is that in a discipline, it must be possible to formulate an endless number of new assertions. A discipline is not the sum of everything true that can be said about something. It must focus on a definite area, and make use of conceptual tools or techniques that are clearly defined. In addition, the assertions must be able to be included within a certain type of theoretical purview to be recognized as "true". According to Foucault, new objects require new conceptual tools and a changed frame of reference.

The object domain of social care

The object domain of social care can be based, for example, on **society's goals and control methods, target groups and activities, and educational content and bases for research**. It can also be defined based on **intentionality** in relation to the above three examples of points of departure for social care's object domain. There are problems and possibilities in all these areas.

Society's common goals and methods of control

One way to define and differentiate the object domain of social care is based on laws that control and regulate the activity.

Some former societal methods of control for social care were the Social Welfare Act (1980;1988), the Act Concerning Support and Service for the Functionally Disabled (1993), the Personal Assistance Act (1993), and the Psychiatry Reform (1992), the Act with Special Provisions for the Care of Young Persons (1990), the Care of Misusers Act (1988), and legislation that controls and regulates professional case management in social care. Differentiation of social care's object domain based on society's common goals and methods of control is problematic in that legislation that is currently applicable becomes of central importance regarding the focus of research, which is problematic for a science where knowledge should be built up over the long term.

Common target groups and activities

Another way to differentiate and describe the object domain of social care is based on target groups for the activities.

In a research inventory prior to the conference in Stockholm in June 1996, social care or pedagogic research was requested that dealt with problems of the elderly, the physically

disabled, young people with psychosocial problems and the care and treatment of misusers. This differentiation regarding target groups represents only a certain amount of consensus concerning Swedish circumstances today. International views add new target groups for social care and change the most important features of the target groups. And in Sweden opinions also differ concerning how the object domain of social care should be differentiated based on target groups such as “the needy”, “the marginalized” or on “everyone in a certain category of activity”. In international collaboration, anti-discriminatory practice and social rehabilitation, including social pedagogical treatment, are used as the bases for defining the target groups. Some of the main target groups in England and Germany are immigrants, racial minorities, and “the poor”. Bernler (1991) includes families as a target group. Within childcare, the concept of children in need of special support is used. Examples of efforts within childcare have been called special pedagogy, social support or social care. Differentiation of the object domain of social care based on common target groups and activities shows how “social care” swings between focusing on particular “deviant” groups to focusing on social phenomena.

Lately target groups and activities have been included in a national united psychiatry strategy (SOU 2006:100).

Shared educational content and bases for research

A third way to demarcate and describe the object domain of social care is based on “social care” as a university subject. Educational content that is common to different study programs can be extracted and examined in relation to the content in the subject “social care”. In a government report on the social care program, the previous name of the university program in social care, it was stated that:

“the main subjects of social care and social work rest on the same foundations” “...1. the social perspective, 2. social scientific bases, 3. the psychosocial field, 4. the psychosocial way of working (SOU 1993: 12, p 97)

According to the Swedish Higher Education Act (1992) and the Higher Education Ordinance (1993), in order to obtain a University Diploma in Social Care focusing on the elderly, the functionally disabled and the mentally disabled, and on social pedagogical treatment, the student should have:

“acquired the knowledge and skills, the personal development, and the empathetic ability and critical thinking required for work in social care, obtained knowledge and skills to be able to carry out, guide and develop social care activities based on an understanding of the interaction between the social situation, and physical and mental health in relation to societal and other underlying factors, of individuals and groups.” (Chapter 1, paragraph 9)

There are many risks and problems in defining the object domain of social care based on common educational content.

One risk is that if research is based on educational content, it becomes subordinate to current conditions. Research and education become fragile if they are governed by currently prevailing legislation and activities. Research in particular needs to be aware of the discourse of the practice if it is to be able to rise above it.

Another risk is that the professional content of the education can be determinative regarding the research discourse. If professional content becomes determinative regarding the research discourse, research can end up in the position of legitimizing the profession, which could, for example, result in “social care” outside of the profession being excluded.

Thirdly, according to Foucault (1993; Beronius, 1986) there is a very close association between governmental control measures and the scientific discourse, but whether the State can define a scientific discourse is questionable.

Education programs in preparation for research in social care have gotten underway in Sweden in the 1990ties and have been carried out in collaboration with different departments such as departments of nursing and departments of social work. In preparation for the international conference in Stockholm in 1996, research in social care was requested from adjacent established subject areas such as social work, psychology, sociology, pedagogy, social anthropology and criminology.

The national united psychiatry strategy (SOU 2006:100) will influence educational content and bases for research as the Swedish Code of Statutes concerning higher education (SFS 2006) stress that “activities shall be conducted there is a close relationship between research and education” (section 3). However in the same document (ibid.) is said that “an area of responsibility need not coincide with a disciplinary domain” (section 5a).

Intentionality

As has been focused above there are tensions within social care’s object domain due to such factors as perspectives and boundary setting. Some complementary and competing perspectives are: user-staff- organizational-perspectives, individual-group-society perspectives, management-employee perspectives, preventive-treatment perspectives, sociological, psychological, pedagogical, economic, legal, etc., perspectives.

The inner tensions of the object domain due to different perspectives and boundary setting is something social care shares with established disciplines. As is the case with established disciplines, decisive questions are: Where should the boundaries be set? By whom? Based on what criteria?

Neither the target groups nor the areas of activity for the practice of social care are static, but they can be described and differentiated based on given prerequisites. In addition to the inner tensions, these demarcations also contain tensions in relation to other disciplines and discourses as has been focused above.

Foucault (1993) discusses intentionality in relationship to the established disciplines, which represent the scientific truth discourses. He distinguishes between truth and *the will for truth*. “*It is as if the will for truth and its decisive turning points are hidden from us by the truth itself and its necessary development.*”

“*And so what appears to us is nothing other than a truth that seems to be richness, fruitfulness, gentle, and insidiously universal. However, we become ignorant about the will for truth, ignorant about the enormous machinery intended to exclude what it is.*”

The laws express resolutions upon which the Riksdag and the government have agreed.

Intentions can be read and interpreted from preparatory work and reports. There is room for varying interpretations of both the text of the laws and the aims or goals of the legislation.

Within the object domain of social care, the laws are not sufficient for differentiating the object domain. Preparatory work for the legislation, such as government bills (government bills 1979/80; 1992/93) as well as advice and strategies formulated by the National Board of Health and Welfare (1993; 1994; 2006) are of central importance. These explain the aims and goals of the laws in a wider historical and current context, or in other words the intentions of the legislation. A large proportion of the research assembled as social care research comprises an examination of goal fulfillment in relation to intentions and the will for truth. In this way the social care discourse illustrates Foucault’s words:

“*It is as if not even the words of the law could be authorized by anything other than a truth discourse.*” (1993, p 14)

A group of methods

Is there a group of methods that can be said to characterize a social care discipline? At the international conference in Stockholm in June 1996, a list was compiled of over twenty Swedish theses written in the area of social care during the period 1993-1996. A multitude of methods was represented in these theses, from purely statistical analyses, questionnaires and structured interviews, to open dialogues, observations and research circles.

There is no common group of methods in the research reported as social care research. It is rather the case that the issues constitute a kind of common base. I consider the fact that the issues in question are the bases for the choice of method, instead of vice versa, as a strength rather than a weakness.

When a given method defines a discipline, there is a risk that this will result in rigidity and a breach between the subject and the science. The subject of sociology is an example of the opposite, i.e. that a subject can develop and flourish despite not being bound to a limited collection of methods.

Foucault (1993) discusses method requirements in relation to the subject areas he discusses in his installation lecture: 1) the forbidden word; 2) the segregation of mental illness; 3) the will for the truth. Foucault makes the connection between the three phenomena clear through their knowledge stories. He sees possibilities but also deficiencies and difficulties in historical research if that research examines an event without defining the series of events that are included; without specifying the type of analysis the series brings out; without trying to determine something about the regularity and probable limitations regarding the appearance of the phenomenon; without thinking about the variations of an event such as curves, deflections and appearance and conditions on which these depend. For Foucault there is no contradiction in studying individual events and in analyzing long periods of time.

The method requirements for which Foucault argues are:

1. A re-thinking principle, meaning seeing the negative in dividing and thinning out the discourses, instead of seeking the truth in discourses.
2. A discontinuity principle, meaning treating discourses as separate practices that intersect one another and sometimes approach one another.
3. A specificity principle, meaning that we must understand the discourse as a force we exert against things or at least a practice we force upon them.
4. An exteriority rule, meaning not leaving the discourse to search for its hidden essence, but having the discourse itself as the point of departure and using the following concepts as the basis for analysis: event, series, regularity and conditions of possibility.

A body of assertions held to be true

As is the case for established disciplines, social care's body of assertions are reflected in study programs and curricula. This body of assertions come to form the basis of a discipline of social care. Therefore, discussions concerning the object domain of social care are of central importance for both the discipline and the subject of social care.

Education governs the acquisition of knowledge. For social care as well as for established disciplines, the goals expressed in the study programs, curricula and study guides then become a picture of the common body of assertions, despite the fact that development of a critical approach to one's own field is one of the goals of education.

An idea concerning social care that recurs in study programs and curricula, in the literature and in research is that people's relationships with one another and their surroundings have system qualities. Characteristic of the education, during the late period of the 20th century in Sweden, was its close ties to the practice of social care and its praxis.

Recurrent in general discussions, as in what is today designated as social care research, is the view of social care as a multidisciplinary, relationalistic field where man is seen as an individual in a context, in a network and in a societal perspective. The subject areas studied within social care can be derived from the focus on the individual in these contexts. As a consequence of this view, certain methods similar to those proposed by Foucault (see "A group of methods" section) may prove to be more suitable than others for research in the subject of social care. If this occurs, the methods used, like the object domains, will be included in a kind of body of assertions held to be true. It is difficult to clarify this in a discourse that is hardly established.

A play of rules, definitions, techniques and instruments

Social care as an academic discipline in development (Nordin, 1998) share to a great extent the play of rules, definitions, techniques and instruments characterizing traditional Swedish university disciplines on the way into European and international contexts.

In the Swedish Higher Education Act (1992), chapter 4, paragraph 1, it is stipulated that:

"As far as possible, taking into account the quality requirements in chapter 1, paragraph four, first passage, students admitted to the universities should fulfill the eligibility requirements for the studies."

The Higher Education Act (ibid.), chapter 1, paragraph 4, deals with quality requirements:

"Activities should be adapted so that there is high quality both in the education program as well as in research and creative developmental work. It is a common concern for university staff and students that available resources are utilized effectively in order to maintain high quality in their activities."

Regarding research, the Higher Education Act (ibid.), chapter 1, paragraph 6, stipulates:

"The following general principles should apply to research

- 1. research problems are to be chosen freely*
- 2. research methods are to be developed freely*
- 3. research results are to be published freely"*

Regarding general eligibility requirements, regulations concerning entrance to basic higher education are found in the Higher Education Ordinance (1993), chapter 8, paragraph 2:

“To be accepted for basic university education the applicant must meet general eligibility requirements as well as stipulated special eligibility requirements.”

As is the case for many other Swedish and foreign education programs that were previously non-academic, it is important for social care as a subject to examine development possibilities with respect to today's support in and proximity to the practice and the praxis of social care. In many of the social care programs in Sweden, work experience is required in order to be admitted to the program. In all programs in Sweden today, clinical practice is included during the study program.

According to Foucault, the sign of a discipline is institutionalization. Regulations and definitions are of importance regarding what the research discourse and the research will be like. The discourse is in such a phase that it is difficult to discern its make-up since there are no researchers defined in social care terms.

Foucault (1993) summarizes as follows:

“Education tries in vain, but rightly so, to be the instrument that makes it possible in a society like ours for every individual to have access to any discourse he/she wants. We are well aware that the dispersion of education as well as what education allows and prevents, follows the lines drawn up through outdistancing, conflicts and social action. Each educational system is a political means for maintaining or changing the assimilation of discourses and thereby also the knowledge and the power they carry with them.” (p 31)

Foucault (1993) recommends that established scientific discourses, disciplines, should question their will for the truth, return the event character to the discourse, and revoke the power that is characteristic of them.

Social care as discipline – a discourse

One way of investigating the question of the extent to which social care as a subject fulfills the requirements of a discipline is to compare it with adjacent subject areas with that status, including new academic disciplines such as social work as well as long-established disciplines such as sociology, psychology and pedagogy. Another way is to study social care as a discipline from a theoretical perspective. I have chosen to combine these approaches since, according to Foucault's view (1993), they are in part parallel to one another and in part inseparable.

Development of social care as a discipline involves development within the four areas Foucault describes as characterizing a discipline, i.e. the discipline as a principle for differentiating and limiting the discourse. Social care as a subject, science, has for some time been in the process of developing from the level of basic education to the research level, in accordance with general principles of differentiation.

Scientific discourses, like other discourses, are developed and maintained in practices. Research disciplines and departments are examples of the practice of scientific discourses. Social care today can be seen as a scientific discourse under development, but not as a discipline in the sense meant by Foucault. Development of the social care discourse influences and is influenced by interaction with established disciplines and with the scientific

community as a whole. Changes in the scientific community affect the association between social care as a discourse and social care as a discipline.

Foucault's analysis of scientific discourses shows that historically, discourses were often given scientific status as truths instead of what they actually were, discourses. Based on Foucault's view, I have chosen to consider *social care as discipline as a discourse*.

Conclusion

Awareness that a social care discipline, like the social care practice, is a discourse, in contrast to "truth", signifies openness for reflection about effects of positions, both within the four areas that according to Foucault characterize a discipline, as well as concerning consequences of the limitations set by its own discourse.

Defining disciplines as discourses results in a new way of looking at what is true and what is false. Reflection over one's own setting of limitations and the consequences that follow, and one's own discipline as a part of the historical context, become part of the discipline. This means that a discipline that allows itself to be defined as a discourse can reflect over its own discourse within its object domain. Social care today can be seen as a scientific discourse but still not as a discipline in the sense meant by Foucault.

The aim of this article was to provide a renewed starting point for discussion of social care as discipline.

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