
Humanization Through Discipline? Foucault and the Goodness of Employee Health Programmes¹

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Abstract (Article Summary)

There is no doubt that health management can improve employee well-being and can have positive outcomes for the organization. But, the mere goodness of such programmes has to be questioned. First, the paper shows how health management activities fit in processes of discipline in our society as extensively analysed by Foucault particularly in his genealogical works. Second, it discusses possible normative implications of such a Foucauldian analysis. What is the alternative to taking care of employee health in organizations?

Full Text (7,940 words)

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INTRODUCTION

Human resources are more and more becoming the most valued asset of organizations. To keep and to improve this asset, employee health has to be a major focus of (human resource) management. By improving individual well-being, employee health programmes in the end serve both individual and organizational needs... but STOP! Does any of this provoke feelings of uneasiness? Any objections? Why? Isn't healthiness good and illness bad? Isn't the healthiness of employees good for organizations and the employees themselves? Are there any reasons for saying that organizational health management is not just good? Clearly there are issues here which deserve scrutiny and not least the very taken-for-grantedness of the assumption of what is good.

In addition to external control over bodies in organizations, particularly in routinized job designs (e.g. assembly lines, call centre work places, jobs designed using work measurement studies), health management commonly addresses the individuals' consciousness and internal control. The image of a healthy and fit body or employee, respectively, functions as a norm which results from processes of normalization and which leads to continuous self perception identifying deviations from these norms. While it can be said that health management improves employee well-being and can have

positive effects for the organization (image, reduced absenteeism in the long run etc.), the mere goodness of such programmes has to be questioned. Consequently, there are two related starting points for critique which arise here and which will be developed in more detail in the paper.

(1) For various reasons, in our narcissistic culture of modern capitalism (Turner 1996) actual and simulated physical fitness becomes a new and important criterion for career decisions and, therefore, becomes (much more) decisive for life opportunities. A growing pressure on employees to preserve their health and to demonstrate fitness causes individual stress. For example, managers may feel that they have to justify every risky activity they participate in (smoking, consumption of alcohol, high cholesterol food, certain sports, no sports and so forth) so that they become regulated between excess and moderation in order to demonstrate commitment, for example, some sports might be considered dangerous yet to not participate in any sports might suggest a lack of activity, excess drinking would be regarded as a problem whereas total abstinence might show a lack of sociability) and are held responsible for the consequences. Employees bearing health risks for whatever reasons cannot count on (organizational) compassion and solidarity. If there should be or ever was a right to illness, the propagation of healthiness and fitness in organizations with its consequences for opportunities and careers undermines this right. But, even if health management had only positive consequences for the actors involved, another more fundamental level of critique would remain and this is where Foucault's work comes into play.

(2) Health management activities, especially when successful, can be described as additional building blocks of power mechanisms which Foucault subsumes under the notion of 'disciplines' (see his genealogical middle works as *Discipline and Punish*, 1977; *The History of Sexuality: Vol. I*, 1981; *Power/Knowledge*, 1980). These disciplines increase control over human beings and produce them as subjects. Health management activities can be interpreted as micro-practices in this respect: All systematic conceptions of health management support the formation of a coalition of different professions, e.g. work safety, company doctors, psychologists, medical insurance, trade associations etc., and include instruments and methods of gathering information on individuals and their bodies and therewith creating knowledge/power complexes. In analogy to Foucault's societal macro-strategy of bio-power that 'concerns the management of the production and reproduction of life in modern society' (Fraser 1981), employee health strategies aim at or contribute to administering, cultivating and controlling personnel/the workforce as population of the organization (see also Deetz 1992; Townley 1993, 1994; McKinlay and Taylor 1998), finally to produce 'docile and useful bodies' (Foucault 1977). In this

respect, characterizing health promotion at work merely as a direct path to the humanisation of work or a philanthropic act seems to be quite naïve and neglects the underlying, to a wide extent not directly intended structures of control- and power-strategies in modern society.

But accepting Foucault's accounts as a concise description of the disciplines leaves open the question of ethics and normative consequences. Some substantial problems and contradictions occur when normative conclusions shall be drawn from Foucault's work(s). These have already been analysed profoundly in general (e.g. by Fraser 1981; Taylor 1985; see also Dreyfus and Rabinow 1983; Poster 1989; Newton 1998) and have been debated in health education research (cf. Duncan and Cribb 1996; Whitelaw and Whitelaw 1996; Coveney 1998; Gastaldo 1997).

The aim of the paper is twofold. Firstly, to show how (implicit or explicit) health management activities fit in processes of discipline in our society as extensively analysed by Foucault. Secondly, to discuss possible normative implications of such a Foucauldian analysis. Starting from the already mentioned fundamental contributions, the paper wishes to explore whether a Foucauldian analysis can give us concrete help in talking about the good and bad of company health programmes. Foucault himself has emphasized that there is no way to quit a system of power without moving over to another one. Still, in the last 15 years of his life Foucault can be seen as a political activist fighting for those groups excluded by and from society (prisoners, the 'insane'). Since in our society many if not most things can only be changed in and with organizations and as the paper seeks to address the goodness of *organizational* health management, I begin with some reflections on bodies in organizations:

BODIES IN ORGANIZATIONS

At least among sociologists it is a widely held opinion that culture has a decisive impact on the way we perceive, use and talk about our bodies: 'Like anything else about us, the circumstance of living in society makes an enormous amount of difference to our bodies' (Baumann and May 2001, p. 97). In social theories, however, the role of the body in explaining the social differs considerably. While in some theories it plays a more or less neglected role (see, for example, Coleman's Rational Choice Theory, 1990, or Luhmann's Theory of Social Systems, 1995), others stress the bodyliness of human practices (see, for example, Bourdieu 1990; Merleau-Ponty 1962; Joas 1992). Bourdieu's central concept of the 'habitus' for instance aims at theoretically integrating the fact that the social (class; distribution of different forms of capital) penetrates or becomes

incorporated in our bodies.

As Turner (1996) points out, religious beliefs always have been crucial for the constitution of human bodies. For Western Europe (and Northern America) Christian ideals of asceticism and ideas about the relation between sin, pleasure and desire (Foucault 1983b) have strongly influenced our body image. While the Catholic confessional has provided a method of surveillance which intervenes in family-life, Protestantism transferred the monastery into the family (Turner 1996, p. 208). In contrast to Islamic paradise gardens Christian monastic gardens involve time working the garden (*laborare*) and prayers (*orare*) (cf. Sennett 1994).

Max Weber showed in his famous work *Die Protestantische Ethik und der 'Geist' des Kapitalismus* (1996) that the Protestant Reformation and with it Calvinistic individualism and austerity has contributed to the development of capitalism. The belief that hard work, pursuing one's own vocation and achieving wealth in the profane world constituted a good life as a Christian made possible a mode of capitalist production which 'requires the subordination of immediate instinctual gratification, the disciplining of the body and the quest for an economic surplus which far exceeds the present needs of utility and simple reproduction' (Turner 1996, p. 86). These originally religious bases for capitalism and industrialization (see also Clegg 1998) survived the process of secularization and nowadays, by having been transformed into new forms of disciplinary power (I will return to this point in the next section), still helps to create labour discipline and a healthy, hard-working workforce. The merger between Christianity and secular medicine necessary for this was not without tensions, but it took place in the eighteenth century and – in accordance to capitalism's interests – has produced a moral code that inherited a duty to be healthy and to control oneself in this respect (Turner 1996, p. 97).

These very rough historical sketches indicate that the constitution of our bodies has largely been influenced by organizations (and the other way round; cf. Dale and Burrell 2000). This can be underlined by Kieser's (1987) work on the history of organizations which – as he has shown – is strongly linked to monasteries as early forms or pre-forms of organizations, and by the long history of examination and accounting practices (Hoskin and Macve 1994). While human labour is an important input factor of industrial production, the body is also a product of organizations. Using, wearing out and exploiting bodies in the course of producing goods is quite obvious in this respect and has early been subject of critique, by writers as diverse as Karl Marx and F.W. Taylor who for different reasons both recognised the failing body as a factor of production. The more hidden connection between the rise of organizations or more appropriately here

corporations (Latin, corpus, body) and our bodies is that of organizational selection procedures and self-technologies of controlling the body. Before looking at present organizational efforts to bring an influence on their employees' health to bear, I turn to Foucault's analysis of discipline in modern society by focusing on the aspect of human health.

HEALTH AND DISCIPLINE

It is not the aim of this section to provide an introduction into the work of Foucault. Rather, some aspects of his work shall be highlighted, namely his analysis of disciplinary power in modern society and the relevance of the disciplines for the constitution of the body. While in his archaeological works Foucault was mainly concerned with the question of knowledge production in *discursive* practices, in his genealogical works he focused on the coming into being of discursive practices and the study of discursive and non-discursive practices in power/knowledge regimes (see Burrell 1988 for a comparison of these methods). Genealogy as Foucault develops it (referring to Nietzsche) implies the objective of analysing *Herkunft* and *Entstehung* (Foucault 1984a). *Entstehung* refers to delineating the interaction of forces, the 'struggle these forces wage against each other or against adverse circumstances...' (ibid., pp. 81-2). *Herkunft* analyses the inscription of history/descent into the body:

The body is the inscribed surface of events (traced by language and dissolved by ideas), the locus of a dissociated self (adopting the illusion of a substantial unity), and a volume in perpetual disintegration. Genealogy, as an analysis of descent, is thus situated within the articulation of the body and history. Its task is to expose a body totally imprinted by history and the process of history's destruction of the body (ibid. 83).

In *Discipline and Punish* (1977) Foucault lucidly analyses how in the end of the eighteenth/ beginning of the nineteenth century – crystallizing around new forms of punishment – a regime of disciplinary techniques emerges. A complex of micro-practices in schools, prisons, hospitals, factories, army etc. develops which disciplines by surveillance of the body and by normalizing its features and development. The body becomes the focus of power practices.

Foucault points out that the reason for the development of those *disciplines* we know as the *human sciences* lies in their contribution to discipline and normalization. All the discursive and non-discursive practices form the disciplinary society we (still) live in – though something is changing (cf. Munro 2000 for the discussion of new forms of power as a consequence of new information technologies).

The treatment of individuals as objects of (decentered and distributed) surveillance and control by providing individuality as deviance from norms constitutes us as subjects – historical subjects with historical bodies that classical philosophy has taken as timeless and ‘given’. The discipline of individuals (prisoners, pupils, soldiers, the sick etc.) which is in the focus of *Discipline and Punish* is being completed by another form of power that targets whole populations: *bio-power* (Foucault 1981). A general demographic upswing in eighteenth century Western Europe, growing cities and an increasing danger of epidemics fostered the need for demographic statistics of populations and instruments to manage the population as economical and political problem (cf. also Turner 1996; for the development of cities Sennett 1994). Around the central problem of *sexuality* (as Foucault (1983b) emphasizes not at all a comparably relevant problem for example in Ancient Greece), mortality, birth rates, level of health, life expectancy and so on have become variables of analysis and thus subject to regulation and manipulation via a range of techniques of power.

These techniques have gained control over the body in a narrow and a more metaphorical sense: the bodies of individuals and populations as bodies (Foucault 1980, pp. 171-2). Bentham’s concept of panopticism which Foucault (1977) generalized to illustrate the ubiquity of disciplinary power comprises these two aspects, the omnipresence of the examining gaze which leads to internalization of control and – as mentioned – to the constitution of the subject itself, and the collection of information on all individuals of the population and the population as a whole. Turner (1996) has highlighted the connection between the individual and social body in eighteenth century medicine:

The management of the individual body had a close relationship to the government of the social body; both required discipline, order and morality. In the final analysis, health depended upon morality, since improper lifestyles were the root of personal illness and individual immorality was the product of social disorder. Sickness in the individual was intimately linked with disorder and mismanagement of the social body. (209)

Power techniques which enable both disciplining individuals and governing populations are productive in the sense that they *produce* – especially healthy, self-controlled individuals, able and willing to work, i.e. docile and useful bodies (Foucault 1977, p. 136-8). Hence, health and the management of health is one (important) example of disciplinary power. It is no surprise that Foucauldian ideas have been eagerly taken up

in the field of health management and medicine (see, for example, the chapters in Petersen and Bunton 1997; cf. also Duncan and Cribb, 1996; Whitelaw and Whitelaw, 1996; Coveney, 1998).

What a Foucauldian analysis reveals is that health and illness are concepts through which individuals' bodies are observed (and transformed) – both by the individuals themselves and by others. This observation and transformation is based on processes of normalization embedded in a power/knowledge nexus which produces health/illness (and, as Turner, 1996, shows, also the *biological* phenomenon of disease) as a discourse effect.

In accordance with general societal tendencies in the direction of individualization and enhanced reflexivity (Beck 1986; Beck, Giddens and Lash 1994; Petersen 1997), in our mundane, everyday-life reflections about dietary habits, bodily exercises and preventive medicine are on the daily agenda. All this requires judgements on what is desirable and what is not; but what counts as a good life is in modern society highly influenced by the medical profession, i.e. medicine constitutes an influential political practice (cf. Turner 1996, pp. 200-1).

Since responsibility and self-control concerning our health is self-evident or 'natural' to us, for most of us health promotion activities should not be perceived as repressive. Foucault's analysis of the power mechanisms, which involve acceptance of such 'naturalness', can help us to discuss the goodness of health promotion and health education in general and – what this paper is interested in – the goodness of *employee* health programmes.

HEALTH MANAGEMENT IN ORGANIZATIONS

The ascetic practices of Protestantism transferred the denials of the monastery into the everyday life of the family, the school and the factory. The history of modern societies can be seen as the rationalization of this ascetic process through various sciences of the body. (Turner 1996, 159).

Against this background the intention of organizations, especially companies, to 'take care' of their employees' health is hardly a surprise. Since the home (family) as a place where we might feel secure, where we do not have to prove anything and can be open and honest is shrinking (Baumann and May 2001), it is no wonder that organizations fill this gap.

While regarding the company's workforce as population to be managed is an old

phenomenon which manifested itself in early welfare concerns of employers (Townley 1994, pp. 126-7, 3), the characteristics of current ideas about caring for employees' health is different. In the last one or two decades, more and more companies have fostered health promotion and launched 'wellness' programmes that go beyond the supervision of health, hygiene and work safety (Cooper and Williams 1994; Newell 1995; Townley 1994; Goss 1997; for a German discussion see, for example, Müller and Rosenbrock 1998; Nieder and Susen 1997; Brandenburg et al. 1996).

Often referring to the WHO Ottawa charter from 1986, one major concern of 'modern' health promotion is to change peoples' attitude towards health and to emphasize self-regulation and self-control concerning their health-related (and therefore their whole) behaviour; this implies active involvement and participation of employees (cf. also Goss 1997) as it becomes also increasingly characteristic for (then called 'radical') health education in general (cf. Gastaldo 1997). A wide definition of health, including physical, mental and social well-being, widens the scope of such programmes in the direction of employees' entire lifestyles: 'It is really important for supervisors and managers to value a person's whole being' (Whitman 2000, p. 31).

After optimizing the direct use of bodies (Taylorism), optimizing work environments (Human Relations Movement), and lowering risks and consequences of body failure (work safety), organizations today seem to have re-discovered the whole body as a matter of surveillance and control. This includes – among other things – medical screenings (check-ups), fitness programmes, stress management, dietary advice and lifestyle counselling. Reasons given for the growing importance of health promotion are twofold. On the one hand, promoters of employee health programmes usually stress the (negative) economic consequences of illness (cf., for instance, the articles and interviews in *The Academy of Management Executive*, 2000; see also Cascio 1991). On the other hand, a necessity for employees to cope with growing demands and pressures resulting from a changing 'nature' of work in the New Economy (with respect to executives see Quick *et al* 2000).

Usually inherent in this argument is a commitment to make work more human than it presently is and to care about employees. The combination of humanistic and economic arguments together with a stated necessity to cope with given requirements provides the ideological mainstay of company health management. It encourages the view that both the employer and the employee benefit from company health promotion. A common metaphor to underline this is the 'healthy company' or 'healthy work organization' (Cooper and Williams 1994; Newell 1995) which stays healthy when its

members are healthy as well: 'By building on strength and managing health risks, executives may enhance their own health and the health of their organizations' (Quick *et al.* 2000, 34).

The Foucauldian analysis of discipline urges a contradiction here. First, however, it is beneficial to consider some problems or points of criticism which immediately present themselves and which provide a starting point which usefully precedes a Foucauldian analysis.

(a) An emphasis on the growing requirements for health management reveals that employee health management solves problems individuals would not have without being an employee. There is no doubt in the literature that individuals (as employees) have to be made able to meet job requirements (see the preface by WHO members in Müller and Rosenbrock 1998), have to become resilient to all types of pressure (Newell 1996) and have to face the rigors and demands of the job (Quick *et al.* 2000). The extent to which organizations (not as actors but as social contexts for agency) make people ill is being discussed, but it usually does not lead to further (public) reflections on the specifics of acting as an organizational agent in late capitalism. Health management, thus, manages consequences rather than causes.

(b) On a societal level, the question of who bears the consequences and risks of organization caused illness becomes relevant. One basal feature of organizations is to make decisions on membership (Luhmann 2000). Since – as Goss (1997) points out – the organizational and the sick are two segregated spaces 'neither engaging the other except at the boundaries' (*ibid.* 2), health plays a crucial role in selection processes. The better potential future diseases can be predicted (in an extreme case by genetic analyses), the more health influences selection decisions. As organizations are increasingly central to the distribution of resources (see also Perrow 1991), organizational decisions on 'good' and 'bad' employees based on organizational normative standards (Goss 1997, p. 3) can have severe consequences for society. This is especially true in the US where peripheral workforces have to bear all risks of illness themselves (Perrow 1996). Although individual choices concerning health are possible and religious connections between sin and disease have been abandoned (Turner 1996, p. 99), the responsibility attributed to individuals for their state of health rises. While in Christianity caring of the sick has been an act of charity (Turner 1996, p. 88), organizations instrumentalize health care for their purposes and we should not expect anything else from them.

(c) As Baumann and May (2001) highlight, the pursuit of health is not the same as

the pursuit of fitness. While health refers to a norm from which up and down deviations are possible and – within a certain range – tolerable, fitness is about transgressing norms. As there is only a bottom line as reference point, the body can always become fitter than it is. For organizational *health* management this raises the question as to what extent implemented programmes shall influence employees' bodies, i.e. what it means to aim to 'maximize health' (*Academy of Management Executive*, 2000, p. 12). When we consider fitness programmes for managers, it seems reasonable to suppose that outstanding performances are expected for both managerial work and bodily fitness ('real' top managers, though, do not have to be told to improve their fitness; Juergen Schrempp for instance, CEO of Daimler-Chrysler, is known for his extreme mountaineering).

Fitness in this sense functions as a signal concerning the overall quality of the body (Baumann and May, 2001). Quick et al.'s (2000) approach to look for the relation between stock prices of companies and the health condition of their CEOs illuminates the enormous importance of perceived health and fitness of executives and leads us to the next point.

(d) Even if organizations stressed that participation in health promotion programmes was voluntary, there could still be significant pressure on employees to do what is expected - especially when pursuing health issues is being considered as a performance criterion. So employee health programmes 'are not simply about improving health in a neutral or self-evident sense; they create the expectation that individuals should take responsibility for their own health as part of the duties of a 'good' organization member' which 'develops a normative power which creates an informal pressure to conform' (Goss 1997, 2,3). And all this to 'bring our bodies to a condition that is recognized as being right and proper (Baumann and May, 2001, 97). The 'goodness' of an organization member in Foucault's sense can be seen in being able to achieve a rational insight into available knowledge on health; from this duty to be rational it then follows the obligation to be well (Foucault 1983b). Irrational habits in this respect, i.e. to choose to be sick, are increasingly regarded as deviant (Turner 1996, p. 213f).

In times of job tasks and job loads becoming more intense and stress-inducing, the demand for employees to control their health grows. This contributes to the phenomenon described by Baumann and May (2001, p. 97) that the body becomes a source of insecurity and fear instead of a trustworthy shelter. This explains such phenomena as global executive health services (one has given itself the name 'McWellness') that provide medical advice wherever the manager is at the present moment. Who in business can dare to admit to be not healthy (or even not fit) and who can, as a result, admit a self-

indulgence and lack of will-power to take care of one's own health? (Lupton 1994, p. 43, cited in Goss 1997, p. 3). Once this will-power is there, it covers company as well as leisure time and space. In other words, via the concept of wellness, the company extends its regulation of the body of the employee into all areas of that individual's life.

DISCIPLINE AND THE GOODNESS OF HEALTH MANAGEMENT

The problems indicated above qualify the goodness of employee health promotion. To this examination can be added a further analytical dimension, namely Foucault's analysis of discipline, and the normative content or potential of this approach. Foucault himself, particularly in *Discipline and Punish*, has pointed out the important role of organizations in the development of modern disciplinary power and not a few organization theorists referred extensively in particular to Foucault's genealogical work (Knights and Willmott 1989; Knights and Morgan 1991; Townley 1993, 1994; Hopper and Macintosh, 1998; Clegg 1998). Health management in this perspective contributes to the nexus of power/knowledge that constitutes us as self-examining and self-regulating subjects. The body of knowledge around health, well-being and fitness and the institutions connected with this knowledge provide influential normative and normalizing standards dividing the sick from the healthy (see also Foucault 1983a, p. 208). This power is, according to Foucault, not primarily repressive; besides control and subjugation it gives people voice (Clegg 1998, p. 35) and produces self-regulating subjects (then, however, becoming a 'case' to be dealt with).

For organizations, Townley (1993,1994) has reconsidered human resource policies and management instruments as a means of creating a confessing subject (employee) exploring and expressing his or her very 'nature', her true self. With respect to health promotion, Coveney (1988) explained that it 'provides for us an ethics; a means by which we can assess our own desires, attitudes and conducts in relation to those set out by expertise.' (466). On the level of the population – here the company's workforce – health management gives a good example of what Foucault (1983a, 213-215) calls 'pastoral power', a technique of power that by looking after the whole community (workforce) and each individual (employee) aims – in its modern shape – to assure salvation (health, well-being) for each individual in this world. As an individualizing 'tactic', pastoral power 'characterized a series of powers: those of the family, medicine, psychiatry, education and employers' (*ibid.* 215). Internal critique of health management which can be found in the company health promotion literature, for instance that information on individual health conditions is

incomplete, that there is a lack of report systems or that there (still) is a restricted target group of health promotion, impressively confirms this notion of organizational health management as pastoral power technique.

This understanding of health promotion as disciplinary technique points to another level of critique rather than looking for more or less obvious consequences of (late) modern health promotion. Goss (1997), referring to Foucault in his analysis of health promotion at work, views health promotion as a 'lifestyle commitment' which 'can be read as a project through which ...productive forms of subjectivity are created' (4). He argues that health promotion can operate as a technology of power and serve as an adjunct of managerial control (*ibid.*1). He concludes that 'the point is not to deny the positive contribution of health promotion at work but to show that these benefits (for some) come at a price, and that this is a subject for legitimate debate' (*ibid.* 4). Gastaldo's (1997) analysis of health education answers the question, 'Is health education good for you?' that 'it may well be. However, health education certainly contributes to the management of social and individual bodies' (Gastalso, 1997: p.130). It is quite comprehensible to associate 'discipline', 'useful, calculable and docile bodies', 'surveillance' and 'subjection' with badness and critique; but it also raises the question of the extent to which this really follows from Foucault's theoretical work.

NORMATIVITY AND FOUCAULT

It is a basal characteristic of Foucault's power analysis that power is repressive *and* productive; local and capillary, exercised from innumerable points, and implying no binary opposition between rulers and ruled (Foucault explains his concept of power in History of Sexuality I; see also Foucault 1980; for a lucid analysis of Foucault's notion of power see Deleuze 1992; see also Clegg 1998).

To refer to discipline as repression and external control, therefore, neglects an important part of Foucault's genealogy of modernity and, as Foucault (1981) has shown with respect to sexuality, is itself embedded in power/knowledge. But this is not what Goss and Gastaldo do. They both highlight the productive side of disciplinary power for criticizing health promotion. Foucault, however, stresses that there is no escape from power; we can just change from one system of power to another, a space beyond power, therefore, is an illusion (see also Taylor 1984; Fraser 1981). He takes the view that there are no criteria for comparing before and after with respect to goodness and badness (see also Rajchmann 1991). This is a direct consequence of Foucault's reference to Nietzsche's notion of 'truth' as being nothing of importance outside a system of power.

Humanism in this view does not provide universal criteria for liberation and authenticity but is itself a strategy of bio-power (and, hence, a 'regime of truth', see Foucault 1980, p. 38, for this notion).² In any event, as Coveney (1998, p. 460) points out, Foucault is neither a humanist nor an anti-humanist; and in a later text, Foucault (1984b, p. 44) himself remarks that not everything linked to humanism is to be rejected.

Besides this uttered normative neutrality, Foucault (1981; 1980) highlights that resistance is an inevitable part of power relations. Resistance even 'serves to demonstrate the necessity of that discipline that provokes it' (Clegg 1998, p. 30; see also Fraser 1981, p. 278). Foucault himself – for at least his last 15 years – was a political activist, engaging in several political issues and enthusiastically fighting for those being excluded from society in France and elsewhere (Eribon 1993), and collaborating in political initiatives as, for example G.I.P (groupe d'information sur les prisons) or G.I.S. (a group concerned with medicine, power and class struggle).

The apparent contradictions or inconsistencies between repressive and productive power, resistance as part of power, refused normativity, and political activity have given rise to severe critique concerning Foucault's (non-)normative standpoint. Both Nancy Fraser (1981) and Charles Taylor (1984), for example, have accused Foucault of *implicitly* distinguishing acceptable from unacceptable forms of power and presupposing certain norms of freedom and truth in his account of modernity. But Foucault tries to show that the concept of 'freedom' itself is a modern way of thinking about human agency, and that truth is a product of power/knowledge. Rather than going more deeply into this discussion, this examination of employee health now come back to the potential that lies in Foucault's work for discussing the goodness of employee health management.

DANGERS OF HEALTH MANAGEMENT AND THE NEED FOR VIGILANCE

What we can learn from Foucault is that well-being in organizations already presupposes a certain subject. Health management (the more 'progressive' the more) constitutes peoples' minds as it constitutes individual interest in information on one's own health condition that go beyond how we actually feel. This has an enormous impact on perceiving, thinking and daily acting. Foucauldian genealogy makes clear that discipline provides ethical measures, i.e. that belief and ethical systems are implicated in power struggles (Baert 1998, 123f; see also Coveney 1996, 462; Schmid 2000, 55) and not something 'given' (Whitelaw and Whitelaw 1996). With respect to health promotion, Coveney strengthens this point by saying that it 'is fundamentally 'ethical' because it provides us with an *ascesis* – a course of action for moral training' (Coveney 1998, 462,

italics in the original).

Talking about the goodness of something presupposes meta-ethical investigations on what is meant when we say 'good' or 'bad' and Foucault's work can contribute to these investigations. As even fundamental concepts like illness, disease and health are the product of discourse (culture), health promotion is neither generally good nor bad. Because, with regard to health, the positive side of power is so obvious at first glance (taking care of one's own health makes lives longer, leads to less epidemics, better fitness etc.), the issue appears to be why such a "good" thing should be subjected to scrutiny and criticism.

In *The Subject and Power*, Foucault remarks that since Kant it is the task of philosophy to critically analyse the world (Foucault 1983a, 216). He puts an emphasis on analysing power relations through the antagonism of strategies (*ibid.* 211); and he identifies as today's target to refuse what we are: 'We have to promote new forms of subjectivity through the refusal of this kind of individuality which has been imposed on us for several centuries' (*ibid.* 216). This implies struggles against the government of individualization and against privileges of knowledge – permanent provocation and anarchistic struggles fighting the immediate (*ibid.*, pp. 211, 221f).

In the famous interview(s) Foucault gave to Dreyfus and Rabinow one year before his death, he, once again, rules out the notion of 'bad' as starting point for action and emphasizes that 'everything is dangerous' and that we, consequently, 'always have something to do' (Foucault 1983b, p. 231f). In his critique of the so-called Manchester school of labour process theory, Wray-Bliss (2002), referring to Simons (1995), has recently put this in the centre of Foucauldian ethics: a heightened *political* vigilance, reflection, and activism which should result in permanently problematizing our understandings, behaviours, and representations.

Looking for dangers, however, still leaves open the question of where the observer stands and which criteria shall be applied to decide what is dangerous and what is not. Indeed, is there a standpoint from which to make a judgement and from which to begin to critique. So what is dangerous about taking care of employee health in organizations? An analysis of the dangers of health promotion could take into account different issues of which some shall be explained in short by referring to some general considerations by Schmidt (2000, pp. 79-97) in his analysis of Foucault's work.

(a) What are common beliefs about the goodness of health, fitness etc.? To what

extent do certain institutions (medicine, psychiatry, Occupational Safety and Health Administration etc.) see themselves as being politically neutral? The self-evident, e.g. the “humanist grammar of biopolitics“ (Chan 2000, 1066) or “consensual disciplines“ (Schmidt 2000, 94), should be questioned.

(b) What is intolerable or not acceptable with respect to human rights? This could concern processes of excluding groups of people from health care or a (even) growing organizational influence on people’s opportunities to take care of their bodies in the way they like.

(c) A society without repression is impossible but are there possibilities for change? Unchangeable moralistic or religious imperatives represent a danger in this respect. As the way we deal with our body is strongly influenced by religion and as power *in* the body (the habitus) is relatively stable, a continuous danger lies in all efforts to shape individuals’ bodies.

(d) In his inaugural lecture at the Collège de France, 1970, some years before his analysis of disciplinary power, Foucault (1974) has differentiated between a genealogical and a critical direction of further research. As an aim for future critical analyses he named to analyse how cut backs, standardization and rearrangements of discourses restricts who can speak and what can be said. The medical discourse in general and the discourse on employee health in particular provide good examples of discourses where specialists, professionals and different institutions to a wide extent exclude the persons affected from speaking.

But what does all this mean concretely? Can we criticize employee health promotion or propagate to defy fitness programmes and resist medical examination in organizations without giving an alternative or the vision of a better world? Can and should we recommend certain forms of resistance or disobedience against health promotion? Would this make the world better?

Under present capitalistic conditions, health management is promoted as good for employees and, given this, the more power is productive, the higher are the costs of resistance. On the one hand, disobedient employees and their unhealthy behaviour provide warning examples and thus support the existing power system. On the other hand, resistance against health promotion can lead to real physical harm. Arguing against health promotion, i.e. criticizing this ‘good’ therefore requires consideration of meta-ethical issues, i.e. criteria for the ‘goodness’ of criticizing the ‘good’. This makes it

somewhat complicated for critical management authors dealing with health management to be politically active in the workplace (see Wray-Bliss' (2002)).

CONCLUSION

This article has argued that a Foucauldian analysis can reveal how health management fits in the historical process of discipline. Since Foucault puts a strong emphasis on the human and the social body and the power that penetrates it, there is hardly another social theoretical work that is as well equipped to serve as a frame for the study of health management. Clearly then, this paper is not the first on health promotion which uses Foucault to develop an analytical framework.

However, this paper has sought to question the goodness of employee health programmes by referring to non-Foucauldian and Foucauldian arguments. In doing so, employee health promotion was taken as an example to discuss some problems which occur when normative statements are drawn from Foucault's genealogical work and, therefore, has made a step beyond saying that health management is both good and bad. As the positive side of taking care of one's own and others health is evident and cannot be ignored, health management is a good case for highlighting the good side of discipline – something, according to Newton (1998, p. 433), Foucauldians in organization studies appear to have difficulty with. What the paper has almost completely excluded from analysis is the ongoing debate in organization studies between critical studies and postmodern approaches about to what extent critique requires a normative standpoint (see, for example, the overviews given by Newton 1998; Parker 1995, 1999; Alvesson and Deetz 1996; cf. also Chan 2000; Wray-Bliss 2002).

What has become clear, though, is that employee health promotion is strongly evidenced in modern capitalist organizations and represents a disciplinary power that co-evolved with capitalism. Since health management is connected with organizational selection procedures, production processes, resource allocation and the distribution of outcomes and risks of capitalism, any normative or ethical analysis of good or bad (health) management would do well to consider the specifics of *organizations* and, hence, the characteristics of employment relationships (see, for example, Townley 1993; Clegg 1998). Critique has to make a decision whether it refers to the (organizational) world we live in or whether it takes a world without powerful organizations as reference point. Besides, the goodness of management always stresses two problems: living a good life and being a good manager. This is why a mere individual ethics as Foucault has developed in volumes two and three of the *History of Sexuality*³ has to be regarded very

carefully when one intends to apply it to the study of human actions in organizations. Analysis is required as to what extent the aesthetics of existence and technologies of the self can weaken the critique often voiced that Foucault lacks theoretical concepts to say something about the practice of social actors (Taylor 1984; Giddens 1984; Honneth 1994) and the experience of their self in relation to discursive practices (Newton 1998). As Foucault does not promise alternatives or solutions (Foucault 1983b), one can follow Alvesson and Deetz's diagnosis that what is lacking "is serious efforts to ground ideas of local resistance in specific empirical contexts" (Alvesson and Deetz 1996, p. 212). This together with Foucault's refusal of a notion of truth and human 'nature' as given and universal might point to pragmatic philosophy (James, Dewey, Rorty) as a good supplement to and correction of Foucault, but it is outside the scope of this paper to discuss this further.

What for *goodness* sake have I done? Writing about the goodness of health management for days, just interrupted by eating and (not enough) sleeping. Why don't I have an employer who takes care of my health?

REFERENCES

[Reference]

Alvesson, M. & Deetz. (1996). Critical Theory and Postmodernism Approaches to Organizational Studies. In: Clegg, S., C. Hardy, and W.R. Nord (Eds.) *Handbook of Organization Studies* (pp. 191-217). London: Sage.

[Reference]

Baumann, Z. & May, T. (2001). *Thinking Sociologically, 2nd Edition*. Oxford: Blackwell.

[Reference]

Baert, P. (1998). *Social Theory in the Twentieth Century*. Cambridge: Polity Press.

[Reference]

Beck, U. (1986). *Risikogesellschaft. Auf dem Weg in eine andere Moderne*. Frankfurt a.M.: Suhrkamp

[Reference]

Beck, U., Giddens, A. & Lash, S. (1994). *Reflexive modernization: politics, tradition and aesthetics in the modern social order*. Cambridge: Polity Press.

[Reference]

Bourdieu, P. (1990). *The Logic of Practice*. Cambridge: Polity Press.

[Reference]

Brandenburg, U. et al. (Eds.) (1996). *Gesundheitsförderung im Betrieb*, Dortmund: Schriftenreihe der Bundesanstalt für Arbeit.

[Reference]

Burrell, G. (1988). Modernism, Postmodernism and Organizational Analysis 2: The Contribution of Michel Foucault. *Organization Studies*, 9:2, 221-235.

[Reference]

Cascio, W.F. (1991). *Costing Human Resources*. Boston: PWS-Kent.

[Reference]

Chan, A. (2000). Redirecting Critique in Postmodern Organization Studies: The Perspective of Foucault. *Organization Studies*, 21:6, 1059-1075.

[Reference]

Clegg, S. (1998). Foucault, Power and Organizations. In: McKinlay, A. and K. Starkey (Eds.) *Foucault, Management and Organization Theory: From Panopticon to Technologies of Self* (pp. 29-48). London: Sage.

[Reference]

Coleman, J.S. (1990). *Foundations of Social Theory*. Cambridge/Mass.: Belknap.

[Reference]

Cooper, C. & Williams, S (Eds.).(1994). *Creating Healthy Work Organizations*, Chichester: Wiley.

[Reference]

Coveney, J. (1998). The government and ethics of health promotion: the importance of Michel Foucault, *Health Education Research*, 13: 3, 459-468.

[Reference]

Dale, K. & Burrell, G. (2000). What Shape Are We In? Organization Theory and the Organized Body. In: Hassard, J., R. Holliday and H. Willmott (Eds.) *Body and Organization*, (pp. 15-30). London: Sage.

[Reference]

Deetz, S. (1992). Disciplinary Power in the Modern Corporation. In: Alvesson, M. and H. Willmott (Eds.) *Critical Management Studies*, (pp. 21-45). London: Sage.

[Reference]

Deleuze, G. (1992). *Foucault*. Frankfurt a.M.: Suhrkamp

[Reference]

Dreyfus, H.L. & Rabinow, P. (1983). *Michel Foucault: Beyond Structuralism and Hermeneutics, 2nd Edition*, Chicago: University of Chicago Press.

[Reference]

Duncan, P. & Cribb, A. (1996). Helping people change – an ethical approach? *Health Education Research*, 11:3, 339-348.

[Reference]

Eribon, D. (1993). *Michel Foucault. Eine Biographie*. Frankfurt a.M.: Suhrkamp

[Reference]

Foucault, M. (1970). *The Order of Things: An Archaeology of the Human Sciences*. London: Tavistock.

(1974). *Die Ordnung des Diskurses*. München: Hanser

(1977). *Discipline and Punish: The Birth of the Prison*. London: Allen Lane.

(1980). *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*. C. Gordon, ed., New York: Pantheon.

(1981). *History of Sexuality. Volume 1: The Will to Knowledge*. London: Penguin.

(1983a). Afterword: The Subject and Power. In: Dreyfus, H.L. & Rabinow, P. *Michel Foucault: Beyond Structuralism and Hermeneutics, 2nd Edition* (pp. 208-226). Chicago: University of Chicago Press.

(1983b). On the Genealogy of Ethics: An Overview of Work in Progress. Interview in: Dreyfus, H.L. and Rabinow, P. *Michel Foucault. Beyond Structuralism and Hermeneutics', 2nd Edition* (pp. 229-252). Chicago: University of Chicago Press.

(1984a). Nietzsche, Genealogy, History. In: Rabinow, P. (Ed.) *The Foucault Reader*. (pp. 76-100). New York: Pantheon.

(1984b). What is Enlightenment? In: Rabinow, P. (Ed.) *The Foucault Reader*, (pp. 32-50). New York: Pantheon.

(1988). *History of Sexuality. Volume 2: The Uses of Pleasure*. London: Penguin.

(1990). *History of Sexuality. Volume 3: The Care of the Self*. London: Penguin.

[Reference]

Fraser, N. (1981). Foucault on Modern Power: Empirical Insights and Normative Confusions. *Praxis International*, 1:3, 272-287.

[Reference]

Gastaldo, D. (1997). Is health education good for you? Re-thinking health education through the concept of bio-power. In: Petersen, A. and R. Bunton (Eds.) *Foucault, Health and Medicine* (pp. 113-133). London and New York: Routledge.

[Reference]

Giddens, A. (1984). *The Constitution of Society*. Cambridge: Polity Press.

[Reference]

Goss, D. (1997). Healthy Discipline? Health Promotion at Work. *Electronic Journal of Radical Organisation Theory*, 3:2 [<http://www.mngt.waikato.ac.nz/depts/sml/journal>].

[Reference]

Honneth, A. (1994). *Desintegration: Bruchstücke einer soziologischen Zeitdiagnose*. Frankfurt a.M.: Fischer.

[Reference]

Hopper, T. & Macintosh, N. (1998). Management Accounting Numbers: Freedom or Prison – Geneen versus Foucault. In: McKinlay, A. and K. Starkey (Eds.) *Foucault, Management and Organization Theory: From Panopticon to Technologies of Self* (pp. 126-150). London: Sage.

[Reference]

Hoskin, K.W. & Macve, R.H. (1994). Writing, Examining, Disciplining: The Genesis of Accounting's Modern Power. In: Hopwood, A.G. & Miller, P. (Eds.): *Accounting as Social and Institutional Practice* (pp. 67-97). Cambridge: Cambridge University Press.

[Reference]

Joas, H. (1992). *Die Kreativität des Handelns*. Frankfurt a.M.: Suhrkamp.

[Reference]

Kieser, A. (1987). From Asceticism to Administration of Wealth. Medieval Monasteries and the Pitfalls of Rationalization. *Organization Studies*, 8, 103-124.

[Reference]

Knights, D. and H. Willmott

(1989). Power and Subjectivity: From Degradation to Subjugation in Social Relations. *Sociology*, 23:4, 535-558.

(1991). Corporate Strategy, Organizations, and Subjectivity: A Critique. *Organization Studies*, 12:2, 251-273.

[Reference]

Luhmann, N. (1984). *Soziale Systeme*. Frankfurt a.M.: Suhrkamp .

(2000). *Organisation und Entscheidung*. Wiesbaden: Westdeutscher.

[Reference]

Lupton, D. (1994). *Medicine as Culture: Illness, Disease and Culture in Western Societies*. London: Sage.

[Reference]

McKinlay, A. and P. Taylor (1998). 'Through the Looking Glass: Foucault and the Politics of Production'. In: McKinlay, A. and K. Starkey (Eds.) *Foucault, Management and Organization Theory: From Panopticon to Technologies of Self*. (pp. 173-190). London: Sage.

[Reference]

Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge.

[Reference]

Müller, R. and R. Rosenbrock (Eds.). (1998). *Betriebliches Gesundheitsmanagement, Arbeitsschutz und Gesundheitsförderung – Bilanz und Perspektiven*. Sankt Augustin: Asgard.

[Reference]

Munro, I. (2000). Non-disciplinary Power and the Network Society, *Organization* 7:4, 679-695.

[Reference]

Newell, S. (1995). *The Healthy Organization*. London: Routledge.

[Reference]

Newton, T. (1998). ,Theorizing Subjectivity in Organizations: The Failure of Foucauldian Studies? *Organization Studies*, 19:3, 415-447.

[Reference]

Nieder, P. & Susen, B. (Eds.). (1997). *Betriebliche Gesundheitsförderung*. Bern et al.: Haupt.

[Reference]

Parker, M. (1995). Critique in the Name of What? Postmodernism and Critical Approaches to Organization, *Organization Studies*, 16:4, 553-564.

(1999). Capitalism, Subjectivity and Ethics: Debating Labour Process Analysis. *Organization Studies*, 20:1, 25-45.

[Reference]

Perrow, C. (1991). A Society of Organizations. *Theory and Society*, 20, 725-762.

(1996). The Bounded Career and the Demise of the Civil Society. In: Arthur, M.B. & Rousseau, D.M. (Eds.) *The Boundaryless Career. A New Employment Principle for a New Organizational Era*. (pp. 297-313). New York and Oxford: Oxford University Press.

[Reference]

Petersen, A. (1997). Risk, governance and the new public health. In Petersen, A. and R. Bunton (Eds.) *Foucault, Health and Medicine*. (pp. 189-206), London and New York: Routledge.

[Reference]

Poster, M. (1989). *Critical Theory and Poststructuralism, In Search of a Context*, Ithaca and London: Cornell University Press.

[Reference]

Quick, J.C., Gavin, J.H., Cooper, C.L. & Quick, J.D. (2000). Executive Health: Building Strength, Managing Risks. *The Academy of Management Executive*, 14:2, 34-44.

[Reference]

Rajchmann, J. (1991). Foucault: Ethik und Werk. In: Ewald, F. and B. Waldenfels (Eds.) *Spiele der Wahrheit: Michel Foucault's Denken*, (pp. 207-218). Frankfurt a.M.: Suhrkamp.

[Reference]

Schmid, W. (2000). *Auf der Suche nach einer neuen Lebenskunst: Die Frage nach dem Grund und die Neubegründung der Ethik bei Foucault*. Frankfurt a.M.: Suhrkamp.

[Reference]

Sennett, R. (1994). *Flesh and Stone*. New York: W.W. Norton.

[Reference]

Simons, J. (1995). *Foucault and the Political*. London: Routledge.

[Reference]

Sloterdijk, P. (1999). *Regeln für den Menschenpark. Ein Antwortschreiben zu Heideggers Brief über den Humanismus*. Frankfurt a.M.: Suhrkamp.

[Reference]

Taylor, C. (1984). Foucault on Freedom and Truth. *Political Theory*, 12:2, 152-183.

[Reference]

Townley, B. (1993). 'Foucault, power/knowledge, and its relevance for HRM. *Academy of Management Review*, 18:3, 518-545.

(1994). *Reframing Human Resource Management*. London: Sage.

[Reference]

Turner, B.S. (1996). *The Body and Society, 2nd Edition*. London: Sage.

[Reference]

Weber, M. (1996). *Die Protestantische Ethik und der Geist des Kapitalismus*, 2. Auflage: Weinheim: Beltz Athenäum (Originally published 1904/5 and 1920).

[Reference]

Whitelaw, S and Whitelaw, A. (1996). What do we expect from ethics in health promotion and where does Foucault fit in? *Health Education Research*, 11:3, 349-354.

[Reference]

Whitman, L.H. (2000). Ceridian Performance Partners' President Linda Hall Whitmann on Navigating Work and Life, Interview by J.A. Adkins. *The Academy of Management Executive*, 14:2, 28-33.

[Reference]

Wray-Bliss, E. (2002). Abstract Ethics, Embodied Ethics: The Strange Marriage of Foucault and Positivism in Labour Process Theory. *Organization*, 9:1, 5-39.

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² In *The Order of Things*, 1970, Foucault gives a deep analysis of the emergence of the 'human' 'sciences'. In Germany, some years ago a heavy debate, among Habermas, Sloterdijk and others, has been sparked off after Sloterdijk's (1999) critique of humanism in which he refers to Heidegger and Nietzsche.

³ *The Uses of Pleasure*, 1988; *The Care of the Self*, 1990; see also Foucault 1983b; An illuminating study of Foucault's ethics has been provided by the German philosopher Wilhelm Schmid, 2000

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