Foucault, Health and Medicine

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Chapter 10

Risk, governance and the new public health

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This chapter explores the utility of the concepts of risk and governance, as developed by Foucauldian scholars, in the analysis of the health promotion strategies of the so-called new public health. It begins by examining some problems and limitations with the influential, and conventional modernist, perspectives on risk and the self proposed by Ulrich Beck and Anthony Giddens, before moving on to examine an approach, suggested particularly in the work of Robert Castel, which analyses risk and prevention as aspects of contemporary techniques of governance. Castel's view is that in many contemporary 'neo-liberal' societies there has been a broad shift in forms of surveillance and control from those based upon the direct, face-to-face relationship between experts and subjects to those based upon the abstract calculation of risk. The chapter shows how this development has been manifested in a number of recent health promotion strategies of the new public health, and then concludes with a discussion of some implications of the governmentality concept for the further analysis of the new public health.

THE CONCEPT OF RISK IN SOCIOLOGY

The concept of risk has come to assume increasing prominence in sociological writings on late modern society, witnessed by the proliferation of socio-cultural analyses of risk and of studies which have explored the implications of a new risk consciousness for personal conduct (e.g. Beck 1992, 1995; Castel 1991; Douglas 1990, 1992; Douglas and Wildavsky 1982; Giddens 1991; Luhmann 1993). Although recent literature reflects a diverse range of perspectives on risk, it is the work of Ulrich Beck and Anthony Giddens that has come to dominate recent sociological thinking in this area. Beck and Giddens share a

number of key assumptions about modernity and subjectivity that are profoundly questioned by Foucault's post-structuralism. Both writers have explored the implications of the new risk climate, characterised by the existence of 'high-consequence risks' linked to processes of industrialisation and globalisation, for the self-creation of identity and a personal sense of security. In a context of heightened concerns about global environmental crisis, the work of both writers would seem to have found a ready audience among those seeking to make some sense of the global context of risk and establish some basis for personal decision-making in the face of apparent increasing uncertainty. Despite some differences in their theoretical schemas and use of terminology, both Beck and Giddens see 'risk' as central to late modern culture, and as having become a key element in the calculations of the self. (For a discussion of differences and similarities in Beck's and Giddens's work see Beck *et al.* 1994 and Lash and Urry 1994: 31–59.)

Clearly, Beck and Giddens have contributed substantially to the development of a new paradigm for sociological research on risk. However, the work of each can be seen to have considerable problems and limitations, linked largely to their adherence to conventional modernist views on self, science and society. Both can be criticised for their lack of attention to the aesthetic-expressive dimension of the modern self, the lack of acknowledgement of the 'embodied' nature of the self, and a cognitive bias in their idea of reflexivity whereby the body is an object to be monitored by the ego or subject (Lash and Urry 1994: 38–46). Giddens in particular has been criticised for adopting a positivist ego psychology which is hostile to any notion that the self is complexly structured and differentiated (Lash and Urry 1994: 42). Moreover, as Lash notes, neither theorist offers an effective critique of expertise in his proposals for alternative and democratic institutions, which are seen to involve the lay public 'voting' on competing forms of expertise and provide little room for the 'participatory democracy' of informal everyday politics and social movements (Lash 1994: 201). Beck sees science as both a cause of and the source of solutions to risks. However, science's potential to solve problems is seen as compromised by its subordination to bureaucratic and industrial imperatives such that it no longer operates 'in the service of truth' (1992: 166). In Beck's view, science can change itself and elevate the inherent reflexivity of the modernisation process into its forms of thought and work so that reason can be activated and mobilised against uncertainty (1992: 179–81; see also Beck 1995: 111–27). The subject of Beck's and Giddens's accounts is an autonomous rational ego who uses expert systems

reflexively to regulate everyday life. For Giddens, these expert systems are quintessentially social-scientific knowledge and techniques of self-therapy; for Beck, they are the spread of lay knowledges in regard to science and the environment (Lash and Urry 1994: 54). In the work of neither writer is the concept of the autonomous rational actor of modernist discourse opened to critical scrutiny. Their notion of reflexivity is bound up with an orthodox conception of modernity and modernisation which is underpinned by a meta-narrative of progress and evolving self-consciousness. When modernisation reaches a certain level, agents become 'individualised', that is, less constrained by structures, and the self becomes a project to be reflexively fashioned.

According to Giddens, in the post-traditional society, the self undergoes massive change since the constraints over choice are effectively weakened, and the individual is confronted with a complex diversity of alternatives, especially in relation to 'lifestyle'. All elements of 'life-planning', such as decisions about relationships and careers, involve complex issues of choice, of preparing a course of future actions, which are mobilised in terms of the self's biography (Giddens 1991: 80–7). Giddens sees trust in others and in abstract systems as crucial to the reflexive fashioning of the self. Trust established between the infant and its caretakers allows the individual to develop a sense of ontological security, and trust in abstract systems (e.g. the monetary system, expertise) is necessary if the individual is to avoid becoming paralysed by anxieties. The more tradition loses its hold, and daily life is reconstituted in terms of the relationship between the local and the global, the more reflexively organised life-planning involves trust in others, especially experts. Living in a climate of global risk, however, is 'inherently unsettling' for the individual, especially given the scope and intensity of global transformations which influence the very constitution of the self, and so feelings of anxiety and 'crisis' become an endemic, 'normal' part of the individual's experience (1991: 181–5).

For Beck, too, once the individual is 'cut loose' from traditional commitments and support relationships, he or she must choose between a diverse array of lifestyles, subcultures, social ties and identities. 'Class' and the nuclear family no longer determine one's personal outlook, lifestyles, ideologies and identities. This is not to say that 'class' and family cease to have any significance at all, or that individuality is unconstrained. Rather, it is Beck's view that individuality in late modern society is largely played out within the constraints of 'secondary agencies and institutions', principally the labour market, and in the arena of consumption. These agencies and

institutions create their own kinds of dependency: upon fashions, social policy, and economic cycles and markets. Individuals must learn, 'on pain of permanent disadvantage', to conceive of themselves as the masters of their own fate, and to see events and conditions that happen to them to be a consequence of their own decisions. Like Giddens, Beck sees the individual as actively engaged in shaping his or her own biography and making decisions according to calculations of risk and opportunity. One chooses one's identity and group membership, and in the process partakes in the individualisation of risks. Whereas what assails the individual was previously considered a 'blow of fate' sent by God or nature (e.g. war, natural catastrophes, death of a spouse), it is now much more likely to be events that are considered a 'personal failure', such as not passing an examination, unemployment or divorce (1992: 127–37).

The idea of the self-reflexive, autonomous subject that is evident in the analyses of Beck and Giddens, and indeed those of many other contemporary writers on modernity, is profoundly challenged by the work of Foucault and his followers. Although Foucault himself did not directly address the topic of 'risk', his writings on governmentality laid the groundwork for an analysis of risk as a political technology (see e.g. Castel 1991; Ewald 1991). The article by Robert Castel (1991: 281–98), 'From dangerousness to risk', is of particular relevance in this respect because not only does he draw attention to the role of expertise in the administration of populations and the regulation of personal identity, which are neglected dimensions in the work of both Beck and Giddens, but his analysis focuses specifically on the new preventive strategies that have emerged in a number of contemporary societies and that can be seen to be manifest in various practices of the new public health.

RISK AS GOVERNANCE

Evidently indebted to Foucault's work on 'governmentality' (see e.g. Foucault 1991), Castel has drawn attention to the emergence of new preventive strategies of social administration, evident in a number of contemporary societies, which 'dissolve the notion of the subject or a concrete individual, and put in its place a combinatory of factors, the factors of risk' (Castel 1991: 281). Castel's argument is that over the last hundred years there has been a shift in emphasis from controlling the dangerous individual, via face-to-face interventions of preventive medicine and use of confinement, to an emphasis on anticipating and preventing the emergence of undesirable events such as illness,

abnormality and deviant behaviour. As Castel notes, 'a risk does not arise from the presence of particular precise danger embodied in a concrete individual or group. It is the effect of a combination of abstract *factors* which render more or less probable the occurrence of undesirable modes of behaviour' (Castel 1991: 287, emphasis in original).

This shift, argues Castel, represents the imposition of a far more subtle and effective mode of population regulation than that implied by the identification and control of aberrant individuals and multiplies the possibilities for intervention. By focusing not on individuals but on factors of risk, on statistical correlations of heterogeneous elements, the experts have multiplied the possibilities for preventive intervention. As Castel asks, 'for what situation is there for which one can be certain that it harbours no risk, no uncontrollable or unpredictable chance feature?' In the name of absolute eradication of risks, the experts have constructed a mass of new risks which constitute so many new targets for preventive intervention. Surprisingly, he says, there has been little trace of any reflection on 'the social and human costs of this new witch-hunt'; for instance, the '*iatrogenic aspects of prevention* which in fact are always operative even when it is consumption of such "suspect" products as alcohol or tobacco and alcohol which is under attack' (Castel 1991: 289, emphases in original).

Castel is not the first or only writer to point to the regulatory effects of risk and prevention in modern societies. However, unlike others, who have tended to restrict their analysis to the symbolic and rhetorical role of prevention and risk in mobilising the support of citizens in the reconstruction of social problems and/or in regulating boundaries between the Self and Other (e.g. Crawford 1994; Douglas 1990, 1992; Douglas and Wildavsky 1982; Freeman 1991), Castel examines prevention and risk in relation to the distinctive political rationalities and techniques of the contemporary period. He asks whether the emergence of new preventive strategies is part of a set of new management techniques of a kind specific to 'neo-liberal' societies. As a number of writers have recently pointed out, these are societies characterised by a form of political rationality that reactivates liberal principles: an emphasis on markets as regulators of economic activity; scepticism over the capacities of governments to properly govern; and the replacement of 'welfare dependency' by active entrepreneurship (Burchell 1993; Gordon 1991; Rose 1993; Rose and Miller 1992: 198). Castel notes that new forms of control are appearing in these societies which work not through repression or welfare interventionism, but through 'assign[ing] different social destinies to individuals in line with

their varying capacity to live up to the requirements of competitiveness and profitability' (1991: 294). Any type of difference can potentially be objectified, and made a basis for assigning a special destiny to certain categories defined in this way as a matter of political will. And the development of computer technology has made this technically feasible (Castel 1991: 294–5).

Neo-liberalism is a form of rule which involves creating a sphere of freedom for subjects so that they are able to exercise a regulated autonomy. While both early liberal and neo-liberal rationalities of government have been premised upon the self-conduct of the governed themselves, neo-liberal rationality is linked to a form of rational self-conduct that is not so much a given of human nature (i.e. the interest-motivated, rational ego) as a consciously contrived style of conduct (Burchell 1993; Gordon 1991: 41–5; Rose 1993). As Rose observes, neo-liberal rationality emphasises the entrepreneurial individual, endowed with freedom and autonomy, and the capacity to properly care for him- or herself (Rose 1993: 288). Although expertise still continues to play a crucial role in government, the authority of expertise is increasingly separated from the apparatuses of political rule, and located in the market 'governed by the rationalities of competition, accountability and consumer demand' (1993: 285). The idea of one's life as the enterprise of oneself implies that 'one remains always continuously employed in (at least) that one enterprise, and that it is part of the continuous business of living to make adequate provision for the preservation, reproduction and reconstruction of one's own human capital' (Gordon 1991: 44). Neo-liberalism calls upon the individual to enter into the process of his or her own self-governance through processes of endless self-examination, self-care and self-improvement. Given that the 'care of the self' is bound up with the project of moderating the burden of individuals on society, it is not surprising that it is in the health promotion strategies of the so-called new public health that these developments are most apparent. As many commentators have noted, since the mid-1970s, there has been a clear ideological shift away from the notion that the state should protect the health of individuals to the idea that individuals should take responsibility to protect themselves from risk (e.g. Scott and Williams 1991). A close examination of the recent goals of health promotion and of its related strategies shows how the processes of risk management have, in effect, served the objective of privatising health by distributing responsibility for managing risk throughout the social body while at the same time creating new possibilities for intervention into private lives.

HEALTH PROMOTION AND THE PRODUCTION OF THE 'AT RISK' SELF

The emergence of the new public health signals a considerable broadening of the focus of health promotion which has come to take as its object the 'environment', conceived in its broadest sense, spanning the local through to the global level and including social, psychological and physical elements (see e.g. Ashton 1992; Ashton and Seymour 1988; Davies and Kelly 1993). With the emergence of this broad concept of determining environment in the new public health, the distinction between healthy and unhealthy populations totally dissolves since everything potentially is a source of 'risk' and everyone can be seen to be 'at risk'. Contemporary health promotion encompasses such areas as community development, personal skills development, the control of advertising 'unhealthy' and dangerous products, the regulation of urban space (e.g. the 'Healthy Cities' project), intervention in workplaces, and the monitoring and periodic screening of sub-populations. The encroachment of health promotion into these areas has multiplied the number of sites for preventive action, and given rise to an endless parade of 'at risk' populations and 'risky' situations. As Castel observes, all manner of interventions and prescriptions (including the demand for 'more self-care') can be deduced and justified on the basis of the calculation of the probability that an undesirable behaviour may occur and can therefore be prevented (1991: 287).

Given the scope of endeavours to identify and manage 'risks' within health promotion, it no longer makes sense to ask who exactly are the 'victims' or who is doing the 'blaming', as sociologists in the past have been inclined to do, for everyone has, in effect, become a 'victim' and, the health promoters are not clearly seen to be directly intervening, or coercing, or punishing. Health promoters indeed see themselves working at a distance through the efforts of others by way of forging collaborative ventures (e.g. 'inter-sectoral collaboration'), lobbying for policy change ('healthy public policy'), promoting community action ('community development') and making alliances with the ecology movement ('sustainable development') (Bunton 1992: 9). Contemporary health promoters have been at the forefront in the call for efforts to reorganise social institutions, and to implement different kinds and levels of intervention and collaboration involving public and private sectors, in fulfilment of the World Health Organization's goal of 'Health for All'. In their efforts to identify and control the 'factors of risk', health promoters have taken on the roles of expert mediators,

programme coordinators, and 'community developers'. Health promoters are helping to forge a new conception of the political and see themselves as closely allied with the new social movements in their concern to 'empower' citizens (see e.g. Labonte 1990; Wallerstein 1993; Yeo 1993).

In Australia, the development and implementation of a series of health promotion 'goals and targets' show just how sophisticated risk profiling has become, taking into account both 'objective' determinants of health and 'subjective' measures of well-being (Commonwealth of Australia 1993: 7, 1994). The Commonwealth and State/Territory Health Ministers agreed in 1993 that the national health goals and targets ought to be embedded within the broader framework of a National Health Policy, and set in place a process for selecting initial focus areas for national agreement and action (Commonwealth of Australia 1994: 1–2). Australia, like some other countries (the US, England and Wales, and to some extent New Zealand), has in recent years developed such targets to 'guide decision-making in relation to health services provision and health promotion activities' (Commonwealth of Australia 1993: 10). In 1993, these national goals and targets were refined with the explicit aim of broadening the 'framework of action', and setting in place mechanisms for accountability and the monitoring of progress, and more fully engaging the health system in health promotion (Commonwealth of Australia 1993: 8–9). The 'extended framework' that was proposed included an elaborate schema identifying health goals and targets (including estimated date of achievable change) for a large range of 'preventable mortality and morbidity' in relation to different 'priority populations' (defined by age, gender, ethnicity, Aboriginality, socio-economic status and place of residence). It also sought to identify lifestyle and risk factors, personal knowledge and skills, and environmental determinants of health that need action in respect to each of a range of identified preventable conditions. The addition of a category focusing on personal knowledge and skills, including 'life skills' (defined as 'resilience and coping'), affirms the contemporary significance of one's life as an enterprise of oneself. To use the authors' words, 'people's ability to care for themselves, and their access to self-help and social support are recognised as important factors in the achievement and maintenance of good health' (Commonwealth of Australia 1993: 15).

The focus in recent preventive programmes on the social determinants of health behaviour and aspects of the environment deemed to be influential in bringing about change vastly extends the

scope of regulatory mechanisms by calling on a diverse range of public and private agencies to monitor and shape social arrangements and individual subjectivities. So-called 'healthy public policy' is characterised by an explicit concern for health and equity in all areas of policy, including education, water, sanitation, transport systems, housing, work environments, recreation facilities and food production, and not simply those traditionally associated with health services. An important health promotion concept is that of 'intersectoral collaboration', the forging of alliances between different levels of government, private bodies, non-government organisations and community groups, to create, in effect, a multi-levelled and multi-organisational network of surveillance and regulatory practices. The task of coordinating these various groups and agencies, and of seeking to utilise their efforts and prodigious resources, has been given to the professional health promoter located in government departments of health and other state-sponsored agencies.

The complex system for monitoring and regulating populations that is indicated in the goals and targets strategy is informed, and technically facilitated, by advances in the statistical calculation of risk, employing sophisticated techniques of epidemiology. Epidemiology has become so central to the public health endeavour of identifying, reducing exposure to, or eliminating 'risks' that it has become almost synonymous with the public health enterprise itself. It has a broad agenda which makes use of vast number of practices such as case studies, quantitative analyses and laboratory experiments, and contemporary epidemiologists work closely with public policy groups and public health departments to help track risk populations and to educate all populations (Fujimura and Chou 1994: 1024).

SELF-MANAGEMENT OF RISK

An emphasis on self-management of risk and self-care has become increasingly evident in the health promotion strategies of governments as well as in the economic rationales of private companies. In the following paragraphs I describe some manifestations of this development and examine some implications for the self and for its relations with others, including experts. In particular, I point to the uncertainties generated by the subject's reliance on expertise which is increasingly located in the 'free market', where the rationalities of competition predominate.

As indicated, the notion of the individual-as-enterprise seems to

have emerged as a basic premise of neo-liberal rationality. This requires the individual to adopt a calculative and prudent attitude in respect to risk and danger (Rose 1993: 296). A manifestation of this is to be found in the phenomenon of 'healthism', described by medical sociologists (Greco 1993: 357). Healthism posits that the individual has choice in preserving his or her physical capacity from the event of disease. In the event that one is unable to regulate one's own lifestyle and modify one's risky behaviour then this is, at least in part, 'a failure of the self to take care of itself' (Greco 1993: 361). Healthism has been described as 'a particular form of "bodyism" in which a hedonistic lifestyle is (paradoxically) combined with a preoccupation with ascetic practices aimed at the achievement or maintenance of appearance of health, fitness and youthfulness' (Dutton 1995: 273).

The disciplinary self-improvement demonstrated in the pursuit of health and fitness has become a key means by which individuals can express their agency and constitute themselves in conformity with the demands of a competitive world. As Crawford observes, to have a healthy body has become 'the mark of distinction that separates those who deserve to succeed from those who will fail' (1994: 1354). The terms 'healthy' and 'unhealthy' have become signifiers of normal and abnormal identity; of one's moral worth. And one of the implications of this is that the prescribed boundaries of selfhood have become limited to what is seen as the ideal of 'the self-contained and self-controlled individual' (Crawford 1994: 1359). Individuals whose conduct is deemed contrary to the pursuit of a 'risk-free' existence are likely to be seen, and to see themselves, as lacking self-control, and as therefore not fulfilling their duties as fully autonomous, responsible citizens.

Greco points to the increasing trend for self-care to become a relevant variable in the economic rationale of private enterprises (Greco 1993: 369). In several countries, including Canada, the United States and Australia, firms are taking it upon themselves to define and manage health according to abstract calculations of risk. For example, stress prevention schemes which involve the establishment of personal risk profiles, on the basis of which individuals choose individually tailored programmes aimed at reducing personal risk, are becoming common. These schemes are seen to have the potential to offer financial savings for individual enterprises and the economy as a whole. For example, in early 1993, after the release of health expenditure figures showed an increase in health expenditure during the previous year, the Liberal government in New South Wales, Australia, sought a review of insurance companies' benefit tables to encourage more people to

undertake preventive health measures such as visits to a gym or a nutritionist (Bita 1993: 2).

The privatisation of risk management has consequences for the kinds of relations one has with one's own self, with others, and with experts in particular. One is, first of all, called upon to be accountable to oneself; to continuously demonstrate to oneself one's competency to take care of the self and others. One may demonstrate one's accountability to one's self in a very public way through one's involvement in self-help groups or in processes for developing self-esteem. The health goals and targets proposal, mentioned above, refers to a number of specific proposals to improve self-esteem and skills in problem-solving, and to create opportunities to participate in self-help groups. For example, one of the goals is:

> to increase the proportion [of older people 60 years or more] who express confidence in their ability to manage stress associated with life events common to this stage of life (e.g. loss of a partner, relocation from a house to supported accommodation).

Another is:

> to increase the proportion [of the total population] who can provide simple support to one another at times of intense distress and crisis by: for example, allowing the person to express distress; being there for the person at time of need and caring compassionately for them.
>
> (Commonwealth of Australia 1993: 160–1)

That the development of individual 'life skills' is seen to mesh with the broader goal of promoting the social good is apparent in this quote:

> there is evidence that individuals whose self-esteem is high, who are able to communicate well with others, who are integrated into community networks of their choosing, and who have problem-solving and conflict resolution skills, generally have greater capacity to take action to promote and protect personal health, and to participate in collective problem solving and action to improve the health of communities.
>
> (Commonwealth of Australia 1993: 158)

Demonstration to oneself and others of one's ability to care for oneself is evident in such risk-minimisation practices as meditation, moderation, abstention, attention to diet and exercise. Many of these practices are premised on the idea of the body as a commodity that can be reshaped according to fashion, and the consumer's 'will power' and

ability to purchase the range of expertise and tools now available in the 'body industry' (Koval 1986). The kind of detailed work on the self that this requires can be seen in the case of the pursuit of 'fitness'. Fitness is widely promoted as an opportunity to avert several of the risks to selfhood present in modern society; a way to protect oneself from characteristic ills of modern culture such as drug abuse, depression, eating disorders and cardiovascular disease (Glassner 1989: 180–91). And, among other things, this requires the individual to constantly monitor body 'inputs' (e.g. attention to diet, sleep and consumption of such 'unhealthy' products as tobacco, alcohol, fast foods) and 'outputs' (time-management, heart rate, muscle size, body shape and weight). In a culture in which physical appearance is seen as an important means of claiming status, health promotion feeds into, and reinforces, the 'cult of the body' whereby the striving after a 'risk-free' existence may mean, among other things, a great expenditure of time and energy on individualised fitness programmes, exercise equipment for home use, strict diet regimes, cosmetic surgery and so on (Finkelstein 1991: 2–4).

Some forms of body management, such as excessive exercise and some diets, far from protecting the self from 'risk', may in themselves constitute something of a hazard. This is particularly so in those cases where the pursuit of the ideal 'risk-free' state reaches obsessive proportions and leads to such forms of compulsive behaviour as 'exercise addiction' or anorexia. In the case of exercise addiction, although restricted to a relatively small proportion of all exercisers, the condition has affected so many individuals in absolute terms that a number of hospitals and health foundations have been obliged to establish units aimed at helping compulsive exercisers to exercise less (Dutton 1995: 275). Some forms of work on the self involve personal disclosures that are not only painful in themselves, but also make one vulnerable to public condemnation and ridicule, again with possibly lasting effects. The self-esteem movement, spearheaded by Gloria Steinem, involves getting people to publicly confess personal struggles with their lack of self-esteem, and programme goals include 'getting clients to write and tell their personal narratives with an eye to the public good' (Cruikshank 1993: 329). Self-esteem is linked to social goals such as amelioration of poverty, crime and gender inequality. And those who fail to make this link are likely to be charged with 'anti-social behaviour' and as 'lacking self-esteem' (Cruikshank 1993: 330). As Cruikshank points out, self-esteem advocates seem not to recognise the extent to which personal life is a product of power relations (1993: 341).

EXPERTISE AND THE ILLUSION OF ULTIMATE SECURITY

One of the ironies of risk discourse is that while it carries the promise of ultimate security, the 'free market' of expertise generates its own uncertainties. Different groups have different interests in promoting their own risk narratives. In the area of risk assessment there is much disagreement between experts: about what constitutes a risk, levels of risk, how to respond and so on. For example, there has been a long-standing debate among experts about whether or not electro-magnetic radiation from electric transmission lines poses a threat to those living in the vicinity and, if it does, what level of exposure is hazardous. Electricity authorities and groups of residents who live in proximity to transmission lines are bound to promote different risk narratives. There may be consensus about the existence of risk, but divided opinion on the level and/or source of risk. This is evident in respect to the issue of lead in the environment: experts seem to agree there is a health risk, but disagree about the level of risk and about whether the primary environmental source of lead in the blood is paint or petrol. There is also much conflicting advice about preventive measures: levels of required fitness, whether abstention or moderation is called for, or individual or structural change, and so on. Dietary advice is but one area replete with conflicting claims: for example, the merits of vegetarianism and of high fibre diets, 'safe' levels of cholesterol and alcohol intake, the dangers of eating snacks and fast foods, and the value of fasting. Although one of the underlying assumptions of health promotion is that science can discover objective, ultimate truths about risk and provide a basis for making ethical decisions about personal conduct, it is evident that scientists themselves cannot agree on the 'facts' about risk.

Scientists frequently disagree among themselves about the meaning and significance of statistical correlations upon which the calculation of factors of risk are based. Again, this is apparent in the lead debate, where there have been disagreements over the statistical relationship between lead in the blood and IQ levels in children, which is a measure commonly used to assess health impacts of lead. One scientist has even suggested that the relationship between lead in the blood and IQ is that 'children with a lower IQ are slower to grow out of the habit of putting things in their mouth' (Legge 1993: 23). Disagreement among experts means that there are rarely coherent sets of norms to which one may defer in caring for oneself. The ever-changing definitions of risk, which occur even as the changes in lifestyle that were called for are adopted,

draw attention to the highly tentative nature of risk prediction and prevention. As Giddens points out, smoking was once advocated by some sectors of the medical profession as a relaxant, while red meat, butter and cream were strongly advocated as 'healthy' products (Giddens 1991: 121). Yet, according to the dictates of contemporary health promotion, all these products are factors of risk and should therefore be limited or avoided. There has been some recent scientific evidence challenging the benefits of vigorous exercise in promoting health. Claims that moderate regular exercise may be a more beneficial preventive strategy than short-term intense workouts serve to cast some doubt on earlier scientific claims about ideal levels of aerobic fitness and health. Similarly, concern expressed about the adverse health affects of water fluoridation and of aluminium-treated water, common in Australia and New Zealand respectively, has opened some space for the questioning of scientific assumptions underlying these public health measures for preventing dental disease (Kawachi and Pearce 1991; McMichael and Slade 1991). Conflicting and changing advice about sources and levels of risk means that the individual consumer of expert advice can never know for certain whether any particular set of advice is more likely to guarantee security than any another.

CONCLUSION

This chapter has sought to explore the utility of the concepts of risk and governance, as developed by Foucauldian scholars, in the analysis of health promotion strategies of the new public health. I began the argument by pointing out that recent thinking in the sociology of risk has tended to be dominated by the ideas of Anthony Giddens and Ulrich Beck, who share a similar perspective on risk and uncertainty in late modern society. I pointed to some problems and limitations with this work, which are related to these writers' adherence to conventional, modernist notions of self, science and society. Within the Giddens–Beck schema, the self is posited as an autonomous, 'reflexive' entity, and there is little acknowledgement of the role of expertise in regulating subjectivity. The work of Robert Castel and other governmentality theorists, focusing as it does on the political rationalities of the contemporary period, recognises a more complexly structured and intensely governed self.

As Turner, and Bunton and Petersen, note above (in the 'Foreword' and 'Introduction', respectively), Foucault's concept of governmentality can be conceived as a contact point between technologies of the self

(self-subjection) and technologies of domination (societal regulation). It allows one to recognise the agency of subjects, without recourse to the notion of a fully autonomous self or to voluntaristic explanations of behaviour. In the analysis of risk, it shifts the focus from uncertainties and dilemmas associated with individual 'life-planning' and 'lifestyle choice' (evident in the accounts of Giddens and Beck) to an analysis of 'practices of the self' and modes of self-subjection. The new public health can be seen to comprise a multiplicity of suggested practices, which provide potential points of reference for individuals in constituting themselves as subjects. In a 'neo-liberal' context, many of the practices of the new public health would seem to be closely aligned to the development described by Gordon as the 'manage-rialization of personal identity and personal relations' (1991: 44). This entails, among other things, the widespread tendency to establish links between personal goals and 'the public good', evident in the aforementioned 'self-esteem movement', and the tendency for individuals to be evaluated according to their abilities to effectively regulate themselves and others in line with prescribed norms of conduct for 'healthy living'. As I argued in this chapter, 'risk' would seem to play a crucial role in 'neo-liberal' societies: in distancing experts from direct intervention into personal lives, while employing the agency of subjects in their own self-regulation ('risk management'). It would be wrong, however, to assume (as modernist theorists of power tend to do) that domination of subjects is complete and coercive, and always involves techniques of rational control. The governmentality concept allows one to acknowledge the complexities, subtleties and micro-negotiations of relations of power, and involves recognition that any project of governance is always incomplete and partial in respect to the objects and practices it governs (Malpas and Wickham 1995). (Osborne's comments about the indeterminacy of health policy are relevant in this respect; see chapter 9.)

Critics of the new public health have so far emphasised the individualism, behaviourism, consumerism, and 'victim-blaming' associated with the lifestyle emphasis of health promotion (e.g. Bunton *et al.* 1995; Lupton 1995). As yet, there has been relatively little exploration of the processes of self-subjection associated with the multiple imperatives of public health. With the recent and considerable broadening of the mandate of public health to include the strategies of 'community participation', 'green politics', 'sustainable development', 'intersectoral collaboration' and 'healthy public policy', individuals are being called upon to play an increasingly active role in creating a

'healthy', 'sustainable' environment. The emergence of the new public health would seem to signal a new politics of citizenship, with a greater emphasis on 'duties implied by rights' (Roche 1992). Being a 'healthy', 'responsible', citizen entails new kinds of detailed work on the self and new interpersonal demands and responsibilities. The strategy of 'community participation', universally applauded by new public health commentators as the means of 'empowering' citizens, establishes its own disciplines of the self (e.g. the requirement that one engage with formal political structures and with various experts, and the ability to demonstrate commitment to shared goals and to manage interpersonal conflict), and may serve as a strategy of exclusion (Petersen 1996; Petersen and Lupton 1996). As Lupton points out in her study of patient–doctor interactions above (chapter 5), engagements with experts also involve complex negotiations of power at the interpersonal level – often entailing emotional or 'unconscious' (i.e. non-rational) elements. These complexities and micro-dynamics of relations of power have barely begun to be explored in the critical literature on the new public health, but can begin to be examined within the governmentality framework.

This chapter has discussed some implications of recent developments in the new public health, focusing in particular on the so-called health goals and targets strategy of health promotion and on a number of emergent practices of 'self-help' and 'care of the self'. However, there is a need for a more thoroughgoing enquiry into the other aspects of the new public health, such as those mentioned above. The work of Castel and other Foucauldian scholars who have developed the notions of risk and governance, I believe, can be used to good effect by those seeking to appraise the impact of the strategies of the new public health on everyday life.

NOTE

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