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

Introduction

Human resources are more and more becoming the most valued asset of organizations. To keep and 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...STOP! Any feelings of uneasiness? Any objections? Why? Isn’t healthiness good and illness bad? Isn’t healthiness of employees good for organizations and the employees themselves? Are there any reasons for saying that organizational health management is not just good? In addition to external control over bodies in organizations, like certain ways of job design (e.g. assembly lines, call center work places) or the ‘optimization’ of body movements through time 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 well-being of employees and can have positive effects on the organization (image, reduced absenteeism in the long run etc.), the mere goodness of such programmes has to be questioned. Two (connected) starting points for critique arise here and shall 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 have to justify every possible risky activity (smoking, consumption of alcohol, certain sports, high cholesterol food, no sports etc.) and are held responsible for their consequences. Especially 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 block 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 insurances, 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 humanity 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 which occur when normative conclusions shall be drawn from Foucault’s work(s) 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, it aims to show how (implicit or explicit) health management activities fit in processes of discipline in our society as extensively analysed by Foucault. Secondly, it aims to discuss possible normative implications of such a Foucauldian analysis. Starting from the mentioned, more 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. On the other hand, 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’). As in our society many if not most things can only be moved or 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**

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 negligible role (see, for example, Coleman’s Rational Choice Theory, 1990, or Luhmann’s Theory of Social Systems, 1995), other social theorists stress the bodilyness of human practices (see, for example, Bourdieu 1990; Merleau-Ponty 1962; Joas 1992). Bourdieu’s central concept of the ‘habitus’ for instance aims to theoretically integrate 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 ascetism 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 islamistic paradise gardens for Christian monastic gardens it was characteristic to spend time with garden work (laborare) and prayers (orare) (cf. Sennett 1994). As Max Weber has shown in his famous work Die Protestantische Ethik und der ‘Geist’ des Kapitalismus (1996) Protestant Reformation and with it Calvinistic individualism and austerity has provided the basis for capitalism. The believe that hardwork, pursuing one’s own vocation and achieving wealth in the profane world means to live a good life as a Christ made possible a 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 basis 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 capitalist’s interests – has produced a moral code that inhered 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. 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 accounting practices examined by Hoskin and Macve (1994). While human labour is an important input factor of industrial production, the body is also 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, e.g. by Karl Marx (and F.W. Taylor!). The more hidden connection between the rise of organizations (‘corporations!’) 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 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., p. 83).
In *Discipline and Punish* (1977) Foucault lucidly analyses how in the end of the eighteenth/in the
beginning of the nineteenth century – crystallizing around new forms of punishment – a regime of
disciplinary techniques emerges. A complex of micropractices 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 target 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 (decentral and distributed ) surveillance and control by
providing individuality as deviance of 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 which 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 the Ancient Greek) mortality, birth rates, level of health, life expectancy etc.
have become variables of analysis and subject to power techniques. These techniques have gained
control over the body in a narrow and a more metaphorical sense: as bodies of individuals and as the
body of populations (Foucault 1980, pp. 171-2). Bentham’s concept of panopticism which Foucault
(1977) generalized to illustrate the ubiquity of disciplinary power comprises these both 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. The link between individual and social body has been
pointed out by Turner (1996, p. 209) for 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.“
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, docile and useful bodies (Foucault 1977, p. 136-8). Health and the management of health therefore is one (important) example for disciplinary power and so it is no surprise that Foucauldian thoughts 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 very clearly is that health and illness are concepts individuals’ bodies are observed (and transformed) with – 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 „biologically“ phenomenon of disease) as a discourse effect (see Alvesson and Deetz 1996 for emphasizing the centrality of discourse for all postmodern studies).

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 the reflection about dietary habits, bodily exercises and preventive medicine are on the daily agenda. All this requires judgements on what is desirable and what not; but what counts as the 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 make us think this ‘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, p. 159).

Against this background outlined in more detail in the previous sections 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 out this gap.

While regarding the companies’ workforce as population to be managed is a rather old phenomenon which manifested itself in early welfare concerns of employers (Townley 1994, pp. 126-7, 3), the character of caring about employees’ health has changed. In the last one or two decades more and more companies 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 charta 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 advices 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 Academy of Management Executive 2000). This argument usually inheres an underlying 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 allows to emphasize that both the employer and the employee mutually 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, p. 34).

With the Foucauldian analysis of discipline in mind we have to control ourself not to shout out loud STOP! But first let us consider some problems or points of critique that arise even without referring to Foucault’s work. I will recur to the latter not until the next section.

(a) Stressing the growing requirements as a reason for health management reveals that employee health management solves problems we wouldn’t have without being an employee. There is no doubt in the literature that we (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 our job (Quick et al. 2000). The question to what extent our organizations (not as actors but as social contexts for agency) make us 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 therefore manages consequences rather than causes.

(b) On a societal level the question is of relevance who bears the consequences and risks of (organization caused) illnesses. 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., p. 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 in our society organizations are (increasingly) central for the distribution of resources (see also Perrow 1991), organizational decisions on ‘good’ and ‘bad’ employees basing on organizational normative standards (Goss 1997, p. 3) can have severe consequences for society. This is especially true for the US where peripheral workforces have to bare 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), responsibility attributed to individual’s 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 to what extent implemented programmes shall influence employees’ bodies, i.e. what does it mean to aim to „maximize health (Academy of Management Executive, 2000, p. 12). The delusion to be able to avoid all health-risk factors can be called ‘healthism’.

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 Schrempf 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 link stock prices of companies to 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 to participate in health promotion programmes is voluntary, there, of course, could be a 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“ (Goss 1997, p. 2). It „develops a normative power which creates an informal pressure to conform“ (Goss 1997, p. 3), „to bring our bodies to a condition that is recognized as being right and proper“ (Baumann and May, 2001, p. 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 on employees to have a sense for the need of self-controlling one’s health condition grows and 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 therefore to admit a self-indulgence and lack of will-power to take care of one’s own health? (Lupton 1994, p. 43, cited in in Goss 1997, p. 3). Once this will-power is there, it covers company as well as leisure time and space.

**Discipline and the Goodness of Health Management**

**FOUCAULDIAN CRITIQUES OF HEALTH MANAGEMENT**

The problems indicated in the above qualify the goodness of employee health promotion. I now add another aspect, namely Foucault’s analysis of discipline, and discuss the normative content or potential of this approach.
Foucault himself (especially 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 fits in and 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 mainly repressive; besides control and subjugation it gives people voice (Clegg 1998, p. 35) and produces self-regulating subjects (then, though, becoming a ‘case’ to be dealt with).

For organizations, Townley (1993; 1994, pp. 109ff) has reconsidered human resource policies and management instruments as means of creating a confessing subject (employee) exploring and expressing his or her very ‘nature’, her true self. With respect to health promotion, Coveney explained that it “provides for us an ethics; a means by which we can assess our own desires, attitudes and conduct in relation to those set out by expertise” (Coveney 1998, p. 466). On the level of the population – here the companies’ workforce – health management gives a good example for what Foucault (1983a, pp. 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., p. 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 than looking for more or less obvious consequences of (late) modern health promotion as was done in the previous section.

Goss (1997), by referring to Foucault in his analysis of health promotion at work, emphasizes (as this paper does) that health promotion as a ‘lifestyle commitment’ “can be read as a project through which ...productive forms of subjectivity are created” (Goss 1997, p. 4). He argues that health promotion can operate as a technology of power (ibid.), and that its operation can serve as an adjunct of managerial control (ibid., p. 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” (Goss 1997, p. 4). A similar assessment is given by Gastaldo in her analysis of health education in which she concludes her analysis by returning to her initial question, ‘Is health education good for you?’ Her answer is “it may well be. However, health education certainly contributes to the management of social and individual bodies” (Gastaldo 1997, p. 130).

NORMATIVITY AND FOUCAULT
It is quite comprehensible to associate ‘discipline’, ‘useful, calculable and docile bodies’, ‘surveillance’ and ‘subjection’ with badness and critique; but does this really follow from Foucault theoretical work?
It is a basal characteristic of Foucault’s power analysis that he regards power as being repressive and productive; power also is local and capillary, it is being exercised from innumerable points, and there is no binary and all-including 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 (the) important part of Foucault genealogy of modernity and, as Foucault (1981) has shown for sexuality, is itself embedded in power/knowledge. But this is not what Goss and Gastaldo do anyway. They, additionally, highlight the productive side of disciplinary power for criticizing health promotion. Foucault, though, 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 importanct 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 therefore a ‘regime of truth’, see Foucault 1980, p. 38, for this notion; in The Order of Things, 1970, Foucault gives a deep analysis of the emergence of the ‘human’ ‘sciences’; in Germany, two years ago a heavy debate, among Habermas, Sloterdijk and others, has been sparked of after Sloterdijk’s (1999) critique of humanism in which he refers to Heidegger and Nietzsche). Anyhow, as Coveney (1998, p. 460) points out, Foucault is neither a humanist nor a anti-humanist; in a later text, Foucault (1984b, p. 44) also remarks that not everything ever linked to humanism is to be rejected.

Besides this 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) (a collection of political documents to which Foucault contributed is found in Foucault 1976).

The (seeming?) 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. Nancy Fraser (1981), for example, acknowledges the empirical richness of Foucaults work but notices normative ambiguities and confusion. She is of the opinion that (the genealogical) Foucault desperately needs normative criteria for distinguishing acceptable from unacceptable forms of power (Fraser 1981, p. 286) because she sees in his work a “wholesale rejection of modernity ... without any conception of what is to replace it” (Fraser 1981, p. 286). It is not clear indeed how Foucaults (critical?!) description of discipline and bio-power and his preference for struggle and resistance goes together with being normatively neutral. Fraser’s main question, namely if Foucault implicitly presupposes “bourgeois norms of reciprocity and freedom“ (1981, p. 284), can similarly be found in Charles Taylor’s (1984) concise analysis of Foucault’s work. His main argument is that the concept of power as Foucault uses it requires the idea of constraint and implicates concepts as ‘freedom’ and ‘truth’. Since power constraints the fulfillment of desires and purposes (another notion of power would make no sense in the opinion of Taylor) and since Foucault himself talks about truths masking the real character of the powers which produced them, according to Taylor a Nietzschean relativism – and with it the
incommensurability of power systems – is not tenable and not necessary (see also Parker’s (1995)
plea for sticking to truth and progress instead of ‘postmodern relativism’). The problem of this
position is that it refers to concepts (truth and freedom) Foucault vehemently refuses, at least in the
sense Taylor uses them (cf. also Chan 2000 who differentiates between Taylor’s concept of
‘freedom of’ and Foucault’s concept of ‘freedom to’); rather, Foucault tries to show that freedom
itself is a modern way to think about human agency and that truth is a product of power/knowledge.
Therefore Taylor’s critique points to inconsistencies in Foucault’s language but does not hit the
central idea of archaeological and genealogical analysis.
This cannot and will not be discussed here further, but I can now refer to the critique touched in the
above to come back to the potential that lies in Foucault’s work for discussing the goodness of
employee health management.

FOUCAULDIAN CRITIQUE OF HEALTH MANAGEMENT AGAIN

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, p. 123f; see also Coveney 1996, p. 462; Schmid
2000; p. 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, p. 462, italics in
the original).

Talking about the goodness of something therefore presupposes metaethical investigations on what
we mean when we say ‘good’ or ‘bad’ and Foucault can help us to conduct 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 question arises what the target of critique and resistance could be
here.

In The Subject and Power Foucault remarks that since Kant it is the task of philosophy to critically
analyse the world (Foucault 1983a, p. 216). He puts an emphasis on analysing power relations
through the antagonism of strategies (ibid., p. 211); and he identifies as todays 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“ (Foucault 1983a, p. 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 has given to Dreyfus and Rabinow one year before his death, he,
one again, rules out the notion of ‘bad’ as starting point for action and emphasizes that “everything
is dangerous“ and that we therefore “always have something to do” (Foucault 1983b, p. 231f). (Of
course, looking for dangers still leaves open the question of where the observer stands and which
criteria shall be applied to decide what is dangerous and what not).

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 of Schmidt (2000, pp. 79-97).
(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, p. 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 peoples 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 individual’s bodies.

(d) In his inaugural lecture at the College de France, 1970, and therefore 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 by cut backs, standardization, and rearrangements of discourses it is being restricted who can speak and what can be said. The medical discourse in general and the discourse on employee health in special provide good examples for 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?

Health management should be good for most employees under present capitalistic conditions; the more productive power is, the higher are the costs of resistance. On the one hand, disobedient employees and their unhealthy behavior 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 the ‘good’, therefore requires to consider metaethical issues, i.e. criteria for the ‘goodness’ of criticizing the ‘good’.

**Conclusion**

This paper has begun with some questions and it has ended with some questions. This might be a inevitable when one tries to say something about ‘the good’.

In between the questions, the paper has tried to argue 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. Because this is rather obvious, this paper is not the first on health promotion referring to Foucault.

In this paper, the goodness of employee health programmes has been questioned by referring to non-Foucauldian and Foucauldian arguments. In doing so employee health promotion was taken as an example for discussing some problems which occur when normative statements shall be drawn from Foucault’s genealogical work and therefore has made a step beyond saying that health management is both good and bad. Health management is very much suitable for this because the positive side of taking care of one’s own and others health is evident and cannot be ignored – 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 1999; Alvesson and Deetz 1996; cf. also Chan 2000). But with reference to the critiques of Fraser (1981) and Taylor (1984) who both deal with the normative standpoint of Foucault some fundamental issues have been discussed.

What has become clear, though, is that employee health promotion is strongly linked to modern organizations which themselves are embedded in capitalism (and disciplinary power that co-evolved with it). 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 therefore 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. Anyway, 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 (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) has to be regarded very carefully when it is intended to apply it for the study of human actions in organizations. It has to be further analysed 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 anyhow (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 being something given and universal points to pragmatic philosophy (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 ten days, just interrupted by eating and (not enough) sleeping. What is critique and reflection of critique good for when it cannot even change something in the behaviour of the critique himself?

And: Why don’t I have an employer who takes care of my health?

References


