



Roundtable: Health at work

Peter Case, Torkild Thanem, Charlotta Levay, Christian Maravelias and Carl Cederström. The panel discussion was lead by Michael Pedersen.

abstract

The following panel-discussion ended a one-day workshop on the 14th of April 2011 at Lund University about Health at work. The workshop was organized jointly by the Centre for Work Life Studies at Malmö University and the Department of Business Administration, School of Economics and Management at Lund University and was made possible by funding from the Swedish Council for Working Life and Social Research (FAS). The aim of the workshop was to explore how health at work is composed through managerial, organizational and employee practices. The roundtable centred in particular around which kind of notions of freedom health at work constitute and challenge.

Introduction

In April 2011 Andre Spicer, Torkild Thanem, Lisbeth Ryden and Michael Pedersen arranged a one-day workshop at Lund University on the topic of health at work. The workshop addressed the organization, management and implementation of workplace health; power and discipline in work health promotion; identity-work and body-work in the pursuit of healthy life-styles and practices of coping and resistance in workplace health promotion. Before the roundtable discussion, transcribed below, the day had six presentations, which we will broadly summarize here as the participants in the roundtable referred to these in their discussion.

Peter Case gave a talk about *Spiritual Well-being in Organization*¹. The spiritual organization according to Case represents the development of a trajectory of social technologies that have sought, incrementally, to control the bodies, minds, emotions and souls of employees. However, as Case also argued, it might be employed to conceptualize the way in which employees use the workplace as a site for pursuing their own spiritual well-being.

Christian Maravelias and Mikael Holmqvist talked about their new book *Managing Health Organizations*. Focusing on corporate health programs within a large bus and

1 Case, P. and J. Gosling (2010) 'The spiritual organization: critical reflections on the instrumentality of workplace spirituality', *Journal of Management, Spirituality and Religion*, 7 (4): 257-282.

truck producer firm, the presentation revolved around how worksite health promotion constructs a certain ideal of what it means to be a self-managing employee.

Nanna Mik-Meyer presented her work on *Health and Morality – Power and Resistance in Health Promotion in Work organizations*². Based on in-depth interviews and recorded talks between health consultants and overweight employees, her study emphasized how overweight people are perceived as ‘risk identities’ i.e. people who needs their autonomy restricted and who require personal management.

In her presentation *The elephant in the room: Obesity and organization as an object of inquiry* Charlotta Levay discussed the ways in which obesity is a concern in organizational life, and how obesity as an organized social phenomenon can be studied.

In his presentation *Fit for Everything: Health and the Ideology of Authenticity*³, Carl Cederström argued that the emerging vocabulary of authenticity and health should be seen as a clear manifestation of recent permutations in the ideology of capitalism.

Under the heading *Bio-politics as bio-struggle in workplace health promotion*, Torkild Thanem ended the presentations by giving an insight into how people at a Swedish research institute dynamically acted and interacted to pursue, resist and comply with workplace health promotion initiatives.

The panel consisted of Peter Case, Torkild Thanem, Charlotta Levay, Christian Maravelias and Carl Cederström. The panel discussion was lead by Michael Pedersen. Questions from the floor were posed by Lisbeth Ryden and Kristian Gylling Olesen.

Michael Pedersen: If I should somehow try to summarize the discussions we had today about critical investigations into health management programs in organizations I would say that they all revolved around the question of how employees, through discourses and technologies of health, are governed in ways that seem to idealize a certain kind of self-managing employee. Being healthy and self-managing is constituted as interrelated. If you are self-managing yourself properly you are always trying to get healthier. As Carl talked about, being authentic and healthy are more and more intertwined, and Mikael and Christian’s case study showed how the health promotions programs operated as instruments for the realizations of an organization centred on employees’ self-managing capabilities. So in both these presentations being healthy was not about living up to a clearly framed norm, but about being able to set your own norm, regulate yourself around this norm and set a new norm whenever this norm started to get problematic and pathological. So as I see it, some of our discussion today was on how health is governed in various ways that makes the norm of being healthy something the employee needs to aspire to, in always new ways.

Another interesting aspect of this is that we also discussed health as related to an idea of an untapped potential of the employee. That is, health is construed as a resource that

2 Holmqvist, M. and C. Maravelias (2010) *Managing healthy organizations: Worksite health promotion and the new self-management paradigm*. London: Routledge.

3 Cederström, C. (2011) ‘Fit for everything: Health and the ideology of authenticity’, *ephemera*, 11(1): 27-45.

might benefit the organization and might even make the employee a happier human being: 'Fitter, Happier and More Productive' as the Radiohead song goes. We heard various examples that for me illustrates this: How obese employees are risk identities that need to be better at managing themselves (Charlotta and Nana); we've heard about how employees at a bus and truck producer are valued more for their attitudes towards the future than their current skills (Christian and Mikael); and we heard about how health is interrelated with a discourse of finding your true self (Carl) and a spiritual side (Peter).

With that in mind, I only really have one question I still think is important to ask in line of these issues about being governed to become an efficient self-managing employee through discourses and practices of health: Namely the question of which kind of freedom we operate with, if worksite health promotions are organizing the relationship between employees and organizations. It's a question that has lots of questions in it, so hopefully you can discuss it.

To start off with this question, I want to start with the 18th century German philosopher Kant, who summarized his own philosophical work in three questions that he claimed express the key central human concerns. And the three questions were: 'What can I know?'; 'what ought I do?'; and 'what may I hope for?'. And my question about freedom is somewhere in between 'what ought I do?' and 'what might I hope for?'. So what kind of concept of freedom is implied in this critical angle on health management programs in organizations?

Torkild Thanem: Deleuze once said that a common error made by philosophers is to formulate badly posed questions or badly posed problems. And maybe even Kant himself committed that same error, at least when asking the question 'What ought I do?'. 'What may I hope for?' is a more seductive question, for me at least. What I hope for is more snow and more cross-country skiing. It's not prescribed by my employer, but that's certainly what I hope for. Why? Because that would certainly enhance my life; it would enhance the power of my body, to do something that I enjoy, and in that sense it would also to the ethical question of freedom, only not in the sense of 'what ought I do?'. So, what kind of freedom does this involve? Well, it would involve freedom as a matter of life enhancement, as a matter of life affirmation.

Christian Maravelias: As some of you may know, I published a paper in *ephemera* a couple of years ago about freedom and work – I think the title was 'Freedom at work'.⁴ In the paper I made the distinction between freedom as autonomy and freedom as potential. Freedom as autonomy was defined as a form of freedom, which is based on self-consciousness, i.e. the ability to step aside, to look at oneself from a distance and to form a relationship with oneself. Hence, the idea of freedom as autonomy was seen as closely related to the idea of enlightenment and to the possibility of living a life in accordance with one's own principles that enlightenment is often seen to imply. Furthermore, freedom as autonomy was seen as closely related to the idea of power as the opposite of freedom. The individual is free when he or she can step away from

4 Maravelias, C. (2007) 'Freedom at work in the age of post-bureaucratic organizations', *ephemera* 7(4): 555-574.

power, so to speak. By contrast freedom as a potential would be to be able to seize opportunities, to get things done. This form of freedom, which, today we tend to associate with an American doer mentality, would then be based on and idealize ‘un-self-conscious’ behaviour; that is instinctive, spontaneous behaviour. Furthermore, power would be an integral part of this form of freedom. Hence, from this perspective we are free not only if we can get things done, if we can take hold of the opportunities that present themselves, but also if we can do so instinctively, ‘naturally’, without having to think, without having to try to take conscious control of ourselves. I think these distinctions relate more or less directly to the discussion we had earlier, for instance about weight loss programs and work place health promotion programs. Consider a person that has managed to lose weight by consciously controlling her diet and her craving for food. Do we see this person as freed from her weight problem? Is she, in her own view, no longer a fat person, or is she a fat person that momentarily manages to create the impression of being a non-fat person by constantly and consciously controlling herself? I think today we have come to idealize this unthinking, un-self-conscious form of freedom in work as well as in life more generally where we can ‘just be ourselves’, be ‘authentic’, and so on. This is interesting, not the least from the perspective of how power is exercised in society in general and in organizations in particular. I am for instance thinking about the way we have made use of Foucault’s works on pastoral power to say that power operates via different forms of experts – e.g. coaches, mentors and therapists – that help individuals know themselves and control themselves better in accordance with the self-view that they themselves have uttered. Maybe our idealization of the un-self-conscious, spontaneous individual leads to that this form of expert based power, which generates self-conscious individuals, is giving way to other forms of expertise and expert based power, which seek to make up authentic doers.

Carl Cederström: Okay. To go back to Torkild’s critique of your three questions, what I have found really stimulating with today’s discussions is that we have deliberately avoided the question of ‘what we ought to do’. And that’s probably what makes this session unique: speaking about health without saying what we ought to do. What’s fascinating with the notion of health is that it’s almost inseparable from the question of how we could improve our health, especially when we speak about health in relationship to work. In some texts we can find interesting alternatives to health, like in this book *Against Health*⁵, where one of the authors proposes an Epicurean ideal of health. The same goes for happiness – another foolish obsession of our time. Like health, happiness is something we are all supposed to strive for. People have begun calling these ideals into question by pointing to their ideological flavour. One example would be the book *Against Happiness*⁶ – it’s very fashionable with these ‘against’ books these days – and the author there makes a case for melancholia. Maybe that’s an interesting alternative – at least it challenges some of the standard voices on the subject. But still, I think it’s important that we sometimes take the risk and speak without alternatives. Now the reason for that, is that many of the more desirable alternatives found in corporate language (and indeed the language of management scholars) are all

5 Kirkland, A. and J. Metzl (2010) *Against health: How health became the new morality*. New York: NYU Press.

6 Wilson, E. (2008) *Against happiness: In praise of melancholy*. New York: Farrar, Straus and Giroux.

too often leading down the same route. They are sort of fake alternatives, if you like. Take freedom for example. This word is now employed in all weird forms of organisational settings. It has become the business guru's new darling word. But what exactly does freedom mean when it moves into the corporation? Is it the freedom to express ourselves? Or maybe the freedom to produce more? The same goes with health, I would claim. It sounds great! But we should be very... cautious. What do we mean by freedom? And how does it operate to, say, usher in new forms of managerial techniques? One way to think about freedom is to think about it, not as taking place *through* or *within* the corporation, but in relationship to the *exit*. How could we leave the corporation? That obviously takes us away from the question of the workplace and leads us to the broader question of capitalism, and the way in which capitalism is increasingly integrated in and colonizing aspects of life. I think we would need to at least try to address that question.

Charlotta Levay: Unlike what you said, I think self-disciplining practices, technologies of the self, may be a source of freedom. And the way I have read Foucault, it was this potential source of freedom that made him interested in them. And relating to Peter's talk of spirituality, I think that there are some spiritual, more genuinely I would call them, spiritual practices that correspond to health promotion practices, things such as fasting, or traditional self-disciplining. Like now, we are in Lent. Of course, they are precisely organized by religious authorities, but with an explicit goal to liberate people. It can be discussed whether that is a reality or not, but since you asked that question, that's what I come to think of. Of course health promotion in the workplace is obviously geared to other goals. It points in other directions. So yes, escaping those efforts might perhaps be a freedom. But freedom could also be trying to recover some genuine form of practices; care of the self or technologies of the self that are guided by logics that don't make persons into means for the corporation. As you pointed out Peter, that's the core problem with workplace spirituality. Actually, I don't know where the practices would originate to be accepted as free. Perhaps somehow from the individual persons choosing them or seeking them or trying to realize them. Perhaps in cooperation with others, but in a more bottom-up way rather than one directed by state, politics or corporate efforts to enhance productivity.

Peter Case: Returning to Michael's initial questions through the voice of Kant, and the three questions 'What can I know?', 'what ought I do?', 'what might I hope for?', and particularly the relationship between the latter two. Deleuze wasn't the only philosopher who questioned the very nature of the formulation of problematics. Before Deleuze there was Wittgenstein; someone who raised the same issue and who pointed out that structures of explanation, as it were, fall out of the questions that we pose philosophically; that the philosophical problems are themselves the result of the formulations of the questions; that we tie ourselves in knots, potentially, if we ask the wrong kinds of questions. In relation to the Kantian questions, my first point of departure would be the questioning of the 'I' here. What is this 'I', that ought to do something, or the 'I' that ought to hope for something, or that can possibly hope for something? And one way this can be addressed is to differentiate different philosophical registers in which we frame the questions. So, to cut a potentially very long story short, I would say in one register, or in two registers really – in an 'absolute' register and also in a 'phenomenological' register – I'd say that the 'I' is completely elusive. It does not

exist. If one interrogates the experience closely, and I think the only way to do that is through introspection of one form or another – the kinds of spiritual exercises that Christian alluded to a moment ago – then this notion of ‘I’ just dissipates; it has no meaning whatsoever as a philosophical term. However, of course, intuitively, we moderns all have a sense of volition. And I think volition *is* a real phenomenon; it is an element within consciousness that can be discerned. But it’s not connected necessarily with an autonomous self or ‘I’. So there is a very complex nexus of phenomenological elements, if you like, that come together to constitute the illusion of the ‘I’. I won’t go into that any further, but if we move down to a more conventional register, in which we experience a sense of self, personal choice, freedom even, then Kant’s questions become more meaningful. If we look at the questions from this conventional perspective – where there’s a Michael Pedersen, and there’s a Charlotta, and... Carl, and Christian, Peter, and Torkild et cetera, and there are perceptible objects – tables, chairs, glasses and so on – and we sense ourselves to be wilful and to have some room for choice and personal manoeuvre we immediately invoke a different structure of explanation. When considering notions of health, and their relationship to organizations and discourses in which we find ourselves, as it were, then I think we find limitations to the possibilities for free action. Often we have little choice but to open ourselves up to mediation by the discourses that circulate in the here-and-now. Again, I think that is not something that is within the control of the autonomous self. We are only in a here-and-now, and we are intractably mediated by past and present supporting conditions prevalent here-and-now. And if you find yourself in an organization like the one Mikael and Christian described where..., for instance... where the regime of health promotion is in full flight, or where you find yourself in the organization that Torkild examined in his paper, you don’t have a choice but to be caught up and implicated within the regime in which these disciplines are being enacted and promoted. So there’s very limited freedom in that sense. But of course there are also moments in which one does sense freedom, and can express the kind of resistances that, for example, Torkild alluded to. There is an intuitive sense, then, of a self, acting autonomously in response to those regimes and social technologies. But we are nonetheless mediated by the discourses and their intersectionality without choice or with very limited choice, I would say. I’m going on a bit and don’t want to hog the floor... So, briefly, on the question of ‘hope’, and ‘What might we hope for?’: I would say both freedom and hope are incredibly overrated concepts. Hope, certainly. In a way I think if you take human birth, then it ought to come pre-labelled with Dante’s caveat, ‘abandon all hope, ye who enter here’. I just think hope is a terribly overrated notion. To return to this notion of ‘ought’: I would concur entirely with what Charlotta and Carol said about looking to what we might take to be *genuine* spiritual practices and exercises; *genuine* care of the self in pursuit of virtue and so forth. But obviously to qualify or justify that assertion would take me a great deal longer than we have here today. So I’d probably best just shut up... I realize this is a highly problematic kind of claim and it’s maybe time for other people to ask questions.

Michael Pedersen: I would like to take some questions from the floor now. Are there any questions, and comments towards topics that you feel we haven’t touched upon enough in this health workshop today?

Lisbeth Ryden: It sort of touches upon this ‘what to do?’ that we are so gladly not talking about according to Carl, but I see myself as a practitioner, even though I am within academia right now. I know work places where people feel bad. And I would like to be able to intervene in this situation in some way. And sometimes when I listen to these kinds of discussions I sort of despair, it doesn’t really matter how I intervene, because I will always make some sort of disciplining of people. So sometimes I think it feels like there is no hope more. Then, what can I hope for? Even though we are not here to say ‘Well, let’s do this’, is it possible to intervene and still honour the values you have spoken about today? Like more symmetrical power relations, more of some kind of autonomy or freedom maybe, I’m not sure. Or is this just the business of pointing out that it has dark sides, and there are no bright sides? So, please give some hope before we leave.

Charlotta Levay: I agree with Carl that it’s sort of liberating to have this whole day talking about health without talking about what we ought to do. But then in everyday life we still face that question, what ought we to do? And I just remember having read among all these critical fat studies one scholar who suddenly found himself among strange bedfellows, in a way, ideologically. Because the people who have caught up on these critiques of public health efforts in political practical action turn out to be populist politicians, quite far right wing. They have been vocal, you know, in radio shows, TV shows, books. We even have someone in Sweden actually, not a populist exactly, but very neoliberal, who has written against any fat politics. And Sarah Palin has made a public appearance handing out cookies to schoolchildren, as a protest against what we have been criticising here. And what this critical obesity scholar said was that we shouldn’t let our critique against these things mislead us into completely discarding any public health effort. He at least didn’t want to be a part of that. Of course, now we are talking politics, and you are free to want to be a part of that. But it might be good to be conscious of the potential use of one’s ideas. So I’m not sure that the conclusion here is that paradise would be where health was not at all seen as a public issue. You would then have to be aware that that would be a very... neoliberal version of it all. So I think the translation into practical politics or recommendations for your own practice has to be done very carefully, and probably not in any automatic or linear way, but much more reflectively.

Michael Pedersen: To make a short comment myself, that’s also why I actually asked the question of freedom. Because for me it’s not surprising that it is right-wing people such as Palin or the neo-liberal Swede that are saying this. The reason I posed the question of freedom and health is exactly because when we do not confront the question of freedom directly in studying health-programs, then the very argument against health promotion we indirectly pose in our so-called critical studies can easily be understood in terms of a very liberalistic notion of freedom. What Isaiah Berlin called negative freedom i.e. freedom without external interference. Freedom in this sense is where there are no external power relations. For example Palin and the Swede being against fat politics as they violate the individual’s freedom of choice. But how does a more positive concept of freedom as we would perhaps find in Spinoza’s or Hegel’s concept of freedom fit into our critical studies? That is, where to be free is also to hold some obligations; social obligations for example. Or is it exactly a positive notion of freedom

we are saying is related to the power-mechanism we find in health promotion? That to be free is to realize yourself and self-realization is directly about being healthy?

Torkild Thanem: Okay, yes. Maybe just to first pick up quickly on your Spinozian thread. I don't think Spinoza would formulate freedom as something, which comes with obligations, but rather as something, which comes with responsibilities. Now of course, at face value, this may sound both awfully liberalist, awfully conservative and awfully Foucauldian. But with reference to previous interpretations of Spinoza's work by Etienne Balibar as well as by Moira Gatens and Genevieve Lloyd, a Spinozian freedom with responsibility is not about developing practices that help individuals master themselves before they master others. And it is not about governments removing responsibility from public institutions and instead loading it onto individuals. Again, this is about joyful life enhancement – but joyful life enhancement in a certain agreement with others. To expand not only one's capacity to affect but also to be affected by others – that is, to expand the different joyful encounters that are possible between different people. As expanding one's own freedom at the cost of others would result in sad rather than joyful encounters, life negation rather than life enhancement, this requires turning freedom into a *trans*-individual rather than an individual matter. If we are talking about promoting health and wellbeing, then, we cannot continue to bury ourselves in the New Public Health agenda. Instead we need to re-turn to the broader conditions of health and wellbeing. Of course, the socio-economic and organizational conditions of health have been the target of much mainstream health research. However, what I think has been neglected in that area of research (and much because of the dominance of medical and economics perspectives), is the multiplicity of joyful encounters that enhance (the conditions of) health.

And then onto Charlotta's important comment, though I would like to translate what you're saying Charlotta into a need for realism, not necessarily in an ontological sense but in a good old-fashioned common sense. I don't think we should be against intervention. We shouldn't be against discipline as such even, because that would be to give up our responsibility to pursue health and freedom at a transindividual level. Let me try and explain why through an anecdote. My wife went to a conference in New Orleans a few weeks back. Now, in New Orleans, a big bucket of deep fried chicken wings costs less than an apple. In fact, she found it almost impossible to buy a fresh piece of fruit in that town. So of course we need to intervene. But we need to be realistic about our interventions, and I think we need to, as Peter was saying, realize that these interventions won't work with a completely atomized notion of the individual. They also won't work if we – or health professionals rather – instigate feelings of guilt and lack in people. But they stand a better chance to work if they are more diverse, more open-ended and affirmative rather than constraining.

Carl Cederström: This really goes back to Lisbeth's questions. First, I think it's important to remember that what we have been discussing today, empirically, is health promotion in corporations with the intention of increasing productivity. In that sense, we should be very sceptical. We should not look for hope, because that would basically mean looking for new ways of managing a potentially productive workforce. But if we go beyond the corporation, or God forbid, beyond Europe or the United States, well, then there's a lot we could do. There's a lot that ought to be done. But that leads us to a

different set of questions. If we think about the ideology of health, as it appears in the corporations we've discussed today, I think we should concentrate our attention on how questions of health have become subsumed under principles of management. Like Torkild, I will take the liberty to speak about my partner, who recently finished her nursing studies. They had compulsory courses in management and had to read about teambuilding, motivation, business models, leadership. I find it deeply disturbing that all those things are being taught to future nurses. I think a better idea would be to teach literature or philosophy or any other subject that would at least have some understanding of life and death. I'm not saying that that's going to make things an awful lot better. But at the very least, you would not have some corporate yuppie, calling you a client, drawing a balanced score card sheet on your stomach before cutting you up.

Kristian Gylling Olesen: For a period in Denmark the nurses were actually trained in philosophy on the Danish nursing college. Foucault and Habermas in particular. But it was criticized because the time spent on reading Foucault took away the time the nurses were taught in the practical dimensions of nursing. So they have tried to teach philosophy. But that was not what I wanted to say. As to the question of resistance, perhaps we should also look at the resources we already have at hand – the role of the union. I am thinking about an example from the US, where the union of the freelancers asked 'What can we do to help freelancers?' – it's the ideal type of flexible worker, so to say. They offer health insurance and competence development. One could say that they build their offers on Christian Maravelias concept of 'freedom as potential'⁷. The freelancers union contribute to enhance the potential of the employability of the freelancer by offering competence development and health care insurance. The freelancers' competences are up to date and the freelancer can focus his or her energy on seeking jobs instead of being nervous about health insurance. The general question is: 'What is the new role of the union in all of this, and especially in the Scandinavian countries, where the unions historically have a huge role?' But the problem is when we have these health programs – all the programs that look at how to instrumentally enhance productivity – that the unions have no language or way to approach this, because they have a lot of collectivistic approaches, they cannot integrate individuals in the collectivistic. And they need to reinvent themselves in some way. Do you have any comments on that? The role of the union?

Peter Case: I think this is, dare I say, an example of where there really is a need to abandon hope. I see absolutely no future for *institutional* resistance in relation to the issues of health, health promotion and the health regimes we've been discussing today. Why? Well, we've been looking at how 'health' extends from the physical – from the body, in fact – to the emotional, and, arguably, to the spiritual within organizations, and how each of these various domains are clearly linked to capitalist discourses of productivity and performativity. Now, I grant of course that such discourses *should* fall roundly within the province of union resistance but I think the issue of 'health' extends the context and milieu in which we understand or are permitted to apprehend unionized resistance. We need to see the impossibility of institutional resistance within a grander context of late-modern, neoliberal thinking, and what has brought us to a point where

7 Maravelias, C. (2007) 'Freedom at work in the age of post-bureaucratic organizations', *ephemera* 7(4): 555-574.

we are obsessed with and fixated as a culture... of course I'm talking about Europe here, or rather Euro-American culture... fixated on the *material*. This obsession extends to all modes of explanation: The privileging of material explanations and efficient causation, and so on, in just about every conceivable phenomenal realm. The fetish, indeed, also marks the disenchantment of the numinous. Neuroscience, for example, metonymically ends up with a neurological explanation of whatever it happens to look at, including, I'm sure, obesity and other such health-related phenomena. It's against the background of such extraordinary social momentum and social force that we've been considering these questions of health promotion and resistance in organizations. And who could question the legitimacy and merit of promoting such self-evidently 'good' things? Physical health and longevity seem to be central to *eudaimonia* in our time. So I really don't hold out a great deal of hope for resisting it institutionally. From whence would the collective motivation to mobilize come right now? Maybe, as we've been discussing, there are micro strategies of resistance that can be pursued, but institutionally? I don't see it.

Carl Cederström: Another thing about health, which is not necessarily linked to corporations, but nevertheless worth mentioning, is its relation death. To me, the ultimate aim of health seems to be the prolongation of life. And there are some really perverse forms of this that we haven't discussed. Perhaps the most radical is transhumanism. What I find interesting here – and this will take us back to the previous points about freedom – is that freedom is something we seem quite happy to give up in return for that prolongation of life. Many people would claim that death and freedom are closely linked, in one way or the other. The idea is that living forever would make our experience as human beings un-free. So that would be one way to go back to that question of freedom: That if we ask ourselves what health is really trying to do, then it is to extend life indefinitely on the expense of freedom. I realize I take this conversation away from its proper topic.

Peter Case: Just a reflection about what Carl is saying about freedom, life and death. I think that connects to the point I was making in response to Christian earlier about materialization, if you like. You know, health being equated with material well-being predominantly, although of course we've noted the ways in which it moves into other spheres and domains of possibility. But predominantly the ideal would be physical longevity. And of course we have these perverse kinds of examples of the way in which that's pursued. Cryogenics and so on, these bizarre... So maybe I could end by moving once again into a metaphysical register. If one explores these notions of freedom, of self autonomy, of health, phenomenologically; if we look closely at experiences of pain, examine intimately the nature of suffering, I would contend that it's possible to see them as not attached to a notion of self – as not 'located' in any personal sense. But this is only possible if we move into the phenomenological register of investigation. In so doing there's a kind of freedom, which presents itself, which we could call deathless. We could call it deathless, because it is not connected with the temporal limitation of selfhood. But of course that's way beyond any kind of material notion of life and death. Literally beyond that.

Michael Pedersen: Thank you all for participating in the discussion.

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