

Being occupied: An embodied re-reading of organizational 'wellness'

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Abstract

'Organizational wellness' has become a high profile issue for businesses. We argue that a 'wellness movement' has sprung up around a particular coalescence of economic, ideological and organizational interests. In this article we re-read the discourse of this 'movement' through the lens of 'organized embodiment'. We argue that organizational wellness operates as a rhetorical device which masks contradictory power relations. It serves to hide differential occupational effects and opportunities for workers, and obscures the relationship between wellness and its necessary Other, *unwellness*. The article suggests that employee unwellness is often produced—and required—by the different forms of organized embodiment that arise directly from occupations and employment. It analyses this corporeal 'occupation' in terms of the extortion, exchange and embrace of our bodies to the coercive, calculative and normative power of the organization. Thus, our organizational experiences produce an embodied individual who is 'fit' for purpose in a rather more circumscribed fashion than prevailing discourses of wellness might suggest.

Keywords

Bio-economism, biopower, occupation, organizational wellness, organized embodiment, unwellness, well-being, wellness movement

In recent years there has been an upsurge in interest, within both the academic and practitioner communities, in the concept of 'wellness' or 'well-being' (e.g. Cartwright and Cooper, 2009; Huppert et al., 2006; McGillivray, 2005; Parks and Steelman, 2008; Thanem, 2009; Zoller, 2003). It

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is certainly possible to point to such concerns for workplace health promotion and wellness at work in both communities over a much longer period (e.g. Cooper, 1994; Leichter, 1997) but more recently 'organizational wellness' has become a particularly high profile issue for businesses and their representative bodies (Chartered Institute of Personnel and Development, 2007; Corporate Health and Wellness Conference, 2008; IOD 2006; McDonald 2005; Wellbeing At Work Conference, 2012). There is a coalescence of interests around wellness at work shared by management consultants, professional bodies for business and human resource management, health promotion agencies, academics and academic consultants which could be described as a wellness 'movement'.

We first discuss the wellness movement's assumptions, showing how it has not arisen in a vacuum. It is of benefit to organizations, the state and to (some) individuals to promote particular understandings of well-being. We suggest that the contemporary interest in 'wellness' or 'well-being' obscures some of the earlier concerns for workplace health and safety. Attention has been taken away from the context and conditions of the workplace, and instead has focused on the attitudes and choices of the individual employee and how they can maximize their own 'well-being'. One particular aspect which we find underdeveloped is attention to the whole embodiment of the employee. Our focus is on the *embodied person* rather than just 'the body', where the latter reinforces a notion of the physical body as merely material and passive as compared to the active, indwelling mind (Williams and Bendelow, 1998). We point to tensions and contradictions within the human experience of embodiment without perpetrating a split between mind and body. Thus, whilst an individual may well feel pleasure and satisfaction in their employment, this alone does not make for wellness as an embodied being, and, indeed, may itself produce overwork, addictions, including to adrenalin, or the musculoskeletal problems associated with sedentary work.

The individual experience of embodiment must be analysed within the collective dimensions of organization and occupation. Working within these parameters, we argue for a conceptualization of 'organized embodiment'. We argue that 'the wellness movement' privileges some aspects of wellness but obscures its necessary 'other', namely *unwellness*. As Jack and Brewis maintain: 'the presence of the "well" in organizational wellness is made possible by the deferral/absence of its "sick" counterpart, a trace on whose existence the well always depends' (2005: 65–66). This is a point we will develop further.

It is generally assumed that a concern for wellness at work is about eliminating unwellness, that the two are mutually exclusive. What is argued here is that occupation *requires* unwellness of various forms, in order to achieve successful (i.e. economically viable) production. Compliance with corporate goals is achieved through their embodied, and costly, internalization by employees. Within discussions of wellness, sickness and absence only emerge as an economic cost to the organization and as something which the individual, if they are successfully working on their own well-being, should avoid. Injury, accident and disability are even more invisible in the discourses of wellness. In part, the reality of unwellness is obscured because of the stigma and abjection attached to sickness, danger, death and to the 'dirty work' which deals with things that produce disgust and toxic 'miasma' (Gabriel, 2008).

The final section of the article develops this argument that unwellness is a necessary part of organized production through the idea that we are all 'occupied' by the occupations through which we earn our daily bread. Given the differential distribution, both historically and geographically, of different occupations, an 'uneven geography' (c.f. Harvey, 2000: 23) of wellness and unwellness can be discerned. We then explore different forms of relationship between occupation and embodiment. To do this, we draw upon Etzioni's (1961) discussion of forms of organizational involvement (*coercive, normative and calculative*). Thus, it is suggested that the relationship between occupation

and embodiment may be analysed as one of *extortion* or of *embrace*, always underpinned by the relationship of *exchange*.

The wellness ‘movement’

The upsurge in interest in workplace wellness in recent years might be characterized as a ‘movement’. What we mean by a ‘movement’ in this regard (Della Porta and Diaini, 1999: 13–19) is an informal interactive network made of participants (rather than members) who promote the circulation of essential resources for action, including information, expertise and material sources such as books and other media. These texts, meetings, conferences and media appearances, produce a vocabulary and an opening for new ideas and actions. New identities and value systems may be created from shared feelings converging around the material, practical and intellectual interests of the participants. The well-being network, found in the corporate domain, and supplied with material by institutionally based academics and their consultancies, demonstrates these elements of a small scale ‘movement’.

What is novel in the ‘wellness movement’ is that these interests coalesce at and direct their activities at what might be described as the ‘meso-level’, that is, at the level of the organization (cf. McGillivray, 2005: 130). This encompasses agencies, consultancies and representative institutions as well as the direct employing organization. What may also be discerned is an intensification of the links between wellness and economic interest. Some participants in the wellness movement, particularly specialized agencies, charities and consultancies, have themselves a greater direct economic dependence on it, compared to the parties who were historically concerned with the governance of worker health and welfare (the state, employers and philanthropists). The interests (ideological and economic) of those individuals and organizations within the wellness movement have been dovetailed neatly with those of the health and health promotion sectors. As the latter are often reliant on state funding, connections which enhance their perceived ‘relevance’, especially to the economy, are key to success. Thus, there is a growing integration of cultural, economic and political values and organizations around the concern for ‘well-being’.

One local example might serve to illustrate the integrated nature of the wellness movement. At the university where one of the authors is employed, a well-being survey was carried out. This survey was provided by RobertsonCooper, a UK consultancy which has as its specific aim to promote well-being at work by working with businesses (www.robertsoncooper.com/). Both co-founders, Ivan Robertson and Cary Cooper, are highly influential academics in this area, and promote their business through their academic credibility. One of them was also a senior manager within the university in question, raising a number of questions about research ethics and ‘objectivity’. The survey itself was presented as voluntary and anonymous. However, after response rates were not as high as hoped, heads of department were told the percentage of members of their departments who had completed the survey, so they could encourage greater participation. This operated as a disciplinary mechanism, with many academics complying because they did not want their department to be seen as problematic or their head of department to be subject to pressure. When completed, many participants felt that the survey questions had little relationship to their academic labour process, because the survey design allows RobertsonCooper to provide a large-scale set of data comparisons *across* occupations and industries, thereby enhancing their own perceived significance and credibility through national statistical metrics.

Haunschild (2003) argues that well-being programmes come to be seen as inherently good, in such a way that it appears to be illegitimate or mealy-mouthed to criticize them. In our analysis of the wellness movement, we do not wish to deny or dismiss genuine concern for well-being by

members of any of these companies or bodies. However, we believe it is important to consider the broader political economy of the wellness movement and see what is produced through this network of interests and values. It is also crucial to examine what is obscured by this confluence of interests, especially since the idea of wellness is itself so seductive.

Wellness and its assumptions

Three major assumptions can be discerned in the contemporary wellness movement. First, the *individualization* of wellness obscures the significance of workplace context and managerial agency by placing responsibility for well-being with the individual; second, individualization allows a *conflation of wellness with attitudes and satisfaction* at work. Third, both of these allow a *'bio-economism'* in the wellness movement: the translation of well-being into an economic resource through the conflation of 'fitness' with 'fitness for purpose'.

The wellness movement assumes 'individualization'. Many of its proponents work within a broadly psychology-based framework with historical roots in the Human Relations School, Tavistock Institute and research on workplace health promotion programmes. Nichols (1994, 1999) analyses a longstanding history of individualization within these approaches, where absence and accidents are perceived through a managerial lens locating causality within individual characteristics such as 'accident proneness' and the 'human factor'. The wellness movement also can be placed within the broader trend of the individualization of the employment relationship (Brown et al., 2000). It tends to detach the individual from their organizational and social context, simultaneously placing well-being within the responsibility and choices of that individual. Large-scale survey data function to abstract the individual, decontextualizing them and, by aggregating their experience, homogenizing them, producing data across occupations and organizations which appears to have greater legitimacy because it is not limited to a particular time and place. RobertsonCooper market their well-being survey tool to organizations as having the capacity to facilitate 'benchmarking' with other organizations. This is achieved through the translation of individual well-being into disembodied data. In doing so, this approach excludes alternative readings from industrial sociology and critical occupational health studies (e.g. Daykin and Doyal, 1999; Nichols, 1999), by ignoring the social and economic conditions of work and how these interact with changes in workplace health and well-being. Nichols (1999), for example, points to changes in accident rates in relation to the economy, work intensification and size of organization. Smaller organizations show higher levels of incidents but less reporting, probably due to pressure of work and greater visibility of employees.

The individualization of well-being has a moral dimension beyond the methodological one. This can be illustrated from the 2007 document entitled *What's Happening with Well-being at Work* from the Chartered Institute of Personnel and Development (CIPD), the professional body for human resource management practitioners in the UK, which states: 'well-being is ultimately an individual's responsibility requiring education and a degree of self-awareness' (2007: 4). This can be related to Fassin's conceptualization of 'bio-legitimacy' (2006, in Lemke, 2011: 87). The rhetoric of wellness places the individual in a moral economy which is not about distinguishing right and wrong, but about establishing a set of norms (Canguilhem 1978: 146ff; Lemke, 2011). This is 'morality' in the sense of social mores. Thus the wellness movement is part of a wider societal bio-legitimacy that constructs which individual choices and actions are perceived as the sign of a 'good' person, citizen or employee (Goss, 1997; Haunschild, 2003). Bio-legitimacy can be seen in current debates about whether an obese person or a smoker should have access to certain medical treatments, when they are judged as not taking sufficient responsibility for their own embodiment.

The second assumption underlying the wellness movement involves a conflation between the felt experience of the employee of commitment or satisfaction to their work, and their wellness (Veenhoven, 2007). Again, this can be seen in how the CIPD document defines wellness (2007: 4):

Well-being is more than an avoidance of becoming physically sick. It represents a broader bio-psycho-physical construct that includes physical, mental and social health. Well employees are physically and mentally able, willing to contribute in the workplace and likely to be more engaged at work.

Leaving aside the question of whether or not this is close to transgressing the spirit of UK disability legislation in its definition of what constitutes an 'able' employee, the CIPD follows other bodies representing business such as the Institute of Directors and Confederation of British Industry, where the efficiency and productivity gains from possessing a well workforce are made very clear. What is absolutely transparent here is the elision between 'wellness' and 'willingness' to fully participate in achieving the organization's goals. This document goes on to present a continuum of well-being (2007: 8). It contains five domains within which well-being should be considered by employers. As well as the physical domain, there are emotions, values, personal development and organization/work. However, when we consider what value judgements are embedded within the domains, one sees the economic-political interests which underpin the assumptions of the wellness movement in general. Each of the domains is mapped onto the others, such that the 'positive' and 'negative' elements of the continuum are aligned with each other. Thus the five positive aspects of well-being packaged together are: healthy (physical), contented (emotional), flourishing (personal development), committed (values), prospering (organization/work). Conversely, the negative aspects or lack of well-being are: sick, distressed, demotivated, disengaged and failing. What we can now see quite clearly is the conflation of the well-being of the individual with the well-being of the firm. There is an underlying unitarism (Fox, 1985) of interests and goals which is being promoted here, in the name of employee well-being. A 'well' employee in this schema cannot be one who is resistant to or even indifferent to their job or the interests of the organization. A 'well' employee is also one who is assumed to be working on their personal development (in the limited context of employment) (cf. Costea et al., 2005) and one who develops their well-being as part of the 'competencies' that employees who want successful careers must demonstrate (Maravelias, 2009).

Third, the wellness movement assumes that individual well-being is directly equated with and subsumed by economic well-being. The CIPD emphasize the importance of selected 'stakeholders' who hold a financial interest in the proliferation of 'healthy' workers while another actor in this policy 'agora' (Nowotny et al., 2001), the Confederation of British Industry (CBI, 2006), places wellness in the context of a concern for absenteeism and its impact on the bottom line. They state that 'stress-related sickness is widely reported to be a major cause of absence for UK businesses. It is estimated that 13.4 million working days a year are lost through stress, anxiety and depression, with sickness absence costing over £12 billion per year'. It is important to note, with Nichols (1999: 87), that the presentation of absence figures 'does not take account of any suffering or financial loss by employees' and is indeed often associated with a backlash against workers by the media or management. Within much of the rhetoric of the wellness movement, 'feeling good' becomes conflated with 'fitness for purpose' as seen through the financial interests of institutional stakeholders. This 'usable' well-being directly relates to reducing organizational costs and increasing productivity.

This wide-spread assumption that wellness is *economically* desirable (Cartwright and Cooper, 2009: 2–3) can be seen as an indicator of what Lemke describes as 'bio-economy': where 'human

life does not serve as a measure of the economy but is itself subordinated to the economic imperative of valorization' (2011: 107). Lemke analyses this in relation to the development of human capital theory, where connections between bio-economism and the individualization of choice and responsibility in the wellness movement can be seen, since human capital theory conceptualizes individuals as 'autonomous managers of themselves, who make investment decisions relevant to themselves only and aim for the production of surplus value' (2011: 110–111).

In summary, the processes and structures which shape the organizational member are occluded by the positivity one finds in the wellness literature, and mean that many of the core notions of the 'movement' are irredeemably contradictory and highly political.

Critiques of 'wellness'

We are by no means the first to subject the concern for wellness to a critical lens. In what follows we consider some of the main themes of this literature and attempt to contribute to and extend these insights. An analysis of the wellness movement can be aided through the use of Foucault's concept of 'bio-power' (Foucault, 1979: 139–141). Historically, two strands of intervention in the management of the worker's body can be discerned. The first is in relation to the government of the body *collectively* operationalized through the state, in health and safety regulation and legislation, and later through the promotion of healthy lifestyles (Thanem, 2009; Turner, 1991). The other has been directed to the *individual* person, and especially to a 'psychosocial' orientation to well-being located within the 'person' and their 'personality'. This led to work on the dehumanizing effects of industrial work, notable in Scandinavia and the US in the 1960s, and the 'Quality of Working Life' approach (Davis and Cherns, 1975). These can be linked to Foucault's two key elements of bio-power, the first element being a *bio-politics of the population*: interventions which seek to regulate and control the body at the level of 'society' as a whole. The second is the *anatomo-politics of the individual body* whereby it is disciplined, trained for the purposes of 'the optimisation of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls' (1979: 139). As Foucault notes (1979: 140–141), this combined bio-power was 'an indispensable element in the development of capitalism; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes'. Lemke (2011: 117), examining the development of bio-politics, characterizes it as a modern condition where life 'is no longer confined to the singularity of concrete existence but has become an abstraction, an object of scientific knowledge, administrative concern, and technical improvement'. In the light of this conceptualization, we see 'organizational wellness' as a constituent of bio-power, and one which functions at the level of *organization*. It operates as a managerial power play (Zoller, 2003), at the *intermediate* level, between the anatomo-politics of the individual and the bio-politics of the societal population.

The critical literature on the wellness movement has been essential in pointing to the relationship between well-being at work and the construction of particular sorts of employee subjectivity. Maravelias (2009: S196) argues that 'health promotion programmes constitute employees as objects of knowledge' which enable and normalize particular types of subjectivity. A number of studies show how wellness narratives relate to self-discipline and employees' 'self-making activities' (2009: S197; McGillivray 2005). Wellness is analysed in the context of managerial repertoires which utilize subjectivity to enhance productivity (Costea et al., 2008; Haunschild, 2003; Zoller, 2003). And in concentrating on lifestyles and choices, wellness discourses blur the boundaries

between working and private life, and turn the risks from the organizational environment into threats and risks internal to the self (Maravelias, 2009: S202).

These critical commentators rightly point to the wellness movement's disciplinary effects on employee subjectivity, but this focus has certain consequences for the analysis of wellness. First, it reproduces some of the assumptions of the wellness movement with its concentration on the individual level of analysis, albeit critically as the object of knowledge and discipline. Second, the critical focus on subjectivity has led to a relative neglect of the whole *embodied being* of the employee, and to a position where unwellness is equated *only* with experienced disaffection in the workplace. For example, in their otherwise insightful introduction to a special issue of *Culture and Organization* on wellness, Jack and Brewis (2005: 65–66) warn against:

one-sided views of the labour process which tend to reduce all experiences of organisation to alienation or oppression. That is to say that it is important not to fall into the trap of assuming that the organisational context is necessarily, inevitably or automatically a problematic, unhealthy, damaging place to be.

We appreciate that the intention is to point out that not all employment under capitalism is inherently unpleasant or unsatisfying, but this formulation appears to unintentionally assume that if an employee is not feeling oppressed or alienated then they must therefore be 'well.' In other words, Jack and Brewis parallel one of the underlying assumptions of the wellness movement itself. The possibility must be allowed that (some) employees can thoroughly enjoy and genuinely be committed to their work—and yet it still *necessarily* makes them unwell. We think it is important to disaggregate these aspects of embodied experience, and to allow for the possibilities of tensions and contradictions between the attitudes and emotions of an individual and their embodied un/wellness. This does not have to lead to a crude problem of pitting some 'objective' bodily reality against the 'false consciousness' of the satisfied worker. Instead, it is useful to briefly refer to the work of Merleau-Ponty (1962).

Merleau-Ponty's embodied phenomenology is especially evident in his early work on perception (1962), where he discusses examples of contradictions *within* embodied experiences, such as those of people who have lost a limb but still 'feel' its presence (phantom limb), or alternately those who are unable to recognize the existence of a dysfunctional bodily part, such as those who ignore their paralysed hand (anosognosia). But Merleau-Ponty's approach is more expansive than this (Williams and Bendelow, 1998: 51), and he brings out the complexities in dealing with the relationship between embodiment and world, which cannot be disentangled or reduced to either physiological or psychological explanations. His notion of being-in-the-world is expressed in the assertion that 'to be a body is to be tied to a certain world' (Merleau-Ponty, 1962: 148). In his later work, he speaks of being-in-the-world as implying the body is 'reversible', both active and passive, both creative and created, and neither matter nor idea—but as 'flesh'. Therefore, our phenomenologically experienced embodiment (the entanglement of body and mind, biology and culture) is much more multi-faceted than we often allow for in conventional discussions of organizational life. In our view, Merleau-Ponty's approach suggests the existing critical literature pays insufficient attention to the ongoing *organization of embodiment*. By providing a sensitivity to the individual level of phenomenology *and* to how this is socially and culturally mediated, Merleau-Ponty would imply that there is rarely a corporeal *tabula rasa* for humans upon which organizations 'later' inscribe themselves. Except in highly unusual circumstances (Thanem, 2004), the body is always already a product of the social and cultural norms and institutions in which the individual is conceived, matures and learns to labour. As Engels put it so provocatively: 'the hand is not only the organ of labour, it is also the product of labour' (1970: 77). Organizations are a central part of this, not only at the point at which we enter them as producers, but also because in Western nations we live in

societies that are almost totally constructed by and through organization(s). Thus, not only in labour, but in consumption, leisure, reproduction, even in religion and death, our embodiment is organized. Even the unemployed, the pre-employed and the retired confront an organized world in which their habits and *habitus* are shaped. And here of course lies the covert issue of categorizing what is ‘normal’ and what ‘pathological’.

In his influential study of the ‘normal’ and the ‘pathological’, Canguilhem (1978: 3–4) illuminates the problems with this elision between subjective wellness and physiological health. He notes that reactions to stress or danger produce ‘normal’ reactions of corticosterone in the blood; this is the adaptive functioning of the organism. Yet if these situations are frequent, they can produce disadaptation diseases such as hypertension or ulceration. In some forms of work, experiences which might provoke physiological reactions of ‘stress’ or ‘danger’ will be subjectively/culturally experienced as adrenaline-fuelled risk-taking, or pleasurable indications of status or of one’s importance to the organization. In other words, the normal may be pathological because the diseases produced may not manifest in symptoms which are ‘felt’ or recognized as unwellness by the individual.

The importance of organizational unwellness

The individualism and voluntarism assumed by the positivity of references to ‘wellness’ and ‘well-being’ hide the other side of wellness—unwellness—in its various guises of sickness, absence, injury, accident and disability. Here, in considering what is deliberately or accidentally obscured or excised by the wellness movement, we deal, first, with the inequalities of the effects of unwellness.

Unequal geographies of unwellness

Well-being is presented in a universal form, which hides ‘uneven geographies’ of well-being (Harvey, 2000: 23) between countries and economies, different regions of the same country, and between occupations even in the same organization. The wellness movement is presented as international, but indicatively the *Handbook of Organizational Well-Being* (Cartwright and Cooper, 2009: 2) draws its authorship solely from ‘eight industrialized countries’. Mirroring this focus, within the critical literature there has been a tendency to analyse wellness as an integral part of ‘soft capitalism’ (Costea et al., 2008). Despite Thrift’s (2005) invocation of the importance of ‘new bodies’, ‘soft’ capitalism holds in its theoretical gaze much more interest in the mind than it does in the body, for the body is frequently seen as a passive material manifestation of social and cultural power. Yet without the corporeal body, soft capitalism cannot function. More significantly, ‘soft capitalism’ tends to displace unwellness and organized embodiment in a similar way to the wellness movement. It needs to be analysed in relation to its necessary and obscured Other—which might be characterized as ‘hard capitalism’. ‘Hard capitalism’ was well known by the workforces of the West for 150 years but today there is a geographical diversity in global capitalism, such that well-being is a highly contextual notion in space as well as in time (Levenstein et al., 1995). In the case of contemporary garment factories in Sri Lanka, for example, organizational ‘fitness’ relates to youth, speed and dexterity. Young women typically work at an intense pace for a relatively short number of years until they are physically burnt-out, while managers often perceive a five year turnover period as ‘normal’. The female employees live in tiny rooms where they sleep, cook and eat, paying about a third of their wages for this accommodation whilst sending the rest of their earnings back to families in rural villages (Klein, 2001; Seneviratne, 2011). Given these living conditions, international comparisons of ‘well-being’ are highly relative. The experiences of the

Sri Lankan textile worker show capitalism in its raw, 'hard' form, but such exploitation has become obscured within analyses of mature capitalist societies. Outsourcing production to other locations is precisely one way of obscuring the 'hard' capitalistic relations that still necessarily underpin so-called 'soft' capitalism.

As Western economies have exported their production facilities and industry to areas of the world with plentiful cheap labour and less regulated governments, so they have exported some of the worst cases of occupational unwellness. These sites of hard capitalism are ripe for the worst industrial accidents (e.g. Bhopal in India) and the largest scale ecological disasters (Nichols, 1999). The ILO reports that in Cambodia in 2011 at least 11 garment factories experienced fainting incidents in which more than 1500 workers collapsed (Butler, 2012: 28) because of 'fumes from chemicals, poor ventilation (and) malnutrition'. News pictures of Beijing's air pollution before the 2008 Olympics or toxic foam flowing across the Tietê River near to Sao Paulo (National Geographic Daily News, 21 September 2010) resemble some science fiction dystopia but remind us of the clear and present danger posed by organizations to our bodies. As we discuss below, organizational unwellness cannot be simply dismissed as historically and geographically distant. In either 'hard' or 'soft' versions of capitalism, becoming a 'member' of society involves a corporeal organization which affects one's 'wellness' and 'unwellness'.

Unequal conditions and effects

Organizational wellness operates as a rhetorical device which masks contradictory pressures and power relations, and as we shall see, serves largely to hide differential occupational effects and opportunities for workers. Indeed, Leichter (1997: 361) has argued that the wellness movement is inherently discriminatory, elitist and exclusionary. Maravelias (2009) points out how recent manifestations of wellness have turned away from work-related illness and injuries and also from those who suffer most, the lower-paid, lower-status employees and occupations. Similarly, Zoller (2003: 186) tellingly writes that 'During my 2-year study, no health information was presented that touched on workplace or environmental risks'. This is in the context of an 'active workplace health promotion programme'.

Another example of this deferral of unwellness can be seen in an IOD report, *Health and Well-Being in the Workplace* (2006), which advocates employee well-being programmes because 'in today's working environment relatively few people are affected by accidents compared with the large number affected by broader issues of mental and physical well-being.' Yet another IOD document published that year, records that in 2005, 220 workers were killed, as were 361 members of the public following workplace incidents, there were 150,000 major injuries, 28 million work days lost to work-related ill health and 7 million days lost through workplace injury. The concept of 'relatively few people' being affected by workplace accidents is itself highly relative.

Disability is also separated from the discourses of wellness. The typical understanding of disability is that of the medical model, seeing disability as individual tragedy and predominantly assuming that a person with a disability has been born with it or if it has developed through their lifetime that it is an individual problem which may or may not be associated with lifestyle 'choices' (Oliver, 1990). It is rarely understood how many disabilities are *directly caused* by the employment that people undertake, through accidents that leave permanent impairment, illness and other detrimental effects of work. In one study in the USA, 33% of disabled people between the ages of 51 and 61 attributed their impairment to their work (Reville and Schoeni, 2003/4), whilst a study in the Netherlands of over 7000 recently disabled people found 53% reported a direct causal relation (Guerts et al., 2000). In the UK it is difficult to find direct figures, but extrapolating from Jones'

(2011) econometric study, 51% men and 37% women may have a disability caused by work-related disease or illness.

The next section discusses the unwellness produced by various occupations. Here we do not wish to suggest that employees' embodiment is homogeneous. There are collective social dimensions within occupations, including those related to class, gender, ethnicity and so on, but these are experienced and differentiated at the individual level. We recognize an ongoing process of negotiation between individual embodiment and organized embodiment, creating different, dynamic and specific bodies.

These specific bodies are not easily described or measured; they are not 'a condition' but a whole series of possibilities. Significantly, however, these very different embodied subjects with all their possibilities are ignored in the wellness literature, where individuals are typically seen to differ because of objective 'variables' such as personal, demographic and work-situational characteristics (e.g. Burke and Fiksenbaum, 2009: 282–288; Robertson and Flint-Taylor, 2009: 165). In opposition to this tendency to homogenize and disembody, we wish to contextualize and re-embody. Thus, we have chosen an illustrative strategy of using vignettes of specific 'occupations' which allow particular insight into a specific setting. These vignettes (Finch, 1987; Renold, 2002), brief, impressionistic and descriptive as they are, allow us to integrate heterogeneous material drawn from a wide historical and geographical spread with personally relevant material. They bring home, sometimes in a direct autobiographical way (Czarniawska, 1997: 29), the poignant and personal nature of organized embodiment which always has real specific effects on real people. For we believe that the personal is the political (Stanley and Wise, 1993), and that power relations are obscured by academic work which appears to be written from an 'objective' and disembodied position. Our main purpose of this paper is to advance theoretical analysis of the wellness movement and posit the significant ways in which working bodies are shaped through their employment. From this perspective the vignettes we use are not intended to constitute empirical data but tools to think with.

Being occupied

Within the majority of societies today, the most significant aspect of socially organized embodiment is work, including domestic labour, global slavery and the 'informal' economy. For much of the population there is a likelihood that employment brings a relatively specialized and narrow skill-set and division of labour, such that one undertakes a particular defined 'occupation'. Thus, we describe the process of socially organized embodiment that concerns us as 'being occupied'. On taking up any particular occupation our embodied being is shaped through our interaction with this occupation. In this way we see typical patterns of occupational health issues. For example, a shortening of the muscles in the upper legs and buttocks in desk workers can produce sciatica; the combination of long sitting and then heavy lifting that produces spinal problems in long-distance lorry drivers; and so on. Thus, whilst organizational rhetoric extols the virtues of wellness, a more embodied analysis of the relationship between individual and organization points to the contradictions inherent in these discourses. It is argued here that the embodied employee is 'occupied' by their organizational roles and tasks. This often produces an embodied individual who is 'fit' for purpose in a rather more circumscribed fashion than the discourses of wellness and individual choice would suggest.

On entering an occupation, the occupation enters us—in diverse ways. Etzioni (1961) provides us with the notion of patterns of organizational involvement wherein he identifies normative, calculative and coercive control. We find this tricotomy useful to extend to the relationship between

occupation, organized embodiment and wellness/unwellness. We relate *the extortion, exchange and embrace* of our bodies to the coercive, calculative and normative respectively.

At one end of the spectrum, there are occupations which invade the worker's body, *extorting* vitality as the price of labour, whether they are immediately aware of this or not. There is a long, dark tradition of seeing humans as facing a constant nightmare of being forced to mate with a beastly incubus. Here the text is of physical gratification to the occupier but the nightly coercive invasion of the occupied. At the other end of the spectrum, there are the occupations which invite the *embrace* of the worker. These might be perceived as positive, strengthening, enlivening and enabling. There is a normative desire (mental and physical) on both sides in this ongoing enactment of a soft and subtle embrace. Underlying the complete spectrum of possibilities of engagement between the employee's embodiment and their occupation, is that of *exchange*: the economic relationship which shapes embodiment under capitalist forms of organization. For this type of relationship we might think of the Faustian bargain, a calculated exchange, and the selling of our souls—and bodies and minds (Osterman, 1996).

It is often easy to see where different occupations lie on this spectrum: the mine worker with pneumoconiosis has their wellness extorted, whereas the high flying executive with high blood pressure has embraced their occupation. But there is a dynamic relationship of occupation and embodiment. At different times within one occupation our embodiment might be extorted or embraced or exchanged. Each of these ways of analysing our embodied involvement with occupation is not mutually exclusive or static. However, using the heuristic device of extortion, embrace and exchange we show the complexity of relationship between embodiment and occupation, and that unwellness in multiple forms is a necessary attendant of employment.

Extortion

In extreme forms, the work occupation actually insinuates itself and invades the human body and the mind. Like the throaty entrance of the Alien in the eponymous movie, the body becomes filled with diseased parts and systems as an indication of its function, which is the extraction and reproduction of labour power. Marx speaks of William Wood, a Staffordshire potter, 9-years-old, whose pulmonary health was shattered by working long hours in a dust filled atmosphere. He notes how a Dr Arledge reported that potters were a degenerated population of men and women, ill shaped and frequently ill formed in the chest suffering from amongst other things respiratory diseases (cited in Morgan, 1986: 288). As a more recent example, asbestosis is only one of the invasive diseases associated with occupations, yet: 'Asbestosis exposure will kill more people in Britain than were killed in the armed forces in the Second World War' (Singer, 1986: 209). The story of the failure to deal with the deadly effects of asbestos on workers is chilling (see Eigelman and Reinert 1995; Singer, 1986), one example being the Cape Asbestos Plant in Hebden Bridge, UK, where the Ombudsman criticized the Factory Inspectorate for their laxity since 'more than 200 employees and their families had contracted asbestosis and cancer' (Singer, 1986: 204–205). In 1986, 55 years after the dangers of asbestosis were known, it was still legal for a British worker to inhale four million fibres per day. In fact, even the removal of dangerous asbestos itself became a source of deadly occupation for workers, as anyone could set up in this lucrative business and apply for a licence. One thousand licenses had been granted by 1984 with no application refused (Singer, 1986: 206). The brother of one of the authors died in 2010 as a result of asbestosis acquired in repairing boilerhouse insulation in the 1970s. No compensation was payable. These horrors have to be put into the context of the 'uneven geographies' of unwellness by a comment on asbestos workers in India and Africa that 'workers do not live long enough to get cancer' (Singer, 1986: 209).

'Being occupied' has a very specific meaning here. Fibres of asbestos do look like alien invaders of the mesothelium. They occupy the spaces around the lungs and work their way into the bronchi. Organization is inserted into the very body cavities of the workforce. Each occupation—in the sense of the organizational role performed—has its own particular forms of occupying individual embodiment. For example, industrial employment brings bodily invasion by noise, vibration, chemicals, radiation, temperature and by high and low atmospheric pressures. Historically, there are well known examples such as mercury poisoning, white finger, blue vein, pneumoniocosis (from which two other close relatives of the authors have died), match girls' jaw and so on, but such forms of occupation have not yet ended. Recently, we came across an individual who had suffered tremendous back problems as a hosiery worker in Leicestershire, UK. It was well known by experienced hosiery workers in the town that the repetition of the task on the machines that she undertook would lead to damage of the spine. However, a panel of local doctors refused to diagnose this syndrome as anything to do with hosiery work. As a youngster, Becky was not told that entry to the industry carried this risk, and she undertook much overtime to boost her pay, before having to 'retire' in her late twenties from the debilitating condition, still without any formal acknowledgement of this as an organizationally induced injury. If one was to look at the 'developing economies', without Health and Safety regimes of any kind, then debilitating injuries would be found in great numbers. In these forms of occupation, employees' embodiment is invaded and reshaped, with unwellness coercively structured into employment.

The organizational shaping of the body recounted thus far, emphasizes the corporeal pressures of industrial, blue-collar and explicitly 'physical' work, yet the extent and diversity of organizational unwellness goes far beyond these high profile examples from manufacturing and the primary sector. In the tertiary sector, clerical and knowledge workers face problems from sitting at desks and using various technologies. Carpel tunnel syndrome, an occupation of the body by inflammation, can develop through Repetitive Strain Injury. In those modern service sector factories, call centres, bodies are twisted too, for as Baldry et al. (1998: 171) explain: 'an evident characteristic of these offices is the oscillation between repetitive screen tasks and telephone work, in which a frequent observation was the performing of these operations simultaneously. Workers might have a phone receiver wedged between ear and shoulder, speaking and listening, whilst translating information onto the screen through keyboard manipulation or typing'. Even within the seemingly safe office workplace, one's body comes to be occupied by radiation, chemicals, legal and illegal drugs, inflammation of certain muscles and organs, and the atrophying of others from under-use.

Another less recognized form of embodied extortion involves mental occupation. The 'warfare state' creates post-traumatic stress disorder within legions of its troops. These and other high pressure jobs are associated with cardiac arrest, alcoholism, drug abuse, 'stress', nervous breakdown and high suicide and divorce rates, yet these are often linked to the individual (e.g. stress and 'type A' personalities) rather than being seen as 'occupational' unwellness. With psychological unwellness there is also the additional stigma of an individual 'not being able to cope' and it can be difficult to gain recognition for these as occupational illnesses. The backlash against those who are unwell can be harsh from organizations and from society at large. There is emotional extortion too. Pelzer (2005: 111) speaks of the role of negative emotions (e.g. contempt, anger and disgust) in unwellness and argues that 'they are unavoidably built in into our daily experience' of life in organizations. Kupers (2005: 221–222) maintains that psychosomatic complaints, withdrawal behaviour, burnout, passivity and debilitation all reflect the 'constant changing and challenging context' for modern organizations.

Extortion may become full-scale occupation and defeat. Death by overwork in Japanese salarymen (*karoshi*) is not uncommon (Shimomitsu and Levi, 1992). *Karoshi* is a recognized term on

death certificates throughout Japan (Kanai, 2006). Kamata (1983), whose book was originally called *Automobile Factory of Despair* (1973), maintains that a large number of suicides took place in the Toyota plant in which he worked. 'It is not uncommon these days for big industries to have many injuries and deaths, as well as occupational diseases which are dealt with as away-from-the-job injuries and diseases ... The work pace has been established, and newcomers who cannot adapt themselves to the speed are repeatedly injured ... The acceleration of production also forces the workers to hold their bodies in unnatural postures for long periods of time and has produced many patients with back pains and "shoulder-arm-neck syndrome" (*keikenwan shokogun*). However, the company does not admit these as occupational diseases brought about by the work' (1983: 209). These examples are now being repeated in China (Garside, 2012).

The extent of formally reported injury, disease and accident is high, but unreported and *unacknowledged* unwellness is rife as, for example, in Collinson (1999) which shows how accidents go unreported on North Sea Oil Rigs. Whilst stress and back problems are two of the most common illnesses in modern post-industrial societies, as we saw above in Becky's case, these are difficult to record, to link to specific workplaces or activities—and to treat.

In the worst cases of corporeal exploitation, workers' bodies may be consumed when 'fit' and rejected when 'unfit'. Schlosser in *Fast Food Nation* (2002: 186–190) describes this organizational violence against the person. Kenny worked for the Monfort Company and suffered the following: herniated spinal discs when conveyor belt edging pierced his back, his lungs and skin were blistered by chlorine from cleaning out contaminated tanks, he was knocked over by a slow moving train when the lorry he was driving had non-functioning headlights and wipers suffering deep gashes to his face and back, he broke his leg on the uneven slaughterhouse floor, then broke his ankle in a similar injury and finally had an on-the-job heart attack. He was then unceremoniously sacked after 16 years' employment for the company:

'They used me to the point where I had no body parts left to give', Kenny said, struggling to retain his composure. 'Then they just tossed me into the trash can'. Once strong and powerfully built, he now walks with difficulty, tires easily, and feels useless, as though his life was over. He is 46 years old. (Schlosser, 2002: 190)

Embrace

At the other end of the spectrum, one comes across normative involvement, which is linked with a desire to embrace occupation. As we willingly enter into the occupation, we also willingly allow the occupation to enter ourselves. This welcome embrace is particularly evident in the rise of 'the new managerialism' (Deem et al., 2007), HRM, the 'management of meaning' (Gowler and Legge, 1983) and the 'management of identity' (Collinson, 2003). The ways in which these occupy embodiment very often obscure the relations of power under which they are constructed. They are seductive, such that the employee is caught in a close, tight enfolding with these forms of occupation. The construction of the willingly occupied body, engaged in meaningful sanctioned activity, is in itself an occupation of sorts. In this case, the recesses of the mind and cavities of the body are willingly opened up to occupation, and internalized control is embraced as the individual's choice. This provides a bridgehead that is stabilized through the disciplinary means of 'career' and thereafter becomes full scale occupation.

This embrace of one's embodiment by occupation comes at a price. The following is a contemporary example of how occupation is embraced by a successful middle manager. John is a 33-year-old manager with a large multi-national energy company. He promises his wife that, since his father-in-law is visiting, he will exceptionally arrive home early from work at 4pm. His BMW

pulls into the drive of his executive home at 4.45pm, but he stays in the car talking to work colleagues via his mobile phone for 15 minutes. He enters the house and says 'hello' to his wife, 11-month-old son and father-in-law. 'I'm just going to get changed out of this suit' he says. He is out of the room for 40 minutes, reading and responding to emails received since he left work, making two phone-calls as a result. At 5.45pm he re-enters the room, and engages in conversation with his father-in-law. Since 6am that morning, he has been 'occupied' by 'careerism'. His son is put to bed at 6.30pm. After dinner, John returns to a report he is writing for his boss in Munich, until bedtime, and is on the motorway again at 6.15 am. He has interacted with his infant son for 30 minutes in the last 24 hours. In order to demonstrate commitment to his employer, John has 'to let some things go' (Burke and Fiksenbaum, 2009: 272). That is, he has to accept that his life, limb and libido will be occupied by his career (cf. Pahl, 1995; Scase and Goffee, 1989; Vince, 2006). In doing this, he comes subjectively to understand that he has become an 'Organization Man' (Whyte, 1956: 1) 'who had left home, spiritually as well as physically, to take the vows of organizational life'. John is not unhappy with the idea, for he enjoys the trappings of a successful career, with corporate tickets for leading football games, hierarchical power to wield, fine wines and good dinners, all coming with the job—and he would express feelings of wellness. But his body, mind and soul are occupied. He is a workaholic (Killinger, 1991).

The embrace of occupation requires a willing participation in the reshaping of embodiment, so that one grows into organizational 'fitness'. Foucault's notion of normalization (1977) helps to articulate this relationship. Through the embrace of occupation, individuals undertake their own corrective espaliering in order to 'fit' themselves to the needs of their career and organization. Dressage throughout infancy and adulthood is well understood and Foucault's pictorial comparison with the attempt to straighten a bent tree is evocative in *Discipline and Punish* (1977). The corrective espaliering of our bodies, whereby they are straightened, lopped, bent and harnessed in the interests of improved productivity, continues throughout adulthood (Armstrong, 1993; Thanem, 2009).

Appearing 'fit for purpose' is frequently accompanied by knowledge of how the body is to be held, what it should do and how it must look. Socialization into the professions is associated with ways of speaking, of using particular vocabularies and embodying confidence (Coffey, 1994; Haynes, 2008). Haynes presents two examples of the training of the voice to 'fit in'. In one, a woman accountant with a Yorkshire accent articulates her discomfort on being sent to work in the London office: 'it made me feel like that, I felt sort of scruffy and working class and felt I was being looked down on (Susan)', and in the second, another female accountant describes being told to 'speak up' (2008: 335–336). But socialization is also about non-verbal communication and on 'looking professional'. The community of one's peers are those entrusted with the legitimate right to comment upon these aspects of dressage and professionalism (Grey 1994). This willing 'espaliering' of individual embodiment is often at the cost of 'wellness' in the broader sense in which it is usually evoked. Prior to entry into an organization, people may have an understanding that certain occupations are risky (e.g. firefighting, the army), but rarely do individuals expect or understand that their embodiment changes as a result of their occupation. However, embedded knowledge of how to succeed in a career usually involves knowing when to follow or avoid certain rules, including health and safety precautions or hours of work regulations (e.g. Gouldner, 1954). The nature of risk-taking changes as 'fitness for purpose' becomes taken for granted and 'career' develops (Ogbanna and Harris, 2004).

Exchange

The economic exchange underpinning the formal employment contract is also a bodily exchange—paid employment is exchanged for re-shaping and fitting the body for a particular occupation.

Indeed, ever more aspects of the employee are being brought into the work-wage exchange, including 'emotional labour' (Hochschild, 1983) and 'aesthetic labour' (Tyler and Abbott, 1998), which involve managing and shaping embodiment. These have recognized consequences for unwellness (Zapf, 2002). Martin (1994) shows how the calculative exchange at the heart of employment incorporates a conception of fitness in which some will succeed, but others will fail because of their 'inflexible bodies' or 'unresponsive selves'. A nimble shift of economic responsibility has led to a contemporary obsession with 'employability' whereby individuals now have the duty to render themselves fit for organizational desires. Without a trace of irony, a number of organizations sell their self-development programmes to employees under the strapline 'brand yourself'. This rather contrasts with 'wellness' statements that suggest the organization is concerned with embracing the individual's own unique contribution.

Wellness initiatives are closely related to the desire for the alteration and improvement of the individual's 'fitness'. Thus organizations continue to manage the individuated life style through the media, the gym, the health clinic and the advertisers' construction of body image, seeking to change their staff 'for the better'. There is a widespread assumption that real 'organizational wellness' comes from a utilitarian, improving alteration of the individual human body through a management change programme (CIPD, 2007; IOD, 2006; Parks and Steelman, 2008). But such a concept of individuated 'alteration' presupposes that the body has been left to its own devices previously and assumes that there is a *natural* body that might exist, untouched by organizational demands. As argued above, there is no unorganized embodiment. Its posited existence obscures the *organizational* construction of what constitutes 'wellness', and secures the supply of a malleable staff ready for espaliering. Huxley's dystopian picture in *Brave New World* (1932), articulates the securing ways in which human bodies and minds are constructed within a 'future' totalitarian state as being fit for a specified job. Each individual has been designed to fit within a precise division of labour and, because of this close fit between task and physique, between intellect and job demand, all is 'well'. Here, the organization of wellness consists of the reflection of job requirements in the creation of a suitable body for the organizational member to enjoy and employ. And this fiction increasingly becomes fact.

Conclusion

This article provides a re-reading of the organizational wellness 'movement' from the perspective of how embodiment is inherently organized through occupation. Critical work on well-being at work has pointed to its use within managerialist approaches to employment which incorporate the employee into organizational interests via their own self-discipline and self-management. These have been valuable in exploring the power relations embedded within discourses of wellness, but have tended to ignore the effects of work on employees' embodiment. In this article we focus on the subordinated but necessary 'other' of workplace wellness: unwellness.

In asking *why* wellness has become the focus of a 'movement' at this point in time, our answer is that it provides a mechanism for securing 'attentive performance' and simultaneously obscuring the unwellness caused by this attentiveness (Gallie, 2005; Hochschild, 1983). Costs and responsibilities are displaced, offering great advantage to business and other participants within the wellness movement. Organizational wellness adds to the overall effectiveness of the 'bio-politics' of the state, by inserting itself into the meso-level, the organization. The costs of so-called 'soft capitalism' are borne by employees (workers and managers) as individuated bodies and not as members of a collective, sharing occupational injuries. Here employees willingly embrace their occupation or exchange their embodiment for perceived 'benefits'. At the same time, the costs of 'hard

capitalism' are borne across the planet by those who collectively and daily face unwellness—and sometimes death itself. For them the reality is one of occupation of their body by means of extortion. They only dream of soft capitalism's embrace ... but they are not yet 'fit' for the attention of the rhetoric of organizational wellness.

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