Critical and Clinical Management Studies*

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abstract

This paper outlines the research method and objective of 'clinical management studies'. While critical management studies (CMS) has for some years provided much of the resources for managerial and organizational critique, it is suggested here that the label of CMS should be discarded in order to renew its critical project. Clinical management studies is proposed as a new label for critical research within management departments and business schools. At the most basic level, clinical management studies involves diagnosing the symptoms of management and organization. Foucault's method – the archaeology of knowledge – provides a set of methodological guidelines with which to conduct this diagnostic activity. It is argued that clinical management studies exercises a critical attitude towards the present because it aims simultaneously to describe and transform certain aspects of management and organization.

Introduction

Since the publication of Alvesson and Willmott's edited collection *Critical Management Studies* in 1992, there has been a proliferation of scholarship relating to the possibilities and limitations of critical management studies (CMS) in terms of methodological frameworks, theoretical underpinnings and institutional applicability. Articles, books, journals, annual conferences, university courses and even entire departments now fall quite happily under the banner of CMS. But what *is* CMS?

Somewhat schematically, it can be said that CMS involves both a negative and a positive task. Its negative task is twofold: on the one hand, CMS criticizes 'mainstream' management studies on the grounds that it acts as a handmaiden to corporate management and, on the other hand, it criticizes corporate management itself on the grounds that it is exploitative and oppressive. Its positive task is also twofold: on the

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one hand, CMS attempts to establish a different way of studying management with an alternative set of research methods and theoretical perspectives and, on the other hand, it attempts to elaborate a form of (non-corporate) management which is less exploitative and less oppressive. Moreover, these four individual tasks – two negative and two positive – are inextricably linked. For example, there is a need for participative and democratic forms of management because corporate management serves to maintain asymmetrical power relations. Likewise, there is a need for alternative research methods because mainstream management studies is characterized by positivist and functionalist approaches which present themselves as neutral and objective when they are in reality highly ideological and politically interested. CMS – in the broadest possible terms – can be said to move along these four interconnected axes (see e.g. Alvesson and Willmott, 1992a; 1992b; 1996; Alvesson and Deetz, 2000; Fournier and Grey, 2000; Grey and Willmott, 2005).

Admittedly, this sketch of CMS is partial and bowdlerized. It ignores certain contributions (e.g. the theme of total disengagement from managerial practice) as well as recurrent controversies (e.g. periodic spats between 'Marxists' and 'poststructuralists'). Not everyone who considers themselves to be working within CMS would regard this depiction as fair or accurate. Nonetheless, it serves to outlines the general shape which CMS has taken over the last fifteen years or so.[1]

On one level, CMS has proved to be an incredibly successful umbrella term. It has allowed certain forms of heterodox thought to gain a foothold in management departments and business schools. CMS has also served to legitimize modes of research which were previously excluded from the study of management and organizations. This is certainly no mean feat for a disciplinary area which once prided itself on its pragmatic and instrumental approach to corporate managerialism. In this way, CMS has presented an effective challenge to the institutional and intellectual hegemony of mainstream management studies.

However, despite its apparent appeal, a palpable sense of disquiet now surrounds the project of CMS. A number of commentators – sympathizers and detractors alike – have made it clear precisely why they are 'critical of critical management studies'. For example, Parker (2002: 115-116) argues that CMS has not yet made any substantive impact on organizations because it has failed to break out of the confines of academia. For this reason, CMS remains "a glass bead game played by the cognoscenti". Fournier and Grey (2000: 25), meanwhile, warn that CMS risks becoming co-opted by more mainstream forms of management research. This is evinced by the fact that CMS has recently become fully integrated within a number of orthodox management conferences. Thompson (2004: 368-370) contends that CMS is little more than a brand identity for a small coterie of scholars whose radical scepticism towards all 'truth claims' serves to encourage second-rate research based on theoretical obscurantism. In a similar vein,

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1   Critical approaches to management and organizations did not, of course, originate with CMS in the early 1990s. Indeed, such studies date back at least as far as Marx's *Capital*. More recently, critical research into management and organizations gained new impetus following the publication of Burrell and Morgan's *Sociological Paradigms and Organizational Analysis* in 1979. Unfortunately, there is no space in this paper to reflect on the development of the paradigm debate (which popularized the term 'radical organization theory') and its implications for the emergence of CMS.

Ackroyd (2004: 169) suggests that CMS is a sect which pretends to be a church, since it claims to welcome diverse perspectives on management and organizations when it is in fact extremely exclusive in its theoretical approach.

Such varied criticisms hint at the extent to which CMS has failed to live up to its own promises, even if the level of cynicism and hypocrisy is at times overstated. Part of this perceived failure no doubt rests on the place of critique within CMS. While some form of critique is obviously in-built into the CMS project, the precise nature of this critical element remains frustratingly elusive. As Böhm (2006: 20) notes, some commentators view the critical element of CMS as something very specific – for example, Frankfurt School critical theory – while other commentators are happy to work with a very loose and flexible understanding of critique. Academics within CMS, then, seem to be faced with a seemingly insuperable dilemma: either one can *pin down* the meaning of critique in CMS (in which case alternative perspectives on management and organizations are liable to be excluded) or one can *open up* the meaning of critique in CMS (in which case radical perspectives on management and organizations are liable to be compromised). All too often, this dilemma serves to neutralize CMS as a coherent philosophical or political project. It thus risks turning critique into little more than an empty slogan (2006: 21; see also Böhm and Spoelstra, 2004: 100).

Fournier and Grey echo this concern. At the close of their 2000 article 'At the Critical Moment', they discuss the predicament in which CMS now finds itself. The way in which they propose to deal with this state of affairs is instructive.

> [I]t may well be that the time has come to leave the temporary home that the CMS label has provided for critique… Witnessing the spectacle of 'critical' being appropriated in ways which are so extensive as to make its meaning indistinguishable from that which was formerly the target of critique, it becomes tempting to regard CMS as defunct as a label. However, and labels aside, for all the difficulties that attend it, we would not wish to give up on critique as a worthwhile endeavour in management. (2000: 27)

Like Böhm, Fournier and Grey are attentive to the way in which the critical element of CMS is open to so many different (and often mutually exclusive) interpretations. This means that CMS loses any of the philosophical and political urgency which it might once have possessed. Yet, for all the problems with CMS, Fournier and Grey maintain that critique still has a vital role to play within management departments and business schools. Perhaps, then, it is time to dispense with the ostentatious and counterproductive label of 'critical' management studies at the same time as insisting on the need to renew its critical project in relation to corporate managerialism and mainstream management studies.

This paper proposes to do away with the label and, along with it, some of the research methods and objectives of CMS *in the name of critique*. No doubt there is a case to be made for doing away with academic labels altogether. Perhaps labels should on the contrary be rapidly produced, made to multiply, and then swiftly discarded once they no longer serve their purpose, or become corrupted, or fail to provoke and inspire. Maybe we are not even in control of the labels which are imposed on us by friends and foes alike, and maybe they are ultimately insignificant. In any case, this paper seeks to introduce another label to the list: 'clinical management studies'.

It should immediately be pointed out that some form of clinical management studies is, to a certain extent, already underway (see Fuglsang, 2007). For a small group of scholars in the UK and elsewhere in Europe, a clinical approach to management and organizations is increasingly coming to be seen as a viable alternative to some of the more problematic aspects of CMS. This project is now beginning to bear academic fruit, as this issue of *ephemera* demonstrates. It is the primary task of this paper, then, to outline the research method and objective of clinical management studies in more detail.

Method and Objective

Before this task is undertaken, a brief comparison will first be made between CMS and clinical management studies. On the surface, clinical management studies seems to share both its research method and objective with CMS. Certainly, both academic projects are concerned with the work of Foucault and the function of critique. But there are also important differences between them. These differences will now be described in order to orientate the ensuing discussion and to anticipate its main conclusions.

The first point of comparison concerns Foucault and the use to which his work is put. The criticisms can already be heard: you go to all the trouble of outlining clinical management studies, but in the end you fall back on one of the most popular, one of the most enduring and – it needs to be said – one of the most *obvious* thinkers claimed by CMS. If there is anyone who represents the academic project of CMS, for better or for worse, then it is surely Michel Foucault (see e.g. Burrell, 1988; Knights, 1992; 2002; Knights and Collinson, 1987; Knights and Morgan, 1991; McKinlay and Starkey, 1998; Townley, 1993; 1994; for an overview of Foucault's reception within CMS, see e.g. Barratt, 2004; Jones, 2002). How is clinical management studies able to establish its own academic project if it shares with CMS the same familiar (and by now monotonous) theoretical landmarks?

There is little doubt that Foucault has been incredibly influential within CMS over the last couple of decades. However, many of Foucault's concepts – 'discipline', 'panopticism', 'governmentality', 'power/knowledge', etc. – have become little more than emblematic motifs for his champions or, in turn, insipid clichés to his critics. Most perniciously, the slapdash application of these concepts within CMS has on occasion served to mask a certain lack of analytical rigour. In other words, it has become all too easy to invoke Foucault and to deploy a handful of his concepts instead of aiming to produce serious and robust scholarship.

Clinical management studies proposes to refrain from using such concepts for the time being. Instead, it seeks to apply Foucault's diagnostic method, the archaeology of knowledge. Much of the existing CMS literature either downplays the significance of archaeology in Foucault's later work or else ignores it entirely. As a result, the methodological structure which provides the support for Foucault's best-known philosophical concepts is frequently overlooked. Some commentators within CMS have suggested that Foucault's 'archaeological period' in the 1960s is superseded by his

'genealogical period' in the 1970s. On this view, Foucault is said to have 'abandoned' or 'dispensed with' the archaeology of knowledge as his diagnostic method (Burrell, 1996: 653; Knights, 2002: 578). Such commentators are able to maintain this position despite the continuing role which archaeology plays in Foucault's work during the 1970s and 1980s (see e.g. Foucault, 1980: 61; 1996: 375; 2003a: 60; 2003b: 10-11; 2006: 238-239; 2007: 61; 113-114). A substantial proportion of the paper will therefore be spent discussing the archaeology of knowledge in detail before drawing out its implications for clinical management studies.

The second point of comparison between CMS and clinical management studies concerns the function of critique. It was previously said that CMS is characterized by a certain 'criticality' which, ironically, might sometimes serve to hinder effective and sustained critique. Put simply, the concept of critique within CMS is either too broad or too narrow to underpin a coherent academic project.

Clinical management studies, by contrast, does not claim for itself a concept of critique based on this or that political perspective. It thus leaves open the vexed questions 'critique in the name of what?' and 'critique in the name of whom?' Unlike certain strands of critique within CMS (see e.g. Alvesson and Willmott, 1992b; 1996: 159-186; Nord and Jermier, 1992; Parker, 2002: 200-210), clinical management studies seeks neither to produce modes of 'micro-emancipation' nor to induce widespread social change. By applying the archaeology of knowledge in a managerial and organizational context, clinical management studies exercises a certain 'critical attitude' towards the present. The critical attitude prompts one to say what the present *is* at the same time as it urges one to see if it might not be possible to *change* what the present is. Clinical management studies does not therefore aim to reject institutional arrangements entirely or to develop less exploitative or less oppressive versions of them. Rather, it works at the limits of the forms of managerial and organizational knowledge which we accept as true and the relations of managerial and organizational power in which we are currently implicated. Not 'liberation' from domination and control, but the exercise of the freedom which we already possess and the testing of its limits in relation to management and organizations. This critical attitude towards the present, and its implications for clinical management studies, will be returned to in the penultimate section of the paper.

Clinical management studies, then, differs from CMS in terms of the use to which it puts the work of Foucault and the function of critique. The paper will now discuss these themes in more detail in order to elaborate on the research method and objective of clinical management studies.

Diagnosis of the Present

At the most basic level, clinical management studies involves diagnosing the symptoms of management and organization. It was said in the previous section that Foucault's method – the archaeology of knowledge – provides a set of methodological guidelines with which to conduct this diagnostic activity. The present section will examine the link

between archaeology and diagnosis in the work of Foucault in order to clarify the task of clinical management studies.

Foucault is reluctant to position himself definitively in any political or philosophical tradition, although by his own admission his work can be located at the intersection between numerous strands of nineteenth and twentieth century thought, including among others Kant, Hegel, Marx, Bachelard, Canguilhem, Cavaillès, Blanchot and Bataille (2007: 130-132). But when pressed on the point, Foucault says that he is "at most a diagnostician" (1996: 218). Foucault is to be understood as a diagnostician because his archaeology of knowledge allows him to diagnose the present.

The concept of the 'diagnosis of the present' appears in a number of Foucault's books and interviews, although it is paid scant attention by his commentators in CMS and beyond. In a 1969 interview, Foucault says that "[t]o diagnose the present is to say what the present is, and how our present is absolutely different from all that it is not, that is to say, from our past" (1996: 53). Foucault expands on this definition of the diagnosis of the present in *The Archaeology of Knowledge*, published in the same year. Foucault's archaeology is a suitable method for conducting this diagnosis.

> Not because it would enable us to draw up a table of our distinctive features, and to sketch out in advance the face that we will have in the future. But it deprives us of our continuities; it dissipates the temporal identity in which we are pleased to look at ourselves when we wish to exorcise the discontinuities of history; it breaks the thread of transcendental teleologies; and where anthropological thought once questioned man's being or subjectivity, it now bursts open the other, and the outside. In this sense, the diagnosis does not establish the fact of our identity by the play of distinctions. It establishes that we are difference, that our reason is the difference of discourses, our history the difference of times, our selves the difference of masks. (2002a: 147; see also 226-227)

Here, Foucault opposes the archaeology of knowledge to forms of thought which take as their theoretical foundation certain continuities between the past and the present. These continuities exhibit themselves most obviously in the figure of 'man', whose anthropological being or subjective identity is said to remain constant and unchanging. Archaeology, by contrast, takes discontinuity rather than continuity as its methodological starting-point. This means that diagnosis shows our present to be discontinuous *with the past*. By the same gesture, diagnosis also shows our present to be discontinuous *in itself*. The diagnosis of the present therefore entails a *double differentiation*.

How is this diagnostic task of double differentiation to be understood? What does Foucault mean when he speaks of 'the present' and 'the past'? On what basis can they be distinguished from one another? Furthermore, how can the present be discontinuous not only with the past but also in itself? An overview of Foucault's archaeological method will provide answers to these questions.

As Foucault says, the archaeology of knowledge is concerned neither with geological excavation (conventional archaeology) nor with metaphysical origins (*archē*) but with the accumulated existence of statements: it is the 'science of the archive' (1996: 14; 27; 57-58; 65-66; see also 2002a: 145-148). As a science of the archive, archaeology involves the study of what Foucault calls 'discursive formations'. Examples of

discursive formations include 'general grammar', 'natural history' and 'analysis of wealth' in the classical age (1660-1800) and 'philology', 'biology' and 'political economy' in the modern period (1800-1960). In each of these discursive formations, Foucault is interested in identifying what he calls the 'rules of formation', which is to say, the conditions to which the elements of the discursive formation – objects, enunciative modalities, concepts and strategies – are subjected (2002a: 41-42). The rules of formation are what make objects, enunciative modalities, concepts and strategies (and therefore discursive formations) possible. These rules or conditions are established between an entire set of relations. It is important to emphasize that these rules or conditions are immanent to the relations which they presuppose, rather than imposed on them from the outside. For example, relations between psychiatric institutions, medical knowledge and penal law make the object of 'madness' possible (2002a: 45-49). Or again, relations between formal qualifications, social status and technical resources make the enunciative modality of 'the doctor' possible (2002a: 55-58). It is the task of archaeology to describe these relations.

A discursive formation can be specified once the rules of formation for objects (i.e. that which discourse speaks of), enunciative modalities (i.e. the subject positions from which objects are described and explained), concepts (i.e. the organization of an epistemological space in which such descriptions and explanations appear) and strategies (i.e. the points at which thematic choices can be made within the same discursive formation) have been adequately described. As Foucault shows in *The Order of Things*, the discursive formation of natural history in the classical age differs from the discursive formation of biology in the modern period because they are each subjected to different rules of formation. The relations which make possible and govern the objects, enunciative modalities, concepts and strategies belonging to natural history are of a different order to the relations which make possible and govern the objects, enunciative modalities, concepts and strategies belonging to biology. To take another example: at the beginning of *Discipline and Punish*, Foucault describes the shift over some eighty years from the spectacular public execution of Damiens in the eighteenth century to the meticulously disciplined regime of imprisonment in the nineteenth century (1991: 3-7). This shift does not involve a 'development' in penal techniques or a 'progression' in the treatment of convicted criminals. Rather, it involves an extensive transformation between a complex set of relations which signals the end of one discursive formation and the emergence of another. Foucault spends the rest of the book mapping out these relations – between architectural forms, military regulations, juridical edicts, pedagogical instruction, administrative functions, religious rituals, corrective techniques, medical knowledge, criminological theories, etc. – which serve to constitute each respective discursive formation.

When Foucault speaks of 'the present', then, he means those epistemological fields which establish *who we presently are*. For example, biological knowledge establishes our identity as physiological beings. Or again, political economy establishes our identity as value-producing labourers. But the very fact that these epistemological fields (and the relations which they involve) undergo a radical transformation over time suggests that *who we presently are* is in fact discontinuous with *who we once were*. This is the first way in which the diagnosis of the present differentiates: the present (one set of

discursive formations) is shown to be discontinuous with the past (another set of discursive formations).

It is now clear how the present is to be differentiated from the past. But in which way is the present shown to be discontinuous in itself?

It has been said that the archaeological method is concerned with the rules of formation for objects, enunciative modalities, concepts and strategies. These rules or conditions are brought to light by describing a complex set of relations which, taken together, comprise a discursive formation. Foucault says that archaeology allows one to categorize the unity of a discursive formation as a 'system of dispersion' (2002a: 41; 80). This implies that the coherence of a discursive formation is defined by the very diffusion of its objects, enunciative modalities, concepts and strategies. But how is it possible for a discursive formation to be unified if it is made up of dispersed and discontinuous elements? On what is its 'unity' based?

> On a full, tightly packed, continuous, geographically well-defined field of objects? What appeared to me were rather series full of gaps, intertwined with one another, interplays of differences, distances, substitutions, transformations. On a definite, normative type of statement? I found formulations of levels that were much too different and functions that were much too heterogeneous to be linked together and arranged in a single figure, and to simulate, from one period to another, beyond individual *oeuvres*, a sort of great uninterrupted text. On a well-defined alphabet of notions? One is confronted with concepts that differ in structure and in the rules governing their use, which ignore or exclude one another, and which cannot enter the unity of a logical architecture. On the permanence of a thematic? What one finds are rather various strategic possibilities that permit the activation of incompatible themes, or, again, the establishment of the same theme in different groups of statement. (2002a: 41)

Foucault suggests here that discursive formations are internally discontinuous: objects do not remain the same through time but undergo modification even within the same discursive formation; modes of enunciation do not refer to a homogeneous 'style' of speaking or writing but refer instead to a heterogeneous set of subject positions within the same discursive formation; the organization of concepts in a given discursive formation is neither permanent nor comprehensive because new concepts can always appear and old ones disappear; and strategies do not define unitary themes within a given discursive formation but in fact permit incompatible theories to emerge (2002a: 35-40). Archaeology does not therefore describe temporal continuities or thematic coherences. Instead, it describes the diffusion of objects, enunciative modalities, concepts and strategies within a given discursive formation. This is the second way in which the diagnosis of the present differentiates: the present (a set of discursive formations) is shown to be discontinuous in itself.

The diagnosis of the present, to reiterate, entails a double differentiation. Archaeology brings to light the series of discontinuities *between* present discursive formations and past discursive formations as well as the series of discontinuities *within* a given discursive formation. It should be pointed out that these are in fact two aspects of one and the same task: the present is shown to be discontinuous in itself insofar as this shows the present to be discontinuous with the past. Put simply, the former brings about the latter. The point at which one discursive formation disappears and another one takes

its place – the cusp between the past and the present – is determined by describing the rules of formation for both discursive formations.

The Clinical

It was previously said that Foucault is to be understood as a diagnostician because his archaeology of knowledge allows him to diagnose the present. 'Diagnosis' is a sufficiently broad term to encompass both the evaluation of everyday problems ('to diagnose a situation') as well as the determination of a physical ailment ('to diagnose an illness'). I want to suggest here that Foucault's concept of diagnosis draws on the latter, specifically medical meaning as much as the former, more general meaning. It is also my contention that the medical meaning of diagnosis in Foucault's work can be enriched by drawing on the work of Gilles Deleuze and in particular his concept of 'the clinical'.[2]

Foucault makes an explicit reference to the medical meaning of diagnosis in a 1972 interview. He begins by describing his work as a form of 'diagnostic knowledge':

> By diagnostic knowledge, I mean, in general, a form of knowledge that defines and determines differences. For example, when a doctor makes a diagnosis of tuberculosis, he does it by determining the differences that distinguish someone sick with tuberculosis from someone sick with pneumonia or any other disease. In this sense diagnostic knowledge operates within a certain objective field defined by the sickness, the symptoms, etc… However, there are forms of diagnostic knowledge that are not located within an objective field but which, on the contrary, permit a new objective field to appear. (1996: 95)

In one sense, Foucault's description of a doctor conducting a diagnosis by determining the differences between this and that disease is a metaphorical example. It is a way of clarifying a technical methodological point: archaeology diagnoses the present by specifying the differences between this and that discursive formation. This view seems to be confirmed by the fact that Foucault goes on to discuss the work of Saussure. Structural linguistics is said by Foucault to be a form of diagnostic knowledge which brings to light a new field of concepts (e.g. '*langue*' and '*parole*', 'diachronic' and 'synchronic', etc.) (1996a: 95).

However, the passage can also be read in a way which affirms the connection between medicine and the archaeology of knowledge. From this perspective, archaeology diagnoses the present by separating, arranging, grouping and regrouping symptoms in an objective field (which may simultaneously produce a new objective field).

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2   *Essays Critical and Clinical* (1998), from which this paper partly borrows its title, is a collection of Deleuze's literary essays. However, Deleuze outlines the clinical approach in more detail in his 1967 book *Coldness and Cruelty* (1991). The concept of 'the clinical' is also discussed elsewhere in Deleuze's work (see e.g. 1995: 142-143; 2004a: 131-134; 135-142; 2004b: 272-274; 2006: viii-xii; Deleuze and Parnet, 2002: 119-123). Smith (1998) provides an extensive review of this material in his translator's introduction to *Essays Critical and Clinical*.

Foucault's conceptualization of the diagnosis of the present in explicitly medical terms is for the most part limited to brief comments in interviews. Despite the cursory nature of these remarks, I would argue that they provide an insight into the way in which Foucault understands his own diagnostic method. To draw out their implications, I want to turn at this point to the work of Deleuze, whose concept of 'the clinical' enables us to shed more light on the link between medicine and philosophy in relation to the archaeology of knowledge.[3]

The clinical is understood by Deleuze in methodological terms. It focuses on a specific level of medical practice: it is neither etiology (the search for causes) nor therapy (the development and application of treatment) but symptomatology (the study of signs) (Deleuze, 2004a: 132). This symptomatological procedure involves taking apart certain symptoms and grouping together other symptoms which were previously disconnected. New syndromes will be produced as a consequence of this reconfiguration of relations between symptoms. It is not a case of 'inventing' an illness, but of reorganizing a symptomatological table in order to individuate the signs of an illness in different, perhaps more refined ways. For example, 'the plague' does not exist today because it designated a cluster of illnesses which have since been differentiated according to new symptomatological classifications. The symptoms themselves will be transformed in this process, since they are defined by the very place each of them inhabits in the table (Deleuze, 1991: 13-16; 132-134; Deleuze and Parnet, 2002: 119-123).

But what are symptoms and where are they to be found? Put simply, the entire world may be treated as a symptom and searched for "signs of disease, signs of life, signs of a cure, signs of health" (2004a: 140). Note that Deleuze does not adhere to a strictly pathological approach to symptomatology: a symptom does not necessarily refer to an ailment but can also imply forms of creativity and ways of living (2004a: 132; 1995: 143). For this reason, symptomatology is the place where artists, doctors and philosophers come together and struggle over the symptoms of the world and the meaning which is attached to them (2004a: 134).

Deleuze elaborates on this nexus between art, medicine and philosophy in *Coldness and Cruelty*, in which the clinical approach is put to extensive use. Deleuze argues here that clinical psychologists such as Krafft-Ebing, Havelock, Féré and Freud all fail to provide a proper diagnosis of masochism and sadism because they do not pay adequate attention to the specific symptoms of each perversion. This failure means that masochism and sadism are inaccurately understood by the clinical psychologists to the extent that a new syndrome – 'sadomasochism' – is produced. This syndrome is erroneous, indeed it is a "semiological howler" (1991: 134), because sadism and masochism are not commensurable in any respect. They are linked together into a single perversion only because the clinical psychologists do not take into account the very specific types of sexual behaviour found in the literary works of Leopold von Sacher-Masoch and the Marquis de Sade (1991: 37-46). Deleuze spends the rest of *Coldness and Cruelty* re-examining the specific symptoms of each perversion found in Masoch and Sade's work. He is able to show that, while masochism and sadism both involve a connection

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3   Rose (1999: 57-58) is one of the few commentators to discuss Foucault's diagnostic method in relation to Deleuze's concept of the clinical.

between pleasure and pain, this connection is exhibited in radically different ways in each perversion.[4]

The nexus between art, medicine and philosophy can be summarized as follows. Artists (Masoch, Sade) bring to light symptoms of sexual perversion in their literary works (*Venus in Furs, Juliette*); doctors (Krafft-Ebing, Havelock, Féré, Freud) revisit the literary works and identify the syndrome of sadomasochism; and finally the philosopher (Deleuze) conducts a differential diagnosis which serves to break up the crude syndrome of sadomasochism and enables him to distinguish properly between the symptoms of masochism and the symptoms of sadism. Symptomatology, then, is conducted by artists, doctors and philosophers who examine, group and regroup symptoms in a table. The crucial point is that with each successive symptomatology – that of the artist, the doctor and the philosopher – the table in which the symptoms are arranged is revised and new syndromes are created in the process.

We have given an overview of Deleuze's clinical approach. But how does this clarify Foucault's diagnostic method? This question can be answered by returning to the methodological principles which Foucault elaborates in *The Archaeology of Knowledge* and the application of this method in *The Order of Things*.

In *The Archaeology of Knowledge*, Foucault explains that archaeology suspends (at least provisionally) what he calls the conventional unities of discourse. These unities include such notions as 'intellectual tradition', 'influence', 'development', '*Weltanschauung*' and, most of all, 'the book' and 'the oeuvre' (2002a: 22-33). Such unities, for Foucault, are based on a number of assumptions which have an immediate bearing on the way in which historical research is conducted. For example, the notion of 'influence' implies a certain proximity between given theories where, conversely, one might find distance and dissension. Or again, the notion of 'intellectual tradition' suggests a linear transition from one thinker to the next where, on the contrary, one might find an alternative 'family tree' of thinkers. Conventional unities of discourse, then, may prove to be based on somewhat problematic assumptions. Archaeology suspends these conventional unities of discourse in order to avoid such assumptions and to reveal them precisely as problematic.

By setting notions like 'intellectual tradition' and 'the oeuvre' aside, Foucault is not saying that one must reject out of hand all unities of discourse. Quite the reverse. As it

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4   Deleuze summarizes his symptomatological findings at the conclusion of *Coldness and Cruelty*: "(1) Sadism is speculative-demonstrative, masochism dialectical-imaginative; (2) sadism operates with the negative and pure negation, masochism with disavowal and suspension; (3) sadism operates by means of quantitative reiteration, masochism by means of qualitative suspense; (4) there is a masochism specific to the sadist and equally a sadism specific to the masochist, the one never combining with the other; (5) sadism negates the mother and inflates the father, masochism disavows the mother and abolishes the father; (6) the role and significance of the fetish, and the function of the fantasy are totally different in each case; (7) there is an aestheticism in masochism, while sadism is hostile to the aesthetic attitude; (8) sadism is institutional, masochism contractual; (9) in sadism the superego and the process of identification play the primary role, masochism gives primacy to the ego and to the process of idealization; (10) sadism and masochism exhibit totally different forms of desexualisation and resexualization; (11) finally, summing up all these differences, there is the most radical difference between sadistic apathy and masochistic coldness (1991: 134)."

was shown in the previous section, archaeology focuses on another unity (albeit a dispersed one), which is to say, the discursive formation. Archaeology does not therefore seek to dismiss or destroy all unities of discourse. Instead, it aims to produce new or modified unities by rearranging conventional ones.

This is seen most clearly in *The Order of Things*. For example, the rules of formation for the objects, enunciative modalities, concepts and strategies in the work of Linnaeus in the eighteenth century are not the same as those found in the work of Cuvier in the nineteenth century. One is left with little choice but to identify in each case a separate and distinct discursive formation. This serves to unsettle the conventional unity of physiological discourse, which usually imagines Linnaeus and Cuvier to share the same epistemological space. In addition to abandoning some of the 'grand continuities' which link together discourses over time, archaeology also disrupts some of the 'great divisions' which run between discourses. For example, Foucault shows that the rules of formation for the objects, enunciative modalities, concepts and strategies in the work of Ricardo and Marx are identical. One must conclude that they are both writing from within the very same discursive formation. This has the result of disturbing the surface of the conventional unity of economic discourse, which habitually pits Marx and Ricardo against each other as epistemological (not to mention political) adversaries. By altering such conventional unities of discourse – whether in terms of 'grand continuities' or 'great divisions' – Foucault is able to establish a set of new or modified unities. He elaborates on this point in the 1970 preface to the English edition of *The Order of Things*:

> I did not look in the seventeenth and eighteenth centuries for the beginnings of nineteenth-century biology (or philosophy or economics). What I saw was the appearance of figures peculiar to the Classical age: a 'taxonomy' or 'natural history' that was relatively unaffected by the knowledge that existed in animal or plant physiology; an 'analysis of wealth' that took little account of the assumptions of the 'political arithmetic' that was contemporary with it; and a 'general grammar' that was quite alien to the historical analyses and works of exegesis then being carried out. Moreover, I saw the emergence, between these different figures, of a network of analogies that transcended the traditional proximities: between the classification of plants and the theory of coinage, between the notion of generic character and the analysis of trade, one finds in the Classical sciences isomorphisms that appear to ignore the extreme diversity of the objects under consideration. (2002b: xi)

On the one hand, archaeology demonstrates that some of the distances and proximities which are usually said to characterize a given 'science' or 'theory' are in fact erroneous. On the other hand, archaeology brings to light correlations between forms of knowledge hitherto unconnected or, analogously, deviations between forms of knowledge which were previously unrecognized. In short, Foucault's archaeology of the human sciences in *The Order of Things* transforms the way in which knowledge is ordered by mapping out new or revised epistemological spaces.

We are now in a position to clarify the medical meaning of diagnosis in relation to the archaeology of knowledge. It was previously said that Deleuze takes apart symptoms belonging to the crude syndrome of sadomasochism and rearranges them to form the new syndromes of masochism and sadism. In the same way, a discursive formation is produced when archaeology dissociates groups of signs (e.g. characters, words, sentences, graphs, tables, pictorial diagrams, etc. – what Foucault calls 'statements')

from the unities of discourse in which they are commonly located and reassembles them to form modified unities. Expressed clinically, archaeology dissociates symptoms from crude syndromes (e.g. physiological discourse, economic discourse) and then reassembles these symptoms to form new syndromes (e.g. natural history and biology, analysis of wealth and political economy). In this way, archaeology diagnoses the present by separating, arranging and regrouping symptoms in new or revised symptomatological tables (see 2002b: 219).

The Critical Attitude

So far, this paper has examined Foucault's diagnostic method, the archaeology of knowledge. But what is the objective of this method? This question will first be addressed before we discuss its implications for clinical management studies.

The archaeology of knowledge, as a diagnostic activity, exercises a 'critical attitude' towards the present. This critical attitude prompts one to say what the present *is* at the same time as it urges one to see if it might not be possible to *change* what the present is. The objective of archaeology, therefore, is the simultaneous description and transformation of the present.

In a series of texts in the late 1970s and early 1980s, Foucault discusses the history of the critical attitude and its relation to Kant's question of enlightenment (see 2007). In a 1978 lecture entitled 'What is Critique?', Foucault says that there emerged in fifteenth and sixteenth century Europe "a certain way of thinking, speaking and acting, a certain relationship to what exists, to what one knows, to what one does, a relationship to society, to culture and also a relationship to others that we could call… the critical attitude" (2007: 42). This critical attitude, Foucault continues, arose in response to an entire set of ecclesiastical 'arts of government' (e.g. rules of religious obedience, methods of examination and confession, individualizing techniques, etc.) (2007: 43). By seeking to challenge, restrict or displace these arts of government, the critical attitude is considered by Foucault to be 'the art of not being governed so much' – not, it should be emphasized, the art of not being governed *at all* but rather the art of not being governed like this or that, or at this or that cost (2007: 44-45). This means that the critical attitude does not seek to reject the arts of government in their entirety. Instead, the critical attitude is "the movement by which the subject gives himself the right to question truth on its effects of power and question power on its discourses of truth" (2007: 47). For example, the critical attitude is exercised when one attempts to challenge a religious authority on the basis of its interpretation of the scriptures and the use to which biblical texts are put (2007: 45).

Although the critical attitude originated in an ecclesiastical context, it soon began to circulate more widely throughout society. This is the point at which the concept of 'enlightenment' – best exemplified by Kant's 1784 newspaper article 'An answer to the question: "What is enlightenment?"' – becomes important for Foucault. Kant opens his article by outlining what he understands by the term 'enlightenment':

> *Enlightenment is man's emergence from his self-incurred immaturity*. *Immaturity* is the ability to use one's own understanding without the guidance of another. This immaturity is *self-incurred* if its cause is not lack of understanding, but lack of resolution and courage to use it without the guidance of another. The motto of enlightenment is therefore: *Sapere Aude*! Have courage to use your *own* understanding! (1991: 54; emphases in original)

Here, the thought of enlightenment 'dares to know' because it challenges some of the worst excesses of authority (e.g. aspects of religion, law and science) which maintain us in a state of immaturity. This immaturity is self-incurred to the extent that we choose not to put our reason to proper use; it thus remains governed by other forms of reason, whether religious, legal or scientific. We can pull ourselves out of this self-incurred immaturity by using our reason to question religion, law and science on the basis of the forms of knowledge which they produce and the relations of power which they maintain. It is therefore Kant's concept of 'enlightenment' put forward in his *Berlinische Monatsschrift* newspaper article, and not Kant's concept of 'critique' outlined in his *Critique of Pure Reason*, which for Foucault embodies a certain critical attitude towards the present at the cusp of our modernity (2007: 47-48).

Foucault elaborates on the relation between Kant's concept of enlightenment and the critical attitude of modernity in more detail in a 1984 essay entitled 'What is Enlightenment?' In this text, Foucault considers Kant's 1784 newspaper article to have introduced into modern philosophical inquiry a new approach to an old question: 'What is today?' Whereas philosophy once attempted to decipher the present for signs of the future, now philosophy interrogates the present in the direction of the immediate past: 'How is today different from yesterday?' (2007: 99). This question of enlightenment involves a critical attitude towards the present because it aims to show that what is taken as universal and necessary about the present is in fact singular and arbitrary. If the religious, legal and scientific authorities which govern our conduct today did not exist yesterday, then there is nothing universal or timeless about them. Indeed, they may not even exist tomorrow. Foucault thus characterizes the thought of enlightenment as a 'limit-attitude' which works on the present by analyzing and reflecting on its frontiers with both the past and the future (2007: 113). It involves determining precisely what forms of knowledge and relations of power have allowed us to constitute our thought and actions, and to what extent these forms of knowledge and relations of power have the capacity to be transformed by our thought and actions. Put simply, the critical attitude of modernity – inaugurated by Kant's question of enlightenment in 1784 – seeks "to give new impetus, as far and wide as possible, to the undefined work of freedom" (2007: 114). Not, to be clear, 'liberation' or 'emancipation' (understood as an outright rejection of the present state of things) but 'freedom' (understood as the work which we conduct on ourselves, at the limits of ourselves) (2007: 114-115).[5]

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5   Foucault remarks in an interview in 1984 that his critics sometimes respond to his work by asserting that 'if power is everywhere, then there is no freedom'. Foucault replies by saying that "if there are relations of power in every social field, this is *because* there is freedom everywhere" (1996: 441; emphasis added). The point, for Foucault, is that 'power' does not necessarily mean domination and that 'freedom' does not necessarily mean liberation from power. Freedom, rather, refers here to the exercise and modification of the power relations which one maintains with others and with oneself (see 1996: 433-49).

Foucault emphasizes that the question of enlightenment (and the critical attitude which it exercises) is not limited to Kant's newspaper article. Indeed, it characterizes Foucault's own diagnostic method (2007: 113-114). Let us recall that archaeology shows that *who we presently are* is different from *who we once were*. If historical continuity – along with its attendant themes of 'progress' and 'development' – ensures immediate legitimacy for what exists today, archaeology disrupts this continuity by differentiating the present from the past. By reorganizing conventional unities of discourse and by dissolving the historical continuities on the basis of which they are unified, archaeology reveals that the present is neither essential nor immutable but in fact contingent and subject to modification. Archaeology exercises a critical attitude, then, because it aims simultaneously to *describe* and *transform* the present.

It should be stressed that the transformative objective of archaeology is not distinct from the descriptive method of archaeology. As Foucault puts it in a 1983 interview, "the function of any diagnosis concerning what today is… does not consist in a simple characterization of what we are but, instead – by following lines of fragility in the present – in managing to grasp why and how that which is might no longer be that which is" (2000: 449-450; see also 2007: 118). The point here is not to deny everything which constitutes who we presently are. Neither is it to predict the contours which our thought and actions will one day take. Rather, it is by working on the limits of ourselves – by examining the forms of knowledge we now accept as true and the relations of power in which we are currently implicated – that it will be possible to transgress these very limits (2007: 113).

The implications of this critical attitude for clinical management studies are clear: by diagnosing the symptoms of management and organization according to the method of archaeology, clinical management studies aims simultaneously to describe and transform certain aspects of management and organizations in terms of the knowledge which they generate and the power relations which they put into operation.

Applications

But what does this mean in practice? It is obviously not possible to map out in precise detail the shape which clinical management research will take. This will emerge from a process of research based on the methodological principles outlined by Foucault in *The Archaeology of Knowledge*. Nonetheless, in order to clarify the task of clinical management studies and to draw the paper to a close, let us propose two directions for future research: a diagnosis of human resource management (HRM) and a diagnosis of management consultancy.

Critical approaches to HRM have often drawn on the work of Foucault (for an overview, see Barratt, 2003). So far, however, an archaeology of HRM knowledge has not been conducted. Clinical management studies would undertake this task by describing the rules of formation for HRM's objects (e.g. the object of 'competency' in relation to its evaluation, the object of 'performance' in relation to its appraisal, the object of 'aptitude' in relation to its testing); the rules of formation for HRM's

enunciative modalities (e.g. the 'employee' insofar as they express an attitude to be surveyed, the 'recruiter' insofar as they interview an employee, the 'trades union representative' insofar as they engage in wage negotiation, etc.); the rules of formation for HRM's concepts (e.g. the ordering of rating scales, the ordering of self-assessment exercises, the ordering of personality indexes, etc.); and the rules of formation for HRM's strategies (e.g. the thematic divergence between 'hard' and 'soft' HRM). In this way, clinical management studies would examine, break up and rearrange the symptoms of HRM in order to find out what it is at the same time as it tries to see if it might be possible to change what it is. For example, perhaps an archaeological analysis would show that there is not a historical continuity between 'personnel administration' and 'HRM', but that they are in fact two separate and distinct discursive formations.

In terms of management consultancy, studies within CMS have tended to focus on a specific technical area of advisory activity (e.g. management gurus, executive search, business process reengineering, total quality management, IT strategy, etc.) (see e.g. Clark, 1995; Grint and Case, 1998; Legge, 2002; Sturdy, 1997). Clinical management studies, however, would not discuss management consultancy in terms of an individual advisory activity. Instead, clinical management studies would focus on the level at which management consultancy is constituted as a discursive formation which *includes* all these seemingly disparate activities. This would involve describing the rules of formation for management consultancy's objects (e.g. the object of an 'organizational problem' in relation to its diagnosis, the object of 'data' in relation to its collection and analysis, the object of a 'solution' in relation to its recommendation and implementation, etc.); the rules of formation for management consultancy's enunciative modalities (e.g. the 'management consultant' as analyst, the 'management consultant' as advisor, the 'management consultant' as assistant, etc.); the rules of formation for management consultancy's concepts (e.g. the ordering of four-by-four diagnostic matrices, the ordering of feedback questionnaires, the ordering of client-consultant contracts, etc.); and the rules of formation for management consultancy's strategies (e.g. the thematic divergence between 'content' and 'process' management consultancy). In this way, clinical management studies would examine, break up and rearrange the symptoms of management consultancy in order to describe what it is at the same time as it tries to locate the points at which it might be transformed. For instance, perhaps an archaeological analysis would show that there is not a linear development between 'scientific management' and 'management consultancy', but that they are in fact two very different discursive formations.

Clinical management studies is by no means limited to these examples. To be sure, it is not very difficult to imagine a diagnosis of other aspects of management and organization. It should be emphasized, however, that the findings of an archaeological analysis cannot be known in advance or presupposed from the outset. They emerge from the very process of research itself. This research will necessarily be detailed and meticulous, attentive to the forms which management and organizations now take and, correlatively, attentive to the forms which they once took. Indeed, clinical management studies is guided by a single question: 'How are forms of management and organization today different from forms of management and organization yesterday?' This question can be answered by analyzing, dissociating and regrouping the symptoms of management and organization in new or revised symptomatological tables. It should be

emphasized that clinical management studies does not begin with the assumption that 'sick' organizations need to be 'cured' or that corporate managerialism is in a 'morbid state' and must therefore be 'humanely terminated'. Despite its medical connotations, clinical management studies is not concerned exclusively with pathological aspects of management and organization. Clinical management studies takes the symptoms of management and organization to imply signs of life and vitality as much as signs of sickness or bad health. It is in this spirit, then, that clinical management studies engages with managerial and organizational forms: not as systems of oppression from which we must liberate ourselves, but as regimes of truth against whose limits we exercise our freedom.

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