The Case of Psychosocial Work: The Pedagogic Discourse of Psychosocial Education in Sweden 1938–1989
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This article examines the pedagogic discourse of The Mental Hygiene Course (1939–1970) and the subsequent Training in Social Treatment (1971–1989), in Stockholm. The aim is to investigate the development of the psychosocial concept in Sweden; how it was expressed when adapted to the changing discourses of psychiatry and psychoanalysis and to the regulative discourses of social policy during the time. The interpretation is undertaken through the guidelines of critical discourse analysis and Bernstein’s structural model of the discourse of education. The outcome of the textual analysis showed that the psychiatric and regulative discourses were transmitted into the local context of social work by a technique of case writing, and the social worker/client relationship of the cases was, throughout the period, congruent with current scientific assumptions and predominant social policy. In conclusion, the concept of psychosocial work from the 1980s, which is still in use, is a mixture of psychiatric and psychoanalytic assumptions and political demands, certifying both the function of social work and the status of the client. Finally, the problems of psychosocial work attached to the dependency of social policy and psychiatric knowledge are discussed in relation to the outcome of the investigation.

Keywords: Psychosocial Work; Mental Hygiene; Training Course; Pedagogic Discourse; Social Work History

Introduction
Psychosocial work has a strong and yet ambiguous position within social work practice and social work education. This means—at least in Sweden—that the psychosocial approach to client-related work is widely accepted, but nevertheless there is an apparent lack of consensus about the appropriateness of psychosocial
work as a coherent concept and a method of social work (Bergmark, 1998; Bäck-Wiklund & Nygren, 1999; Egelund, 1999, 2001). Professional controversies in the past concerning aims and directions of social work in Sweden have probably played a part in this conceptual instability (Pettersson, 2001). In addition to this concern, social work within medical and psychiatric practice—which initially was the locus of psychosocial work—is a rather underexposed and disadvantaged field when it comes to the quantity of research in the otherwise expanding field of social work research in Sweden (Höjer & Dellgran, 2004).

The aim of this article is to examine the history and the ambiguous nature of the psychosocial concept in the Swedish context of social work education. The examination is carried out through an analysis of the filed documentation of psychosocial training in Stockholm (Riksarkivets samlingar (RA), 1938–1964; Stockholms Universitets arkiv, 1964–1989). The documentation originates from The Mental Hygiene Course (1939–1970) starting at the Social Policy Institute and the course named Training in Social Treatment (1971–1989) at the School of Social Work (1963–1976) and subsequently at the Department of Social Work at Stockholm University (1977–1989). The different headings point to the same course, a programme that survived several administrative changes and reforms within the field of higher education during that period of time. It is probably not incorrect to say that the course was the main scene of the psychosocial approach in social work education. This quality and the consistency over time are the main reasons for my decision to study this particular course as an example of the psychosocial approach in social work education in Sweden. The study is focused on two issues: how has the concept of psychosocial work evolved in the Swedish context; and how has the concept been explained in the texts that were used in the training? Hopefully, the study will help to clear up some of the ambiguity concerning the psychosocial concept.

The Psychosocial Perspective within Social Work

The influence of Freud and of proceeding psychodynamic theories since the 1940s is extensive in the field of social work, an influence also recognisable within education of social workers (Pearson, 1975; Yelloly, 1980; Payne, 1991; Adams et al., 1998). Concerning psychosocial training, the theoretical influence was more than general. In practices close to psychotherapy, such as case work and counselling, psychoanalytic approaches became established within social work (Yelloly & Henkel, 1995; Pearson et al., 1988). Social workers in the UK participated in the Mental Health Course at the London School of Economics in 1937, and later in the 1950s social workers could gain The Advanced Course in Social Casework at the Tavistock Clinic (Yelloly, 1980). According to the choice of literature, the Swedish training was inspired by the psychoanalytic approach in the UK and as well by the US tradition of psychiatric social work. In the early years of psychosocial education, the syllabus for the training in Stockholm contained partly the same literature as the Mental Health Course in the UK. The syllabus and the list of references from the course in the UK were filed together with the documents attached to the launch of the Swedish course. Anyhow,
in the 1950s the visiting American teachers Helen McCrae and Rachel Rustow inspired training in social casework, and the spirit of the mental hygiene course has been rendered as being influenced by the American style of casework (Pettersson, 2001; Unell, 1981).

It is not just psychological and psychiatric theories that matter in the development of social work methodology. There is also a political reality; 'social work is one of the most political of all professions' (Yelloly & Henkel, 1995, p. 9) and consequently, social work lacks identity outside the welfare institutions. The criticism towards psychosocial work has been concerned with the doubtful task of focusing on individual mental health when difficult conditions of life, poverty and vulnerability to social demands seem to be the acute issues (Yelloly, 1980). This tension between the perspectives of social justice versus psychology has been a consistent feature of social work through the early days of the discipline (Yelloly & Henkel, 1995; Pearson et al., 1988) and, according to the Swedish context, this tension has primarily been expressed as a conflict between structural and individual perspectives (Pettersson, 2001).

A continuous issue of Swedish social work education since the 1920s is the consolidation of administrative subjects of education and client-related work within undergraduate and postgraduate education. When reading about the history of social work in Sweden, a considerable uncertainty concerning this combination rises to the surface (SOU, 1962:43; Närmden för socionomutbildning, 1975; Unell, 1981; Mundebo, 1981). Debates at various points in time have resulted in keeping the two perspectives together within social work education. During the period of time covered by this investigation, the education of social workers in Sweden expanded rapidly simultaneously with an increasing academisation of the profession. In line with a policy of academisation of social service and health care professionals, social work received the status of an independent subject of research in 1977 at the University within the Department of Social Sciences (UHÄ, 1988, p. 1; National Agency for Higher Education, 2003). This state of things, as the forthcoming investigation will show, has had an impact on the psychosocial approach within social work. As a conclusion from this, psychosocial training in Sweden was exposed to the same problems as in the UK and the US. Firstly, there was a tension between the focus on social reforms and on psychological perspectives. The second obstacle concerns the gap between science and action, where practical social work has the unrewarding role of ‘doing’, that is implementing scientific assumptions and political programmes of welfare and social control.

Methodological Considerations

The task of the investigation and the aim of the analysis is to understand how the complex of demands was handled within psychosocial education. How did the texts of the course make sense of the task of combining theory and reality for the practising social worker? The main striking character of the pedagogic texts is the dominating issue of the development of professional skills. One might think that the course was
focused on the understanding of the ‘client’, but the main impression is that the education was highly professional-directed. Another striking feature is the pedagogic device to teach professional skills through the construction of ‘cases’. The repeatedly occurring cases in the texts kept practice and theory together. This initial experience led to the decision to focus on the construction of cases in the pedagogic texts throughout the period under review. Accordingly, the following part of the methodological discussion contains a description of the filed documents and how the texts are interpreted. Next, the use of critical discourse analysis, mainly through the pedagogic discourse (Bernstein, 1990), is explained. The aim behind this choice is to make clear why the interpretation of ‘cases’ is the main focus of the investigation.

The Documentation of the Course

The preserved materials for the course were filed in consecutive order from 1939 to 1989 and the files contained all possible documents concerning the course, which means that the standard of filing was not the same as the usual. This divergent treatment of the documents from psychosocial training has facilitated the opportunity to undertake this examination. Initially, the whole body of materials was examined for the purpose of arriving at a general understanding. The filed materials were composed of documents concerning the position and survival of the course, considerations about economy and recruitment of teachers together with bibliographies, essays, syllabus and drafts that directly pertained to the subject of psychosocial work. The textual materials were then separated into two categories:

- pedagogic texts; and
- texts concerning the politics of social work education.

Within the first category of pedagogic texts, the most frequently used course books, papers, drafts and preparations for lectures were selected for further reading. Since the course from the very start held a position as being somewhat apart from the main corpus of education, the texts from the second category concerning the politics of social work education and the status of the course, were preserved as well. This part of the documentation consisted of records and written communication concerning policy, academic profile and conditions in relation to the main study programme. The reading of this second category of documents brought some complementary information to the concept of psychosocial work, as it has been formulated in Swedish textbooks since the 1980s.

Interpretative Guidelines

The interpretation of the textual materials is inspired by critical discourse analysis (Fairclough, 1992; Chouliahaki & Fairclough, 1999) and by Bernstein’s elaboration of the pedagogic discourse (Bernstein, 1990, 1996). Foucault’s (1972, 1973, 1984) analysis of discourses, knowledge and power has had a great impact on the social sciences and Bernstein’s sociological contribution is the structuring of the discourse
of education (Bernstein, 1990, 1996). For the purpose of arriving at the pedagogic technique of ‘case writing’, I will explain how I understand Bernstein’s elaboration of the pedagogic discourse. Bernstein (1990) suggests that discursive dispersion emanates from three contexts: the primary context of scientific production, the secondary context of practice, and the relocated and recontextualised pedagogic discourse. Accordingly, pedagogic discourses are recontextualised scientific discourses relocated from primary contexts of research and secondary contexts of practice simplified into instructional and informative texts. A problem attached to this is that the nature of science is often speculative and tentative and has the privilege of going beyond local space, time and context. On the contrary, the pedagogic language of textbooks and policy documents has a practical aim, i.e. to adapt scientific texts to material conditions, local knowledge, professional training programmes and current policy. The pedagogic discourse itself is hence a discourse without a discourse (matter) of its own; it is a recontextualising principle that embeds discourses of competence into discourses of social order. The language of social work, materialised in texts produced with the aim to mediate, develop and perform psychosocial work, is from this perspective, transmission of scientific discourses and regulative discourses of symbolic control.

The Case

The investigation of the pedagogic tests within psychosocial training in Sweden showed that the main pedagogic device was to present psychosocial work using the technique of constructing cases. The case as a pedagogic technique is well known by anyone who has participated in psychosocial or psychotherapeutic training: the famous cases in Freud’s texts, the cases of textbooks that illustrate typical examples and the common way to illustrate a problematic situation by describing a case. A case is ‘born’ when we combine tacit knowledge about a problem with a formal system of knowledge. One case becomes a model for several typical cases of the kind. The students’ task is to find more of the same. The origin of the creation of a case is the clinical gaze, the selective perception that reorganises reality into a clinical experience. In gathering knowledge, we see the things that we have use for (Foucault, 1973; Armstrong, 1983). Mainly two discursive techniques are at work in the construction of a case, ‘the confession’ and ‘the examination’ (Foucault, 1973). The client makes the confession and the professional does the examination and a particular relation is created through this practice. The description of the cases in the pedagogic materials inherits not just the problems of the client, but the role of the social worker is the complementing part of the dyad.

The case stories found in the course books and in the teaching materials are accounted as a corpus of discourse samples. Altogether, 57 cases describing ideal performance of psychosocial work in a Swedish context appeared when reading the texts. The cases were rather few at the start but increased in number as the psychosocial approach became more established within social work. In the forthcoming examination, examples of cases are used to show how the theoretical assumptions
behind psychosocial work were adjusted to the changing theoretical concepts of psychiatry during the period and how the case served as a pedagogical technique in making sense of the theoretical assumptions and the demands of social policy, behind the pedagogic discourse.

The second category of materials, consisting of directives and excerpts from official investigations, are interpreted as the regulative discourse of social work. It turns out that the regulative discourse in course of time becomes as important as the scientific discourses of psychiatry and psychoanalysis when defining the psychosocial concept.

The Pedagogic Discourse of Psychosocial Work

The Mental Hygiene Outlook on Humankind

The majority of the lecturers were selected at first from the psychiatric and psychological fields of knowledge. Emilia Fogelclou, a member of the inner circle of influential social reformers, held the introductory lecture entitled ‘The mental hygiene outlook on mankind’. The strongly declared profile of practitioner participation characterised the design of the course. As tutors and teachers of students, practitioners were part and parcel of the pedagogic device. Lectures and exercises alternated with practice at child guidance bureaus, forensic clinics, and asylums offering psychiatric treatment; social psychiatrists were predominant as lecturers and supervisors. In a preliminary listing of literature in 1938, as many as 105 titles were regarded as suitable educational material, including a whole range of new disciplines—psychiatry, psychology and social psychology. Texts by John Dewey, Sigmund Freud and Carl G. Jung appeared together with those of John B. Watson and Ernst Kretschmer. The Swedish physician Ivan Bratt’s essay about ‘The Swedish dissatisfaction’ and the social scientist Alva Myrdal’s recommendations concerning suitable toys were also regarded as belonging to the mental hygiene discourse. The preliminary list was obviously a result of a brainstorm and the final list of course literature in 1939 consisted mainly of Anglo-American psychiatric texts describing mental illness and therapeutic methods. The domestic literature was characterised by an edifying and informative tone, apparently turning to an educated public in general. One of the Swedish authors, Jakob Billström (1931) describes hygiene as a kind of psychic neutralisation, a solid and controlled pose, which apparently was a cultural and ethical ideal of the time. The opposite, the disharmonious and the not adequate behaviour is called ‘negativism’. In a book entitled Wilfulness and Obstinacy in Children and Adults—from a Medical View (Alfvén, 1923), the author states that ‘negativism is significant in the schizophrenic state. The schizophrenic form is a travesty of negativism, so to say’ and further; ‘when children show their will to have their own way … is a slighter form of schizophrenia’ (p.11). This declaration signifies the (widespread) opinion that illness is inherent in individuals and that the disease can break out once a negative attitude is established.

In eight case histories prepared as teaching materials by a Swedish social psychiatrist, the necessity for a psychiatric interpretation of social problems is made
clear. The textual setting concords with the classical structure of psychiatric and social casebooks; a summary containing the person’s name, profession, age, domicile, complications, diagnosis and a brief outline of the case (generally about 10–20 lines) is initially presented. The subsequent text is a short story (between 70 and 200 lines) describing the events that preceded the case and the circumstances that necessitated an intervention by a social authority. The descriptions of the events and of the offenders/patients/schoolchildren are focused on neglect and delinquency, painting a background for the preliminary diagnosis and the case summary. The formula for keeping records appears objective, but in fact the text reflects value judgements that emphasise the differences between clients, social workers and psychiatrists. Salient features of patriarchal social values designating individual morals as the cause behind deviance are expressed through a medical ethos. Mothers are described as either alarmingly neglectful or overly protective of their children: ‘It is possibly the case that the mother has cuddled too much with the children, frequently seedy’; ‘She (the mother) is not busy enough with the care of the children’. The destiny of young women is described as hopeful when in good hands, or hazardous in bad hands: ‘She will probably make it, if taken proper care of’. The expectations of fathers are simply to stick to the family and support them financially. The fathers’ actions and attitudes towards their children are generally neglected: ‘The heavy drinking of the father has hardly harmed the children as they have been asleep at his returns’. The descriptions of young men—in contradiction to young women—emphasise personal responsibility and the ability to make adequate decisions concerning their lives. The ideal picture of a healthy and sound middle-class family stands out as the evident and invisible model behind these judgements.

Jokes and ironic statements propose a mutual understanding between writer and reader. A message of mistrust towards the client’s story—always to suspect something worse, to presume that the clients are trying to deceive the social worker or appease the counsellor by giving what they assume to be the right answers—is conveyed through a droll rhetoric. Mistakes and pure naivety that might appear in social work practice are thus avoided by judging social information through a psychiatric perspective. The psychiatric interpretation of events and interactions dissembles the social and cultural values underlying the descriptions of the cases, a feature that positions the texts as school examples of medicalisation, e.g. moral judgements in the guise of scientific language. In conclusion, during the first years of the 1940s the construction of the deviant client constitutes social medicine as the object of knowledge and the psychiatric social worker as a member of a medical team.

During the 1950s and at the beginning of the 1960s, social workers began to write texts of their own. This diminished the total dependency on psychiatric science and a more eclectic approach emerged. The previous preoccupation with diagnostic skills was replaced by an increasing interest in the processes of work. The new textbooks, mostly from the US, were concerned with outlining the method of social casework. The most frequently used books were Social Casework. A Problem Solving Method (1957) by Helen Harris Perlman, and Theory and Practice of Social Casework (1953) by Gordon Hamilton. The course literature was also extended with articles from a
periodical journal (DSI), addressing graduates at the Social Institute. The choice of literature moved towards psychoanalytic literature and cultural aspects of social life. Authors such as Ruth Benedict, Margaret Mead and John Bowlby appeared in the bibliographies. A psychodynamic approach based on psychiatric diagnosis and psychoanalytic theory emphasised the individual ego-function as a prior resource linked to the ability of adjustment and social adaptation. This functional view also entailed a psychodynamic perspective of the whole society: ‘The social agency is a living, adaptable organism susceptible to being understood and changed, much as other living organisms’ (Perlman, 1957, p. 49). The method of case work and other attempts to systematise client-related social work such as ‘social methodology’ was regarded as an import of ‘American ideas’ and hence with great doubt by colleagues who emphasised organisational assignments and the administrative tasks of welfare policy (Unell, 1981). Apparently, the focus of the social worker/client relationship was perceived as opposed to the welfare ideals of democracy and equality.

Articles in DSI during the 1950s indicate that the approach served best at mental health bureaus directed towards families and children (Wittrock, 1950). Marja Almquist, a teacher at the Social Policy Institute and a leading figure concerning the methodology of social work, paid attention to the problem of the adaptation of casework to Swedish conditions (Almquist, 1951). Especially ‘insight development’ seemed difficult to adapt to the Swedish context because of the lack of psychiatrists trained in the psychoanalytic method. Almquist proposed the name ‘social methodology’ focusing on the evaluative perspective as ‘a method for improving methods’ (Almquist, 1952). A feature of the training course during this time was the amount and variety of theories and therapeutic approaches, including institutional care, medication, psychoanalysis and counselling, presented as different but complementary cures of illness, and the tone was optimistic and promising. The extension of the psychosocial field was apparently more important than were definitions and demarcations.

The casework literature of the 1950s and the 1960s provides a quality that is missing in the earlier literature, a professional ambition to establish a set of ethics that reflect fundamental standpoints in relation to the assignment. The focus shifts from evaluating the truth of the client’s story to co-operation with the client. The confidence in psychoanalytic theories and their ability to form the basis of a method is declared through the formula ‘Science knows—art does’ (McCrae, 1955), where science refers to psychoanalysis and art to social casework. The 11 cases of this period are embedded in the articles of the American social caseworkers Rachel Rustow (1950) and Helen McCrae (1955, 1956). Both Rustow and McCrae spent a winter in Sweden, 1949–50 and 1955–56, respectively, engaged as lecturers and leaders of casework seminars. The cases in the articles are adjusted to Swedish conditions and presumably discussed in seminars with Swedish social workers. The problem solving method of social casework is explicitly described as composed of intuition, common sense and scientific assumptions. A general feature of the cases is the assumption that the client is unaware of the real nature of his/her problems and how to solve them. The moralising attitude of supposing that clients are probably worse than one...
expects, revealed in the examples of the 1940s, is replaced by a belief in the inherent capacity for change. The client is not first and foremost deviant, but rather, because of unawareness and ambiguity, is acting in an irrational way. But with the right help, he/she will understand and improve. Psychiatric and psychoanalytic theories are used as tools in this process, but the working alliance with the client is pointed out in all descriptions of how social casework is done. The aim behind the method is to make the client able to cope with the problem: ‘Though Peter was a child, the caseworker made him aware by playing with him and helping him with drawing’; ‘… step by step approaching the real problem’; ‘… a way to make Mr X socially capable instead of being an institutional case’. In summary, the construction of a subject who is unaware of the nature of social and psychological problems constitutes a method based on knowledge. Social casework and social methodology are methods that aim to enable the client to understand and deal with his/her problems in an adequate way. The outcome is that the social worker acquires a professional status while the care-recipient acquires a client-status.

The Psychodynamic View of Human Life

In the late 1960s and during the first years of the 1970s, casework literature disappeared from the bibliographies while psychoanalytic and psychodynamic literature remained. The concept of mental hygiene, so important during the previous decades, was about to lose all meaning. Egidius (1973) describes five various fields where mental hygiene as a concept had different meanings at the time: in medical biology, in sociological/social literature, in psychology, in psychodynamic theory, and in behaviouristic and existential approaches to psychology. The concept was literally loaded to the point of bursting. The previous eclectic approach completely vanished during the early years of the 1970s and was replaced by texts expressing revelation and inquisition. This new order is explicitly declared by an introductory lecture in 1969 entitled ‘The psychodynamic view of human life’. The course went through major changes of both content and pedagogic organisation. The heading Mental Hygiene was used for the last time in 1970 and the new heading Training in Social Treatment, underlining the priority of social science, was introduced in 1971 together with a completely revised syllabus and a new list of course books. One by one, the teaching social psychiatrists were replaced by psychotherapists and sociologists. The bibliographies contained a mix of psychodynamic literature, existential psychology and sociology. The new and radical literature represented an emancipatory perspective of social work practice that dismissed the diagnostic culture of psychiatry as well as traditional social work, considered as oppressive. Group- and family-oriented approaches replaced the focus on the individual and a new perspective on psychiatry was introduced by the book Self and Others by Laing (1971). The critical discourse—also known as anti-psychiatry—was represented by two Swedish sociological replies on the theme: Myths about Illness, Mental Disorders and Deviant Behaviour (Börjeson et al., 1971) and Myths of Mental Illness (Liungman, 1971). A few texts treating ‘therapeutic communities’, democratic
and group-oriented approaches to in-patient care and examples of community psychiatry, did appear during these years, but this period of critical discourse was indeed short and from the middle of the decade, psychological and clinical literature of psychodynamic practice had sole domination.

The texts, belonging to the new critical discourse, were mainly theoretically oriented and aimed to scrutinise the medicalisation of social interactions. A course book, the autobiographical novel of Helen Greenberg (1971) *I did not promise you a rose garden*, which promoted the practice of psychoanalytic therapy as capable of healing mental illness, could perhaps be regarded as the major case of the time. The novel is a literary dramatisation of a psychoanalytical process and the Swedish introductory text, written by a psychiatrist, recommends the book for educational use. Two categories of cases appear during this period, both of them adapted to hospital and institutional care. A critical view on psychiatry frames the cases in *Scapegoats* by Christer Båge (1972), and secondly, Wulff Feldman (1970) elaborates an approach adapting a group perspective with democratic elements applied to a psychiatric and psychodynamic context in *The Therapeutic Community Approach Applied to Institutional Care*. The six case stories appearing in the former text describe traditional psychiatry as being governed by dehumanising positivistic ideals of medical psychiatry. The patients/clients are victims, trapped in a system of lies on the micro-level (families). The system implies a structure of mystification and the cause behind the diagnosis of mental illness is to be found among those who—in one way or another—exercise power over the victim. The systems of power are concealed, but can be revealed through processes of liberation. Crooked alliances between family members, the disguised power of the diagnostic cultures and the stigmatising processes of social welfare systems were presumed to cause or at least contribute to mental illness. The title *Scapegoat* refers to the abandoned victim, loaded with the oppressors’ masked desires. Health and liberation were achieved by liberating insights, including penetration of the benefits of the diagnosis and uncovering of the social games of falsification: ‘The daughter appeared to be a magnetic field to the parents’ conflict’; ‘Compulsory social interventions are used to correct one member of the family, while the other members are regarded as victims’.

The purpose of the second approach (Feldman, 1970) is to change the behaviour of the individual by using group techniques and the theoretical perspectives of social psychology. The descriptions of the professional approach are rather examples of situations than descriptions of regular cases. The destructive patterns of the clients’ lives are solved by clarifying discussions, relearning and experiencing new and constructive ways of interaction. The book displays aspects of institutional care by illustrating events attached to reception, daily life, the staff’s behaviour and therapy in institutional care.

The issue of social work and of professional care in general, according to the radical discourse, was first and foremost to liberate the client from the stigmatising client position and thereby increase his possibilities of empowerment. A course of liberation where the most influential person seems to be the therapist-liberator, a trained family therapist or group therapist who—by means of psychological
techniques—is able to free the client from psychological impediments. During this period, the discourse shifts unequivocally from medical psychiatry to psychotherapy. Notably, none of the written cases addressed community social work or social work within hospital care, explicitly. In conclusion, the construction of a victimised subject prepares for the constitution of a method of liberation—psychotherapy. From 1969 to the mid-1970s, the psychotherapist was put forward as a model, the liberator of the victimised client.

There was a huge demand to participate in this training programme, which culminated during the 1970s. The total number of students applying to social work education increased from some 1,000 in the 1960s to 8,000 during the 1970s, and the mental hygiene course was still the only opportunity for graduated social workers to gain an advanced course in social work. Its popularity was due partly to the fact that the course had an equal footing with the preparatory course for psychotherapeutic education in Sweden. A follow-up of the admissions to the subsequent education for practising psychotherapists showed that social workers represented a large percentage of the students, in some years they constituted the vast majority of applicants to the national psychotherapy education programme (Floberg, 1989). From the mid-1970s to the mid-1980s, the psychotherapeutic discourse was the dominating, if questioned, discourse in continuing education. Social work education and especially the therapeutic approaches were an issue of debate at the time.

During this period, texts from government commissions appear in the material on file. Correspondence with the national authorities and comments to governmental reports show that the organisation of continuing education was heavily dependent on political decisions about the nature of social work. The National Board of Universities and Colleges produced several reports concerning the nature of the social work education, and the new legislation in 1982 advocated social service and public planning in contrast to earlier patronising legislation. According to the regulative discourse in policy texts and committee reports, the psychological and therapeutic approach of the course was not quite in line with politics and opinions about what constituted adequate social work. The fact that the course was at that time the only continuing education programme directed towards client-related social work and was as well a ‘station en route’ to another higher education programme (psychotherapy) was not regarded as appropriate. In addition, the boundaries of psychotherapeutic methods were tightened up, and in 1983 the supplementary course was no longer regarded as being equivalent to the preparatory psychotherapy education. In its effect on the organisation of the course, this meant confusion. The course literature and pedagogic device of the course had to be adjusted to the demands of psychotherapeutic education and the students had to acquire additional courses to attain the required qualifications. The pedagogic structure of the course and the discourse of psychosocial work were pulled and stretched in different directions. The situation was described as ‘two different needs in conflict’ (Floberg, 1989). The pedagogic discourse bled in the struggle, torn into either Psycho or Social.

The policy texts of regulative and instructive discourse, the Commission of Education in Psychotherapy (UHÅ, 1975, p.24), the preparatory investigations
preceding the Social Service Act of 1982 (SOU, 1974, p. 39, 1977, p. 40), and the incorporation of social work education into the University of Stockholm in 1977, involved demands for independence and demarcation towards surrounding disciplines. Large-scale budget reductions decreased the possibilities to hire teachers outside the school and to arrange supervision, thereby severely aggravating the conditions for the education programme. The emphasis on the group perspective, both in the lectures and in the literature, was gradually replaced by an emphasis on the individual. The first years of the 1980s saw the start of a second course of continuing education: a course in Community Social Work. The structural and group-oriented perspective of the 1970s found a way into this approach, while the psychodynamic and therapy-oriented perspective advanced within the psychosocial approach of the *Training in Social Treatment*.

The psychosocial subject of social work is now defined as being outside the boundaries of psychotherapy. The first textbook introducing psychosocial work as a method directed toward welfare professionals (Egidius, 1978) appeared in bibliographies late in the 1970s. The author’s declaration that ‘the mental hygiene effect that is caused by a psychosocial approach in health care, social care and education in general is not strictly therapeutic’, was congruent with the opinion of the Commission of Education of Psychotherapy, frequently referred to as the appropriate view of psychosocial work in relation to psychotherapy. The commission made a distinction between psychotherapy and psychosocial work, where psychotherapy is described as based on psychological theory and elaborated through a systematic method. Further, the commission stated that the psychosocial approach was characterised by the ability ‘to accomplish the professional task (psychosocial work) with a clear eye to the impact of social organisation and social interaction on mental health and personal development’ (UHÄ, 1975, p. 24); a way of expressing demands on professional skills that directly appeals to a highly rational but non-scientific way of understanding reality (von Wright, 1987).

and withdrawing economic support were proposed as seriously undermining the psychotherapeutic alliance. However, this book eventually disappeared from the bibliographies while the three fore-mentioned were given a permanent place in the education.

A background to the concept of psychosocial work as it has developed in Sweden is described by Bergmark (1998) in his examination of the key concepts of social work. The purpose of this investigation is exclusively aiming to examine the influence of the regulative discourse in the pedagogic discourse of psychosocial work, i.e. how it effects the explanations of professional performance. The elaboration of the psychosocial concept in the course books introduced in the 1980s takes its points of departure from the statement by the Commission (UKÄ, 1975, p. 24), and thereafter develops methods and theories on the basis of psychodynamic theory adjusted to the psychosocial approach of social work. The course books also connect to the former concept of social casework and the necessity of theory and method. Leneér-Axelsson & Thylefors (1982) motivate the adoption of a psychosocial approach towards clients of social services and welfare organisations by stating that they belong to a social category with a less developed super-ego than ordinary middle-class people have, and that the context of social work justifies strains of control otherwise incompatible with psychotherapy (pp. 24–25). This is exactly the medicalisation of social relations that the previous critical discourse criticised, a simplified concept of psychoanalysis, adjusted to the demands for social control and diminished into superficial common sense. The text of Bernler & Johnsson (1988) is an attempt to create a psychosocial theory in its own respect, but the nodal nature of the concept, the sensibility to social change is, of course, obstructive to such an enterprise. The theory is illustrated by 32 pedagogic cases or rather fragments of cases, selected to illuminate the theory and ethical standpoints of psychosocial theory. A case that aims to describe Levels of Consciousness (p. 72) starts with ‘a female teacher, abandoned by her father at the age of twelve’ and concludes that her hard feelings towards men and her involvement in feminist movements originate from the separation from a father figure. Under the heading Transference (p. 85), a description of a counselling session with a man convicted for embezzlement is used as an example of the phenomenon. The social worker feels that the client, despite his own reports, is involved in criminal activities. The explanation of this feeling is—consequently and according to the logic of the cases—that the social worker is right, it is a case of psychological transference. All cases are pursued in accordance with the referred structure above; the theory is explained by an example, a case or a sequence within a case. The reader is told why it has to be the way it is. In this psychosocial theory of the 1980s, the constructed subject consists of the client/helper dyad and the object of knowledge is the theory that explains the function behind the dyad—the psychosocial theory. Thus it can be concluded that the psychotherapeutic perspective that dominates the cases of the late 1970s and the 1980s creates a social worker that is not quite a therapist and a client who is not quite a client.

While the psychosocial concept is established both within this particular course and the body of education as well, the typical features of the psychosocial training
fade, i.e. the extensive cooperation with the field comes to an end because of economic cutbacks and a new organisation for social work education. Due to the expansion and academisation of social work the course was incorporated within a new body of continuing education programmes in 1989 and later in 1994 within the master programme. All of these factors together constitute a set of circumstances that marks the limit of text materials for the purpose of this investigation. The psychosocial concept of social work in Sweden was finally settled in the 1980s as a result of a demarcation towards the method of psychotherapy.

The Making of a Case

Discursive Changes

Table 1 below displays a summary of the pedagogic discourse and provides a point of departure for the concluding part of the present investigation—an analysis of how the psychosocial case is constructed.

The dated statements mark the time when a major ideological declaration was made to explain the aims of the course. The first occasion for clarification, confirmed both by the text of the syllabus and the heading of an introductory lecture, was connected with the introduction of the course in 1939. The second occasion, also confirmed twofold by a new syllabus and an introductory lecture, occurred when the course literature was revised and social psychiatry and casework were replaced by theories of psychotherapy and anti-psychiatry. From start and up until the late 1960s, a diversity of techniques and the use of a wide range of theories characterise the course. Social psychiatry, in-patient psychiatric care, psychoanalysis and social casework worked in alliance under the heading Mental Hygiene. A period characterised by conflicts—the 1970s and the 1980s—follows this first period of eclecticism. The internal criticism of medical psychiatry and social casework

<table>
<thead>
<tr>
<th>Declaration of aims</th>
<th>Discourse</th>
<th>The case</th>
<th>Discursive practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940</td>
<td><em>The Mental Hygiene</em></td>
<td>Psychiatry Social medicine The psychiatric social worker/The deviant client (8 cases)</td>
<td>The practice of social medicine</td>
</tr>
<tr>
<td>1950</td>
<td><em>Outlook on Mankind</em></td>
<td>Psychiatry</td>
<td>The social casework</td>
</tr>
<tr>
<td>1960</td>
<td></td>
<td>Social medicine Psychological Social casework</td>
<td>The counsellor/The enabled client (11 cases)</td>
</tr>
<tr>
<td>1970</td>
<td><em>The Psychodynamic</em></td>
<td>Psychoanalysis The victimized client/ The liberator (6 cases)</td>
<td>The anti-oppressive practice</td>
</tr>
<tr>
<td>1980</td>
<td><em>View of Human Life</em></td>
<td>Sociology ‘Anti-psychiatry’ The psychotherapist</td>
<td>The client/social worker dyad (32 cases)</td>
</tr>
<tr>
<td></td>
<td>(lecture 1968)</td>
<td>Social policy</td>
<td>The psychosocial practice</td>
</tr>
</tbody>
</table>
corresponds to the critiques of psychiatric practice delivered by sociological theorists during the 1960s and 1970s, an ideological change that affected the training course in so far as the discursive link to social medicine and psychiatry was broken. When the psychiatrists disappeared as lecturers, the context of psychiatric care also vanished. Social services and social interventions directed to mentally afflicted persons, i.e. the care of people with severe mental disorders, disappeared in the texts during the last years of the 1970s and did not return. Later on, the confluent relationship to the discursive field of psychotherapy was replaced by competition and conflict (Hälso och sjukvårdsnämnden, 1983a, 1983b; Utbildningsdepartementet, PM, 1989). Finally, the reconstructed discourse of psychosocial theory and method adjusts to the text of the Commission (UHÅ, 1975, p. 24). The prior discourse of regulation becomes naturalised by a mixture of historical and present conventions into a theory of modern psychosocial work by the expression ‘to accomplish the professional task with a clear eye’. This statement can be interpreted, either alternatively or simultaneously, as an aspect of the control function of social work—surveillance and the guarding of the borders of normality—and as an evaluation of the degree of professional freedom. Psychosocial work remained undefined and described negatively, as not therapy but still subordinated to the prior discourses of psychiatry and psychotherapy.

Transmissions of Scientific Discourse into the Local Context

To make a case is the major technique of explanation, a discursive practice that simultaneously produces a subject out of the individual and an object of knowledge by arriving at generalisations about typical ‘cases’ (Fairclough, 1992, referring to Foucault, 1979). A common feature of the shifting discourses is the underlying assumptions that the characteristics of the client motivate the specific theoretical framework. In short, a new political and social context creates a new client. The stories embedded in the pedagogic discourse are presented as illuminating examples and as ‘typical’ cases by the authors of the pedagogic texts. The cases are combining opinions of normality and deviance with professional competence, and thus establishing the psychiatric and psychological sciences in the local context of social work education.

The process of case-making within the pedagogic discourse takes place in three steps: theoretical framing, descriptions of the clients’ situation, and descriptions of the function of social work according to the circumstances. Firstly, the framing consists of assumptions about society and the psychosocial human function. Secondly, the client’s situation is described as incongruent with ideal social functioning and demands, and he/she needs adequate help to fit in, understand and adapt to social conventions. Lastly, psychosocial work is the tool that provides solutions. Within psychiatric social work the client is described as deviant. The descriptions focused on defects and shortcomings and the incorporation of social work into the practice of social medicine was in itself a solution to the problem. The preceding descriptions of social casework and social methodology were concerned
with the task of improving the methods of social work and enabling clients to help themselves. The critical approach of the 1970s produced an image of the client as a person victimised by the previous approaches; alongside the anti-psychiatric perspective, a modern approach to institutional care was presented. Lastly, the psychosocial discourse of the 1980s introduces the client/social worker dyad as the object of psychosocial work—an object of knowledge that requires self-reflection and supervision. The supervisor replaces the earlier cooperation within a medical team. He/she represents context, theory and policy in the task to advise the social worker.

The cases throughout the period serve as theoretical *ad hoc* explanations that solve the location problem of science. The use of theoretical explanations in the cases corresponds to the kinds of implicit functional definitions, frequently used—and likewise frequently debated—in relation to psychiatric and psychological theories (Lewis, 1980; Murphy & Woolfolk, 2001) and in discussions about the role of theory in social work (Munro, 2002; Thyer, 2001a, 2001b; Gomory, 2001a, 2001b). The making of cases in the examined texts is concerned with interpreting and organising experience from theories and social values that are taken for granted—quite the reverse to openness towards empirical experience.

**Concluding Discussion**

In broad outline, this extract from the Swedish history of psychosocial work is coherent with interpretations of social work in Western societies (Adams et al., 1998; Payne, 1991; Yelloly & Henkel, 1995). The great influence of psychoanalysis and related theories, and the critical wave of the late 1960s, are easily recognisable. Anyhow, two features stand out as specific to Swedish history. The first is the drawing of boundaries between the practices of psychiatry, psychotherapy and social work. This demarcation, important for the psychosocial concept, can to some extent be seen as an effect of the incorporation of social work into the University in 1977 and the establishing of an independent field of research. Secondly, the closely intertwined relationship to regulative discourse—contributing to a psychosocial theory taking the instruction ‘with a clear eye’ as an explicit point of departure in developing a theoretical concept—is noteworthy and probably unusual.

When considering the pedagogic technique used in the texts, the making of cases, it is reasonable to conclude that the cases have functioned as ‘containing’ the paradoxes of psychosocial work. The cases have solved the difficulties attached to the task to combine theory, social policy and adequate action. This conclusion actualises the problems connected with ‘the role of theory’, hinted at in the previous section of this article. According to Bernstein (1990) it is also an inherent problem of the pedagogic discourse. When theories are simplified into instructions, they are also purged from the tentative and speculative character that differentiates theoretical assumptions from dogmatic statements about reality. In this study the *ad hoc* explanations of psychosocial work, based on theoretical assumptions and political demands, overrule the focus on the specific social conditions of the client. The
anti-oppressive stance that was articulated in the literature of the late 1960s and the early 1970s vanished as psychiatric science was replaced by psychoanalytic theory. Which meant that social psychiatry, a community perspective on mental health and mental disorder, never became established within the psychosocial education of social workers in Sweden.

The strangely dated conception of psychoanalytic theory in social work practice is discussed by Pearson et al. (1988). The debates occurring in the 1960s and thereafter (for example Deluze & Guattari, 1977; Lacan, 1979; Foucault, 1984; Chasseguet-Smirgel et al., 1985) are obviously ignored. This is also true concerning the Swedish context. The psychodynamic theories behind the examined texts were foremost used as techniques, as frozen conceptions of psychodynamic theory serving as a key for understanding the client’s behaviour. The main issue behind the descriptions of the cases was the development of clinical skill, a focus that understated the repressive elements of therapy. Particularly as the therapeutic conditions are questionable if the clients are dependent on the social workers’ judgement on their social ability to raise their children or/and support themselves and their family economically.

In conclusion, this study of the pedagogic discourse of psychosocial work offers some explanations for the ambiguity of the concept of psychosocial work in Sweden. From the start and until the middle of the 1970s psychosocial work conformed to changing discourses of psychiatry and psychoanalysis. When teaching psychiatrists disappeared from the course and psychosocial work was defined as ‘not therapy’, the demands of regulative discourse became more important to the concept of psychosocial work. This is clear when considering how ‘cases’ were presented to the students. To perform a skill, to do the work right according to theory and political demands has unfortunately been more important than trying out psychoanalytic theory from the perspective of the clients’ situation and with social work practice as the empirical base.

References


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