Producing the corporate body
Health and individualisation in the competition state
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Publication date: 2014

Document Version
Publisher's PDF, also known as Version of record

Citation for published version (APA):

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Producing the corporate body

Stream 25: The role of work for the excluding or including of individuals in society

Producing the corporate body: Health and individualisation in the competition state

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Workplace health promotion is a huge trend in contemporary work life and is widely perceived as an endeavour benefitting society, organisation and employee. This paper critically examines how managerial practices of health promotion are legitimatized and carried out in (mainly public) organisational practices.

The argument is carried out through four short chapters. First the case and research methods will be introduced. Secondly, it is discussed how local health practices interlink with larger national and global trends. It is then unfolded how health and individualization are connected in managerial practices and produce certain corporate bodies, and how this might be a problem. Finally, empirical data will exemplify how the everyday practices correspond with the theoretical theses above.

Implementing health management in a Danish municipality

The empirical data for this paper has been produced when following a pilot project in a large Danish municipality for one and a half year. The project was initiated and carried out by the municipal public health department and aimed to create a model to be implemented throughout the municipal workplaces. This model is termed ‘health promotion management’ which in practice means educating managers and giving them tools to improve the health of their employees in everyday (work)life. This means that managers are not given additional resources but rather knowledge on how to implement health promotion by providing healthy work settings (e.g. healthy food or encourage people to use the stairs), doing work activities more healthy (e.g. rotate job functions or doing active meetings), putting health on the agenda (e.g. discussing the health implications of work organisation), doing healthy activities (e.g. providing training facilities or (attempts of) doing physical training mandatory). The main goal of the pilot project is to create tools for the administration throughout the organisation to implement health promotion management. This is done in part by compliance and advice on best practices, in part by policy implementation. My presentation of the project gives the impression of a rather legitimatized process of model development, testing and implementation which is also the overall narrative of the project expressed in the evaluation report. However, the process was in fact much more complex than this depiction. One could argue that the whole project was in fact a means of legitimatizing a certain policy. But I will not go further into the dynamics of the project form and purpose.

During one year (fall 2012 to fall 2013) I attended 21 meetings in the project taking field notes. These meetings happened on different levels in the organisation: in the steering group, at trans-organisational network meetings, in the project group, in the local cooperation committees, at the workplaces, and at the culmination of the pilot: a conference inviting various stakeholders of the project, the municipal policymaking and municipal workplace health promotion in general. During this period I was also given access to all text produced by the project group during the pilot: Meeting summaries, interview summaries,
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surveys, health promotion policy drafts and evaluation reports. I actively participated in these meetings, offering my critical perspectives on what I found to be the potentials and dangers of their ways of promoting workers’ health. The methodological reflections on how to handle researcher subjectivity and agency in this ‘informing action research’ will be more thoroughly discussed in my forthcoming work.

After this project period, I visited two of the workplaces involved and interviewed managers, union representatives and employees. In the time of writing I have interviewed 12 individuals and conducted two focus group sessions, all fully transcribed. I plan to conduct three to four interviews more.

**Understanding health in a globalised welfare state**

To understand and approach the managerial practices of health promotion, we first need to understand the wider societal developments making the healthy worker necessary in the organisations of today. In the following I will draw on some historical analyses done by researchers from various critical theoretical positions to frame my theoretical perspective.

I work from a Foucauldian archaeological approach to the study of how global, historical trends and situational discursive practices are intertwined. The main point in this understanding of history is that historical events are neither causal nor are they decoupled from events before them. Foucault instead speaks of discontinuity as the main philosophical term to approach history and the understanding of present social practices. (Foucault, 2012) For some, the theoretical contribution of Foucault is understood mainly as focusing on what Kärreman and Alvesson call Discourse with a capital D; meaning the macro-societal developments in history (Alvesson & Kärreman, 2011; Alvesson & Kärreman, 2000) which is no stretch if you look at his empirical work on the historical constitutive power of institutions like prisons, religion or mental hospitals. Foucault, however, also offers a comprehensive theoretical and analytical framework in his work—for instance in *The Archaeology of Knowledge*—which can be used to bring together global and local discursive practices into analyses. In the book, Foucault describes how some discourses, *archives*, become monuments of our time in their hegemonic claim of truth; forcing everybody to somehow relate to them, and, equally important, marginalising or silencing certain voices. In the book he presents a methodology on how to study these historical monuments. This methodology encompasses a focus on how to deconstruct and question the apparent facts surrounding us to create knowledge that are messy and inconclusive as opposed to the logical statements of the traditional archival texts. (Foucault, 2012) To understand health promotion as a monument of our time, I study how utterances of health in the workplace are related to archival knowledge in- and outside the workplace. As my primary objective is to study the organisational practices of health regulation, I look at the creation of these monuments through the theoretical and empirical work of other authors and not at the historical texts themselves through the methodological historical approach offered by Foucault. Instead, I will approach these critical theoretical sources and understand their findings from a historical discontinuitive perspective.

As Foucault shows in *The Birth of Biopolitics* (2009), the regulation of the body has been of key importance in state policy since the industrial revolution as the regulatory form under the principal of state reason was to ensure a productive and growing population. In contrast to this state reason, Foucault argued that the liberalist ideology enforced the questioning of this state reason: to what end can the regulatory power of state be legitimatised? Thereby state cannot simply implement a governmentality achieving the changes wanted for the least resources possible. This liberalist critique of state is by Foucault seen as a critique of the inherent irrationality of state and an interest in society that is broader than simply understanding state as society. At the same time liberalism is not unambiguous and there are several current interpretations. Foucault points at two models of liberalism both prevalent in current society which are important to bear in

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1 In the Archaeology of Knowledge Foucault does not provide very concise definition of discourse. Instead he defines discourse as verbal traces of history and as ‘a certain “way of speaking”’ (Foucault, 2012)
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mind for our endeavour: Ordoliberalism and neoliberalism. The former also known as social liberalism tries to balance a market based price regulation and at the same time understands state as a necessary actor in the ensuring of social equality and legal rights. In neoliberalism the free market must also be implemented in domains not traditionally marketised (family, crime, criminal policy) as well as those already being marketised (health care, labour market, housing policy). What Foucault finds interesting in this regard is the study of the conditions of the populations living in a society which since the 1700s has been under liberalist influence. (Foucault, 2009)

My interest is similar as I want to investigate the subject positions available to workers today in the ‘healthed’ organisation. To do so, I will point to some important societal developments taking place and affecting the utterances at work. They each describe some of the effects of living and working in a society under liberalist influence and together they offer a vocabulary used when legitimatising the politics of necessity in the municipality regarding health promotion.

The first historical development I will briefly outline is what could be called the birth and demise of the Keynesian productivity agreement: In what was termed ‘the great transformation’ by Karl Polanyi, labour market policies since the wall street crash of the late ‘20s was formed by a Keynesian effort to de-commodify labour providing labour market security through welfare states (Standing, 2009) and a focus on the empowerment of workers as consumers to drive forward the demands for goods and labour (Harvey, 2014). This is what Mikkel Bolt calls ‘the Keynesian productivity agreement’: Employers agreed to raise wages and workers agreed to raise productivity accordingly (Bolt, 2013) which corresponds to the ordoliberalism of Foucault. According to David Harvey, this politics caused a crisis in capitalism as it became difficult to create the surplus needed as the demands of low priced, qualified labour became increasingly hard to accommodate for companies. He sees the politics in the ‘70s under Thatcherism and Reaganism as a turn of politics to refocus on (labour and commodity) supply rather than demand. What differentiates this neoliberalism from prior liberalist agendas is that the liberalist ideology is carried out through state regulation. In order to apply market logics to all spheres of society everything needs to have exchange value; labour, housing, debt, education which is not the same as their use value. And the state is the key regulator. (Harvey, 2014)

As Harvey and Bolt show in their latest books, there are several contradictions or paradoxes in capitalism, which I will get back to. Their conclusion is that we need to leave capitalism all together. My ambition is not as lofty as I simply use their characterization of late capitalism to introduce another key concept for my analysis, ‘The Competition State’ (originally introduced by Joakim Hirsch (1995, 1997) and made popular in Denmark by Ove Kaj Pedersen (2011, 2012)):

Pedersen points to several historical developments taking place in the ‘90s causing an increased focus of competition between states. According to Pedersen, the last barriers for the globalisation of commerce, finance and labour crumbled with the fall of the Soviet Union and the rise of state capitalism in China. At the same time the inner market of the European Union was formed and together with the liberalisation of trade under GATT/WTO paved the way for the internationalisation of capital and companies. Also there was an increasing awareness among state administrators and politicians that open economies made states vulnerable to market pressure, and several organisations like OECD, World Economic Forum and think tanks made sure that policy makers has the knowledge they need (Pedersen, 2012) to regulate in compliance to ‘the Washington Consensus’, a term coined in 1989 by Williamson. He listed 10 points\(^2\) which, he argued,

\(^2\) These policy advises include liberalisation of foreign investments, tax reform (broadening tax base and moderate marginal taxes), privatisation of public companies, trade liberalisation, protection of property rights, deregulation of market barriers, strict fiscal policy, competitive exchange rates, and public investments in areas such as education, poverty control and health care. (Williamson, 1990)
showed the shared themes among key institutions’ (like the International Monetary Fund, World Bank, and US Treasury Department) conditioning loans for the rebuilding of Latin America in the ‘80s on a set of policy advises (Williamson, 1990), conditions that are seemingly still being used today in the rebuilding of Greece and Spain (Bolt, 2013) and in the policy making of the competing states (Pedersen, 2012).

What is important for my analysis is that these (neoliberal) policies put a strong emphasis on the regulation of health (as well as deregulating the labour market and promoting education in which health is somewhat intertwined) in order to ensure a (re)productive labour reserve. As Bolt points out, one of the paradoxes of capitalism is its depletion of the body and its simultaneous dependency on a healthy population. (Bolt, 2013) The welfare state tried to balance this contradiction under the productivity agreement: the worker agreed to increase productivity and was compensated with a fair wage and (health and labour market) security from the state. But what happens when the productivity agreement is dissolved under the competition state era? According to Standing, it is resulting in a recommodification of work and state in which social benefits are dependent on the individual worker’s relation to the labour market. For Standing this will perhaps lead to an uprising among what he terms ‘the precariat’—a growing part of the labour force sharing the insecurities of the globalised labour market. (Standing, 2009, 2011) To Bolt the protests of Southern Europe, North Africa, Occupy and others are in fact signs of the rejection of neoliberal polity. (Bolt, 2013)

My analysis shows another side of the coin: How these neoliberal policies of health and labour market penetrate workplace practices as an ideology, managers and (low skilled) public workers need to consider in their daily life.

**Management, health and individuality**

Before the empirical analysis, a short reflection on the concepts of management is necessary to address the more subjective influence of the archival discourses of health and competition presented above. In the following, work and individuality are discussed in relation to health and management. These concepts form—together with the description of neoliberal policy above—the theoretical framework through which I have produced and interpreted my empirical data.

**Individuality and health**

To understand what individuality means and why it is important to the study health management, I discuss how individuality differs from the ‘mass’ or the ‘animal’ with the help of Max Horkheimer, Gilles Deleuze and Félix Guattari. In this line of thought individuality is not a natural state of being in the world. Rather, it must be seen as something external to the body produced through discourse.

In *Anti-Oedipus*, Deleuze and Guattari argue that contemporary societal development must be seen in the light of extreme exposure to the logics of psychoanalysis and capitalist market rationale. In their rather potent use of words they see these as examples of ‘desiring machines’ that promise the miraculous salvation of subjects if they, through neurosis, subject themselves to the treatment of psychoanalysis. For Deleuze and Guattari this for instance encompasses the acceptance of seeing the psyche (‘the Body Without Organs’) as always faulty and in need of help from (psychoanalytic) experts to ever be complete. But the body without organs can never be complete and live in a permanent struggle to aspire for completion. In this process our bodily needs and desires are seen as unhealthy and subjectivity is formed as an individual state of being rather than a collective one. The danger of this individualism, to Deleuze and Guattari, is the inherent fascism in the believing in these desiring machines, in the belief of being right. When one acquires a firm belief in for instance the market or psychoanalysis, one becomes prone to see the analyses and intervention towards others as legitimate action: for instance the schizophrenic or the solidaric. (Deleuze & Guattari, 2013) Or the unhealthy.
Similarly, in *The Eclipse of Reason* Horkheimer, in the wake of holocaust, reflected on how a deeply irrational ideology as Nazism could ever result in a mass movement making modernist claims of truth and progress and at the same time killing millions of people. To him the role of the individual is central to understand how formalized reason is spread in society:

*Individuality presupposes the voluntary sacrifice of immediate satisfaction for the sake of security, material and spiritual maintenance of one’s own existence. When the roads to such a life are blocked, one has little incentive to deny oneself momentary pleasures. Hence, individuality among the masses is far less integrated and enduring than among the so-called elite. On the other hand, the elite have always been more preoccupied with the strategies of gaining and holding power. Social power is today more than ever mediated by power over things. The more intense an individual’s concern with power over things, the more will things dominate him, the more will he lack any genuine individual traits, and the more will his mind be transformed into an automation of formalized reason.*

(Horkheimer 1947, 92)

As Horkheimer illustrates, individuality comes at a price. To become an individual you need to voluntarily discipline yourself in order to gain the security, material and spiritual benefits in society. At the same time, the more you strive to attain these things, the more genuine individual traits and reason will be displaced. This means that moral and ethical reflection will have hardship when ideology is formed by those most entangled with (the material and discursive) things.

Almost 70 years later, Horkheimer’s dystopia of the dangers of material aspiration seems rather realized as modernist psychology (Foucault, 1991; Deleuze & Guattari, 2013), debt (Lazzarato, 2012), consumerism (Bauman, 2004)—to name a few key ideological consequences of capitalist modernity—have all proved to be important discourses framing the possibilities of working class reflectivity and are constantly pushed forward by for instance neoliberal labour market policy.

**Managing the healthy body**

To those who are individualised by the discourses of health, a govermentality of self-management seems evident. To them health is not simply a disciplinary effort ‘sacrificing immediate satisfaction’ as they describe health as a satisfactory action in itself. Doing health takes discipline but it also benefits their daily life and some of them cannot function properly without healthy eating and exercise like biking or running can even be exhilarating. These phenomenological experiences of health as material bodily manifestations force us to reflect on the interplay between discourse and materiality, a popular theoretical discussion within the disciplines of discourse analysis, constructionist, poststructuralist and especially science and technology studies (e.g. Ahmed, 2006; Alvesson & Kärreman, 2011; Barad, 2003; Butler, 1993; Fournier & Grey, 2000; Haraway, 1991).

Karen Barad objects to the typical constructionist assumption that the physical world can be represented through language and that discourse analyses must focus on the meaning of the physical world as it manifests itself into (human) language. Instead of this anthropocentrism she suggests a realist account of the material world that understands matter as agential and intra-acting with human language. This agental realism understands both subjects and objects as something always in becoming, never (pre)existing, and agency is thus understood as the reconfiguring these material-discursive apparatuses\(^3\). (Barad, 2003)

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\(^3\) For the sake of saving space, I will treat Barads concept of apparatuses as synonymous to Foucault’s above concept of archival discourses.
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On an agential realist account, discursive practices are specific material (re)configurations of the world through which local determinations of boundaries, properties, and meanings are differentially enacted. That is, discursive practices are ongoing agential intra-actions of the world through which local determinacy is enacted within the phenomena produced. Discursive practices are causal intra-actions—they enact local causal structures through which one “component” (the “effect”) of the phenomenon is marked by another “component” (the “cause”) in their differential articulation.

(Barad, 2003, 820f)

What is important to this paper is the understanding of a materiality with agency having causal (not determined) effects on discursive practices. This means that an analysis of the implementation of for instance health practices must treat the physical effects of doing health as real (or as real as language). In this way agential realism builds a bridge between a biomedical and constructionist paradigm of the body. This does not mean, however, that we can always simply determine these causes as they intra-act. But we must include them in our methodology. (Barad, 2003)

Coincidently, this understanding of the body aligns with that of Deleuze and Guattari who argue that the neurosis caused by psychology prevents us to feel our bodily desires. They argue that a politics of change must incorporate these satisfactorily into a collectivised subjective resistance of the (psychoanalytic, capitalist) regime. (Deleuze & Guattari, 2013) One might be wary of their normative stance, but what seems important to my study is the societal potential of health: When implementing a reorganisation of bodily wellbeing, sensitivity towards malice manifested in our body might be promoted. This awareness can of course lead to the governmental management of selfhood. But it might also empower workers to feel how societal trends like humanising work, increased competition or overall social acceleration (Rosa, 2010) stresses subjects, and that the answer to these problem are perhaps best addressed outside the body (without organs); through organisational or even societal resistance.

The subtitle in this paragraph bears two meanings as it not only relates to the subjective material-discursive management of health. It also implies the managerial trend of organisational health promotion and the special position ascribed to managers in this ambition: primarily on a local level but also on a wider societal level of what Fournier and Grey call ‘managerialism’ in which managers are seen as central actors to organisational as well as wider societal analyses (Alvesson & Deetz, 2000; Fournier & Grey, 2000). Managers are in general placed in powerful knowledge positions in society but in my concrete study they are ascribed certain power of definition in relation to health promotion as they are given the responsibility to make health permeate all levels of organisational life. Moreover, their own health behaviour is assessed by top management as they are seen as ‘role models of healthy behaviour’ or ‘health ambassadors’.

In the final two paragraphs of this paper I will provide some analytical examples using the above outlined material-discursive influences of health management. In summary, the analysis draws on the theoretical concepts of health summarised below and their influences on how utterances on health are formed and expressed from a managerial position:

- The global trend of competing national states permeating public sector policy
- The individualist assumptions of health as necessity and/or competency
- The physical experiences of doing health
- The modernist understanding of healthy behaviour as rational
Managing the healthy productive worker
For the remainder of this paper I will mainly focus on managerial views on what health means for the workers in the two workplaces. I present examples of different discursive orders from my empirical material outlining the paradoxical and complex ways to problematize and intervene on the unhealthy worker.

Mass and individuality
A discursive-materialist account of the body helps us understand the managerial notion of caring often put into organisational discourse:

Carsten (head of Road Services): That is what is really exhausting, [promoting the idea of] exercise during work time. I have yet to comprehend how employees are able to reject this. Who else [than we] would give you time during work hours to go and train and better yourself? You can have better quality of life. That I have not completely understood. How have we come to a point where we are still pushing things forward through voluntary exercise? It has something to do with who are able to define the good life: That I weigh 150 kg but aside from that I think I am fine and no workplace should interfere. I have a hard time handling that experience process. Cause I feel more like: do something about it (health)!

Lisa (project manager): That is the central problem, it is culture. It is education and it is knowledge. It is the environment in which we were born and grew up and what we bear with us.

(Excerpt from evaluation interview summary)

On several occasions in my empirical data, Carsten—himself a passionate triathlete and ex-military officer—expresses his devotion to the promotion of bodily resilience among his workers as he sees this effort as a responsibility of the organisation in order to prevent deterioration at work. He and Lisa represent a popular frustration among managers that workers and their unions are not easily convinced by the promises of healthy behaviour. They are not even enthused when management ask them to do regular exercise during work hours. To Lisa their resistance has something to do with (lack of) education. Understanding health as a good thing is something you acquire a taste for when brought up in the right cultural environment. Allan, the manager of one of the local road service stations, agrees: understanding that health promotion is a good thing has something to do with intellectual capacity:

Allan: I think that those who have been sitting in there (at the cooperation committee) they can see, they can hear. When we talk at the cooperation committee we often go up one level, you know, intellectually, in terms of human understanding, compared to the majority, right? [...] So therefore they have an understanding that this (health promotion) might be good. At the same time they hold on to all these old cultures and they hold on to their virtues so they need to be sure that they uphold all their rules and their [rights] and that we don’t touch anything. And then if they (management) are willing to pay for a healthy lunch then they do want it. If we are paying them salary to take a walk during work hours then they can see a reason with it.

(Local manager, Road Services)

Even though the employee representatives, according to Allan, are able to see positive aspects of doing health at work they are still withholding their full support of implementing what is being discussed in the organisation at the time of this interview made: intensive exercise twice a week as an obligatory job task.

But why is it that the employees do not fully realise what is on offer here? With exercise at work they will be less worn out from work, they will become more attractive on the labour market, and they will get a better quality of life, if we are to believe the proponents of health promotion. Paid exercise at work would even
dissolve what could be called a Marxist paradox of voluntary health promotion*. The employees and their representatives fear that obligatory exercise will not be fun and that health has something to do with joy and wellbeing and therefore necessarily must be done voluntary. One representative even categorises the concept of obligatory exercise as ‘health fascism’. This dispute might have something to do with double meaning of the word health in Danish which the philosopher Lars Henrik Schmidt points out (2009); in Danish, the etymologic meaning of health (sundhed) refers to both a state of physical health (rashked) and general happiness (lykke). To the employees the understanding of doing exercise as something fun is an example of an emphasis on the happiness dimension of health, i.e., health cannot exist without wellbeing. To management an emphasis on the physical part of health is made and they understand the physical toil of exercise of doing health and as a means to achieve happiness through physical wellbeing.

Let us look at another example of how management connects physical health with rationality:

Karen: So I basically don’t think that we are reaching a point where it (physical health) becomes an ideology. But at the same time I do think that the more knowledge we obtain as human beings regarding anything the more we reflect on what we do and don’t do. Thereby I don’t say that we stop going out and drink a glass of red wine or eat all this way too fat food every once in a while. We have traditions in this country with Christmas and Easter where you eat and drink a lot. And I don’t think that is changing. It will just become a condition that we do that (the unhealthy eating and drinking) only sometimes. But at the same time we can—because we have knowledge—say to ourselves, ‘Okay that was it. Now I’m going to do some more spinning in the next period.’

(Head of nursing home)

To most of the managers I have spoken to, healthy living is about balancing ‘healthy’ and ‘unhealthy’ activities and to do both in moderation. It has something to do with the ability to become knowledgeable of risks and navigate accordingly. To Karen health is not an ideology but as knowledge becomes available to us, the more reflective we will become as human beings and that is what it means to behave healthily. And in that way she reflects the modernist optimism of progress pushed forward by rational knowledge and criticised by Horkheimer above (and many others, e.g. Haraway, 1991; Latour, 2006).

This managerial look on healthy behaviour as having something to do with rationality, intellect and knowledge is bound to have real effects on organisational practices. The danger of this assumption of truth is that when you really think you are right, you tend to want to impose your (rationally legitimised) ideals of living to others—who you ultimately see as wrong, misguided or even dangerous (Deleuze & Guattari, 2013). To paraphrase Horkheimer, we want the unhealthy to become individuals that see the rationality in discipline and in turning their back to the life of immediate satisfaction. And in Karen’s opinion it seems like we are getting there.

The competitive labour market and the marginalisation of the unproductive worker

In addition to signifying individual rationality, health is becoming an increasingly visible and problematic sign on the body in relation to the implementation of what could be termed ‘the ethos of competition state’ (Møller et al., forthcoming) and the overall deregulation of the labour market. For the rest of this paper I will look into some examples of healthiness being inscribed into discourses of workers’ position in the labour market as (un)productive.

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*When health promotion are carried out by self-governing individuals in their spare time in order to be able to handle job and work life demands (through for instance mindfulness courses, fitness training, healthy food etc.) what is happening from a Marxist point of view is that individuals assume responsibility for the reproduction of worker without pay instead of demanding this responsibility to be placed through three-partite collective agreement.
Carsten (head of Road Services): Society might change. Some of what makes it all hard [to bear] regarding sick absence is when you need to sack an employee because his shoulder has deteriorated from work and he has become ineffective for the organisation. We are getting nearer to that situation. ‘We have worn you out and now you are exceeding the threshold on how much absence you are allowed. So you need to go.’ The next will be: ‘You are too fat, we can’t use you. The way you work is too ineffective.’ I think we are getting there slowly... And if you don’t make people aware of that then it will come like lightning from a clear sky. Big time.

Lisa (project manager): I think that we as a department—this is probably not true for the municipality as a whole—take steps; that we are first movers in this regard. (Pause) We have fired a man who was injured at work. Not cool—that a work injury is doing that you need to let someone go. He is injured in a way that he can’t do his job. We will get there when it comes to deterioration too. We are going to have to take these battles. And we feel prepared. But it is no fun.

(Excerpt from evaluation interview summary, Road Services)

They express sympathy for the unhealthy, worn out workers and at the same time discomfort in the awareness of the problem these employees pose to the organisation. This dilemma will only be greater as demands of productivity increase over time. The participating workplaces in the municipality have already been taking steps towards less exposure to unhealthy foods and beverages, and according to several employees things have changed a lot over the past few years both in terms of increasing demands of productivity and in elimination of unhealthy behaviour.

Jeppe: How much does health matter when you hire employees?

Allan: Way too little. Way too little. But that is because ‘health’ is only about two years old in this joint. Not more. And it has had no right to exist [prior to that]. Three or four years ago nobody talked about health. Nobody talked about exercise or food. It wasn’t there. And it was even worse five years ago when you had a refrigerator at every road station full of beer. (Station manager, Road Services)

While health is increasingly being put into discourse in the organisation—and to managers this is absolutely necessary to change practices—to some managers things are not progressing as fast as they would have hoped as they fear health will be more and more important for the workers to keep their jobs. When asked whether there will be room for unhealthy people in the organisation in the future, Bjarne adds:

Bjarne: Well that is the question: Do you stop take in people because of that (physical unhealthiness)? If they are good enough to do all the other things? They might have licence to drive everything and they can do everything. Of course, if someone has problems from day one and take sick leave right away [...], then I can understand... But other than that [...], I think that... in the long run there is obviously not going to be room for it. [...] There just isn’t. We need to go out and assess ourselves all the time in this regard. And it’s of no use to have somebody who can’t [keep up]. In some way... it is a heck of a dilemma because in reality you really want to say that there has to be room for everyone, but in some way there is just not room for everybody.

(Coordinator, Road Services)

The state of the body is—according to the managers—becoming increasingly important to the organisation in terms of sick absence and productivity and when the talks touch upon ‘the old days’ things really seem to
have changed; According to Bjarne, a typical day in Road Services 20 years ago would mean working for half an hour while workers for the rest of the day would sit in their sheds drinking beer and talking. One could even get marginalised if actually preferring work over beer. While Bjarne is perhaps exaggerating, everyone I talked with in the organisation agrees that work demands have increased while breaks and social activities are given lower priority. For the workers health too seems to affect how they look at colleagues:

Jeppe: So you become a better employee [by working out and eating healthy]?

Rasmus: You do. You become a better employee because you contribute with something all of a sudden, right. When you are going to sweep a long street, dig something out and do one thing or another... Well, after 15 minutes you are completely exhausted and devastated so... Well then it is the others who need to pull the load, right?

Jeppe: Yes. So to put it crudely it (healthy behaviour) is not entirely up to you? Others may think theirs about those who are not in on it in some way?

Rasmus: Lazy attitudes, lazy demeanour... It’s out there; it’s out there.

Jeppe: But what kind of... If this spreads—this view that there are some who are able to keep healthy and then there are those who... (Rasmus: Doesn’t care) ...who have a hard time at it but perhaps are trying and then there are those who don’t care, right? (Rasmus: Yes) Couldn’t one fear that we get a labour market without room for those who don’t exercise?

Rasmus: One easily could. The time we live in at this moment is special; we have a financial crisis and then you have to go looking for work... Well then you need to have the looks, you need to have the physique, you need to have the brain. It’s everything. Not just qualifications. It is everything you bring to the table in that situation. It is.

(Service worker, Road services)

The discourses of labour market insecurity and of the physical demands of work are here uttered by Rasmus. While this perception of the importance of being healthy is not shared by all workers, it is a discursive practice of health that is out there, promoted by the employees doing health and encouraged by management. To Rasmus physical healthiness is seen as a competency needed to be able to work. To others physical exercise is seen as unrewarding toil and any effort to incentivise is seen as ‘health fascism’.

The outcome of the implementation of a desire to promote health is complex and diverse. Since the first labour protection laws the reproduction of the worker’s body has been of capitalist, state and union concern. What might be interesting in our time is the overall attitude among managers, politicians and some workers; that workers need to govern themselves to be willing to attain the competencies of doing health. In that way health becomes a commodity with expectations of return of investment in terms of organisational productivity, quality of life and career. In relation to the overall neoliberal marketisation of society, what becomes interesting here is that the rationality of doing health in this way is applying exchange value to the state of the body and creating a further division of the labour force in terms of who are to be outsiders. To me, a discussion on the reasonability of this exchange value in relation to its use value seems urgent (see Harvey 2014 for a Marxist discussion of the contradiction between exchange and use value): we need to reflect on whether the time spend on creating the corporate body is time well spend.
Producing the corporate body

Literature


