

Chapter 1

INTRODUCTION

*Can't really complain about the way they treat you here;
I mean, where else could I go?*
(86 year old male nursing home resident, 13 January 1994)

INTRODUCTION

This study seeks to develop new meanings of quality care in nursing homes from the perspective of the elderly residents and to compare and contrast these meanings with that of the public discourse on aged care.

Aged residential care has undergone enormous change over the last three decades, with numerous inquiries being undertaken. However, more recently, extensive changes have occurred following the completion of the Nursing Homes and Hostel Review in 1986. As a direct result of this inquiry, the Commonwealth Government proposed extensive restructuring and regulation of its funded nursing homes through the policy program called the Aged Care Reform Strategy. This policy package is steeped in humanitarian principles which emphasise the specific rights and sovereignty of the individual.

The Aged Care Reform Strategy contains a range of programs which include Commonwealth Outcome Standards for Australian Nursing Homes, a Standards Monitoring Program and a User Rights Philosophy which includes a charter of resident rights and responsibilities to protect the individual. The basis of care for individual residents is 'need', as is calculated individually for each resident.

The quotation above, from one of the residents in this study, exemplifies the attitude that is held by residents in nursing homes today about the amount of control they have over the quality of care provided in nursing homes. The aged

and chronically ill residents living in nursing homes experience not only the loss of control of their lives through institutionalism but also the impact of society's negative stereotyping of the aged as worthless and valueless.

My present work examines the power/knowledge nexus embodied in the newly emergent nursing home discourse which is defined by the Aged Care Reform Strategy. Because the Commonwealth Outcome Standards and Standards Monitoring Program are regarded as the official word in defining the standard of nursing care to be provided within nursing homes, the thesis is proposed that the public bureaucratic discourses (defined as a particular area of language use identified with a social institution, a social position, and the social position of the speaker of the discourse) of our society shape both the expectations of proprietors of nursing homes and nurses providing care to residents living in nursing homes, as well as the expectations of residents receiving care within nursing homes. My thesis argues that the Aged Care Reform Strategy and introduction of the Commonwealth Outcome Standards and Standards Monitoring Program have led to ever increasing levels of social control and regulation within our society which subsequently have affected the lives of residents living in nursing homes as well as those who work there who, prior to the introduction of the Aged Care Reform Strategy, were free of the continuous surveillance, assessment categorisation and control determined by the welfare gaze.

In order to investigate this thesis, a study of the experiences of residents living in nursing homes and care providers working in nursing homes was undertaken. The assumptions and language of the public bureaucratic discourse on nursing homes was investigated in order to examine official knowledge as an instrument of power and control. To investigate the knowledge of the residents living in nursing homes and care providers working in nursing homes, interviews were conducted with individual residents and staff within three nursing homes.

THE FOCUS AREA

Background and Context

Australia is experiencing rapid ageing of its population. Those aged 65 years and over are expected to increase by 31% and those 80 years and over by 56% from 1986 to 1996 (Australian Bureau of Statistics 1990:25). The present rapid rate of growth is due to three major contributing factors: firstly, the large birth cohorts of the decade after the World War I; secondly, the improvements in mortality rates of old age; and thirdly, immigrants to Australia post World War I now reaching old age. Therefore, not only the size but the diversity of the older ages is increasing (Howe 1990).

Progressively increasing age brings with it an increase in expenditure per person on hospitals, nursing homes and medical services (Australian Institute of Health 1992). Notwithstanding this fact, the 1986 census revealed that approximately 90% of persons aged 65 years and over lived in private dwellings such as houses, flats and caravans, with the remaining 10% in non-private dwellings such as hospitals, nursing homes, and so on. Only a small proportion have senile dementia requiring institutionalisation. Most caring work is provided by female relatives, predominantly wives and daughters rather than professionals or volunteers (Kinnear & Graycar 1983). Thus, increasing costs thought to be due to ageing may well also be associated with social and political changes rather than physiological ageing (Palmer & Short 1989:249). As Sydney Sax (1990:95) notes:

The separation of myth from reality is difficult in many fields of health care administration, but dire predictions about the devastating impact on health expenditure that can be anticipated as a result of population ageing seem so embedded in our collective dreamtime that evidence to the contrary tends to be brushed aside.

Policy analysis of aged care health issues had been relatively sparse in Australia prior to 1981. The ageing of the population, the huge growth in expenditure on residential care, the increasing stock of nursing home beds by world standards,

and the perception of a shortage of accommodation in certain localities increasingly gave the Commonwealth Government cause for alarm, and we have seen, since 1981, the emergence of a large number of major Commonwealth reports on aged care. No less than eight Commonwealth reports have examined key areas of the nursing home industry, such as administrative practices, planning, funding and quality of care provision (Grant & Lapsley 1993:197).

Many scathing criticisms of the Commonwealth's aged program were noted in these reports. These included:

1. the lack of clearly stated goals and objectives of the programs;
2. the lack of monitoring and evaluation procedures;
3. the absence of co-ordination with other Commonwealth and state programs;
4. the absence of the promotion of quality of care from the Commonwealth program objectives as well as failure to provide assessment and rehabilitation services;
5. the manner in which funding was provided to nursing homes lacked any rationale; and
6. hostel accommodation and home care services not being promoted as alternatives to residential care (Palmer & Short 1989:104).

The appropriate roles for public and private interests and the different levels of government form two of the major health policy issues for Australia's health care system (Palmer & Short 1989:21). Federal/state relations generate many complexities (Mathews 1974). Aside from a few well known exceptions (Gardner 1989; Graycar 1987; Howe 1983, 1986, 1987; Clark 1989; Palmer & Short 1989; Kendig & McCallum 1990), limited research has been undertaken on the impact of Commonwealth/state relations on health care policy issues or on the appropriate roles for public and private interests in health care provision for the aged.

From the 1950s onwards, Australia has seen a steady increase in the number of people seeking entry into nursing homes. This has come about because of

changing social factors such as: the declining number of women remaining at home who could care for elderly relatives in domestic settings; the increase in life expectancy; and the lack of domiciliary services to enable elderly persons to remain in their homes. In July 1993, Australia had 1450 nursing homes which were owned and operated by a combination of private, voluntary or public organisations. The recent *Review of the Structure of Nursing Home Funding Arrangements* (Gregory 1993b:v) reported currently some 40 000 frail aged people were entering nursing homes each year and were staying on average just over two years.

Over the last decade considerable change has taken place in residential aged care in Australia. In 1986, *The Nursing Homes and Hostels Review* provided the blueprint for the establishment of the new eight stage Commonwealth policy program known as the Aged Care Reform Strategy. Commencing in 1986, this policy program espouses principles of equity and humanitarianism and emphasises the rights and sovereignty of the individual resident. All nursing care provided to residents within Commonwealth funded nursing homes is based on 'need'.

A number of the key components of the policy package include:

- (i) the funding scheme consisting of the Care Aggregate Module (CAM) and the Standard Aggregated Module (SAM);
- (ii) the Resident Classification Instrument (RCI);
- (iii) the Charter of Residents' Rights;
- (iv) the Community Visitors' Scheme;
- (v) the Aged Care Assessment Teams (ACAT);
- (vi) the Standards Monitoring Teams; and
- (vii) the Commonwealth Outcome Standards for Australian Nursing Homes.

The Commonwealth Outcome Standards for Australian Nursing Homes (part of Stage Two of the Commonwealth Government's eight stage Aged Care Reform Strategy) was given a legal grounding under Section 45D of the National Health Act in November 1987, with the 31 outcome standards incorporated into six gazetted standards under the Act (Braithwaite et al. 1993b:3). Since that time, very little work has been undertaken on the issue of quality of care in nursing homes other than the major works of Pearson et al. (1990) who linked aspects of quality of care to optimal skills mix within nursing homes and Nay (1994) who more recently investigated the life experiences of residents living in nursing homes. With the exception of the Commonwealth funded evaluation of the Standards Monitoring Program (Braithwaite et al. 1993b) very little specific research has been undertaken on this recent policy initiative and it is the lack of research into the quality of care in nursing homes and the Commonwealth Government's Outcome Standards for Nursing Homes Policy which has prompted this present study.

Relevance of Study for Nurses and Health Services Managers

There are a number of reasons issues examined in this study are relevant to nurses and health service managers. Not only has there been very little work undertaken on aspects of quality of care in nursing homes in Australia but the work that has been conducted is from predominantly Commonwealth funded research (Braithwaite et al. 1993b) which has established the view that the quality of care for residents has improved with the implementation of the Commonwealth Nursing Homes Outcome Standards Policy. This has occurred at the cost of sufficiently recognising the enormous amount of effort that is still required to assure society that the care provided to all its elderly in every nursing home (whether funded through the private, charitable/religious or government sector) is of the highest standard. This work, in many instances, could be more effectively handled through social and political solutions. Acquiring a new understanding of the major characteristics of quality care for elderly people in nursing homes from

a resident's viewpoint by examining their life experiences, will determine the relevance of current nursing home outcome standards for promoting quality care in nursing homes and, rather than uncritically accepting the dominant public discourse on aged care service delivery, will free nurses and health managers to develop solutions to nursing problems with the elderly residents' experiences as the basis rather than relying on the rhetoric of public discourse.

The methodology and interpretive work undertaken in this study are thus quite different from the conventional objective 'value-free' type of research that is regularly seen in health services management research. This study allows for the emergence of social, cultural, and political issues that assist in the generation of new knowledge. If nurses and health service managers gain an understanding of the history of the complex maze of aged care policy development, they may be able to appreciate progress that has been achieved in recent years.

Developing new knowledge that challenges the established views of quality care provision to the elderly in nursing homes can only lead to an improvement in health service provision. Therefore, the results of this study may improve the manner in which nursing care is provided to the elderly living in nursing homes.

Aim of Study

As mentioned earlier, the aim of this research is to analyse the meaning of quality care for elderly people in nursing homes from the residents' viewpoint and to compare their view of quality with that of nursing care providers and policy-makers. This study specifically investigates the development and implementation of the Aged Care Reform Strategy and its subsequent impact on the quality of care provided in nursing homes.

Objectives

The main objectives of this study are to:

1. Identify the major characteristics of quality care from the residents' viewpoint by examining life experiences of residents in nursing homes in order to determine the relevance of current nursing home outcome standards for promoting quality care;
2. Analyse the reaction to and implementation of the Aged Care Reform Strategy in relation to quality by examining the beliefs and practices of nursing care providers regarding quality care; and
3. Analyse the public discourse on aged care policy in Australia during the period 1963 to 1993 in relation to quality care in order to identify the means by which policy directions and goals are accomplished.

THE THEORETICAL APPROACH TO THE STUDY

This thesis will use some of the principles surrounding a post-structural theoretical framework, namely, power, language, subjectivity, space and normalisation technologies in the analysis of the meaning of quality of care for elderly people living in nursing homes. The constitution of the 'subject' and the manifestations of power are concepts which are central to this thesis. These concepts will be discussed in greater depth in Chapter Two.

Discourse analysis is a method within the post-structural framework used to interpret/make meaning of what is studied. The work of Michel Foucault (1926–1984) is particularly useful in this study as his work links the concept of power relations and the concept of 'discourse'. Foucault's work (1972, 1975, 1977, 1979a) is especially useful for this study as he, too, was interested in health and medicine. In his major works (1965, 1972, 1975, 1977, 1979a, 1980, 1991) he describes how the 18th century concept of medicine focusing on health has shifted to today's concept of medicine focusing on 'normality', where the clinical

setting of the modern health institution provides a space whereby the body of the patient may be subject to the 'medical gaze' of the doctor.

Nursing homes create a space whereby the elderly and chronically ill are not only continually under the medical gaze of health professionals but also since the introduction of the Aged Care Reform Strategy, continually under the public bureaucratic gaze. Since the introduction of the Aged Care Reform Strategy, the elderly or chronically ill individual living in a nursing home has become immersed in a web of power relations which examines, categorises, classifies and rearranges the aged body according to some predetermined and prescribed documentation examination protocol. This examination, categorisation, classification and ranking of the elderly and chronically ill body leads to normalisation which thus renders the body docile. The docile 'resident' becomes extremely useful and indeed essential for the funding and continual financial survival of the nursing home industry.

Prior to the major changes in residential aged care in 1986, few if any assessment procedures were undertaken by nursing home staff on aged people living in a nursing home. Even if an examination was undertaken, it was a non-ritualised casual affair and no normalisation function occurred. Examinations were performed on an ad hoc basis and the information was not used for comparative purposes. However, in 1986, with the introduction of the Aged Care Reform Strategy and the major changes to funding, the legal requirement enforced by the Commonwealth Government onto nursing home proprietors saw the examination of the 'resident' become more focused and specific.

Foucault's concept of power relations differs from that of most social science as he sees power as being exercised throughout the whole of society rather than being possessed by a specific group (e.g. the owners of economic enterprise, the state, or people). Foucault also provides greater attention to the concept of resistance by subordinated groups within institutions than can be seen in other

‘critical’ sociology such as Marxism and feminism. Foucault therefore allows one to identify many sites for resistance and change (Petersen 1994:5).

Power

Foucault’s oppositional or problematic — power and knowledge — is central to the analysis in this thesis. Power is seen to generate knowledge and knowledge initiating power, and therefore power and knowledge are seen as mutually generative. Using the concept of power and knowledge, the relationship among language, power, social institutions, and individual consciousness may be conceptualised. It is the manner in which power and knowledge are used and opposed that allows changes to take place within societies (Foucault 1980).

Essentially, structuralism views all relations as linguistic, symbolic or discursive. The linguistic model was viewed as being confined and limited and some theorists such as Foucault became progressively interested in the notion of power. Foucault’s earlier work in the 1960s concentrated on language and the constitution of the subject in discourse. He considered the individual subject as an empty entity for the intersection of discourses. However, in his later projects he shifted to view individuals as being constituted by power relations (Sarup 1988:73).

Traditionally, the notion of power conjured up notions of negativity. Power was viewed as a judicial mechanism which was used to serve laws on society in order to exert limitations, prohibitions, censorship and the like. Essential to this view was a sovereign who laid down the law and controlled, and therefore to question or challenge power meant to question or challenge the sovereign and this was seen as a crime against the sovereign and fitting of a penalty. Foucault’s earlier works (1965, 1970) view power in this light. However, around 1971–1972, he became increasingly interested in power, questioning its location. In *Discipline and Punish* (1977) and *The History of Sexuality* (1979a) Foucault sought to

replace the negative, judicial conception of power with a positive, technical and strategic one (Sarup 1988:73).

Foucault's masterpiece, *Discipline and Punish* (1977) concentrates on the period when it became understood that placing people under surveillance was more efficient and profitable than subjecting them to exemplary penalties of torture and public execution. Foucault describes how enormous changes took place over an 80 year period, with torture and executions being replaced by new mechanisms of surveillance which were employed in hospitals, prisons, schools and barracks.

Power is described by Foucault (1977) as a technique which achieves its strategic effects through its disciplining character. Power is not meant to imply either a group of institutions and mechanisms that make a population subservient to the state or a mode of subjugation that rules society. Nor does Foucault mean that power is a system of domination exerted by one group over another. Foucault believes these are simply the terminal forms that power takes (1979a:92). He writes:

Power is everywhere; not because it embraces everything, but because it comes from everywhere ... Power is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society (Foucault 1979a:93).

Foucault argues that power does not emanate from a sovereign or a state. Nor does he suggest that power should be conceptualised as belonging to an individual or certain class. He believes that power is not something that can be procured or seized, but rather is the character of a network with its threads cast out everywhere. Foucault contends that power should be concerned with the point of application of the power rather than some level of conscious intention. Instead of merely asking questions such as 'Who has power?' or 'What are the intentions or the motives of those who are the so called holders of power?', he prefers to

seek answers to questions such as 'What are the processes and techniques by which subjects are constituted as effects of power?' (Sarup 1988:74).

Foucault's view of power calls into question the Marxist notion of a ruling class in conflict with a subordinate class. He believes that power was not invented by the bourgeoisie to exert domination over a subordinate class; rather, he sees the mechanisms and techniques of power were utilised as soon as they showed their political and economic usefulness for the bourgeoisie. Foucault (1979a:93) does not conceive power as repressive or constraining but argues that power 'produces reality'. He suggests that power and knowledge are mutually generative, that is, the exercise of power itself creates and causes to issue forth new objects of knowledge. On the other hand knowledge provokes the effects of power. Thus, power cannot be exercised without knowledge, and knowledge always engenders power (Foucault 1979a:94).

Discourse Analysis

Developments in discourse analysis have been occurring concurrently in a number of different disciplines such as psychology, sociology, linguistics, anthropology, literary studies, philosophy, media and communications, using a panoply of theoretical perspectives. The generic term 'discourse analysis' has been used for nearly all research concerned with language in its social and cognitive context (Brown & Yule 1983). Owing to the many different theoretical perspectives, the term 'discourse' itself has taken on a variety of meanings. Many researchers take 'discourse' to mean all types of talk and writing (Gilbert & Mulkay 1984), whereas others link it only to the way talk is meshed together (Sinclair & Coulthard 1975). Major misunderstandings and confusions arise from the use of the term which takes nearly opposite meanings from two French and German contemporary social theories of Foucault and French post-structuralism on the one hand, and the extensive literature that has developed from Habermas on the other. Foucault generally defines 'discourse' as the form of social power in

language, whereas in Habermas it is defined as the form of critical reflection and so as the 'method' for the transcendence of ideologically frozen representations of power. This study uses the term 'discourse' to refer to the much broader, historically developing linguistic practices, by following the work of Foucault (1972).

Although there are a number of alternative meanings for 'discourse' in current usage (Macdonell 1986), the definition of 'discourse' I will adopt will be consistent with that espoused by Foucault in *The Archaeology of Knowledge* (1972). Foucault used the word 'discourse' to refer to a collection of related statements or events. His studies, or 'genealogies', as he calls them, surrounded a range of topics (e.g. medicine, deviance, sexuality, madness), and explained how the subject had been socially and historically constructed through related 'discourses' (Petersen 1994:6). Foucault's use of 'discourse' is very different from the commonly used definition of 'discourse' when used as a text, or spoken word, or as a language when used in communication (Barrett 1991:125–6). Throughout society, not only do discourses profoundly affect what it means to be human but also impact on the possibilities for individual expression (Petersen 1994:6). The social reality of the elderly and chronically ill within our society is shaped by dominant professional discourses within it. In the aged care arena, large and powerful professional groups such as doctors, nurses, bureaucrats, journalists, planners and administrators speak about, and define the elderly and 'their' needs (Gibb 1990:14). Such dominant discourses shape and also limit the possibilities for the elderly and chronically ill through their discourses of the aged body as the docile 'resident' body. Foucault believes it is essential, therefore, to subject such knowledges and their power relations to a sustained critique because he considered different ways of knowing as different ways of exercising power over individuals.

In this study, I will use the four major elements used by Foucault in *The Archaeology of Knowledge* (1972) in his analysis of a discursive formation:

- (i) the formation of objects;
- (ii) the enunciative modality;
- (iii) the formation of concepts; and
- (iv) the formation of thematic choices.

The purpose of this present project is not an attempt to expose the discourse on standards and quality of care in nursing homes to an exhaustive archaeological excavation similar to that undertaken by Foucault (1965, 1975, 1979a) in his works on sexuality, madness, and medicine, for instance. On the contrary, my intention is a comparatively modest attempt to review the public discourse on aged care policy, to analyse the meaning of quality care for elderly people in nursing homes from a resident's viewpoint and to compare the resident's view of quality with that of nursing care providers and policy-makers within the public discourse on aged care, by applying Foucault's analytical framework as presented above in *The Archaeology of Knowledge* (Foucault 1972) in order to derive central themes from the written and spoken discourse.

Standards and Quality of Care Discourse

Within the aged care arena in Australia, I would argue that the Commonwealth Government is the major contributor to the public discourse on standards and quality of care for residents living in nursing homes. Many examples of Commonwealth contributions may be seen in the reports of the various governmental inquiries and Commonwealth funded research projects (see Appendix 1). However, the Commonwealth Government is not the sole contributor to this discourse as we find other contributors, though to a lesser extent, emanating from groups such as: academics and researchers; professional associations; consumer associations; and finally the media. The Commonwealth Government makes its discourse on the standards and quality of care of the aged

from a number of institutional settings: the nursing home; the university; and the 'library' or documentary field. These concepts will be discussed in greater detail in Chapter Seven.

Power and Discourse

Turning to Foucault's views on power and discourse, he writes 'Indeed, it is in discourse that power and knowledge are joined together' (1979a:100). Within society there is not a division between acceptable discourse on one hand and excluded discourse on the other, or a division between the dominant discourse and the discourse that is dominated. Rather, Foucault believes there '... is a multiplicity of discursive elements that can come into play in various strategies ... according to who is speaking, his position of power, the institutional context in which he happens to be situated ... Discourse transmits and produces power: it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it' (1979a:100–101). He continues:

There is not, on the one side, a discourse of power, and opposite it another discourse that runs counter to it. Discourses are tactical elements or blocks operating in the field of force relations; there can run different and even contradictory discourses within the same strategy; they can, on the contrary, circulate without changing their form from one strategy to another, opposing strategy (Foucault 1979a:101–102).

Language

In a post-structuralist framework, language is a central focus and is analysed not by its rules of grammar or syntax and the like but rather of major concern is the way people are allowed to think, speak and give meaning. Foucault's eight major books (1965, 1970, 1972, 1975, 1977, 1979a, 1984a, 1984b) studied written texts of the 18th and 19th centuries and wrote the history of the conditions of those times that have fashioned our thinking and knowledge of fields such as medicine, sexuality, madness, discipline and the human sciences.

Foucault's approach to discourse and power places discourse in an area of language use that is identified firstly, by the specialised institutions to which it is concerned; secondly, by the social position of the speaker from which it emanates; and thirdly, by that status or authority position which is accorded to the speaker in the society where the discourse appears (Macdonell 1986).

Subjectivity

Foucault's project was not so much an attack on an institution of power, or a particular group or class who possessed power, but, on the contrary, his attention was focused on the struggles of a 'technique' which was a form of power.

Foucault (1982:212) writes:

This form of power applies itself to immediate everyday life which categorises the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognise and which others have to recognise in him. It is a form of power which makes individuals subjects.

The object of Foucault's work has not been to merely analyse the phenomenon of power. Rather it '... has been to create a history of the different modes by which, in our culture, human beings are made subjects' (Foucault 1982:208). Foucault is concerned with three types of objectifications through which human beings are transformed into subjects. He describes: firstly, how methods of inquiry allocate themselves the status of sciences, for example, '... the subject who labours, in the analysis of wealth' (p. 208); secondly, 'dividing practices' where the subject is either divided inside himself or divided from others, for example, the sick from the healthy or the mad from the sane; and finally, from his later works, Foucault describes the way a '... human being turns him or herself into a subject. For example ... the domain of sexuality — how men have learned to recognise themselves as subjects of "sexuality"' (p. 208).

Foucault provides two meanings of the word 'subject' which both convey a mode of power to which an individual is subjected. Firstly, the individual may be in a

dependent relationship and controlled by power, that is, subject to a form of power; and secondly, the individual may be tied to his own identity by a conscience or self-knowledge (Foucault 1982:212). Subjectivity can be reconstituted in the language of discourses whenever we think or speak. However, language in the form of specific discourse is not seen to have any social or political effect unless through those who act as its messengers or speakers. The position of the speaker, the institution from which they speak, and the authority that is vested in them from the society in which they speak allows them to convey their discourse. The messengers take up the subjectivity, while meanings and values remain unchanged. Thus, language and the social power of discourse together constitute the subjectivity, through the very effect of discourses (Foucault 1982).

Foucault argues that 'power relations are rooted in the system of social networks' (1982:224) and therefore one sees why we cannot merely analyse power relations in society simply by studying a series of specialised institutions, even those that would merit the name 'political'. In contemporary societies the state is not perceived as the central point of the exercise of power. On the contrary, even though it may be seen to be the most important, as other forms of power relations must refer to it, it is still not the central focus of power. Foucault contends that increasingly power relations have come more and more under state control and argues that '... power relations have been progressively governmentalised, that is to say, elaborated, rationalised, and centralised in the form of, or under the auspices of, state institutions' (1982:224).

Normalising Technologies

Foucault (1979a) describes normalising technologies as mechanisms of normalising judgement. The concept of 'normal' is produced by means of classifying and measuring the gaps between individuals in order to compare them, one to another. Foucault studied prisoners, the insane and medical patients

when analysing the power of normalising technologies and describes the prison, the hospital, the institutions of the asylum and the psychiatrist's couch as creating not only contexts where forces of power have been created and used but he describes these institutions as being '... the "laboratories" for observation and documentation, from which bodies of knowledge have accumulated about the mad, the sick, the criminal' (Smart 1985:105).

THE OUTLINE OF THE THESIS

This thesis proceeds in the second chapter with a more in-depth discussion of the methodological and theoretical framework used in the study. Foucault's problematic of power and knowledge and his theoretical relationship to critical theory form a significant part of this chapter. Chapter Three provides a profile of the nursing homes, residents and care providers used in the study.

Findings of the study of the meaning of quality nursing care for residents in nursing homes is found in Chapters Four, Five and Six. Chapter Four presents the dominant discourse of residents; Chapter Five the dominant discourse of care providers; and Chapter Six the dominant public discourse of aged care policy-makers.

Chapter Seven uses the four major elements as outlined in Foucault (1972) in his analysis of a discursive formation, in order to analyse the discourse of quality of care for residents living in nursing homes. It also discusses the public discourse of policy-makers and recapitulates the various themes that have been forthcoming from Chapters Four, Five and Six.

Chapter Eight, the concluding chapter, provides a summary of the findings of the research recorded in earlier chapters and reviews and discusses such findings in the context of the Commonwealth Outcome Standards Program. Challenges and recommendations for policy-makers and nursing home managers in relation to the development and implementation of standards for nursing homes and the future

management of regulation for ensuring quality in nursing homes in Australia are outlined.

Chapter 2

METHODOLOGICAL AND THEORETICAL FRAMEWORK

*Critique doesn't have to be the premise of a deduction which concludes ...
It should be an instrument for those who fight, those who resist and refuse
what is. Its use should be in processes of conflict and confrontation,
essays in refusal.*

(Foucault 1981b:13)

INTRODUCTION

Foucault's numerous writings on medicine, madness, sexuality, human sciences and his later writings on discipline — knowledge relations and subjectivity provide an account of history that challenges previous Western thought over the last 400 years. Foucault attempts to understand modern social conflict in terms of the economic, social, political and epistemological environment that leads to its formation. His method, which he describes as genealogy and archaeology, is not one of simply an historian, but rather includes philosophy as well as politics. It is a method which is a history shaped by problems that are both political and epistemological, or, in other words, problems of power and knowledge.

The quotation above exemplifies Foucault's description of critique. Foucault (1981b:13) suggests that a critique's 'use should be in processes of conflict and confrontation, essays in refusal. [Therefore,] it doesn't have to lay down the law for law. It isn't a stage in a programming. It is a challenge directed to what is.' Therefore, according to Foucault (1981b), change agendas occur when the critique has been played out in real, when people encounter problems and impossibilities, and are made to deal with conflicts and confrontations that programs of change occur rather than through the ideas of reformers. In this

sense, my research is a critique against 'what is', resistance against the ever increasing levels of social control and regulation within our society which subsequently have affected the lives of residents living in nursing homes as well as those who work there.

The Foucauldian post-structuralist perspective provides a useful framework for posing questions about how people govern themselves and others through the production of knowledge. Foucault describes how knowledge generates power by constituting individuals as subjects and governing such subjects with the knowledge. Foucault (1975, 1991) believes that medicine and other discourses such as criminology, sociology and psychology arose in the 19th century because of the need for the surveillance and control of populations in expanding industrial cities. Such discourses developed alongside the development of an extensive system of moral regulation of populations which made individuals objects of the exercise of power (Petersen 1994:33). Institutions such as prisons, hospitals and schools became part of the scheme through which control, discipline and regulation were exercised, not through violence but through a micro-political process requiring human beings to conform to the morals of the society (Turner 1987:12).

Foucault (1979a:140) introduced the term 'bio-politics' or 'bio-power' in describing the explosion of numerous and diverse techniques of power for achieving the subjugation of bodies and the control and regulation of populations. Such regulation was achieved at every level of society and in a range of institutions such as the army, the schools, the police, the family, medicine, and social administration. Foucault (1979a:140–141) argues:

this bio-power was without question an indispensable element in the development of capitalism; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes.

The other major concepts which Foucault used to study the exercise of power in institutions were 'surveillance' and 'discipline'; the former referring to the overall supervision of activities in organisations and the latter referring to the manner through which the behaviour of bodies within organisations are co-ordinated and regulated (Giddens 1989:290–291).

This chapter will provide a more in-depth discussion of the work of Michael Foucault and his use of critique. The specific themes from Foucault's work which are particularly useful in this project are those of the problematic — power and knowledge — and the means to implementing it — normalising technologies. Foucault's problematic of power/knowledge, and his distinctive conceptions of bio-power, space and the manipulation and disciplining of the docile body through normalising technologies becomes the focus in this chapter.

RESEARCH DESIGN

Largely qualitative in approach, this study uses ethnographic research tools including participant observation and key informant interviews, and discourse analysis, in order to examine questions of quality and policy in three nursing homes in Australia.

Generally, a researcher's choice of a particular epistemological stance directs them to a preference for a certain method because of its greater suitability. However, other methods are not automatically ruled out. Trow (1957:33) argues that 'the problem under investigation properly dictates the method of investigation'. Denzin (1970 41-42) used the term 'sophisticated rigour' in describing the use of multiple methods in sociological research, to 'seek out diverse data sources' in the research process.

Within this study, I am operating within the critical sociology framework which holds the assumption that the phenomena of life can only be understood within the historical and social context. The framework is particularly informed by the

work of Foucault since intrinsic to this study is the intention to analyse a number of political, economic, social, institutional, technical and theoretical aspects of discourse on aged care. This study also recognises that sociological research takes place within a political context, both at the level of micropolitics (interpersonal relationships) and the wider political context of both organisations and the state.

Method of Data Collection and Analysis

Analysis of the public bureaucratic discourse on aged care policy was undertaken by analysing relevant Commonwealth/state documents and Hansard reports of Parliamentary debates. Data from eight nursing care providers and eight residents in each of the three study settings were obtained through in-depth interviewing. A total of 24 residents and 24 nursing care providers were interviewed. Interviews lasting about 45 minutes on average were completely confidential and neither the nursing homes nor participants are identified in the final results of the study. Respondents were given a guarantee of confidentiality and anonymity. All interviews were recorded on audiotape and written transcriptions of these recordings were analysed qualitatively utilising NUD*IST software (Richards, Richards, McGalliard & Sharrock 1992) in order to establish themes and categories and to identify significant statements from which meanings and interpretations were established. Further data were collected through organisational policies and documentations, with notes on observations and, finally, naturally occurring conversations.

Study Field Settings

Participants for the study were drawn from three field settings. In Australia the five types of nursing homes include Private Enterprise, Religious/Charitable, Government (State), Fee Adjusted Government, and Transferred. These can be grouped into three major areas of Private, Religious/Charitable and Government. Three nursing homes, one from each of these three areas, were chosen for the field settings. Although the major focus for the discourse on the Aged Care

Reform Strategy is the non-government sector, discourse was also studied in the government sector as a basis for comparison.

The Data of the Discourse

The language of discourse about the quality of care provided to elderly people living in nursing homes formed the chief sources of data in this study. These were obtained from Government policy documents and Parliamentary debates, from interviews with groups of residents living in nursing homes and interviews with groups of care providers of residents in nursing homes.

Key Documents

The public discourse found in official documents released by the Commonwealth during the period 1963 to 1993 was analysed in this study. A number of major documents which provided the public discourse on nursing home policy issues in Australia dating from 1969 to 1993 were analysed and a list of these documents may be found in Appendix 1.

The Interviews

Key informant interviews were undertaken in three nursing homes. Selection of the nursing homes studied was based on their type of ownership, type of funding, size and location. Within each nursing home, the Director of Nursing and seven other staff members (Registered Nurses, Enrolled Nurses, Assistant Nurses, Nurse Educators, or Diversional/Activities Officers) were selected and interviewed in order to analyse the discourse of different levels of staff regarding their knowledge of quality care provided to elderly people in nursing homes. Within each nursing home, eight residents were interviewed. The main criterion for selection was based on their ability to understand and answer the questions posed by the study.

Participant Observation

A large part of my research was conducted using participant observation. After receiving formal ethical approval from the Ethics Committee of the University of New England, I wrote to the nursing homes involved in this study requesting permission to conduct my research within their nursing home. Following receipt of formal permission from each of the three nursing homes, I arranged with each Director of Nursing to undertake a period of participant observation for approximately one month in each nursing home. Subsequently, between October 1993 to February 1994, I was both an active participant in the proceedings of the three nursing homes as well as an interested observer. I was able to record the events I witnessed daily in a journal and additionally undertook extensive incidental enquires. I attended a range of meetings which staff attended and although I was not privy to private conversations prior to decisions being made at meetings, I was not aware of any attempt made by anyone to conceal information or incidents from me during my fieldwork. I worked closely with both Registered and Enrolled Nurses on the wards undertaking activities such as supervising meal times; feeding, bathing, showering and toileting residents; changing beds and so forth. I also had the opportunity to work with volunteers and activities officers and participated in a number of recreational activities organised for residents. Extensive notes were made of all these activities.

RELEVANT THEORIES OF FOUCAULT

Foucault did not confine himself to one discipline but rather undertook projects in a number of different areas such as madness, clinical medicine, prisons, the human sciences and sexuality. These areas of research were all concerned with the growth of modern knowledge and the relationship of knowledge to power. In each of his works, Foucault has been steadfast in his assertion that power and knowledge are integral to the events and practices that comprise history. In *Madness and Civilisation*, madness is confined to the asylum and is made an

object of moral discipline. In *The Birth of a Clinic*, the pathological anatomy of the body transfuses power to that of the seat of disease. In *Discipline and Punish*, the knowledge of the individual is found through the disciplinary power found in prisons. In *The History of Sexuality* the curtailment of sex becomes the knowledge of sexuality (Lemert & Gillan 1982:57–60).

Foucault's preoccupation with discourse begins decisively with *The Birth of a Clinic* (1975) (first published in France in 1963) where the birth of clinical medicine is portrayed as the transformation of a set of concepts and practices that are revealed by means of an analysis of discourse. Foucault uses discourse to locate discontinuous changes in medical practice and introduces the distinction between epistemic knowledge (*savoir*) and accumulated knowledge (*connaissance*). At the beginning of the 19th century, clinical medicine arose from pathological anatomy and physiology rather than through some continuous development of procedures and findings. New discursive systems were introduced into the field of medical practice by means of pathological anatomy and physiology and, therefore, the revolutionisation of medicine came about because the rules for the formation of its statements underwent a transformation rather than through the development of new procedures or findings.

Discourse according to Foucault is simply language practised in verbal, written and non-verbal form. It is not limited to either the usual elements of linguistics (semantics and grammar) or to linguistic basic units (the sentence, the proposition or the speech act). Therefore, discourse, according to Foucault, can be analysed in relation to many other aspects of social life such as politics, culture, economics and social institutions. Foucault uses discourse to analyse specific social practices, namely discursive practices (Lemert & Gillan 1982:129–130).

To situate Foucault, it is important to remember the methodological alternatives of structuralism, phenomenology, and hermeneutics. Prior to using the structuralist techniques in his earliest works, Foucault identified himself with

hermeneutic ontology of Heidegger's *Being and Time*. However, as his interest in social concerns grew he turned away from the meanings of everyday practices and moved 'beyond structuralism and hermeneutics' (Dreyfus & Rabinow 1982:xxii). Foucault's rejection of the hermeneutic methods has caused some to accuse him of being a positivist in his use of historical methods in a number of his publications such as *The Birth of the Clinic* (1975) and *Discipline and Punish: The Birth of the Prison* (1977). Foucault however, 'opposes any historical method which assumes that the truth of history is a secret meaning uncovered behind documents through their interpretation' (Lemert & Gillan 1982). Rather than using hermeneutic methods, Foucault seeks to establish the positivity of documents and thus through them, the events for analysis. Foucault denies the notion of an empirical world in which scientists measure phenomena in order for them to become 'facts'. On the contrary, he prefers his historical method which emphasises the reconstruction of the positivity of rules which are based in history on concrete social practices. He contends that as social rules and other social mechanisms of regulation are not observable, they must be reconstructed and that this reconstruction should be based on the descriptive materials available in documents, and not on abstract formal codes or unwarranted interpretations (Lemert & Gillan 1982).

As his work took shape and progressed, Foucault (1986:236) described several theoretical shifts in his thinking which initially led him:

... to examine the forms of discursive practices that articulated the human sciences ... [the next shift was] required in order to analyse what often is described as the manifestations of power ... [and the third shift] in order to analyse what is termed "the subject".

Foucault moved beyond traditional intellectual alternatives and neither sought to avoid meaning totally as in a structuralist approach which removes all notions of meaning altogether, replacing it with 'meaningless elements'; nor sought to avoid concerns of deep meaning in the phenomenological approach which traces all

meaning back to the meaning-giving concern of an independent, transcendental subject; nor sought to avoid finding different and deeper meaning of social actors using hermeneutics. However, Foucault emerges by both criticising and utilising those same methods he sought to avoid (Dreyfus & Rabinow 1982:xix). For instance, he uses Jeremy Bentham's Panopticon in *Discipline and Punish* (1977) as an example of how our culture tries to normalise individuals by turning them into meaningful subjects and docile objects.

In examining discourses, especially those which exist in and around medical institutions and practices, it is now evident there is a need to account for '... the positions and viewpoints ... [from which people speak] and the institutions which prompt people to speak ... and which store and distribute the things that are said' (Foucault 1979a:11). Work has begun, to study the history of those forces which mould our thinking and our knowledge (Donzelot 1979).

The Docile 'Resident' Body

With the introduction of the Aged Care Reform Strategy and its resulting documentary requirements (for Outcome Standards Monitoring Team) and examination procedures (for Resident Classification Instrument calculations), nursing homes have become highly regulated and controlled by the Commonwealth Government. Funding for nursing homes is heavily reliant upon the calculation and classification of individuals living in nursing homes into five categories that receive various levels of funding depending on their level of need (or nursing dependency level).

In this chapter, speaking from a Foucauldian position, I would argue that in the nursing home, the subjectification of the elderly and chronically ill individual into a docile 'resident' body through 'bio-power' and its resulting disciplinary technologies occurs. In the nursing home, surveillance is achieved through architectural designs that make individuals highly visible to the medical and nursing staff gaze. Individuals are required to share rooms and beds are placed in

rows. In the nursing home, discipline is affected, firstly, through a range of normalisation technologies (which create, classify and control anomalies in the social body by isolation and normalising with corrective or therapeutic procedures), and, secondly, through several disciplinary techniques which distribute individuals in space. The nursing home becomes the space where homogeneous groups of elderly and chronically ill individuals are placed and within this space every individual is allocated their own place which is partitioned from other individuals. The documentary apparatus within nursing homes complement normalising technologies. The precise documentation of the individual allows the government to code individuals objectively and provides the means through which nursing homes are funded. Therefore, the examination and documentation of the body become a part of an expanding apparatus which not only controls, disciplines and regulates but is also economically motivated. Therefore, through these various surveillance and disciplinary techniques the disciplinary nursing home produces docile 'resident' bodies.

Discourse Analysis

Foucault's use of the concept of discourse is very much related to the aspect of context. He writes:

The question posed by language analysis of some discursive fact or other is always: according to what rules has a particular statement been made, and consequently according to what rules could other similar statements be made? The description of the events of discourse poses a quite different question: *how is it that one particular statement appeared rather than another?* [my emphasis] (Foucault 1972:27).

Foucault's concept of a discourse, constituting 'discursive formations', attempts to provide a means by which we may understand how *what* is said in a particular field can be connected to the complex maze of its own history and existence (Barrett 1991). Foucault develops a method:

... which allows him to avoid consideration of the 'internal' conditions governing speech act understanding, and to focus purely on what was actually said or written and how it fits into the discursive

formation — the relatively autonomous system of serious speech acts in which it was produced (Dreyfus & Rabinow 1982:49).

Although Foucault formally explains the methodological work on discourse in *The Archaeology of Knowledge* (1972), his historical narratives, — *The Birth of the Clinic* (1975), *Madness and Civilisation* (1965), *Discipline and Punish* (1977) and *History of Sexuality* (1979), provide arguments for his analytical framework. Foucault's 'central theme' has been the statement, which he believes is neither grammatical in the form of a sentence, nor logical as a proposition, nor psychological in its representation (1972:114).

Foucault argues to move beyond the bracketed legitimacy of context-free 'truth assertions' of phenomenologists such as Husserl (1970) and Merleau-Ponty (1962) who claim to be able to demonstrate the origin of meaning and truth in the perceptual Gestalts of the everyday world. These phenomenologists seek to firstly ground perception, displaying its primacy, and then ground the validity of serious speech acts in this perception. Foucault condemns the work of both Husserl and Merleau-Ponty, claiming their analysis of actual human experience is 'still caught in the transcendental/empirical double' (cited in Dreyfus & Rabinow 1982:50). Seeking to leave behind both transcendental and existential phenomenology, Foucault (1972:47) writes:

what we are concerned with here is not to neutralise discourse, to make it the sign of something else, and to pierce through its density in order to reach what remains silently anterior to it, but on the contrary to maintain it in its consistency, to make it emerge in its own complexity.

Therefore, unlike Husserl and Merleau-Ponty, Foucault believes the building blocks of the analysis of discourse will be in the speech and written statements of those admitted to its domain. As Foucault (1972:27) describes it, the fossils of the archaeological record are 'statements':

... the totality of all effective statements (whether spoken or written)
... the material with which one is dealing is, in its raw, neutral state, a population of events in the space of discourse in general.

Foucault rejects the traditional categories of thinking about discursive unities — such as the *oeuvre* of an author, a book, or discipline — and opens up the possibility of ‘a pure description’ of discursive events. ‘One is led therefore to the project of a *pure description of discursive events* as the horizon for the search for the unities that form within it’ (Foucault 1972:27). Dreyfus and Rabinow (1982) argue the idea of horizon belongs to the hermeneutic discourse abounded by the archaeologist, but believe Foucault is not describing an horizon of intelligibility but rather describing an open logical *space* where discourse exists.

The analysis of statements, then, is a historical analysis, but one that avoids all interpretation: it does not question things said as to what they are hiding, what they were “really” saying, in spite of themselves, the unspoken element that they contain, the proliferation of thoughts, images or fantasies that inhabit them: but, on the contrary, it questions them as to their mode of existence, what it means to them to have come into existence, to have left traces, and perhaps to remain there, awaiting the moment when they might be of use once more: what it means to them to have appeared when and where they did — they and no others (Foucault 1972:109).

Husserlian phenomenology concentrates on reconstructing prior meaning, through the use of bracketing and would consider its endeavours incomplete and indeed a failure, if the total unknown horizon of meaningfulness had not been fully captured. On the contrary, Foucault is not at all interested in capturing the whole of the experience that the participant lives through within the space that the discourse occurs. Rather, Foucault prefers to rely on ‘those seriously involved in the actual discourse to select, and thus limit, what is taken seriously at any given period, and to defend it, criticise it, and comment upon it’ (Dreyfus & Rabinow 1982:52). Therefore, he does not believe it necessary to agree with those who consider ‘serious speech acts’ seriously in order to locate them within all speech and written statements (Dreyfus & Rabinow 1982).

The influence and value of a discourse was traditionally linked with either something that preceded discourse such as ideology or consciousness, with the various traditions of disclosure such as Marxist ‘*ideologiekritik*’, or with the

knowledge peculiar to a separate 'discipline' or 'school'. However, Foucault's concept of discourse leads to a subversion of traditional modes of explanation and rationalisation about discourse and casts our thoughts away from the internal 'meaning' of a discourse to the external environment in which it is constructed, where it operates and accomplishes its effects. According to Racevskis (1983:89) Foucault's analysis of discourse, rather than merely providing a vehicle for the transmission of ideas or applications, constitutes discourse as a solid, concrete, and self-sufficient construct which has the ability to effect dominance and discharge power for those who partake in it.

The Archaeology of Knowledge (1972) thus constitutes Foucault's efforts in formulating the relations between statements in a particular domain or field. Foucault conceives discourse as constituting 'discursive formations'. He writes:

Whenever one can describe, between a number of statements, such as system of dispersion, whenever, between objects, types of statement, concepts, or thematic choices, one can define a regularity (an order, correlations, positions and functionings, transformations), we will say, for the sake of convenience, that we are dealing with a *discursive formation* (Foucault 1972:38).

Four major elements used by Foucault (1972) in *The Archaeology of Knowledge* to analyse a discursive formation will be used in this study. They are:

- (i) the formation of objects;
- (ii) the formation of enunciative modalities;
- (iii) the formation of concepts; and
- (iv) the formation of thematic choices or strategies.

These each will be now discussed in turn.

Formation of Objects

In presenting his analytical framework, Foucault first seeks to analyse the formation of 'objects' by using the example of the discourse of psychopathology from the 19th century onwards. The objects of psychopathology (such as

hallucinations, speech disorders, behavioural disorders, and sexual aberrations) have been numerous, subject to change and to rapid disappearance. In his endeavour to identify an object Foucault (1972:40–41) asks such questions as:

Is it possible to lay down the rule to which their appearance was subject? Is it possible to discover according to which non-deductive system these objects could be juxtaposed and placed in succession to form the fragmented field — showing at certain points great gaps, at others a plethora of information — of psychopathology? What has ruled their existence as objects of discourse?

In order to provide answers to these questions, Foucault (1972) gives us the following series of steps. We must first map the '*surfaces of their emergence*' (p. 41) and ask questions such as: Where did the discourse begin? That is, we must investigate the phenomenon where various elements are allocated to the discourse and what resultant types of categories it formulates. For example, firstly, by showing how various types of theory or conceptual codes in psychopathology are allocated, the status of disease, alienation or dementia, etcetera, thus provide the basis for analysis (p. 41). Secondly, we must describe the '*authorities of delimitation*' (p. 41) and ask questions such as: Who determines what these categories shall consist of? Who determines the definitions of the boundaries? Who establishes the phenomenon as an object? To continue with Foucault's example of psychopathology, in the 19th century, medicine was the predominant authority that delimited, named and established madness as an object; however, other authorities such as the law, the religious authority and literary and art criticism also contributed to a lesser extent (1972:42). Finally, we must analyse the '*grids of specification*' (p. 42) which are the systems that divide, contrast, regroup, or classify a particular phenomenon. We ask questions such as: How are the systems divided, grouped, re-grouped, classified or derived from one another? How is the material in the discourse organised? In the psychopathology example, different 'kinds of madness' were grouped, classified and derived from one another as objects of psychiatric discourse (p. 42).

Formation of Enunciative Modalities

Turning to the second element in the analysis of a discursive formation, Foucault seeks to define the 'enunciative modalities' in terms of three different factors. The first of these factors may be thought of as the '*speaker's position*' in the discourse and includes questions of their competence and status as well as their relationship to other different social groups. He asks questions such as:

Who is speaking? Who is accorded the right to use this sort of language? Who is qualified to do so? What is the status of such an individual ... to proffer such a discourse? Who derives from it his own special quality, his prestige, and from whom, in return, does he receive if not the assurance, at least the presumption that what he says is true? (Foucault 1972:50).

The second factor relates to the description of the '*institutional sites*' (p. 51) from which the speaker makes her/his discourse 'and from which this discourse derives its legitimate source and point of application' (p. 51). We ask the question: From which institutions does the discourse emanate? In the psychopathology example, these sources of discourse are found by the doctor (speaker) in various sites such as the hospital, the laboratory, in private practice and finally in the library or documentary field.

Finally, we turn to the '*positions of the subject*' (1972:52) and the different roles and status the subject takes up in the information network. We ask: What position or status does the speaker occupy in relation to the discourse and the manner in which it is controlled? In the case of psychopathology, the doctor takes up such positions as 'the sovereign, direct questioner, the observing eye, the touching finger, the organ that deciphers signs ... the laboratory technician' (p. 53) as a whole group of relations are involved.

Formation of Concepts

In *The Archaeology of Knowledge* (1972:56–63) Foucault uses categories to investigate the organisation of and relations between statements which provide the groundwork for his study of concepts. He commences with a discussion on the

'orderings of enunciative series', whether they be demonstrating reasonings, ordering or describing accounts of events during a certain period in a linear succession; outlines a *'field of presence'* which provides details of the manner in which statements which are formulated in other discourse areas are further utilised in other separate discourses; describes a *'field of concomitance'* as including statements from completely different domains of objects and completely different types of discourse which may be found in the statements of a discourse under study; describes the *'field of memory'* which relates to the statements in a discourse no longer sanctioned and which have been removed from the arena of discussion and which, therefore, no longer explain a body of truth or a domain of validity; and, lastly, defines the *'procedures of intervention'* which relate to techniques of writing, to methods of translating quantitative into qualitative statements and vice versa, to methods of transcribing statements from natural into formal languages, to ways of transferring a statement to a new field of application and, finally, to the methods of systematising statements (Foucault 1972:56–63).

Formation of Thematic Choices or Strategies

The fourth element used to identify discursive formations examines the development of 'themes and theories' which Foucault calls 'strategies' (1972:64). The major task is to ascertain how these strategies are dispersed throughout history. Foucault questions whether it is necessity that brings these strategies together or mere chance encounters between different ideas, or simply a certain regularity between strategies that defines the mutual system of their formation (p.64). Foucault acknowledges the difficulties he encountered during his work on madness, medicine, prisons, reason, and so forth. He modestly comments, 'I did little more than locate them, and my analysis scarcely touched on their formation' (p. 65) and offers advice on a direction by which we may pursue future research on discourse, which is thus summarised in what he calls the *'points of diffraction of discourse'* which are characterised as *'points of incompatibility ... points of*

equivalence ... and link point of systematisation' (1972:65–66). The '*points of incompatibility*' relate to the contradictory nature of statements in discourse where we might find two contradictory or opposing objects, enunciations or concepts appearing in the same statements of a discourse. The '*points of equivalence*' relate to the situation where two or more alternatives are formed, even though they emerge under the basis of the same rules. Finally, the '*link points of systematisation*' refers to the new sub-discourse that is derived from these equivalences or alternatives and incompatibilities or contradictions. Thus Foucault (1972:65, 68) seeks the:

... rules for the formation of ... theoretical choices ... A discursive formation will be individualised if one can define the system of formation of the different strategies that are deployed in it; in other words, if one can show how they all derive ... from the same set of relations.

Each of the four elements described above is subjected to what Foucault calls '*the rules of formation*' [which] ... are conditions of existence (but also of coexistence, maintenance, modification and disappearance) in a given discursive division' (1972:38). The 'rules' are not used as principles to tell people what ought to be in a discourse; rather, they provide the conditions where a given statement may appear, undergo modification and eventually disappear from a certain discourse. The unity of a discourse therefore emerges through 'rules' which regulate the formation of statements within the four elements of the analysis of the 'discursive formation' discussed above. Foucault's system of 'rules' provides a means by which to explain an area of discourse. In describing these 'rules', Foucault (1972:157–168) outlines three major requirements. Firstly, we need to define the rules of formation of groups of statements in order to show how a series of events can become an object of discourse which is then recorded, described, expanded and forms the foundation for theoretical argument. Secondly, we need to look at the correlation of discourses to show how one discourse relates to another discourse. Finally, we need to undertake an analysis of *transformations*

which govern the emergence, adjustment, and disappearance of a certain discourse. Foucault (1972:168) notes:

Archaeology, then, takes its model neither a purely logical schema of simultaneities; nor a linear succession of events; but it tries to show the intersection between necessarily successive relations and others that are not so.

In both *Madness and Civilisation* (1965) and *The Birth of the Clinic* (1975), Foucault started to analyse the interrelations of biological knowledge and modern power; however, he extended his approach considerably in his later work in *Discipline and Punish* (1977). His work originally began with an interest in the body (that was investigated by scientists) and in the power which resides in particular institutions. Certainly, after May 1968, Foucault's interests shifted away from discourse and it was apparent that his thematisation of power had not been clearly located. He writes:

What was lacking ... was this problem of the "discursive regime", of the effects of power peculiar to the play of statements. I confused this too much with systematicity, theoretical form, or something like a paradigm ... (Foucault 1980:113).

In *Madness and Civilisation* (1965) and *The Order of Things* (1970), there were two different aspects of power which he had not yet properly isolated. Foucault (1980:115) writes, 'When I think back now, I ask myself what else it was that I was talking about, in *Madness and Civilisation* (1965) and *The Birth of the Clinic* (1975), but power? Yet I'm perfectly aware that I scarcely ever used the word and never had such a field of analyses at my disposal.' In *Discipline and Punish* (1977) and the first volume of *The History of Sexuality* (1979a), Foucault recognises the importance of genealogy over archaeology, calling the genealogist a diagnostician who focuses on the relations of power, knowledge and the body in contemporary society (Dreyfus & Rabinow 1982:113). Foucault (1980:77) argues:

the formation of discourses and the genealogy of knowledge need to be analysed, not in terms of types of consciousness, modes of

perception and forms of ideology, but in terms of tactics and strategies of power.

About Genealogy and Methodology

Foucault (1979a) refers to his method as writing a history of the present, while other authors call his method 'interpretive analytics' (Dreyfus & Rabinow, 1982:xxii). Foucault's earlier works, *Madness and Civilisation* (1965) and *The Birth of the Clinic* (1975), focused on the analysis of historically positioned institutions and discursive practices. Foucault did not include the everyday discourse of people when he was undertaking his analysis. He was only interested in 'serious speech acts; what experts say when they are speaking as experts' (Dreyfus & Rabinow, 1982:xx). This may have reflected his endeavours 'to understand human beings within the problematic left by the breakdown of the humanistic framework' (Dreyfus & Rabinow, 1982:xix). Foucault's work (1979a, 1980) challenged the smooth passages of the 'regime of truth' by the 'judges of normality', such as doctors, lawyers, social workers and teachers. In *Power and Knowledge* (1980). Foucault describes the importance of bringing to light marginal, local knowledges through the production of critical discourses, which expose the power behind the 'expert' and reveal the relations of power and knowledge in traditional history which may have been overlooked. Within the nursing home context, such 'experts' in the hierarchy may be administrators, government officials, doctors, Directors of Nursing, social workers, and so forth.

Dreyfus and Rabinow (1982) describe Foucault's history as a history of the modes of objectification which transformed human beings into subjects. Clark (1983) describes it as a history of knowledge that is constituted differently for different historical periods dependent upon the period's episteme. Foucault (1972) describes history as the conditions of possibility, of the configurations within the space of knowledge which have given rise to the diverse forms of empirical science. With its emphasis on the relation of power, knowledge and the subject, Foucault's history may be more beneficial in helping us to decipher the

'knowledge production' society rather than the limited Marxist analysis of the working class.

Foucault (1980:117) focused on an historical contextualisation in his work without making reference to a subject that evolved historically:

One has to dispense with the constituent subject, to get rid of the subject itself, that's to say, to arrive at an analysis which can account for the constitution of the subject within a historical framework. And this is what I would call genealogy, that is, a form of history which can account for the constitution of knowledges, discourses, domains of objects etc., without having to make reference to a subject which is either transcendental in relation to the field of events or runs in its empty sameness throughout the course of history.

Foucault argues that the individual has been constituted by discourses and practices throughout history and is made a subject and object of knowledge. For Foucault (1977:184), mechanisms of power produce objectification of the subject.

The power of normalisation imposes homogeneity ... it individualizes by making it possible to measure gaps, to determine levels, to fix specialities and to render the differences useful by fitting them one to another.

According to Foucault, the examination combines the techniques of an observing hierarchy and those of a normalising judgement upon individuals. The examination becomes 'a normalizing gaze, a surveillance that makes it possible to qualify, to classify and to punish' (1977:184). He argues 'at the heart of the procedures of discipline, it manifests the subjection of those who are perceived as objects and the objectification of those who are subjected' (1977:184–185). Foucault (1977:191) continues, 'the examination, surrounded by all its documentary techniques, makes each individual a "case": a case which at one and the same time constitutes an object for a branch of knowledge and a hold for a branch of power.' Therefore documentary apparatus provides assistance to normalising technologies, as accurate documentation allows the State to code individuals objectively for purposes of comparison and classification.

Speaking from a Foucauldian perspective, the examination of the individual within the nursing home becomes a highly ritualised normalising discipline which promotes the visibility of the individual, and thus through continual observation the individual is subjectified into the desired object of the discipline, which in this case is the 'resident'. Prior to 1986, little attention was placed on surveillance and examination of the elderly and chronically ill, with major responses to the ageing of our population concentrating upon town planning activities (such as the building of hostels and nursing homes to house the aged) and providing for income support for the population once their working life was finished. Since the introduction of the Commonwealth government's Aged Care Reform Strategy package of policies, a major shift in emphasis has occurred. Rather than chiefly being concerned with only the broader macro-picture of aged within society, the Commonwealth government has turned to a micro-emphasis of care for the aged through the examination and surveillance of the aged living in nursing homes, which in effect has led to a disciplined system of residential aged care.

Currently, the Care Aggregated Module (CAM) funding of nursing homes requires that each person living in a nursing home undertake examination in order to have calculated their Resident Classification Instrument (RCI) category of care which is required to objectify funding: the higher the category of care, the more funding received by the nursing home. Throughout the examination period, extensive documentation is maintained in order to verify and validate the outcome of the examination. Standards Monitoring Teams visit nursing homes periodically to ensure compliance with the Outcome Standards Policy and also to ensure the RCI have been calculated correctly. However, rather than recording documentation as a means to improve the standards and quality of care of the people living in the nursing home, the focus of documentation becomes centred around funding purposes. Thus, the documentation provides a means through which the nursing home verifies and validates the categories of care for funding

purposes, rather than a tool by which the nursing home may improve the standards and quality of care of the aged living in the nursing home.

In order to be assured of continual funding, nursing homes are required to comply with the Commonwealth Outcome Standards for Australian Nursing Homes. Standards Monitoring Teams visit nursing homes regularly and survey the documentation which has been undertaken to calculate the RCIs. Severe reprimands are placed upon nursing homes who are unable to verify and validate why a particular individual has been placed in a particular category. Obviously, it is in the nursing home's best interest to classify as many individuals living in the home in the highest category of care in order to obtain a greater amount of funding. Therefore, the documentation apparatus complements the examination normalising technologies by allowing the Commonwealth government to code individuals objectively in order to allocate funds. The allocation of funds becomes the major emphasis of the Standards Monitoring process rather than the actual concern for the standards or quality of care provided to elderly and chronically ill people living in the nursing home.

POWER AND KNOWLEDGE

Foucault's study of power is not intended to represent either a theory or methodology. He presents an 'analytic of power', which he proposes in opposition to theory. Foucault (1980:199) notes:

If one tries to erect a theory of power one will always be obliged to view it as emerging at a given place and time and hence to deduce it, to reconstruct its genesis. But if power is in reality an open, more-or-less coordinated, cluster of relations, then the only problem is to provide oneself with a grid of analysis which makes possible an analytic of relations of power.

In *The History of Sexuality*, Foucault (1979a:82–85) presents a succession of propositions about power. Firstly, Foucault describes power relations as 'non-egalitarian and mobile'. Power is not a position in society, a piece of

merchandise, a reward, a profit, or conspiracy, rather it is the use of the political technologies throughout the social body. The operation of these political rituals of power establishes the non-egalitarian, asymmetrical relations and it is their spread that Foucault is referring to when he speaks of them as 'mobile'. Foucault's aim is to:

... move less toward a "theory" of power than toward an "analytics" of power: that is toward a definition of a specific domain formed by relations of power, and toward a determination of the instruments that will make possible its analysis (Foucault 1979a:82).

Secondly, Foucault proposes that power is not restricted to political institutions; rather it plays a 'directly productive role'. He believes that power is multidirectional, operating not only from the top down as is commonly espoused but also moves from the bottom up. 'Power is everywhere; not because it embraces everything, but because it comes from everywhere' (Foucault 1980:93).

A number of major scholars, namely Marx, Freud and Nietzsche, were known to have influenced Foucault's work. According to Foucault, all these scholars acknowledged the existence of a relationship between power and knowledge.

For Marx this took the form of a relation between forms of thought, ideas, and economic power; for Freud it was conceptualised in terms of a relation of desire and knowledge; and for Nietzsche all forms of thought and knowledge were considered to be expressions of a "will to power" (Foucault cited in Smart 1985:14).

Foucault's concept of the exercise of power is counter to that of the Marxist tradition. It is not simply what the State or what one group or class holds over others. Foucault (1980) argues that power is not something to be distinguished between those who exclusively possess and retain it and those who do not have it and submit to it. Instead, he argues, power is something that circulates.

Power is employed and exercised through a net-like organisation. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising this power ... In other words, individuals are the vehicles of power, not its points of application (Foucault 1980:98).

The individual is shaped into a subject through the exercise of power and knowledge. However, the individual is 'not to be conceived as ... an inert material on which power comes to fasten or against which it happens to strike, and in so doing subdues or crushes individuals' (Foucault 1980:98). Instead, the individual is shaped by the exercise of power. Power is invested in the individual and is transmitted by and through them. Foucault continues, 'In fact, it is already one of the prime effects of power that certain bodies, certain gestures, certain discourse, certain desires, come to be identified and constituted as individuals' (1980:98). He concludes that 'The individual which power has constituted is at the same time its vehicle' (Foucault 1980:98).

Finally, Foucault argues where there is power there would be resistance. However, there would be not one concentrated point of resistance, rather resistance would be present everywhere in the power network.

Panopticon Power

In *Discipline and Punish*, Foucault (1977:205) describes Bentham's Panopticon as a 'generalizable model of functioning; a way of defining power relations in terms of the everyday life of men.' The Panopticon is an example of a disciplining technology. It is not the basis of power, but more an example of how power operates. It is an example of a technology for disciplinary power. Panoptic technology can be used whenever there is a need in a group of individuals or a population to be productive and observable for purposes of control.

Bentham's Panopticon was an architectural device consisting of a large courtyard with a central, elevated watch-tower. A circular disposition of cells, arranged in various levels was built around the periphery of the courtyard. The cells radiated around the central inspection point like spokes from the hub of a wheel to the rim. Each cell had two windows: the exterior window allowed light to illuminate the person within, while the other window faced the watch-tower. This allowed the person in the watch-tower to maintain surveillance over the person in the cell;

however, the person in the cell was unable to see if there was anyone in the watch-tower. Foucault tells us 'by the effect of back lighting, one can observe from the tower, standing out precisely against the light, the small captive shadows in the cells ... he [the inmate] is the object of information, never a subject in communication' (Foucault 1977:200). The cells are like 'small theatres, in which each actor is alone, perfectly individualised and constantly visible' (p. 200).

Foucault (1977:201) argues the major effect of the Panopticon was 'to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power.' He continues:

It is not necessary to use force to constrain the convict to good behaviour, the madman to calm, the worker to work, the schoolboy to application, the patient to the observation of the regulations ... He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection (1977:202).

As well as subjecting individuals to the power of observation, the Panopticon also operated as a laboratory; a site of experimentation and training to alter behaviour and to correct individuals.

Power, Space and Bodies

The Panopticon is not so much an architectural model intended to portray or exemplify power, rather it is a vehicle for the operation of power in space. Foucault provides examples in *Discipline and Punish* (1977) about the quarantined city and the leper colony that assist in clarifying the connection between power and space.

The administration of plague-stricken towns in the 17th century employed strict 'spatial separation' in order to control the spread of plague. The whole town and surrounding countryside was divided into quarters and no movement was allowed except under authorisation. Constant surveillance of houses and their occupants

was undertaken with a system of registration of the inhabitants used to maintain a census. Purifying procedures were used on contaminated houses. All movement was regulated and all space controlled by central authorities.

An alternative method of population control was utilised for the leper colony. The leper was excluded from society through 'spatial enforcement' of power. He was separated out and stigmatised through an act of 'massive, binary division between one set of people and another' (Foucault 1977:198). The authorities would exclude lepers from one space and restrict them to another.

In contrasting the manner in which lepers were treated, Foucault (1977:198) explains:

If it is true that the leper gave rise to rituals of exclusion, which to a certain extent provided the model for and general form of great Confinement, then the plague gave rise to disciplinary projects ... it called for multiple separations, individualising distributions, an organisation in depth of surveillance and control, an intensification and a ramification of power.

The leper colony and the quarantined town are different projects but are not incompatible ones. As they come together, the exclusion surrounding the leper colony and the discipline through space in the quarantined town give meaning to the new 'Panoptic' technologies of control. Many elaborate and sophisticated examples of exercising power developed with the establishment of new legal definitions of space and new architectural models. Foucault (1977:199) tells us:

Treat "lepers" as "plague victims", project the subtle segmentations of discipline onto the confused space of internment, combine it with the method of analytical distribution proper to power, individualise the excluded, but use procedures of individualisation to mark exclusion — this is what was operated regularly by disciplinary power from the beginning of the nineteenth century in the psychiatric asylum, the penitentiary, the reformatory, the approved school and to some extent, the hospital.

The Panopticon provides us with a linkage between the control of bodies and space. It is:

a type of location of bodies in space, of distribution of individuals in relation to one another, of hierarchical organisation, of disposition of centres and channels of power, of definition of the instruments and modes of intervention of power, which can be implemented in hospitals, workshops, schools, prisons (Foucault 1977:205).

The Panopticon is an example of technology for disciplinary power ensuring the spread of power efficiently whilst utilising a limited workforce at minimal cost; increasing the amount of visibility of those under surveillance whilst disciplining individuals with the least amount of overt force by operating on their souls (Dreyfus & Rabinow 1982). 'Its strength is that it never intervenes, it is exercised spontaneously and without noise, it constitutes a mechanism whose effects follow from one another' (Foucault 1977:206). The Panopticon creates a position in society where a political technology of the body is established.

It is the diagram of a mechanism of power reduced to its ideal form; its functioning, abstracted from any obstacle, resistance or friction, must be represented as a pure architectural and optical system; it is in fact a figure of *political technology* [my emphasis] that may and must be detached from any specific use (Foucault 1977:205).

Even though the Panopticon was never constructed, the enormous interest over its operation and application helped to broaden the understanding of correction and control. We will now turn to the connection between the control of bodies, space, power and knowledge.

Increasingly, the discipline's function emerged from a marginal position to a major technique for making useful individuals within society. The techniques of Panopticon were applied in many different types of institutions. Disciplinary measures were found in the most central and productive areas of society: 'factory production, the transmission of knowledge, the diffusion of aptitudes and skills, the war-machine' (Foucault 1977:211). For example, the hospital became a centre for the care of patients as well as a centre for observing and organising the population in general. Workers needed to be studied, trained and disciplined. The

technology of discipline produced a useful and docile worker which was linked with controlled and efficient populations.

Speaking from a Foucauldian position, the conception of the nursing home as a disciplinary institution emerged in 1954 following the introduction of the Aged Persons Home Act. This Act provided assistance to religious and charitable institutions to establish homes for the aged. Assistance was largely a housing initiative and was undertaken in order to provide for those people who did not have families with whom to live. It was not supposed to provide an alternative to remaining at home. Accommodation in the form of either self-contained units or hostels was provided (Nursing Homes and Hostels Review 1986:104). Policy during the period from 1954 to 1972 tended to encourage rapid growth in nursing home beds with a disproportionate growth in nursing homes in comparison with hostels. During this period, increasing costs and higher overall Commonwealth commitment and frequently significant financial burden on the aged became evident. The period from 1973 to 1986 saw the introduction of a range of different administrative controls by the Commonwealth in an effort to stem the uncontrolled growth in nursing homes and increasing costs to both the Commonwealth and the aged person requiring residential care. However, these minor attempts to control costs and growth were inadequate and in some cases actually contributed to growth in the 'non-profit' sector (p.106). From a Foucauldian perspective, this delineation of a particular space for the elderly and chronically ill away from their families was an early move in the objectifying of the aged subject through the use of segregation and dividing techniques. Thus, the new disciplinary institution known as the nursing home emerged to join other institutions (prisons, hospitals, asylums, the army) in surveillance and examination of the body through classification, categorisation and regulation.

Normalisation Technologies

Dreyfus and Rabinow (1982:193) contend:

The Panopticon seemed to pose no standard of judgment, only an efficient technique for distributing individuals, knowing them, ordering them along a graded scale in any of a number of institutional settings ... As disciplinary technology undermined and advanced beyond its mask of neutrality, it imposed its own standard of normalisation as the only acceptable one.

‘The theme of the Panopticon — at once surveillance and observation, security and knowledge, individualisation and totalisation, isolation and transparency — found in the prison its privileged locus of realisation’ (Foucault 1977:249). Thus, the prison developed not simply as an institution where individuals were detained in order to be punished, it emerged as a place where a new body of knowledge about criminals and their crimes arose. Consequently, a shift of attention moved from that of the ‘offender’ to that of a new subject of knowledge, the ‘delinquent’. It was possible with the introduction of biographical details to construct the identity of the delinquent quite independent of the actual offence. The focus changed from that of the individual’s act which was to be punished, to that of the life of the individual that was to be ‘normalised’ through the development of disciplinary regimes. Rehabilitation rather than punishment was emphasised. The ability to specify and separate different types of criminals saw the ascendancy of psychiatry and criminology. As Foucault puts it ‘the disciplinary technique became a “discipline” which also had its school’ (1977:295). Scientific psychology emerged and found a home very quickly in prisons. He continues, ‘the supervision of normality was firmly encased in a medicine or a psychiatry that provided it with a sort of “scientificity”; it was supported by a judicial apparatus which, directly or indirectly, gave it legal justification’ (1977:296). Thus, as Foucault (1977:296) says, it is ‘in the shelter of these two considerable protectors ... that the normalization of the power of normalization’ was born.

An interesting outcome of the birth of the delinquent and the emergent body of knowledge of psychiatry and criminology is the manner in which the prison

system functions. The prison system simply does not do what it set out to do originally, that is, it does not serve society by turning vicious, cold-blooded criminals into reformed, normal, upright citizens. 'If the law is supposed to define offences, if the function of the penal apparatus is to reduce them and if the prison is the instrument of this repression, then failure has to be admitted' (Foucault 1977:271).

Foucault (1977:272), in asking why the prison system has failed in its efforts, suggests:

... perhaps one should reverse the problem and ask oneself what is served by the failure of the prison ... Perhaps one should look for what is hidden beneath the apparent cynicism of the penal institution, which after purging the convicts by means of their sentence, continues to follow them by a whole series of "brandings" and which thus pursues as a "delinquent" someone who has acquitted himself of his punishment as an offender.

Who or what other ends are served by the failure of the prison system? Foucault (1977:272) responds, saying:

... one would be forced to suppose that the prison, and no doubt punishment in general, is not intended to eliminate offences, but rather to distinguish them, to distribute them, to use them; that it is not so much that they render *docile* [my emphasis] those who are liable to transgress the law, but that they tend to assimilate the transgression of the laws in a general tactics of subjection.

The technologies of normalisation are used as a form of control and classification of the anomalies within the individual in society. They promise to isolate these anomalies and to normalise them. In *The History of Sexuality*, volume 1 (1979a), Foucault introduced the term 'bio-power', to designate forms of power exercised over persons, over the process of life. The rise of bio-power coincides with the emergence of the 'delinquent' and other sorts of normalisation projects such as the 'pervert'. Bio-power advances through the promise of making people healthy and protecting them. Normalisation spreads as it defines abnormalities within the social body requiring correction, rehabilitation and reform. Foucault uses

Bentham's *Panopticon* as an example of the manner in which the division between abnormal and normal are controlled.

Political technologies emerge by taking a political problem and removing it from political discourse and turning it into a neutral scientific problem. The previous political problem is changed into a technical problem in which the expert or the specialist is required to discuss and debate. This language of reform, through the use of normalisation technologies, forms an integral part of these political technologies. Failure of the reforms serves to indicate the need to strengthen and extend the use of experts and specialists. Through science, law and regulation we are guaranteed normalisation and happiness. Failure of the system simply justifies the need for more of the same (Dreyfus & Rabinow 1982:196).

BIO-POWER AND DISCIPLINARY POWER

In *The History of Sexuality* (1979a), Foucault writes of two major concepts, namely, the repressive hypothesis and bio-power. The 'repressive hypothesis' contends that, from the early 17th century, society has moved away from an era of relative openness about our bodies and our speech to a period of increasing repression and hypocrisy. It would seem that the 17th century was:

a time of direct gestures, shameless discourse, and open transgressions, when anatomies were shown and intermingled at will, and knowing children hung about amid the laughter of adults: it was a period when bodies made a display of themselves (Foucault 1979a:3).

By the middle of the 19th century, Foucault tells us, 'laughter was replaced by monotonous nights of Victorian bourgeoisie' (1979a:3) Sex became utilitarian and now confined to the space of the parents' bedroom, geared for reproduction only. Proper demeanour and verbal decency was the order of the day with the avoidance of contact with other bodies. In spite of the attempts to strictly enforce this repressive code, concessions were made and the brothel and mental hospital were such places of tolerance.

The inherent appeal of the repressive hypothesis holds up well, says Foucault, as one is able to link it to coincide with the development of capitalism becoming an essential part of the bourgeois order (1979a:5). Work and production were important above all else and sex was repressed due to its incompatibility with the capitalist work ethic. Another attraction of the repressive hypothesis is the manner in which it may be linked with sexual liberation. This view goes along the lines that if one speaks openly and rebelliously about sexual liberation then one is endeavouring to overthrow the norms of society and engage in political activity. The political agenda still strongly links the demise of capitalism with sexual liberation (1979a:7).

Foucault argues against the 'repressive hypothesis' and proposes a different interpretation of the linkages between sex, truth, power, the body, and the individual. Foucault introduces the term 'bio-technico-power' or 'bio-power' in describing the era of the explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations (Foucault 1979a:140). The elements of the repressive hypothesis were genealogically recalled by Foucault as extending as far back as to the early Roman Empire and the Oriental bases of Christianity. However, it was not until the 17th century that the political technology of bio-power surfaced with a new type of political rationality promoting life, progress, growth and care of populations. Problems of housing, public health, migration and birthrates emerged in the political arena. The threat and power of death which symbolised the old sovereign power was exchanged for the administration of bodies and a managed life (Foucault 1979a:139). Foucault (1979a:143) tells us:

Power would no longer be dealing simply with legal subjects over whom the ultimate dominion was death, but with living beings, and the mastery it would be able to exercise over them would have to be applied at the level of life itself; it was the taking charge of life, more than the threat of death, that gave power its access even to the body.

There are two important ingredients for the formation of bio-power. Firstly, it was essential to study and classify the human species into 'scientific categories'. These categories in turn became the focus of political attention, rather than the former juridical ones. Attempts to understand and control the process of reproduction were tied to other, more political, imperatives. Foucault focuses on this process of controlling the vitality of life in his later volume *History of Sexuality* (Dreyfus & Rabinow 1982).

The other major ingredient of bio-power is its ability to manipulate the body as an object. A technology of the body as an object of power emerged and it was through institutions of power such as schools, hospitals, or prisons, that this discipline acted. Foucault calls this 'disciplinary power' and analyses it extensively in *Discipline and Punish* (1977). Through discipline power the individual could be used conveniently as a 'docile body' (Foucault 1977). The working classes and the sub-proletariat were the main targets of the techniques for disciplinary power, though they were also found in universities and schools. Other forms of power still remained in society at the time, but the techniques of discipline specifically acted on the body that was to be made an object which was separated, segmented and analysed in its various parts.

Thus, 'discipline power' and 'bio-power', Foucault (1979b) argues, are the two distinctive elements of power that have characterised the 'modern' era, from the early 19th century onwards. These are both in stark contrast to the concept of 'sovereign power' which was a power tied to the mechanism of the State. With discipline power and bio-power in place, life was now controlled by the two extremes of scientific categorisation of human species on one hand, and the manipulation of the species as an object on the other (Foucault 1979a).

As bio-power or bio-politics takes hold, the debate by experts and specialists is not centred around the merit or significance of efficiency, productivity, or normalisation of a project, but simply focuses on aspects of conflict of the

implementation of the project. Foucault presents an example of the conflict of implementations in his discussion of the early 19th century debates about different models of prisons in America. The Auburn model used aspects of the monastery and the factory by allowing prisoners to eat and work together while requiring them to sleep in individual cells, whereas the Philadelphia model of the Quakers drew on reform of the individual's conscience by isolation and self-reflection. The two models were very different in their presentation. However, the debate about the need for isolation and removal from society was not brought into question. Only questions of how it was to be carried out were debated. Foucault (1977:239) provides a whole series of different conflicts which stem from the opposition between these two models:

Religious (must conversion be the principle element of correction?), economic (which methods cost less?), medical (does total isolation drive convicts insane?), architectural and administrative (which form guarantees the best surveillance?). This, no doubt, was why the argument lasted so long. But, at the heart of the debate, and making it possible, was this primary objective of carceral action: coercive individualisation by the termination of any relation that is not supervised by authority or arranged according to hierarchy.

SUMMARY

Foucault's conceptions of 'bio-power' and the manipulation and disciplining of bodies, and the relations of power and knowledge are central to this thesis. Within the aged care arena, large and professional groups such as doctors, nurses, and bureaucrats speak about, and define the elderly as the docile 'residential' body, and it is through such dominant discourse that the elderly are restricted. Foucault (1979a:140) uses the term 'bio-power' in describing the explosion of numerous and diverse techniques of power for achieving the subjugation of bodies for the control and regulation of populations. He believes such regulation occurs within a range of institutions. I would argue in this thesis, the nursing home becomes a site where the subjectification of the elderly and chronically ill individual into the docile 'residential' body through 'bio-power' and its resulting disciplinary

technologies occurs. Within the nursing home 'space', surveillance of the docile 'resident' body is achieved through architectural designs that constantly make individuals visible to the medical and nursing gaze. A range of normalisation technologies are used which create, classify and control anomalies in the social body by isolation and normalising with corrective or therapeutic procedures. The elderly and chronically ill become a homogeneous group within the nursing home which becomes a space where documentary apparatus are used to complement normalising technologies. The collection of data through documentation allows the individual to be coded and becomes a means through which the government can objectively fund nursing homes.

The examination and documentation of the docile 'resident' body become parts of an expanding apparatus which not only controls, disciplines and regulates but is also economically motivated. Therefore, through these various surveillance and disciplinary techniques the disciplinary nursing home produces docile 'resident' bodies.

The following three chapters present findings of my discourse analysis which support this thesis. In the next chapter, the profiles of nursing homes, residents and care providers are examined and discussed.