A changing Ideal of Care in Denmark
A different form of Retrenchment?
Dahl, Hanne Marlene

Published in:
Dilemmas of Care in the Nordic Welfare State

Publication date:
2005

Document Version
Early version, also known as pre-print

Citation for published version (APA):
A Changing Ideal of Care: A different Form of Retrenchment?

Many stories about the recent developments of the European welfare states are told. One hegemonic story is about the (need for) retrenchment of the welfare state (Ferrera and Rhodes, 2000; OECD, 1981), and another concerns ‘modernisation’ (Pierson, 2001b). In opposition to these two stories, a feminist counter discourse on the emerging care deficit has arisen; care is threatened because of the decline of informal, family based care and the (supposed) withdrawal of the welfare state (Boje and Leira, 2000; Hochschild, 1995; Knijn and Kremer, 1997; Saraceno, 1997).

General stories often have a wide appeal and heuristic (and polemical) value, but often lack scientific accuracy. The Danish case on elderly care questions these three stories, since there is no significant change on the quantitative level, but instead a qualitative, paradigmatic shift in the politico-administrative discourse on care. The ideal of care is substantively rewritten in the beginning of the 1980’s focussing upon the cost containment and the engineering of an active life for the recipient. This change involves a different kind of retrenchment than usually described in the literature on welfare state reform, since it contains an ambiguous twist with both a qualitative retrenchment and an extension of the state’s disciplinary power in elderly care.

My argument is both theoretical and empirical, since a Danish case study is used to question the simplicity of the three stories mentioned above. The development in the discourses of the Danish welfare state can theoretically be analysed from various perspectives. My interpretation is based upon that of Foucault due to his superior understanding of the subtle forms of power emanating from the state and inspired by a feminist research tradition that has tried to make care (informal and formal) visible on the scientific agenda, a tradition that has remained critical towards welfare state services, their aims and organisation (Dahl, 1997; Leira, 1992; Tronto, 1993; Wæness, 1982; Ungerson, 1987).

This paper concerns elderly care services understood through the lenses of the discourses prevalent in the field. Understanding the discursive development provides

---

1 The two most relevant, and opposing, perspectives are those of the responsive state which increasingly grants more rights to the citizen (a view developed by Jürgen Habermas) and the disciplining state which restrains its subjects through an invisible cage, the view propounded by Michel Foucault.
a background to understanding the development of elderly policy. I understand a
discursive threat as a threat present in a discourse that might be implemented. I have
identified three discursive threats: the splitting up of care and an internal
marketisation, the tyranny of transformation and the will of the pleasant in some of
the competing discourses that I have identified elsewhere (Dahl, 2000a): governance
and budgetary discourse, a leadership and development discourse and a discourse on
care.

The paper is divided into five parts. Firstly, I will clarify my theoretical framework,
method and describe a discursive, paradigmatic change. Secondly, I will make a brief
presentation of the Danish case and the development of paid, professional home-
helpers employed by the welfare state. Thirdly, I will briefly expand upon my thesis
of a different form of retrenchment, this leads into the fourth part which is a
description of the discourses in the field, the different elements of retrenchment, its
ambiguous character as well as the potentially threatening character of the rewritten
discourses if they are translated into policy. Fifthly, I relate the three discourses to the
general tales in my conclusion.

**Politics of Need Construction and a Paradigmatic Change**

When we speak about ‘something’, we simultaneously bring ‘it’ into speech and
existence. It becomes visible as a social and linguistic entity, since it enters language
and becomes a phenomenon (Andersen, 1997). Theoretically, I am inspired by the
French historian Michel Foucault (1978) especially his later works (1993, 1996) as
well as by the American philosopher Nancy Fraser (1990).

Like Fraser, I believe that it is necessary to move from a focus upon needs to
focussing on discourses on needs. I understand a discourse as a horizon of
intelligibility and possibility, i.e. as defining a limit for what can be considered
meaningful and what can be seen as possible. Needs are only speakable within a
discourse which implies an analytical attention to the politics of need construction.

---

2 The British-South African political theorist Aletta Norval inspires this definition of a discourse (1996)
and like her, I believe that discourses contain various degrees of material and linguistic elements, and
discursive effects are the effects of a discourse at a given time on the future development of this
discourse.

3 I basically agree with Fraser’s important redirection of our analytical attention, but I do so from a
different epistemological stance that tempts me to modify her ‘politics of need interpretation’ to a
‘politics of need construction’. Due to my vague realism I neither speak of representation nor
translation of needs, but the construction of needs. Needs are in my understanding not ‘out there’ to be
represented, since the world and our minds co-constitute reality (Visker, 1995).
Some needs may attain priority, whereas others may become marginal and even silenced. When analysing needs-talk, it is necessary to investigate the ideals of care (Dahl, 2000a). An ideal of care is the leitmotiv in a discourse on care (and needs) and it brings together the image of the recipient, the culturally and politically recognised needs and their provision.

My focus is upon how the images of the recipients of care change5 wherefore I have investigated the political-administrative discourse and its changes. This is a Top-down perspective where I analyse the discourses used by politicians, civil servants, experts and representatives from major interest groups to describe (and regulate) social and political reality. The discourse analysis is based on written and publicly available texts such as commission reports, memorandums, reports, legislation and internal reviews (Dahl, 2000a). The material analysed includes all relevant material in a study covering the period 1943–95 (Dahl, 2000a), but in this article my focus is upon the most recent period from 1980 to 1995. In the material, various voices compete to define social reality, i.e. to become hegemonic in this political-administrative discourse and articulate the needs of the recipient and their provision.6 I focus upon discourses about needs, which frames the elaboration of policies. The threats that I will describe in detail are discursive, and they may or may not be transferred into concrete welfare policies.7 Discursive effects are only visible in a longer time span, but a study of discourses will allow us to get a glimpse of potential future(s).

Change is potentially immanent in every reproduction of a discourse by subjects, but some changes are more profound than others. As a researcher of policy change Peter Hall argues that we can analytically distinguish between three levels of change: first, second and third order change (1993). The first order and second order concern minor changes of a paradigm. A first order change is an incrementalist change often undertaken by officials due to a review of policy and concerns the change of settings for the policy instruments. A second order change involves an alteration of the

4 I another article I argue in favour of a particular feminist ideal of care (Dahl, 2000b).
5 I have discussed the changing images of the caregiver from a gender perspective elsewhere (Dahl, 2001).
6 The unveiling of these struggles takes place from a particular perspective and position, and my constructivism implies that I cannot use reality ‘out there’ as a standard of validity. Instead my analytical strategy acts as one standard of validity (Dahl, 2000b) where I hope to avoid relativism. My discourse analysis is influenced by the notion of ‘critique’ developed by Foucault and interpreted by Judith Butler (Visker, 1995; Butler, in press). Critique as a practice aims at identifying the rationalities at work in discourses and intends to destabilize them.
7 The discourses investigated can be seen as framing policies at the national level that direct its policies at the municipalities. The municipality, however, retains some autonomy in regard to implementation.
instruments themselves. A third order change is more profound since it changes the policy paradigm substantively into a different paradigm. This involves a change of instrument settings, the instruments themselves and a radical alteration of the hierarchy of goals behind policy. Hall describes the radical change from Keynesian fiscal policies to monetarist modes of macroeconomic regulation policies as a third order change in Britain in 1976-79. The goal of reducing inflation replaced the former policy goal of low unemployment (Hall, 1993: 279).

I believe that these three orders can be transferred to the terrain of discourses. I will argue that the change in the ideal of care is so profound that it constitutes a new paradigm and in more technical terms refers to a dislocation of the discourse and the ideal of care. The leitmotiv changes for example from relieving distress to engineering growth in the recipient and towards a closer attention to optimisation of resources. This change of paradigm can simultaneously be considered as a novel form of retrenchment where the theoretical concept of retrenchment usually understood as a ‘cut back, scale down, or curtail welfare state benefits’ (Green-Pedersen, 2001) is redefined. I will redefine retrenchment as a subtle change that does not necessarily entail financial cuts, but involves a withdrawal of the articulated obligations of the state (rewritten and reduced) and/or a discursive attention to cost containment. The ambiguous character of this discursive retrenchment refers to the simultaneous extension in its regulation of the subject, i.e. the recipient of care.

In order to understand the discursive changes taking place in the beginning of the 1980’s, it is necessary to give a brief introduction to the Danish case, and the development on the caregivers side, i.e. the creation of professional home-helpers paid and employed by the welfare state.

The Professional Home-helpers

The Nordic countries are known for the extensive rights they grant to recipients of care (Knijn and Kremer, 1997; Saraceno, 1997). Rights for elderly people in Denmark have increasingly been codified in legislation (Lov om Social Service, 1997; Lov om retssikkerhed og administration på det sociale område, 1997). According to these laws, elderly people with permanent or temporary limited physical or cognitive skills have a right to receive help in their own home, and approximately 20% of those above

---

8 A dislocation of a discourse is defined as a destabilisation of a discourse where an existing discourse is dissolved or radically rearticulated (Torfing, 1999: 301).
retirement age receive such aid, which is carried out by home-helpers (Daatland and Szebehely, 1997). The home-helpers are qualified through one to two years of education in particular social- and health schools. Training first became obligatory in 1974, at which time only four weeks of training were required.

However, such training has not always been required. The concept ‘home-helper’ was introduced into national legislation in 19589 and it was a response to policies enacted by municipalities that were employing women who had the experience of being a housewife but did not have any formal training in relation to the provision of care for elderly people in their own homes. From the 1960’s and onwards, the home-helpers have gradually been inscribed into a discourse of professionalisation.10 A discourse that has stressed the work done by home-helpers as being complex, having a particular scientific knowledge base and has continuously tried to gain recognition for other types of knowledge as well. There has been a move from describing the home-helpers as ‘good housewives’ within a complementarily, gendered discourse to a more androgynous, professional discourse in the late 1960’s stressing pre-emptive measures as the core task for home-helpers.11

In short, the professionalisation of the Danish home-helpers contains a novel, and different route to another form of professionalisation (Dahl, 2000a).12 The creation of a profession has not been a continuous story of progression, since there have been several backlashes during the process (Dahl, 2000a). In general, the story of the Danish home-helpers has been a successful one, since formerly suppressed values, qualifications and knowledge bases have been partly recognised within the political-administrative field.13 I will now expand upon my thesis and elaborate upon the

9 With the law: ‘Lov om ændring i lov om folkeforsikring’.
10 I define a discourse of professionalisation as analytically different from a process of commodification (Dahl, 2000a). However, a process of professionalisation requires a previous or a contemporary process of commodification. Professionalisation in a Weberian understanding of the concept requires a monopoly as well such as seen among doctors, lawyers and nurses. Such a closure of access (monopoly) has so far not been the case for home-helpers.
11 By an androgynous discourse I refer to a discourse where explicit gender references disappear and an ideal of (supposedly) gender neutrality pervades the text (Dahl, 2000a).
12 Some sociologists of professions would argue that the gradual inscription into a discourse of professionalism constitutes a semi-professionalisation. In line with Anne Witz (1992) I would argue that the notion of ‘semi-professionalisation’ contains a male bias, since it normatively builds on particular male (elitist) experiences at a particular point in history. This alternative form has been described by Stina Johansson as ‘… a female, a subordinate and a mass profession’ (1995, my translation).
13 For the negative aspects of this development, please consult my articles: ‘Empowerment og disempowerment? To historier om hjemmehjælper feltet’ (Dahl, 2001) and ‘En køn retfærdighed? Et spørgsmål om status og lighed med hjemmehjælpen som case’ (Dahl, 2002). In these articles I outline the negative aspects of the seemingly positive story. One negative aspect is the increased regulation of
differences in relation to other stories about the welfare state, i.e. that of retrenchment and modernisation.

_A Discursive Retrenchment with an Ambiguous Twist_

The general tale of exogenous and endogenous pressures leading to a retrenchment and modernisation of the European welfare state has been prevalent within welfare state research (Ferrera and Rhodes, 2000). The research tradition, however, seems to have regained its composure and retreated from its previous, rather grand, statements. Here, in contrast, more specific arguments are put forward based on particular case studies. In the case of the Scandinavian welfare states, it has been argued that they have not experienced any significant retrenchment, although cost containment strategies of a particular kind have been applied (Andersen, 2000; Ferrera and Rhodes, 2000; Kuhnle, 2000; Pierson, 2001a, 2001b). The Norwegian political scientist Stein Kuhnle argues that Denmark has not seen a retrenchment of its policy towards the elderly, since the share of elderly services and transfers of the social expenditures _en toto_ remained at 48.3% between 1990 and 1995. Similarly, Scandinavian researchers have argued that Danish elderly care has experienced a curb on public expenditures from 1980-90. Expenditures (resources) for elderly services have fallen by three percentage points when taking into account inflation and the increase in the number of elderly people (Daatland and Szebehely, 1997). This minor reduction does not constitute a significant change.

In addition, on the qualitative level, Kuhnle argues that the basic values of the Nordic welfare system such as universalism, comprehensiveness, redistribution and employment outlook have ‘stood the test’ (2000). In line with this view, Christoffer Green-Pedersen argues that retrenchment is more rhetoric than reality in the Danish case, since commodification and contracting out have not been implemented in policy to any significant degree (2002). Only a few municipalities have in fact contracted out elderly services such as meals on wheels, home help, and nursing homes. The exceptions seem to prove the rule.

Agreeing with the scientific consensus on the stability of elderly policies on the quantitative level I will nevertheless argue that there has occurred a qualitative,
paradigmatic change in the ideal of care.\textsuperscript{14} This change involves as mentioned previously three discursive tendencies: the splitting up of care and an internal marketisation, the tyranny of transformation, and the will of the pleasant all of which mark a change in the ideal of care and therefore introduce a new ‘leitmotiv’ concerning elderly care. The change identified is, among others, due to incorporated elements of New Public Management (NPM) that have become dominant in the public sectors of the Western World. NPM can generally be characterised as a rising body of managerial thought dominated by ideas about marketisation, ‘doing more with less’ and an idea of a management of change (Ashburner, Ferlie, Fitzgerald and Pettigrew, 1996). Others describe it as a change in culture, ideologies and practices that underpin the ‘emergent political settlement’ (Clarke and Newman, 1997). New Public Management and the policy change towards a service-management outlook provide us with parts of the (policy) story about the development of Danish elderly care. NPM must be identified as embodying a particular, discursive retrenchment and not just interpreted as a neutral strategy of modernisation. This I will show later.

Modernisation and retrenchment are not the only stories to be told about the discursive field, since the story also contains an ambiguous twist. A discursive force extends its discipline to the elderly and pictures a particular version of the good life as one of change. This image becomes the norm and consequently functions as a moral prerogative in the discursive field as I will show later. I will now elaborate upon my thesis and consider the three discourses and their discursive effects in turn. Now I will turn my attention to the first discourse, that of a budgetary and governance discourse.

The Splitting up of Care and an Internal Marketisation

In the discursive field, various discourses compete about the power to define reality. One of the dominant discourses is the ‘Governance and budgetary discourse’. It has existed in various versions in the field since its genesis in 1943. The discourse articulates the political problem as an insufficient utilisation of resources, and its constructs the political and administrative solution as improved productivity and an

\textsuperscript{14} A similar argument about the change of policy has been advanced by the former Danish Social Democratic Minister of Social Affairs Bent Rold Andersen. He argues that elderly policy in Denmark went astray in the beginning of the 1980’s (1999) and identifies a change in the form of a retrenchment from a model based on ‘being together’ (samværs-orientering) to a service-management outlook governing elderly services.
adjustment of the political aims within the sector. The most frequent words applied within this horizon are planning, efficiency, assessment process, budgetary awareness, rate of coverage, and optimisation of resources, the sliding of standards, decomposition and functions. The cost-containment/rationalisation strategy is obvious and exposes similar features with NPM and its dictum of ‘doing more with less’.

In this discourse a splitting up of care occurs, since a discursive reification enters the field through a new language and a changed image of care. There is a discursive focus upon ‘functions’ in care and a de-composition of care. Care is divided into codified functions in a rather technical vein: it is de-composed into what is seen, as its constituting parts. Care is split up into the most visible tasks as in an assembly line production. This discursive tendency brings the process of Taylorisation to my mind as a form of scientific management, where work procedures are designed and planned scientifically in order to improve productivity and efficiency (Taylor, 1947). The decomposition implies that some parts of care become nearly invisible or only reluctantly can be described within such a discourse. In my understanding, needs related to the alleviation or reduction of sufferings cannot easily be included in the discourses. They cannot be fit into a scheme where tasks must be easily identifiable and possible to deal with in a political and administrative logic. Fraser describes such logic as that of articulating needs into ‘administrable needs’ (1990). An example being that needs for rehabilitation is more easily translated into a political-administrative discourse than needs related to the suffering and/or the vulnerable subject.

The governance and budgetary discourse increasingly focuses upon the commodity status of care, i.e. that care contains some commodities that can be produced in various contexts, commercial as well as non-commercial. One of the articulated options aimed at improving efficiency is contracting-out understood in the sense that other private or public agencies (than the home-helper) can produce some of the tasks. However, contracting-out is only an option for certain parts of care in the horizon.

---

since it constructs a division between tending and service. Tending is articulated as caring including emotional and cognitive needs, which is articulated as a task for state employees due to what is constructed as the fragility of the subject. Tending is articulated both as urgent and as necessary needs. In contrast, services are neither constructed as urgent needs nor related to the fragility of the elderly person. Services are still perceived as a state responsibility, but not necessarily produced within the welfare state. The division concerns the responsibility and the exercise of care (its ‘production’ to use the terminology of the discourse). Service, the non-personal, is articulated as domestic chores. The division is simultaneously related to a hierarchy of needs where the most personal tending needs are given priority compared to domestic needs like cleaning, shopping and cooking.

On the face of it, these discursive tendencies might not seem that troubling. However, several troubling discursive effects for the recipients of care might become more real within a short space of time. Firstly, the discursive de-composition of care destroys the former, discursive unity of care, and reduces the responsibility towards the recipient. Specifically, the distinction between tending and service creates the possibility for some, and not other, tasks to be legitimately (in political terms) contracted-out to firms, semi-public firms or other public agencies. The danger at this moment is not the possibility of contracting-out per se to private firms, although this might have a disciplining effect upon the home-helpers, but instead the new ethos introduced by a new language that internally values cost containment. The ideas deriving from NPM are not neutral instruments, but might change the way home-helpers think and act.

Secondly, and more hypothetically, it is possible to argue that the more agents involved in the provision of care, the more time used for co-ordination and less time for the fragile elderly. Thirdly, the de-composition of care into functions also implies a retrenchment in another way, since a potential silencing of less tangible (and less administrable) needs might occur. And finally from the perspective of the professional

---

16 This interpretation is based on the following text: Budgetanalysen, 1995. When de-constructing the division between tending and service it becomes apparent that it contains a paradox. The division is applied in two different ways that are contradictory: as a generally applicable distinction, and as a more flexible division. In the latter use, the concrete caring needs of the recipient define what in such a particular case is considered to be tending and what is considered a service (Dahl, 2000a). I presume the ambiguity is due to the contradictory aims articulated on the discursive field, namely those of self-determination of the recipient and efficiency in care produced by firms or self-governing units.

17 The division is constructed as an understanding of the limits between the personal understood as that concerning the body and the non-personal (Andersen, 1996).
home helpers, the splitting up of care and the increased codification is negative, since it might result in a de-professionalisation removing autonomy from the home helpers. There is yet another dominant discourse that simultaneously overlaps with and questions the governance and budgetary discourse. I will now describe the ambiguous character of this discourse of leadership and development.

The Tyranny of Transformation

A new discourse enters the field in the middle of the 1970’s, namely a leadership and developmental discourse. It is a discourse, which attempts to engineer change and within its own logic, it identifies change with development. Development becomes a self-referential term, since it does not demand to be substantiated. ‘Development is preferable, because development is preferable’ seems to be the argument. There occurs a valorisation of change. In a British context, similar ideological developments have aptly been paraphrased as a ‘tyranny of transformation’ within the language of NPM (Clarke and Newman, 1997).

Later when the discourse on leadership and development becomes more articulated, it questions the definition of the main political problem as that of insufficient utilisation of available resources, and instead argues in favour of the problem as constituted by an insufficient leadership and the lack of professional knowledge. By this rewriting of the political problem, it questions the governance and budgetary discourse. The aim of development becomes so pervasive, that recipients of care, the elderly, also are understood as in need of development. The key words become restructuring, development and education (Omlægning og fornyelse af indsatsen for ældre, 1983). The vocabulary introduces two groups of concepts. One group of concepts are transferred from the market to the state by analogy. The other group of concepts refers to a new understanding of leadership. I will now explain the new concepts transferred from (the ideal of) the market.

New concepts like contract, offer, options, supplier, service and agreement enter the vocabulary. These market concepts are applied in respect to two relations, i.e. that between the state and the recipient, and the relation between the state and the private firm. Recipients have obligations and rights, i.e. obligations to fulfil their part of the agreement with the state and rights encompassed in the agreement.

---

18 The Danish words are: ‘omstilling - udvikling - uddannelse’.
19 In Danish these words are: ‘kontrakt’, ‘tilbud’, ‘valgmulighed’, ‘leverandør’, ‘service’ and ‘aftale’.
The other group refers to a novel notion of leadership. Leadership becomes leadership of oneself, and engineered through the commitment of the employees. Or rather they are no longer considered as employees, but instead as a fellow worker/a colleague. New concepts like communication, personal development, partnership, equality, cooperation, collective home help, users and colleagues enter the political and administrative discourse\(^{20} \ 21\).

The past is re-articulated, and so is the client/user/citizen/recipient. S/he is articulated as being capable of change and self-determination. Compared to the recipient in the governance and budgetary discourse, the recipient is constructed as more capable and autonomous. However, being an autonomous subject (recipient) is not an option, but instead an obligation in the discourse. This rewriting silences elements of dependency and the wishes of the elderly. Any elderly person is supposed to develop in a ‘reciprocal developing co-operation’ with her/his home-helper (Dahl, 2000a).\(^{22}\)

The focus upon development might direct attention towards the more developing and professional tasks and away from the continuous, necessary tasks like for example the emissions of the body and cleaning.\(^{23}\) Put more generally, the discourse on leadership and development is threatening paid care in several ways. The discourse implies a disciplinary effect upon the elderly person since s/he is expected continuously to develop. Involuntarily s/he becomes an object in a disciplinary regime, where mere existence for the elderly is deemed insufficient.

Granted the discourse will result in an increased focus upon improved, formal qualifications, this might imply an increased discontinuity in the care for the recipients. When home-helpers attend courses, another person must care for the sick,


\(^{21}\) Leadership becomes closely related to the development of the professional knowledge and personal abilities of the fellow worker and to the development of the recipient of care. The construction of a need for an improved professional knowledge stems from the (new) articulation between the field and gerontology. This requires a partial re-construction of the past in which imagery the home-helpers (of the past) become identified with cleaning. When speaking of development the discourse refers to professional knowledge and personal aspects (‘personlig og faglig udvikling’). Focussing increasingly upon personal aspects implies an extension of the area of the regulation, since commitment and emotions become tools for management.

\(^{22}\) The Danish term is: ‘gensidigt udviklende samarbejde’.

\(^{23}\) This might in turn be beneficial for the caregivers. An increased focus upon the developmental tasks might become a vehicle for a further process of professionalisation of the home-helpers/health and social helpers and the health and social assistants. Such a process might provide more recognition of their work than it is often portrayed in the media.
handicapped or elderly person. The discourse relies upon self-management to a larger extent than previously. This is probably good for some active, healthy and self-reliant elderly, but bad for others such as more fragile people. Without the tools for such self-management this could result in frustrations and experiences of inadequacy for some elderly people.

The discursive articulation implies an ambiguous development. One discursive threat is a retrenchment caused by the silencing of the fragile elderly person and his/her needs. Another threat becomes the extension of the regulation of the recipient, since a new ideal of the ‘good’ recipient is generated. An ideal embodied by a capable and self-reliant elderly person that can develop reciprocally with his/her home-helper.

From my Foucauldian inspired position, the articulation can alternatively be interpreted as a coercion of the elderly into a tyranny of transformation and development. The development of this discourse is less clear-cut and less tangible compared to the potential effects of the budgetary and governance discourse. The third discourse also implies some threats that embody a more contradictory development.

A Will to the Pleasant

Needs are formed by the welfare state as well as by social and cultural factors (Fraser, 1990; Knijn and Kremer, 1997). When analysing the ideals of care in the period 1943-95 for elderly care, it becomes evident that a shift in needs articulation has occurred towards more intimate and positive needs. The displacement involves three interrelated tendencies: a discursive movement away from the domestic chores as mentioned previously, a will to the pleasant and finally a turn towards the Self of the recipient.

The discursive movement away from the domestic chores towards tending can be identified in the articulated needs in various historical periods. In the period 1943-54, needs were articulated as understanding and housework. However, in the period 1980-95 needs were, among others, constructed as personal tending, personal needs,

---

24 According to another interpretation, i.e. from a Habermasian point of view, this development is responsive to the resources of the elderly, since they are rewritten into responsible partners in the process of mutual development.

25 The ‘will to the pleasant’ is a pun upon words, or rather, a pun upon Foucault’s ‘a will to knowledge’. I owe thanks to my former student Niels Buus for his creativity when brainstorming on an adequate term for this transformation.

26 In Danish: ‘forstaaelse’ and ‘husligt Arbejde’.
safety, respect and growth.\textsuperscript{27} The new words point towards the individual and her/his more specific needs, and away from housework as a need for the elderly. As mentioned earlier this historical development is reflected in the valorisation of tending as opposed to services as evident in the governance and budgetary discourse. The will to the pleasant becomes increasingly visible in the material. It is a textual movement away from the negative and unpleasant towards the pleasant and positive. It can be identified simultaneously in the articulation of the aims of care and caring needs. In the periods 1943-54 and 1954-68 the aims of care were to relieve distress and to relieve loneliness. Whereas in the periods 1968-72, 1972-80 and 1980-95 the political aims were to create well being, create growth and enable life-realization.\textsuperscript{28} Well being and life-realisation are more positively associated in our contemporary discourses than to relieve distress and loneliness. Similarly, when the construction of needs are considered. Needs have been increasingly defined as concerning growth and the quality of life in contrast to earlier constructions as concerned with counteracting decay and providing pretty simple services.\textsuperscript{29} The textual move towards the more positive aspects of ageing is simultaneously a move towards more diffuse, abstract needs and intervening measures. A term such as ‘quality of life’ cannot be considered an easily ‘administerable need’. The move towards intervening measures can be identified in the high priority affiliated with pre-emptive measures. Pre-emptive measures presuppose a surveillance of the behaviour of the clients/citizens/recipients (Schmidt and Kristensen, 1988). Such surveillance implies a clinical view that relies upon a standard of the (clinically) normal, and an attention to any deviation from the norm. An increased focus upon pre-emption is also a re-direction towards the Self and even the smallest aberrations. A more general discursive tendency towards the Self can be identified in an increased discursive attention towards care of the self and self-determination.\textsuperscript{30} The Self is articulated as active and self-determining, and not exclusively as a recipient.

\textsuperscript{27} In Danish the words are: ‘personlig pleje’, individuelle behov’, ‘tryghed’, ‘respekt’ and ‘udvikling’.
\textsuperscript{28} The Danish words are: ‘skabe trivsel’, ‘skabe udvikling’ and ‘normal livsudfoldelse’.
\textsuperscript{29} They are translations of the Danish words: ‘modvirke…forfald’ and ‘ret enkle tjenesteydelser’.
\textsuperscript{30} The word ‘care of the self’ is a radical concept, since it signifies a basic re-orientation in care from a Greek to a Roman perception of care (Vejledning om skole- og praktikuddannelser I de grundlæggende social- og sundhedsuddannelser, nr. 223, 1990; Foucault, 1996). Care is no longer exclusively articulated as based upon a relationship (the Greek notion), but instead as including a need directed towards oneself (the Roman notion): a need for care of oneself. The Danish words for ‘care of the self’ is ‘egenomsorg’.
It is difficult to determine the potential effects of the above-mentioned discursive developments. The present valorisation of the more intimate needs presents a danger, since it delimits caring needs and silences some needs which for some recipients are experienced as important. How is one to feel comfortable and having quality in life if one’s apartment is dirty? The focus upon pre-emptive measures is like a double-edged sword. Good when it discovers diseases at an early stage, but some its effects are negative due to the surveillance included. Finally, what about the effects of care on the self? Is it wishful thinking for some groups of elderly? And in that case, what are the discursive effects? Installing a bad conscience? Or is it rather to be understood as a withdrawal of the welfare state and as an educational project, where citizens are expected to care about themselves and monitor their condition and needs? It is in fact a truly ambiguous development.

Conclusions
The general tale of retrenchment and modernisation cannot be applied without great caution to the Danish case. Quantitatively only minor adjustments seem to have taken place. However, analysing the construction of needs and the development of discourses in the field reveals a different picture of an ambiguous retrenchment involving a discursive retrenchment and extension. A paradigmatic shift has occurred in the discursive field. The ideal of care was increasingly formed by three discursive tendencies: a splitting up of care and marketisation internally, a tyranny of transformation and a will to the pleasant. The shift is represented with the change from relieving distress to engineering development in the elderly person and also seen in the increased focus upon cost containment in the politico-administrative discourse. These three discursive tendencies might be framing policies now and in the future.

The splitting up of care into functions could imply ‘administerable needs’ becoming prioritised and the dilution of the responsibility towards the recipient. Parallel to this division of tasks the recipients of care are re-written, since they increasingly become associated with self-determination, self-management and care of oneself. Finally, there has been a discursive turn to needs concerning growth, pre-emptive measures and tending: a will to the pleasant. Needs that not easily lend themselves to the logic of ‘administerable needs’. However, it is not yet possible to determine the concrete effects of such a re-writing upon policies and the concrete discourses applied by home-helpers. We can only speculate upon their potential effects.
The threats present in the budgetary and governance discourse as well as the leadership and development discourse are related to NPM and its focus upon efficiency and engineering change. The third discursive threat implied in the will to the pleasant involves a rather different articulation of caring needs, since there is an increasing focus upon intimate and pleasant needs as opposed to more tedious and negatively associated needs such as relieving distress and loneliness. It implies a redirection of the fulfilment of needs towards the self of the recipient. The will to the pleasant and the two other discourses are threatening care in a different way than the advocates of a care gap presume. The feminist adherents to a thesis of a care gap have premised their diagnosis upon an image of a golden past and a retrenchment of the welfare state. Retrenchment understood as a withdrawal of obligations, i.e. of rolling back the state in relation to eligibility and level of services. However, the will to the pleasant, the splitting up of care and the tendency towards an internal marketisation, and the tyranny of transformation are threatening care from within, and not from the outside of the welfare state. Managerialism and intimisation jeopardise care from within and not from exogenous pressures to retrench.

The new paradigm involves a change in the language of power, and the way it is possible to think and talk about care. Some needs become prioritised whereas others become silenced. Codification, restructuring, and a presupposed need for better leadership are articulated as the cure for the diagnosed ills of publicly provided elderly care. This shift in paradigm has not only potentially negative effects for the recipients of care, but for the caregivers as well. The increased codification and splitting up of care could imply a de-professionalisation of home-helpers, since they might not be able to retain their present degrees of autonomy. The splitting up of care becomes tantamount to a Taylorisation. On the other hand, the leadership and development discourse might pull the home-helpers in a different direction, that of an increased professionalisation. The leadership and developmental discourse has previously functioned as a condition of possibility for such a process, and might enable a further professionalisation of home-helpers.

I wish to thank Bente Marianne Olsen (The Danish National Institute of Social Research), the welfare group at Roskilde University (Denmark), especially John Andersen and Thomas Boje for valuable comments to earlier drafts of this
contribution, and the participants in the Research Symposium on Danish Elderly Care held in Vissenbjerg, Denmark on 8.-9. May 2002.
Bibliography


København: Hans Reitzel.


18


Lov om social Service, 1997 (nr. 454 af den 10. juni 1997)

Lov om retssikkerhed og administration på det sociale område, 1997 (nr. 453 af den 10. juni 1997)

Lov om ændring i lov om folkeforsikring (Lov nr. 100 af 18. april), 1958


Rammer for fremtidens bistands-, pleje- og omsorgsuddannelser, 1989


Vejledning om skole- og praktikuddannelser i de grundlæggende social- og sundhedsuddannelser, nr. 223, 1990

