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Health Care and Social Justice Evaluation:

A Critical and Pluralist Approach

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by

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ABSTRACT

This thesis proposes a critical, systemic and pluralist approach to evaluating health programs. It examines ways in which efforts to promote equality and plurality are undermined by the application of foundationalist and universal conceptions of social justice and evaluation. This approach is developed within the current debate taking place in the field of Critical Systems Thinking, particularly in the area of the evaluation of social and health programs.

It is argued that the potential for equality and plurality in Western societies goes beyond the questions of economic exploitation, military, cultural and political oppression and encompasses the relation between power and knowledge which is inherent in rationalities governing the formulation, the implementation and the operation of health programs. The thesis offers an alternative view of social justice that conciliates equality with plurality, and promotes these values through an evaluative procedure. Using Foucault's philosophy, it is proposed that a non-foundationalist conception of social justice should be understood in terms of the interactions between three areas of human activity, namely knowledge, morality, and techniques and technologies of government. As regards the possibilities for developing a non-foundational and non-universal evaluative judgement, the thesis assumes a decentered conception of truth in the analysis of society and morality, and acknowledges the role of power as factor of generalisation or diversification of truth. Thus complexes of power-knowledge-morality are at the centre of our evaluative judgements of social justice. In order to encourage equality and plurality, this thesis proposes a rationale for evaluation that includes three main methodological guidelines: a decentered conception of critique regarding the problems and negative effects of a health program (unfolding in reverse); the promotion of subjectivity (autonomy, diversity, solidarity) through self-knowledge and self-regulation of desires (folding); and participation in the reordering of society through an ethical and political process of decision-making (ethical and political unfolding of the situated truths of the subjects). The processes are designed to interrelate and iterate in a complex way. They should include the exploration, choice and combination of methods and/or their parts, and of the strategic positions in scientific and ethical discursivities by thinking critically and acting in a situated and participative way.

CHAPTER 1: THE AIMS OF THE THESIS

The general aim of this thesis is to develop a critical, pluralist and systemic methodological approach for evaluating issues of social justice concerning health in the Colombian population. Specifically, it refers to a methodological approach that, from a non-foundationalist perspective, encourages equality and pluralism.

The challenge of equality and pluralism. Before describing the structure of this research, I must explain that the choice of the theme of equality and pluralism was the result of my personal experience as a medical doctor, teacher, trade-unionist and political activist in, as I see it, one of the most unjust, excluding and antidemocratic countries of South America. I became a political activist and a trade-unionist because very early in my life the Colombian circumstances obliged me to make a commitment to opposing situations of social injustice, ethnic and political discrimination, and the violent extermination of all those who challenged, by thinking, speaking and acting in a different way, the rationalities, structures and practices which represent the dominant power relationships. I was encouraged by democratic and Marxist ideas and very soon I started the hard task of trying to overcome the factors opposing the advent of a fairer and democratic society.

The main area of my experience was that of health services. As a medical doctor I will never forget the image of those patients that outside or inside a hospital had to die or to suffer because of the lack of appropriate medical services. I participated, as a hospital worker, in the creation and direction of Fentrasalud (Colombian National

Federation of Health Workers). Later I also became a teacher in a postgraduate program of Health Administration. Thus, as a doctor, as a trade-unionist and as a teacher, I became involved in the debates that, at the end of the eighties and at the beginning of the nineties, took place around the reform of the former National Health System. This debate gave a voice to some social groups and individuals but they were never listened to enough. Most of their claims and viewpoints were utilized for legitimising a predefined rationality that reinforced the interests of the dominant national elite and of powerful international organisations.

The Colombian experience and the later decline of existent models of Eastern European socialism caused me to reflect on the apparent incompatibilities between pluralism and equality when we attempt to shape a society in which all of us, regardless of our differences, could live together in a fair way. Since then, a crucial question has come to the fore: how should equality and plurality be conceived if we were attempting to construct an egalitarian and pluralist perspective of social justice in a country where so many have been killed because of their desire to be different or because of their claims for equality? I realised that neither I nor my fellow Colombians had the answer to those questions. Furthermore, I also realised that it was my duty to start with my own theoretical reflection on those problems.

I started this investigation by acknowledging that manifestations of social injustice arise from tangible conditions of human existence explainable on the basis of socio-economic, cultural and political relations between individuals and social groups. I also realised that, as historical beings who create the conditions of our life, all of us

deserve to be considered as having equal rights to the means of guaranteeing a honourable existence. At the same time I have always thought that beyond those common conditions of existence we are different, and that it is important to maintain, cultivate and respect our differences.

However, what happens in societies such as Colombia is that existent differences have been taken historically as a motive for legitimating injustices, and the claim of equality has also been used for imposing discriminating considerations, exclusions, and domination. Thus, it has been the dream of preserving and promoting equality and difference at the same time that has driven me in this investigation. It has posed difficult questions to me: Why is the key to social justice understanding equality and plurality? What are the connotations of any answers for justice and evaluation in health services?

The challenge of a non-universal conception of Critical Systems Thinking. It is also necessary to explain why I became interested in the area of Critical Systems Thinking (CST) and why there is a section, closing this research, on this matter. During my years as a teacher in the postgraduate programs of health administration in the Colombian "Pontificia Universidad Javeriana," I was in charge of creating a new area of teaching and researching around issues of efficiency and equity in the Colombian health system and in its networks of health care. Through this experience I had the possibility of knowing and comparing different health systems from countries with different socio-economic formations from all over the world while I was working with the students of health administration.

In trying to ground my understanding of these issues in a critical and theoretical perspective I became interested in different conceptions of systems thinking. My commitment to, and previous experience of, finding ways of understanding and helping to solve problems of social injustice in Colombian society, and my own critical and theoretical background, very soon led me to reflect on the different theoretical positions in the field of Critical Systems Thinking (CST). Through my own reflections on these issues I reaffirmed my rejection of substantive foundations and grand narratives such as the Habermasian conception about consensus, which underpins some writings in CST (e.g. Ulrich, 1983; Jackson, 1991b).

I became interested in doing my research in this field at the University of Hull because of my participation in the Colombian debate on systems thinking[1] and because of my direct contact with Professor Michael Jackson and my actual supervisor Dr. Gerald Midgley. Thus, I came to Hull because of the possibilities of the debate in CST, which I thought, based on my previous reading, could provide a useful way forward for my questions: in particular, resistance to Habermasian universalism was being manifested by a new generation of writers on CST (e.g. Gregory, 1992; Midgley, 1996).

However, before entering the debate in this field, I felt the need to step outside CST and to do more fundamental research in order to find and to strengthen my own theoretical perspective before re-entering CST to support my work on methodology. Thus, my interest in equality and pluralism, and my reflections on the possibilities of grounding the evaluation of these issues of the Colombian health service in a non-

[1] I became a member of TESO, a group of study in system thinking in the Universidad de los Andes, in 1994

foundationalist theoretical perspective in the field of CST, supported me in making the decision to develop a mainly theoretical research project and to ground it in a post-structuralist perspective.

1.1 The Structure

The body of this research includes five sections:

Section 1 will review three separate but interconnected themes: first, I describe the last process of reform of Colombian health services and its relation to social justice and evaluation.

Second, I describe the issues concerning equality and plurality resulting from the methodological experience of evaluating health inequalities in Britain. I show the recent theoretical debate and issues resulting from the relations between the methodological approach to evaluation and the explanations of health inequalities in this country.

Third, in trying to illuminate and to complement this debate from a more general theoretical perspective I describe the discussions that have arisen among different paradigms grounding the methodological approaches to the evaluation of social justice within the perspective of the 'discipline' of social program evaluation.

By relating the parts of this section I underline the importance of the debate about equality and plurality in health and social programs and show the elements that constitute the problem for research that aims at developing a methodological approach to the evaluation of social justice from an egalitarian and pluralist perspective.

Section 2 examines the notions of social justice on which health services have been distributed. Particularly, it will focuses on the conception of equality. The section describes the scientific and moral foundations of equality as they have been defined in modern times, and it explores the possibility of a non-substantive and non-universal conception of social justice. The section presents an interpretation of Foucault's view of social justice, and proposes it as the most fruitful way towards a conception of evaluation that encourages plurality and equality.

Section 3 explores Foucauldian views and criticisms on the ways in which the judgement has been constituted in modern ways of knowing, and of the relations between power, knowledge and social justice in the modern era of the fields of health and health service. It provides a basis for clarifying a way of judging and valuing without recourse to universal foundations in matters relating to the evaluation of social justice in health services.

Section 4 examines the possibility of using critical systems thinking as a methodological basis for evaluating justice in health services. Given that this trend of thought is not a homogeneous corpus of knowledge, I emphasise those aspects and positions more concerned with the experience of evaluation and, particularly, more in

tune with a post-structuralist conception of pluralism. This overview was done with a view to creating a critical and systemic approach to evaluation informed by Foucault's thought, which is, in my view, a theoretical perspective that can support the pursuit of equality and plurality in health and health services.

Section 5 will trace the guidelines of my proposal for a critical and systemic approach to the evaluation of social justice that encourages equality and pluralism in Colombian health services.

The following summaries provide a detailed account of the content of each one of these sections:

1.2 Section 1: The Basic Research Questions

This section tries to justify the need and possibilities for a conception of evaluation of social justice in Colombian health services encouraging equality and pluralism. This is supported by a description of the content and problems of the recent reform of Colombian health services, and of the experiences and issues that have arisen from evaluating inequalities in health and social programs.

1.2.1 The reform of the Colombian health service

The description about the reform of the Colombian Health Service has been limited to the transformations developed by the governments of Virgilio Barco-Vargas (1986-1990) and Cesar Gaviria-Trujillo (1990-1994) who, in my view, have introduced the conceptions shaping the new approach to social justice in Colombian health services. This review characterises the dominant rationality underpinning this reform and identifies it with a modernising neo-liberal conception of government and social justice. I present an interpretation of the discursive and non-discursive factors supporting this rationality and its objectives, and I explore some of the initial effects of the reform in terms of equality and plurality. I also outline some Colombian experiences in the evaluation of social justice in health services, their methodological views and their relations to those discursive and non-discursive conditions.

I maintain that these most recent Colombian conceptions of social justice in health services, and their corresponding institutional methodological approaches to evaluation, have been devised and developed as a function of the modernising tenets of capitalist strategies of social, economic and cultural development. However, I also maintain that a deeper interpretation of these conceptions and practices is required. The specific rationality shaping the reforms of Colombian health services has resulted from the use of acknowledged domains of knowledge and techniques for governing the health of the population and health services. However, I show that the dominant rationality grounding the actual reform of Colombian health services and its conception of social justice has been elaborated on the basis of the choice of certain

strategic positions between the diverse possibilities offered by those domains of knowledge and techniques of government. These positions have a clear connection with the economic, political, and cultural interests of national and international elite and their respective institutions of power. I argue that the dominant rationality grounding Colombian health policies and, in particular, social justice, has also excluded other rationalities and ways of governing health and health services.

1.2.2 The experience of the evaluation of health inequalities in Britain

This section turns its attention to Britain, a country that since the 1940s has assumed a clear commitment to an egalitarian perspective of social justice in health and health services.

The description of the analysis of health inequalities highlights the following aspects: the relations between the conception of health inequalities, the methodological approach to the evaluation, and the grounds of the theoretical debate on the causality of health inequalities. I try to show that the analysis of health inequalities has tended to examine health inequalities in terms of an egalitarian conception of social justice that defines equality as a function of the outcomes of people's state of health instead of looking at equality in terms of access to and use of the means of health. This approach to social justice seems to influence the totalizing character of the evaluative judgement about health inequalities insofar as the conception of social justice, the

methodological approaches to evaluation and the theoretical explanations of health inequalities reinforce each other.

This description unveils a methodological procedure of evaluation grounded in an objectivist way of providing empirical evidence, a structuralist explanation of causality, and a whole methodological rationale which try to make a universal truth about what should be considered as just or unjust in matters of health inequalities. This argument now makes clear the implications that, for a conception of the evaluation of social justice trying to encourage plurality and equality, have a methodological approach based on objectivism and structuralism. It seems that a methodological approach grounded in objectivism and structuralism results in a totalizing model of explanation of health inequalities which threaten plurality.

This description also starts to suggest the role power plays in the use of the knowledge of health inequalities during the process of health policy formation. Thus, it seems that attempts at generalising a truth via an objectivist and structuralist rationale reinforce power lure to generalise about a particular truth. This seems to show that power poses additional problems regarding the possibilities of an egalitarian and pluralist approach to social justice and its evaluation. Thus, both power and the methodological approaches to evaluation can reinforce each other; that is to say, the possibilities of pluralism and equality seem to be related to the way that we judge and to the way power brings about and makes use of those judgements.

1.2.3 The implications of paradigmatic assumptions in the experience of social program evaluation

In this section I show the elements which define a theory of social program evaluation and the profile of a "discipline" of social program evaluation. I explore their philosophical and political basis and underline the role of values and knowledge in their constitution. Social program evaluation constitutes the field of multiple and discordant paradigms concerning the formation of an evaluative judgement on social programs. This description recalls the ontological, epistemological and methodological foundations of those judgements, explores the role of values in every paradigmatic approach, and shows other elements different from a merely scientific rationale (communication and power, for instance) informing evaluation. I highlight the discussions that, in terms of the role of values and other conditions of the formation of evaluative judgements, develop different perspectives such as positivism, neo-positivism, constructivism (interpretivism), critical normative theory, pragmatism, and post-structuralism.

The description reveals the way in which different paradigmatic assumptions can encourage or deny pluralism. I underline that in spite of the fact that positivism (particularly neo-positivism), structuralism, interpretivism and critical normative science enhance the use of multiple methods, their tendency towards the generalisation of truth, whatever the rational procedure used (objectivity, multi-perspectivism, naturalistic generalisation, dialogical consensus, or subjectivism), poses an obstacle to pluralism. Thus, the attribution or non attribution of universality

to a truth seems to be a key aspect whether by way of a scientific, consensual, or moral procedure.

In this way, it appears that factors such as the contingency and uncertainty of knowledge, multicausality, the tension between the acknowledgement of the existence of many truths and the defence of single scientific truths, the role of power in generalising particular truths, the dependence of decisions in matters of social justice on considerations such as efficiency, among others, seem to be at the centre of the discussion concerning diversity and plurality from the perspective of evaluation and social justice. In the same way, power relations and moral values appear to be important elements in determining the possibilities of pluralism in the evaluation of social justice.

Thus, by making sense of the relations between the Colombian experience of modernisation and social justice, the British experience of evaluation of health inequalities, and the discussion about the implication of different paradigmatic assumptions in the discipline of social program evaluation, this section helps to demonstrate how important is to design a methodological approach to the evaluation of social justice that encourages plurality and equality. Particularly, it helps me to define more clearly the central questions for this research and to clarify some of its aims.

It seems that the problem of designing an evaluative perspective that encourages pluralism and equality arises, on the one hand, from the extension (universality) of the

judgement (truth) resulting from the methodological rationality employed in the evaluation of social justice. On the other, it also seems that non-discursive factors such as institutionalised power relations also influence the production, use and extension of our judgements. Thus, there seem to be concrete effects of the approach to knowledge and of the relations between knowledge and power that seem to be in the basis of the problems that must confront the design of an evaluative approach to social justice that encourages plurality and equality.

1. 3 Section 2: Social Justice. Universal Narratives or Pluralism?

1. 3.1 A non-foundationalist conception of social justice?

This section explores the theoretical and moral modern foundations of social justice as equality. It deals with the modes of reasoning of Kant, Marx, Rawls and Habermas on social justice, and asserts that it has not been possible, either from the perspective of a universal moral reasoning or from that of a theoretical model of society, to establish an acceptable universal moral principle or a theoretical and scientific general guideline for judging and evaluating in matters of social justice.

I show that the Kantian model of reasoning, although claiming to base moral judgement on universal and categorical principles concerned only with pure practical reason, also derives them from reality via theoretical and empirical scientific

knowledge and teleological assumptions. Thus, the Kantian moral judgement becomes a monological, teleological and speculative reasoning grounded in a transcendental conception of the subject, and in a universal conception of the moral law which in the name of autonomy and freedom constrains diversity and autonomy.

I also show that the Marxist conception, which grounds social justice in a model of society determined by its economic structure and its cultural development, has been challenged not only because of its structural determinism of social development but also because of its Hegelian dialectical foundation. The problem derived from this double underpinning of Marxist theory is the way in which both the dialectical conception of progress and the economic determinism of the social deny factors such as a decentered conception of culture, ethics, knowledge and power, among others.

Similar problems to those already referred are presented by other conceptions of social justice derived from the dialogue between Kant and Marx, as in Habermas, or between Kant and Rousseau, as in Rawls. Whether by way of a dialogical practical reasoning or through a monological procedure, these positions encourage a social contract that legitimises universalising conceptions of equality that deny diversity.

Thus, I assume that equality and plurality seem to be neither the result of a contract drawn up on the basis of a universalising rational procedure, nor the expression of the logical application of a theoretical and universal model of society, but the consequence of an ethical position concerned with the imposition of a particular rationality or rationalities over others.

This section also explores the value of some post-structuralist approaches concerning a non-foundationalist perspective on social justice. This description allowed me to realise that the main achievement of post-structuralism concerning social justice is its encouragement of plurality, diversity, and intersubjectivity. After considering several post-structuralist thinkers, I settled on Lyotard and Foucault because I thought that they assume a more reliable approach to social justice in terms of supporting pluralism.

Lyotard bases plurality on the possibility of preserving difference and equilibrium between language games, and on the prospect of grounding the idea of social justice only in the notion of pure practical reason. This constitutes for me the limitation of Lyotard's thought insofar as he does not give any positive importance to the role of power, and with this approach he opens the door to an extreme relativist position.

Through this overview I uncovered a tension between the need of preserving and promoting plurality and the need of constituting a certain kind of consensus or agreement between human beings in regard to equality. Thus, given my personal experience and the particular Colombian situation, I felt the need to look for a perspective allowing the possibility of theoretically grounding a commitment between equality and pluralism. I realised that Foucault's philosophical reflections on the history of medical knowledge, health policies, health services, and ethics, might offer a solution to the tension referred above.

My interpretation of Foucault's understanding of social justice as a program articulated by political and moral discourse on the basis of the struggle between different strategic positions at the level of the relations between knowledge, power, and ethics seemed to me very suggestive of that possibility. I assumed that it is in this perspective that an egalitarian conception of social justice concerning health and health services could be compatible with a pluralist perspective of human existence. Thus, I see Foucault's viewpoint as pertinent in the sense that in health a conception of equality that seeks to avoid foundationalist implications should be based more on the use of the means of health than on the achievement of a uniform condition of health among the population.

It is this roughly defined argument, together with the use of Foucault's decentered conception of the subject, encouragement of resistance to established relations of power, and emphasis on a practice of liberty understood as autonomy and diversity, which finally convince me of the value of a Foucauldian perspective for this research. In this, section 2 allowed me not only to choose the theoretical perspective from which a methodological approach encouraging equality and pluralism could be possible but also, together with section 1, to define the following aims of this research:

The first aim of this research is to explain how a judgement on social justice in health services might be possible without universal, scientific (empirical and theoretical), moral, and political foundations.

The second aim is to define the theoretical basis for a non-foundationalist, non-universal evaluative judgement on social justice (equality) in health and health care.

1. 4 Section 3: Foucault's Thought: a non-foundationalist perspective of evaluation?

Once the possibility of a judgement on social justice without universal foundations became clear, I engaged in a more detailed exploration of Foucault's thought to clarify the theoretical ground of a non-foundationalist, non-universal conception of evaluation. I acknowledge that adopting a pluralist position to evaluate social justice means running the risk of assuming an extreme pluralist position (for instance, absolute relativism) that can undermine the process of judging not only the effects of a health program but also health policy making. Thus, it has been said that pluralism has "no mechanisms for judging between contradictory claims, either in terms of their moral implications or even in terms of their status of knowledge" (Jackson and Carter, 1991, pp. 120). More specifically, Habermas (1987) has said that in Foucault's conception of criticism there is a strong relativist position insofar as there is no basis from which to evaluate or to judge. However, I show, through describing Foucault's thought, that it is not that Foucault's position lacks criteria for evaluation but that he claims a rupture with universalizing yardsticks of evaluation, and promotes, in their place, a more sceptical view of universality, adopting, instead, a historical and local perspective. The description of this position will be carried out by following Foucault's criticism of modern ways of knowing and of the effects of the relations

between power and knowledge upon the constitution of the subject; by showing the way Foucault opposes essentialist and universalizing modes of judging and valuing and the way he promotes subjectivity.

1. 4. 1 Foucault's criticism of modern knowledge. Theoretical grounds for a pluralist, non-foundationalist conception of knowledge

This section focuses on Foucault's general considerations and criticism of modern knowledge, and on the historicity of the specific case of modern medical knowledge, and proposes an interpretation of a Foucauldian conception of knowledge not based on universal rational foundations.

I articulated a first view about a non-universal judgement concerning knowledge by following Foucault's historical description of medical knowledge, his analysis and criticism of the modern ways of knowing, and by using Deleuze's analysis of Foucault's thought.

In reading Foucault I realised that one of the main characteristics of modern knowledge has been the search for the progress of the conditions of universality of the Modern way of judging. Thus, the main Kantian achievement was to lay down the conditions of universality of modern judgement. From this has been derived a group of totalizing and universalising foundations of knowledge such as the Kantian transcendental subjectivism, objectivism, and phenomenology (both Hegel's

dialectical phenomenology and Husserl's phenomenology). Besides their all-embracing methodological rationale, these approaches to knowledge have also grounded their positions in ideas such as evolution (progress, development), which establishes the basis for the tenet of a common essence of the diverse, and also in the idea that knowledge changes as the result of the improvement (evolution) of methods and procedures of rationalisation.

I became conscious that Foucault's criticism levelled against the discursivity of modern ways of knowing the social points essentially to the relations of truth and falsehood, the relations between "I" and "You" (Same and Other),[2] and to the modern notions of progress and evolution. Thus, I have assumed that knowledge is always uncertain, historic, contingent and situated. We must not reduce the Other to the Same by inventing a universal subject whose logic is able of accommodating, in an isomorphic way, theory and practice (the empirical), or of objectifying the other as an object of knowledge through the argument of a common human nature, or by supposing an original common identity, or through the impulse of the notion of a continuous progress and development. Foucault's criticism of the rational conditions that make universal the judgement of modern ways of knowing underlines its negation of difference, diversity, plurality, contingency, uncertainty, discontinuity.

Foucault encourages a way of judging not grounded in universality, that is to say, a judgement (a truth) in which the articulation between the form of the visible (the

[2] I understand that when Foucault talks about the reduction of the other to the same in the Same/Other relationship, he refers to engulfing otherness, difference, diversity, in the perspective of a totalizing, universalizing conception of human beings, be it by way of an approach to knowledge, a theoretical approach to social reality, a moral assumption, or as the result of power, knowledge and moral relations.

empirical) and the form of the sayable (theory) is neither the result of a pure reasoning nor the expression of an exact correspondence between things and language nor of the unification of different discourses with a specified discursive object of knowledge. On the contrary, he acknowledges that truth is situated and historically bounded; he acknowledges the influence of force relations and emotions and the work of a decentered subject in choosing and relating strategic positions in both the forms of the visible (the empirical) and the forms of the expressible (theory). Thus, I realised that knowledge is not a unified and perfected truth but a multiplicity.

1. 4. 2 Power and Knowledge. The constitution of universalising and totalizing rationalities and practices and their influence in shaping health programs

This section deals with the relations between knowledge and power in constituting dominant, universal and unifying rationalities and practices that operate, during definite historical periods, by constituting and interlacing specific strategic positions within the domains of knowledge and technologies of power, around specific objects of knowledge and practices of government. By dealing with the notions of nosopolitics, biopolitics, neo-liberalism, police, welfare state, and risk society, I try to show the importance of looking at the mutations of the relations between knowledge and power and the rationalities and practices that they constitute, the ways in which they have become universalised, and their implications for pluralism within the field of health and social justice.

Through this exploration we can observe the way in which power has centralised a particular domain of knowledge, or has facilitated the constitution, convergence and articulation of particular discursivities from different domains of knowledge such as medicine, psychiatry, economics, social administration, morality, and so on, around specific objects of discourse (for instance, social justice), and from the perspective of specific strategies for confronting discursively constituted problems such as poverty, madness, efficiency, among others. In this way, it seemed to me important to show the constitution, emergence, change, and implications for plurality and equality of different rationalities and practices for dealing with issues of social justice in the field of health and health services.

Thus, the logic of the relations between power and knowledge in constituting those rationalities and practices is called by Foucault nosopolitics and police when referring to the end of eighteenth century (1980a), and biopower and biopolitics, when referring to end of the nineteenth and the early twentieth centuries (1990a, 1992a). Although he does not use a specific name for the present time, I describe it as neo-liberalism, or as a risk society, as seems to be the usage of various authors (Castel, 1991; Beck, 1992; Petersen, 1997). First of all I explore the content of these notions. Secondly, I refer to Foucault's descriptions of the relation between knowledge and power and the respective techniques of government adopted in the field of health and social justice.

I conclude, from this description, that the constitution of interlaced, scientific, moral, and political rationalities and practices of dealing with the social, has not been the result of a pure rational procedure that searches for the constitution of a qualified truth

(the best rational way of doing things and the best rational argument), but of the struggle between different rationalities and practices of government, and the constitution of a dominant rationality based on the establishment of a dominant relation of forces within the boundaries of a historical formation.

Thus, from the material in sections 1.4.1 and 1.4.2 I infer that in the universalization of a truth, of a knowledge, of a rationality, or of a way of doing things, totalizing ways of knowing and centralising relations of power reinforce each other. The implications of this double mechanism for the constitution of the subject, gradually emerges through Foucault's analysis: subjection, domination and objectivation, individualisation and totalization, control and normalization of individuals and populations through specific strategies emerging from knowledge and power relations.

I also adopt the thesis that in the field of social justice the subject has been constituted as a subject of rights for effects of solidarity, and as a subject of sciences for effects of the optimization of the economy and of governing the social. I stress that it has been in the historical ways of constituting the subject that expertise and power have found a place, a place that has changed according to the changing relations between power, knowledge and morality: for instance, in the welfare state, a juridical notion of social solidarity (rights) was bound up with a conception of expertise defined in function of the biological notions of the normal and the abnormal and with technologies of power in the form of social security; in recent times (neo-liberalism), a new conception of expertise has come into being (the expert in risk factors) closely linked with a managerialist conception of government (efficiency, cost control, profit) and a

juridical conception of solidarity complemented with civic responsibility. Thus, it seems that the relations between the subject (the patient), expertise, power and morality cannot be defined without taking into account the historical interactions and mutations between knowledge and power in constituting dominant ('universal') rationalities (complexes of power-knowledge-morality) as means of governing the social, health and health services.

Through the analysis of the sections 1.4.1 and 1.4.2, the following aim of this thesis became possible:

The third aim is to explain how, from an egalitarian and pluralist perspective, it might be possible in practice to challenge the negative effects of the role of dominant relations of power and knowledge in universalising a judgement about social justice in health services.

1. 4. 3 Foucault's theoretical strategy for opposing essentialist and universalizing modes of judging and valuing

The section on Foucault and values highlights the grounds used by Foucault for opposing essentialist and universalizing modes of judging and valuing. The section shows Foucault's grounds for understanding values and the core of his strategy for analysing them, and offers the elements of an alternative, non-foundational way of judging and valuing.

Starting from Foucault's explanation of values on the basis of desires, needs and force relations, I assume that universalizing modes of valuing and judging have emerged from dominant relations of force organised through knowledge, power and moral relationships in the form of dominant rationalities and practices with specific negative effects upon a subject: domination, exploitation, oppression, subjection. Those rationalities have also created the norms, the rules and the experts who, by applying them, judge and evaluate.

This section begins to deal with ways in which Foucault opposes modern modes of valuing, namely, by his criticism against the effects of subjugation (domination and objectivation) upon a subject. I underline this criticism because it uncovers what Foucault calls the effects of objectivation of power and knowledge, self-subjectivation, dividing practices (for instance, the separation between the sick and the healthy), and domination through the modes of inquiry and practices of government. I show that his strategy against objectification and domination is supported by two elements: on the one hand, the problematization of the relations of control over things, relations of action upon others, and relations with oneself, and on the other, the promotion of subjectivity (the self-formation of the subject through self-knowledge and self-mastering).

I show that the starting point of a non-foundationalist judgement on social justice in health services is the defence of the status of the individual in terms of diversity, autonomy and solidarity, and the acknowledgement of the situated character of all knowledge. By following Foucault's problematization of health policies and social

security at the end of the eighteenth and nineteenth century and during the Welfare State this section also highlights the value of an egalitarian and non-foundationalist conception of justice concerning health defined in terms of the regulation of the means of health.

1. 5 Section 4: CST and the Possibilities of a Non-foundationalist Methodological Approach to Evaluation

Through the exploration of Foucault's thought, and after the clarification of the theoretical possibilities of a non-foundationalist conception of evaluation, the following aim of this thesis became possible:

The fourth aim is to show how the logic of a judgement without universal foundations might be used from a critical and systemic methodological perspective of evaluation

Following Jackson (1991b), who maintains the existence of two branches of critical systems thinking, the section on CST has been divided in two parts: first, Ulrich's critical systems heuristics and, second, the UK branch of critical systems thinking.

1. 5. 1 Reinterpretation of Ulrich's critical systems heuristics: a decentered methodological perspective to evaluation?

First of all, I describe Ulrich's (1983, 1988) critical systems heuristic approach to social planning and evaluation. This section also offers a criticism of the universalizing underpinning of Ulrich's approach and it also tries to re-interpret, from a decentered perspective, some of his categories and dimensions of analysis.

According to Ulrich (1988), a systemic and critical evaluation is a critically normative, self-reflective and discursive procedure aimed at making transparent the normative content of a social program and the social implications of its application by means of a process of unfolding. Given that a social program is conceived by Ulrich as the interplay between moral judgements and expertise, a critical evaluation is involved in challenging those boundary judgements by making them transparent to everybody concerned and to creating a moral knowledge tending into universality. Ulrich's approach to evaluation is based on his (1983) critical systems heuristics approach to social planning, a process of unfolding that seeks to widen boundary judgements through a critically-heuristic reflection and a dialectical dialogue between the involved (the planner, the expert) and the affected (the citizen).

In judging Ulrich's approach, I assert that, insofar as Ulrich departs from a process of unfolding and limits his analysis to finding an answer to the gap between the relations of truth, error, and morality within the boundaries of a universal way of reasoning, he does not pay attention to the role of force relations as a factor implied in the

generalization of truth; that is to say, he does not take into account the connections between true and false formulations, between truth and falsehood and power; and, in so far as he seeks to transcend subjectivism, he embraces the idea of a quasi-universal subject that universalises his moral judgement through a teleological and dialectical discursive rationality. In this way he denies the role of a decentered conception of the subject in resisting the effects of power and knowledge relationships, and in displaying his/her truth, his/her right, and his/her ethical position to others.

My reinterpretation begins by acknowledging a strong connection between Ulrich's and Foucault's works: both are grounded in Kant's philosophy. However, I assert that whereas Ulrich still maintains Kant's universalistic and transcendental flavour, Foucault turns his work towards a clearer immanent perspective and towards a decentered conception of the subject.

In this section I acknowledge the need to reflect about an approach to critical systems thinking grounded in a pluralist and decentered conception in which: 1) the subject appears as decentered and historical; 2) the notion of truth becomes plural, and boundary judgements the expression of this plurality; 3) "folding"[3] emerges as a new notion connected to a new, ethical and political view about unfolding; 4) the systems concept is also put in function of a decentered subject; 5) dialogue displays a new character: ethical struggle; 6) the polemical use of boundary judgements finds a new meaning in the concept problematization; and 7) standards of improvement find a

[3] According to Deleuze (1988) folding is the affect of self on self or of a force on itself to bent the outside, the relation of other force to the self. Therefore, it can be understood as a relation of the subject (the self) with power and knowledge (their external forces) without being dependent on them.

double expression as the goal of a decentered subject and as the more general ethical and strategic aim of a relation of forces.

Thus, my Foucauldian reading of Ulrich's work implies restating in another way key aspects of his approach, for instance, his explanation of the problems of boundary judgements, the teleological and dialectical reflection that tries to supersede them, and the conception of unfolding. I also propose that a social plan must be understood as being the result of the emergence of a dominant regimen of rationality and practices shaped by the struggle between a plurality of decentered boundary judgements, instead of Ulrich's notion of a widened boundary judgement leading into a universal 'moral' knowledge. I also propose to revise the concept of unfolding, to introduce the notions of ethical and political unfolding, of folding (the promotion of subjectivity) and of unfolding in reverse (critique), terms which will be explained in the chapter on Ulrich's critical systems heuristics; to change Ulrich's notion of polemical employment of boundary judgement for Foucault's conception of problematization, and to replace Ulrich's teleological and dialectical judgement by the conception of a reflective aesthetic judgement, but as the Foucauldian notion of the aesthetic of existence.

1. 5. 2 Critical Systems Thinking. The perspective of a decentered approach to the choice and combination of methods, techniques, tools and theories

Once it becomes clear how the general methodological form of a critical, systemic and pluralist judgement about the evaluation of social justice could be constituted, the following step deals with the use of means of knowledge such as methods, techniques and tools, existent empirical and theoretical knowledge and the role of expert and lay subjects (included the patients) in dealing with their choices for resisting the effects or practices of power and knowledge relationships, for producing and using a decentered knowledge, and the ethical consensual requirement for displaying a truth beyond the boundaries of particular subjects.

Two elements were relevant in developing this section: first, a general outlook of the theoretical discussion about the methodological approaches to evaluation and their choice, combination, and use of methods and techniques; and second, a critical reflection about the possibilities of using the developments of the UK branch of critical systems thinking in my own approach to evaluation.

In developing the section of the UK branch of critical system thinking, after a careful consideration of other important approaches such as those of Flood and Jackson (1991), Gregory and Jackson (1992), Gregory (1992), Flood and Romm (1996a), and Mingers (1997), I took as the central interest to my research the works of Midgley (1989, 1997a, and 1997c, among others), Taket and White (1993, 1996, and 1997, among others) and White and Taket (1994, 1996, and 1997a, among others).

In trying to understand the distinction between a post-structuralist and a modernist conception of pluralism in critical system thinking, I specifically explored the notions of complementarism and pluralism and their theoretical underpinnings; the conception about problem situation; the explanations of the relations between theory and expertise, theory and practice, and between these and the subject; the conception of the subject and its role in the choice of methods, techniques and theories; the role of the subject in resisting power and knowledge relations; and the position of the subject with regard to totalizing methodological rationale, among other aspects.

I offer the conclusion that a version of critical systems thinking has emerged (Midgley's Systemic Intervention and Taket and White's Pragmatic Pluralism) more in tune with a post-structuralist way of thinking and, in that sense, more related to a pluralist, decentered and participatory approach to knowledge than are methodological complementarism and other versions of pluralism. However, I emphasise the difficulty for a conception of evaluation that encourage pluralism and equality from a non-foundationalist perspective, that the lack of a further development of Midgley's work in the way of post-structuralism, and the relativist position in Taket and White's approach still present.

1.6 Section 5: A Non-foundational, Non-universal Critical Systems Perspective of Evaluation?

This section proposes the guidelines of a non-foundational, non-universal critical systems perspective of evaluation and the conclusions of this research.

1.6.1 Methodological guidelines for a conception of evaluation that encourages equality and pluralism

The overview of critical systems thinking and the reflections undertaken on this basis, made it possible to work towards **the fifth and last aim** of this research: to design the methodological guidelines and to show some of the possible methods to be used in a critical and systemic, non-foundationalist approach to the evaluation of social justice in Colombian Health Services to encourage equality and pluralism.

Thus, in this section I engaged in defining the profile of a methodological approach to the evaluation of social justice in the Colombian health services, based on the promotion of equality and pluralism. I underline that my understanding of equality emphasises the accessibility and use of the means of health instead of the achievement of a uniform condition of health among the population; I also stress that my view about plurality relates to the claimed freedom and autonomy of a fighting subject before situations of political, cultural, or military oppression and economic

exploitation, and before the effects of the practices of totalizing conceptions of knowledge and power and knowledge relations.

Thus, I propose a conception in which the evaluator assumes a clear commitment to equality and plurality, and the requirement of a participant subject (the patient, the community, or any kind of individual or social group) engaged in resisting the asymmetrical cultural or political relations and/or the negative effects of power and knowledge brought to bear by a health program. The approach is developed through complex iterations and interrelations between processes of critique that I have called unfolding in reverse, processes of self-knowledge and self-mastering that I have called folding (or the promotion of subjectivity), and processes of ethical and political unfolding (or the reorganization of social reality) of the situated (decentered) truths of every subject, through the achievement of a wider perspective oriented to create the conditions for change or improvement. It is with reference to the requirements of these processes and their interactions that the choice of methods, techniques, tools, or the choice of strategic theoretical positions of knowledge, or people's theorising, is defined.

1. 6 Conclusions

The conclusions of this chapter are organised in terms of the five interlinked aims of this thesis:

(1) To explain how a judgement on social justice in health services might be possible without universal scientific (empirical and theoretical), moral, and political foundations.

(2) To define the theoretical basis for a non-foundationalist, non-universal evaluative judgement on social justice (equality) in health and health care.

(3) To explain how, from an egalitarian and pluralist perspective, it might be possible to challenge the negative effects of the role of dominant relations of power and knowledge in universalizing a judgement about social justice in health services.

(4) To show how the logic of this judgement without universal foundations might be used from a critical and systemic methodological perspective of evaluation.

(5) To design the methodological guide-lines and to show some of the possible methods to be used in a critical and systemic, non-foundationalist approach to the evaluation of social justice in Colombian Health Services to encourage equality and pluralism.

SECTION ONE

THE BASIC RESEARCH QUESTIONS

CHAPTER 2: THE REFORM OF COLOMBIAN HEALTH SERVICE AND THE PERSPECTIVE OF ITS EVALUATION

Chapters 2, 3, and 4 of this section were written during the process of analysing the work of Michel Foucault. Some concepts and methodological aspects of his general way of analysing social reality are used in these chapters. However, I did not intend any detailed and consistent use of a Foucauldian methodological approach in these chapters. Rather, I explore the questions asked in this research and set out the context in which my own examination of Foucault's work was carried out.

In particular, chapter 2 mainly reviews the rationalities underpinning the conception and practices of social justice which have emerged because of the recent reshaping of Colombian health policies and Health Services at the end of the eighties and beginning of the nineties, and portrays some of the social consequences and the corresponding governmental approach to the evaluation of these changes. The chapter focuses on the governments of Virgilio Barco-Vargas and Cesar Gaviria-Trujillo because it is through them that the present rationalities and practices of Colombian health programs and health services have been brought into existence.

The transformations introduced by the governments of Virgilio Barco-Vargas and Cesar Gaviria-Trujillo in Colombian health policies and institutions of health at the beginning of this decade have resulted in the emergence of a new way of governing Colombian health services and the population's health. They have brought into being

a neo-liberal form of government which is clear throughout the examination of different discourses and practices of dealing with the administrative, juridical, economic, medical, social, and political aspects of health and health care. This has been a break with the tradition of a Colombian way of liberal interventionism that from the sixties started to create the conditions for the establishment, in 1973 and 1975, of the former National Health System.

The rise of the Colombian neo-liberal style of governing health has been intimately related to similar changes in other Latin American countries. Since the eighties, a comparable neo-liberal system of government has been applied to the majority of Latin American health services throughout the process of reform of the systems of social security and health care (see Ahumada 1996 and 1998; and Jaramillo-Perez, Olano and Yepes, 1998). These reforms have been brought into existence under the economic and political pressure of international financial organizations and as the answer of the ruling elite to the demands of the people for social justice and political democratisation (see Ahumada, 1996).

Whereas the previous rationality of government had sought to solve the problems of social justice via a centralised state intervention (as was evident in the Constitutional Reform of 1968 and in the creation of the National Health System in 1975), the present rationality has emphasised the use of decentralised procedures and the privatisation of existent public health services. In the same way, whereas the former rationality grounded the administration of the means of health and health care in a systemic conception similar to that of "hard systems" (see Diaz-Uribe, 1990, pp. 368),

the latter has been encouraging managerialism and market relationships. However, both rationalities, liberal interventionism and neo-liberalism, seem to respond to the same modernising logic of social and economic development under the conditions of a capitalist economic system (Sanchez-Reyes, 1990).

Two different political international circumstances have influenced the emergence of these rationalities: first, during the sixties (the Cold War period), Colombian liberal interventionism was a part of an overall strategic answer given by the USA and the Latin American ruling elite to the threats of social revolution inaugurated by the Cuban Revolution of 1959. At the end of the eighties and at the beginning of the nineties, this "danger" disappeared, a global change in the field of the international relations of force came into being, and the political and economic model of minimum state and extended market relationships gained impetus. Second, there has also developed, from one period to another, an important transformation in the domains of medical, economic, administrative and other areas and techniques of government, and in the way that they have been assimilated by the Colombian ruling elite and other institutions. Therefore, to design a methodology for evaluating the Colombian Health Services and their social effects for equality and pluralism should take into account the influence of these historical transformations and their influence in shaping the rationalities and general practices of government of Colombian health programs.

2.1 The Changes in the Colombian Health Care System

The process towards the recent changes of Colombian health care system may be divided into two stages: first the decentralisation of the former National Health System through Law 10 of 1990 (Republica de Colombia, 1990). Second, the constitution of the General System of Health Social Insurance by Law 100 of 1993 (Republica de Colombia/Ministerio de Salud, 1993). The preceding steps of this process resulted from the decentralisation of other spheres of the state such as the fiscal system in 1983, and the popular election of local governments in 1986. Some particular areas of the National Health System concerned with the primary medical care of the population were decentralised in 1987 through the creation of a system of basic investments under the responsibility of local governments (see Diaz-Uribe, 1990, pp. 383).

2.1.1 Law 10 of 1990

Some empirical data (See, for instance, Yepes, 1990) had shown the state of health of the population and their access to health services at the moment when this reform started. Other studies (for instance, Molina, Giedion, Alviar and Rueda, 1994) had provided empirical evidence about deep problems of inequality concerning the health of the population and their access to health care. They also had shown enormous inefficiencies and inequities in the allocation, distribution and use of resources, and a

serious failure in the quality of medical care (see, for instance, Yepes, 1990; and Molina, Giedion, Alviar and Rueda, 1994).

Barco-Vargas's Plan of Economic and Social Development (1987- 1990), revealed that in 1984 the general rate of mortality was 5.53 per thousand, while the infant mortality rate was 41.97 per thousand; almost 20% of children less than 5 years old suffered from chronic malnutrition. These data showed huge differences between rural and urban areas, but there was not enough information showing differences between social groups. It seems that 35% of the population were not served by any kind of medical care, 39% used the public health system, 16% used the social (workers') security system, and 10% bought private services. At the level of outpatient services, public medical assistance only covered a third part of the poor population under its responsibility, and the social security system covered less than a quarter of the population demanding its services. At the level of inpatient services, public assistance and the social security system rejected 10.1 and 9.3 demands for hospitalisation per thousand respectively (Diaz-Uribe, Alarcon-Mantilla and Forero-de-Saad, 1990).

The initial changes to Colombian health policies and to the structure of the National Health System were first introduced by the government of Barco-Vargas between 1986 and 1990. The purposes of the new policies were expressed in his Plan of Social and Economic Development 1987-1990 (Republica de Colombia/Departamento Nacional de Planeacion, 1987). This Plan claimed to bring universal coverage to the poor at the level of primary health care, and to expand private and public medical insurance for the rest of the population. The plan designed a strategy of

decentralisation at the level of primary health care, encouraged community participation in the control of risk factors and self care, and proposed to increase the coverage of social security for the labour force. The application of these policies required the modernisation of the structure of the institutions of the state in order to make them more efficient by their decentralisation and reorganisation, and the introduction of modern techniques of management (see also Granada-Rodriguez, 1990). Some of the changes were developed after reforming the Law that in 1975 had created the National Health System. This reform took the form defined in Law 10 of 1990 (Republica de Colombia, 1990).

The general economic purpose of this reform was to diminish the cost of health care by promoting a cheap primary medical care for the poor, by enhancing community participation and self-care, and by increasing efficiency in the performance of the system. It was necessary, on the one hand, to induce changes, through education, in communities' behaviour concerning the use of the means of health and, in particular, in their private habits and the use of primary health care. On the other hand, it was also necessary to transfer administrative and fiscal responsibilities from central to local governments; to generate the institutional conditions for introducing new techniques of resource allocation, cost accounting and control of performance; to make flexible the labour market in the institutions of health; to integrate the private, public and social security health services in a more functional way; to promote accountability and community participation in the administration of primary health care services; and to involve these communities in voluntarily controlling risk factors (Diaz-Uribe, Alarcon-Mantilla and Forero-de-Saad, 1990).

The new health policies proclaimed the need to control specific health risk factors by acting at individual, family, and community levels. This strategy was supported on the assumption that health is the result of the interaction of a multiplicity of biological (genetic), environmental, behavioural and medical factors. This thinking constituted the ground for the creation of a new model of health intervention supported by self-care. Nowadays, communities must be aware of their risk factors and participate in their control. The model was also founded in a new view about the role of the state in regulating health risk factors, the institutions concerned with them, and the actions carried out for protecting people's health. The central state must act at a technical and normative level in the formulation of health policies and in the surveillance and control of medical practices and their institutions instead of concerning itself with the direct production of medical care (Diaz-Uribe, Alarcon-Mantilla and Forero-de-Saad, 1990). Consequently, article number 1 of Law 10 (1990) declared that the Colombian system of health care is a "public service" (Republica de Colombia, 1990), that is to say, a set of institutions regulated by the central state but not necessarily under its direct administration and ownership.

Local governments became the new operative centre for the administration of primary health services and the allocation of their resources, the implementation of health policies, and the direct protection of the health of the people. It was determined that it was at this level that all the institutions concerning medical care and the protection of the health of the population should be functionally integrated. Nevertheless, strategic and political decisions must be made centrally. Concerning the distribution of financial resources it was established that these should be directed from the national

level towards local governments, and from the most complex technological levels of health care into primary health care. It was estimated that public central government spending during the eighties, if decentralised, was sufficient to ensure the new coverage of primary care "and for stimulating the participation of communities and local governments in broadening and improving these services" (Diaz-Uribe, Alarcon-Mantilla and Forero-de-Saad, 1990, pp. 150; my translation).

2.1.2 Law 100 of 1993

Gaviria-Trujillo's government decided to focus his reformist intent on the whole social security system and, through it, the health services. According to his Plan of Economic and Social Development, the changes promoted in the population's health during the period of the former government were not significant enough. In 1988 the general rate of mortality was still 5 per thousand, and the infant mortality rate 39 per thousand. Deep inequalities remained between the populations of rural and urban areas, and between different groups classified by levels of education. It is interesting to note that this Plan of Economic and Social Development did not include precise information about the state of health of specific populations, such as those of Indians and black people. However, recent research has shown the tremendous disadvantage of these groups as compared with the rest of the population (Pineros-Petersen and Ruiz-Salguero, 1998). Thus, the infant mortality rate in three Indian regions (Andean, Amazonian and Caribbean) was 63.3 per thousand in 1990, and the general rate of mortality was 10 per thousand - almost double the average of the general population.

The information about one of these groups, the Caribbeans, showed an infant mortality rate of 111 per thousand, or three times the general infant mortality rate of 1988.

It has been said that mortality and morbidity rates have been in a process of epidemiological transition from those typical causes of material deprivation into those others that explain them in more developed societies (Yepes, 1990). However, it is commonly known that in Colombia the poor are still dying because of diseases typical of very underdeveloped countries. Regarding access to medical care, the general situation was still disastrous. In 1989 the medical care coverage was as follows: social security 18%, public assistance 40%, and private medicine 17%. 25% of the population had no known coverage (Presidencia de la Republica/DNP, 1991; Republica de Colombia/Ministerio de Salud, 1994). Thus, one of the announced purposes of Law 100 was to modify this situation by providing total accessibility to health services through a universal system of social security.

This Law became the refinement and consolidation of the rationality grounding Law 10 of 1990, but also of the decentralisation through the privatisation of health institutions and the organisation of a universal medical insurance driven by market relationships. In fact, Law 100 articulated and strengthened the normative make-up of Law 10 of 1990. Its strategic orientations were included first in the Constitutional Reform of 1991 (Presidencia de La Republica, 1991), later in Gaviria-Trujillo's "Plan of Social and Economic Development 1990-1994" (Presidencia de la Republica/DNP, 1991) and, finally, in Law 60 of 1993 that defined the amount of economic resources

available to local governments. The Constitutional Law of 1991 established the principles and rules for the operation of a minimum state, and defined the conditions for the wide operation of private market relations. Following these criteria the profile of a general system of social security was defined which included medical care as one of its components, defined the rights and duties of citizens regarding these services, and delineated the characteristics of its regulation by the state. Thus, it was confirmed that health insurance was an obligatory public service guided by the principles of "efficiency, universality and solidarity" (Presidencia de la Republica, 1991, art, 48; my translation).

The new system privileged the organisation of a market regulated by the state and integrated with private and public agencies that make arrangements and define areas of competence between them for the administration of insurance funds and the production and delivery of health services. In this new structure, the government acknowledged a regulatory function similar to that defined in Law 10 (1990). Preferentially, the state must finance, through local government, the delivery of health services instead of producing them. Particularly empowered agencies (Health Promotion Agencies) that administer the Insurance funds must act as mediators between patients and providers of health services. In this way, they have obtained the power of making decisions in matters related to the choice of the population to be affiliated, the delimitation of patient possibilities of choosing medical care, the control of risk factors, and the requirement of an efficient performance of the deliverer of medical care. The population might be affiliated to a contributory or to a subsidised insurance regimen according to their socio-economic status. Thus, to the former

pertain all kind of employees, employers, and independent workers according to their capacity of payment. The latter must include the poorest section of the population classified according to specific formulae for measuring their degree of poverty. The subsidy is to be granted to this section of the population at the moment of making effective the provision of health care.

The system distinguished three types of clients and three types of products: on the one hand the rich and the upper middle class, the working class and the poor. On the other, a full plan with all the benefits included, an obligatory and limited plan, and a subsidised plan (see Jaramillo-Perez, Olano and Yepes, 1998). The obligatory plan of benefits is a basic plan beyond which the affiliated can receive further benefits according to their capacity of payment. The subsidised plan provides half of the benefits of an obligatory plan. However, it was established that the subsidised plan can be transformed into an obligatory plan according to the availability of economic resources. The system provides protection against work accidents, professional diseases, sickness, invalidity and maternity, and delivers primary care, among other things, taking into account the type of population affiliated. In principle, all affiliated people have the right to a "free" choice of insurance agencies and health services providers.

Efficiency and equity should be ensured by using different economic, managerial, demographic, statistic and epidemiological techniques that help to regulate the distribution, allocation and use of resources, the control of costs, the management of risk factors, and the spending of public funds in targeted populations. Thus, general

use has been made of techniques of capitation, co-payments, re-insurance, AVISAS,[4] economic outcome models (for instance, cost-benefit, cost-efficiency and cost-effectiveness analysis), and techniques for the classification of levels of poverty such as SISBEN.[5] Thus, SISBEN "has been developed for identifying the poorest 20% of the Colombian population" (Londono-de-la-Cuesta, 1997, pp. 40; my translation), and the obligatory health plan has been designed by relating criteria of cost-effectiveness, AVISAS per age, and other regional characteristics of the people. Thus, by means of this operation, there were included in the plan of health only the most cost-effective health treatments and medical procedures. It has been said that these criteria should be used too for defining an economic outcome model of analysis according to which the success of the obligatory plan must be evaluated (see Republica de Colombia/Ministerio de Salud, 1994).

The combination of epidemiological information about relevant problems of morbidity and mortality with indicators of poverty and techniques of cost-effectiveness also has been used for defining the subsidised health plan. For instance, it has been decided that until the year 2001 this plan should guarantee health intervention at the primary level of medical care and a few cost-effective interventions in other levels of health services. The plan can be arranged and delivered through special programs for the most vulnerable groups like, for example, pregnant women and infants. It has since been reaffirmed that the greatest problems of the poorest social groups should be solved by using primary care. Any additional care should be

[4] AVISAS is an epidemiological method for determining the amount of lost years of healthy life as the result of precocious death and incapacity. This technique also identifies risk factors concerning the cause of death and incapacity.

[5] SISBEN is a procedure for the identification of the beneficiaries of state subsidies.

included only if it is cost-effective and account is taken of the availability of economic resources (Republica de Colombia/Ministerio de Salud, 1994).

2.1.3 Some initial results of these reforms

Even though Samper-Pizano's government (1994-1998) had committed itself to developing a social policy oriented towards solving the needs of a broad diversity of human conditions, its health policies were limited to the boundaries previously established by Law 100 of 1993 (Presidencia de la Republica/DNP, 1994a). Its policies were aimed at organising and ensuring the transition from the previous model of health care into the later (Presidencia de la Republica/DNP, 1994b; Paredes-Cubillos, 1995; Jaramillo-Perez, Olano and Yepes, 1998). Thus, after only five years of being put into practice, it seems that the system was experiencing its first general crisis. Corruption, administrative disorganisation, unfair competition between its agencies, hospital closures, decreasing coverage for the poor, continuous strikes by health workers, rejection of the administrative and economic rationality by doctors and other health professionals, patients' dissatisfaction, and so on, had become a common occurrence everywhere (see, for instance, Jaramillo-Perez, Olano and Yepes, 1998; El Tiempo, 25th and 26th of January, 1999, and 1st of February of 1999; Cambio, 8th March, 1999).

In fact, some public hospitals have been closed and more than 90 of the biggest 180 private and public ones have been threatened with closure (El Tiempo, 25th January,

1999) or with being sold to private intermediaries or to the richest financial groups (Jaramillo-Perez, Olano and Yepes, 1998). Hundreds of thousands of millions of Colombian pesos coming from public resources, and specifically destined for the poor, have vanished (El Tiempo, 26th January 1999). In spite of the fact that the health sector has increased its share of the GNP, less than 50 percent of the population, and only 13.2 % of the poor, have been affiliated to the health social insurance system (Jaramillo-Perez, Olano and Yepes, 1998; El Tiempo, 26th January, 1999).

Additionally, a debate has arisen between intermediaries and health professionals concerning the economic and managerial regulation of practitioners. Health professionals say that this system has introduced a managerial medical practice, has reduced their salaries and general incomes, and has made worse the quality of medical care and the relations between them and their patients (Redondo-Gomez, 1997; El Tiempo, 1st February, 1999). Doctors maintain that "the doctor-patient relationship has been turned into an administrative act in which the most important values have become to increase productivity, to diminish costs, and to generate profit to others" (El Tiempo, 1st February, 1999; my translation). According to Gilberto Rueda, president of the Colombian Medical Association, doctors' independence in making scientific and technical decisions, and defining the price of their work, has been diminished by managerial agencies interested in efficiency and economic profit (El Tiempo, 1st February, 1999). However, at the same time the owners of private hospitals assert that these changes are essential for controlling the costs of medical interventions. Likewise, intermediaries justify these regulations, arguing that doctors

are poor decision-makers over spending money (El Tiempo, 24th January and 1st February of 1999).

Although most of the problems regarding the conditions of health and access to health care have been related to poverty (Jaramillo-Perez, 1994), other aspects should be taken into account too. Traditionally, Colombian health policies and plans have not taken into account the concrete cultural characteristics, and the desires for freedom and autonomy, of different social groups and individuals. These latter have been engulfed by abstract and homogeneous concepts and formulations that do not take into account their consent and permission. For instance, there is a long and strong tendency among health policy makers to ignore, and even to exclude, the knowledge and practices of Indians and black people in health and medicine, and to impose upon them western medical ways of thought and practices (Villa-Posse, 1989; Garay-Ariza, 1990; Hernandez-Bello, Ardon-Centeno and Saenz-Beltran, 1996). In spite of the fact that since 1990 an important juridical development has taken place that not only acknowledges Colombian ethnic and cultural diversity but the right to equal opportunity and participation in the process of health policy decision-making,[6] significant practical changes have not yet been achieved. It is almost impossible to find out the government's health policies, or any specific plan or program clearly concerned with the health and cultural traditions of Indians and black people, or with the specific demands of women, lesbians and gay men, or other social groups. In the last eighteen years, only one of the national Plans for the Economic and Social

[6] See, for instance, Decree number 1811 of Law 10 of 1990, the Constitutional Law of 1991, Resolution number 5078 of 1992, Law 60 of 1993, Law 70 of 1993, and Law 100 of 1993.

Development (Belisario Betancur-Cuartas's Cambio con Equidad) has referred explicitly to them (see Republica de Colombia/DNP, 1983).

Thus, it makes sense to assert that "Indians in Colombia have suffered terrible discrimination and abuse and still suffer today, [... and] blacks [...] have been made 'invisible' in the nation - systematically ignored, marginalised and belittled." (Wade, 1997, pp 35-36). However, not only their claims, but also those of the working class, peasants, women, lesbians and gay men, students, various groups of patients, etc., have been generally disregarded when considering the problems of health and medical care (see Villa-Posse, 1989 for some examples). It can be said that they tend to be seen, not merely as minorities, but as blurred, isolated, and silenced minorities without any ethical relation between them and the main institutions of society. They were marginalised during the process of the setting up of this system of health care, and now they have been isolated again from the debate that has emerged because of its crisis.

Paraphrasing Wade (1997, pp 36), Indians and black people have been grouped along with other minorities, in a nation-state intent on a future of homogeneity; all are at the bottom of a ladder which represents parallel hierarchies of wealth, education, health, and civilisation; all of them are seen as additions to the progressive, modernising process of whitening the nation and making the economic system more efficient. This shows that they suffer not only from injustices emanating from traditional differences regarding the distribution of wealth and the allocation of material and technical resources, but also from those hidden in different expressions of the relations of

power, knowledge[7] and other cultural aspects that pervade society as a whole. This enhances the need for a critical evaluation of the health service, especially based on a perspective that encourages diversity, autonomy, equality and participation.

2.2 The Rationality Behind these Reforms

In order to consider the rationality shaping these reforms, I will provide some historical detail of the development of Colombian health services. I also will make reference to the strategic use of recent knowledge and technologies of government in the area of health services and their connections with powerful organizations during the process of constituting the new rationality of these transformations.

2.2.1 Historical antecedents

It seems that to understand the sense of these reforms, the place and attributes assigned by them to social justice, it is necessary to know other historical characteristics of the development of these services. Different circumstances, as they have changed, have produced different roles for the state regarding these services, the kind of knowledge that is the basis for the organisation of the health services and their

[7] I have to say that Indians, black people, and other communities have been excluded not only in the sense of their limited access to the hegemonic (western) way of practising medicine, but also because of the rejection of their own knowledge and perceptions about health and health services.

activities, the internal and external interests that they serve, and the specificity of the practices that they define.

It may be said that between 1886 and 1930, social justice concerning health and health services was considered as depending on the values of a Christian charity focused on individual curative services, a conception of minimal action by the state, and an anatomic-clinical and hygienic conception of health. According to Restrepo and Villa (1980) and Quevedo-Velez, Hernandez-Alvarez and Miranda-Canal (1993), during that period, charities, voluntary services, and other similar benevolent institutions became the medium of compassion of the rich and of the Church. The state largely dealt with the sphere of public and, in some extent, private hygiene, and its intervention became significant only in those places where economic development and the exportation of raw materials were considered to be of strategic importance. Two trends of medical knowledge can be identified as being important during that time: on the one hand, anatomic-clinical French medicine and, on the other, a model of hygiene that, even though based on a certain empirical knowledge, was still guided by the obscure assumption that miasmas cause diseases.

The conception of public assistance as a function of the state, and the beginning of a limited system of social security, emerged and were consolidated during the period between 1936 and 1968. This later date was the moment that marked the appearance of liberal interventionism in matters of health and social policy. Knowledge about

Social Security,[8] Statistics, American Medicine, American conceptions of Public Health[9] and medical administration, started to be introduced at this time, and their regulation and use were centralised in the hands of the state (see Miranda-Canal, 1993; and Quevedo-Velez, Hernandez-Alvarez and Miranda-Canal, 1993). The newly established model of health intervention set up two branches of medical care: On the one hand, a network of modern hospitals and dispensaries was linked to the incipient system of social security and to private practice. They emerged specially in those areas of native industrial economic development and of American economic "enclaves." Medicine, in the system of social security, became a Taylorist practice, and public health and industrial hygiene were directed towards the prevention of infectious diseases and professional risk factors. On the other hand, a network of public hospitals and health centres became responsible for the public assistance of the poor and the public health of the people. These two branches of health services were integrated into the National Health System during the seventies.

It should be acknowledged that during this period health policies were mainly developed as an answer to the pressures and initiatives coming from the American government and from American companies and foundations (for instance, the Rockefeller Foundation) interested in creating reliable conditions for international trade. It also expressed the demands of workers and other sections of the population.[10]

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[8]This knowledge makes reference to the juridical characterization of labour as a right and to the juridical regulation of the relations between labour and capital; to the development of the theory of professional and social risk; and to the appearance of a proper theory of social security.

[9] The American School of Medicine began to be introduced to Colombia during the fifties. Different from French anatomic-clinical medicine, which was mainly theoretical and generalist, American medicine was experimental, based in practice, specialized, and technological. This latter was a truly positivist model of medicine (see Miranda, Quevedo and Hernandez, 1993; and Quevedo-Velez, Hernandez-Alvarez and Miranda-Canal, 1993).

[10] Garcia-Marquez (1970, pp 305-306) described this situation in a Banana Company in what he metaphorically named "Macondo," as follows: "The protests of the workers this time were based on the

There is much evidence to supporting this view, for example, the requirements for the adoption of measures of public hygiene in places like sea ports and regions of American banana plantations. Thus, health policies were strongly attached to the strategic interests of a dominant national and American elite. For instance, this was the sense of the Co-operative Program of Public Health for the Americas that, on the basis of a network of dispensaries, was developed by the American Government of Franklin Delano Roosevelt as part of a program in the struggle against communism and national-socialism during the forties (see Quevedo-Velez, Hernandez-Alvarez and Miranda-Canal, 1993). Similar objectives, but oriented towards increasing economic productivity and reducing the costs of production, were manifested during the Currie Plan of Development of the fifties, and the "Alianza para el Progreso," during the sixties (Quevedo-Velez, Hernandez-Alvarez and Miranda-Canal, 1993).

2.2.2 The basis of the new rationality of Law 10 of 1990 and of Law 100 of 1993

This new rationality started to be constituted during the liberal governments of Barco-Vargas (1986-1990) and Gaviria-Trujillo (1990-1994). They made use of a set of new conceptions and techniques of governmental intervention coming from different domains of knowledge and technologies of power such as public health, public

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lack of sanitary facilities in their living quarters, the non-existence of medical services, and terrible working conditions. ..The company physicians did not examine the sick but had them line up behind one another in the dispensaries and a nurse would put a pill the color of copper sulphate on their tongues, whether they had malaria, gonorrhea, or constipation. It was a cure that was so common that children would stand in line several times and instead of swallowing the pills would take them home to use as bingo markers. The company workers were crowded together in miserable barracks. The engineers, instead of putting in toilets, had a portable latrine for every fifty people brought to the camps at Christmas time and they held public demonstrations of how to use them so that they would last longer"

administration, hygiene, health economics, and social security, among others. These conceptions have been diffused to developing countries by the World Bank, the International Monetary Fund and other international financial organisations as the best way they have conceived of reducing public spending and of fighting against poverty (World Bank, 1993), and as a mechanism of economic and political pressure exerted on Latin American governments by the rich countries in the context of the external debt (see, Ahumada 1990).

The World Bank (1993), for instance, has justified direct governmental intervention in this field in only three cases: first, for financing a set of "essential" clinical services as a strategy for reducing or alleviating poverty; second, for supplying public goods (public health) such as immunisations and health education, that cannot be provided by the market given that they are not private goods; and third, for correcting the deficiencies of the market in matters of equity and efficiency in the areas of health care and medical insurance; these deficiencies refer to problems of adverse selection,[11] moral risk,[12] and others such as externalities and imperfect competence in providers of health services. The World Bank has recommended that the best way of solving these problems should be through the creation of a universal insurance driven by regulated competence. This rationality has been introduced into Colombian health system by a new generation of public administrators, economists, health administrators, some public health professionals and other experts that have followed almost entirely the World Bank's prescriptions.

[11] The fact that clients have different risks move insurers to select those clients with less risks.
[12] The immorality of consumers in the misuse of health services and the immorality of providers in improperly supplying them.

Even though some of the leaders of this new rationality [for instance, Eduardo Diaz-Uribe (1990), Ivan Jaramillo-Perez (Ministerio de Salud/Acomsap,1990), Juan Luis Londono-de-la-Cuesta (1997)] claim that the constitution of these new social policies has been the result of a democratic, pluralist, and participatory political process, what seems to be clear is that they have brought into being a reform whose content has been predominantly connected to the wishes of central positions of power at national and international levels. In fact, the views on social justice of many intellectuals not linked to powerful international and national institutions were dismissed from the start (see Cardenas and Olano, 1992). The leaders of the new rationality started by destroying the values of the former National Health System. The targets against which their criticism was directed were, on the one hand, the constitutional reform of 1968 that created the conditions for the establishment of the National Health System in 1973; this system was identified by them as the greatest expression of an inefficient, centralist and interventionist style of government in the fields of health and social security (see, Quevedo-Velez, Hernandez, Miranda, Cardenas and Wiesner, 1998). On the other hand, their criticism was also directed against the way the state regulated the National Health System and its model of health intervention. The state action in the National Health System had been based on a theory of systems and on a notion of health that, according to them, rather than facilitating the direct regulation of the conduct of individuals, families and communities for the purpose of promoting self-care and controlling people's behaviour in relation to the use of health services, was focused on the regulation of the conduct of health organisations (see, for instance, Diaz-Uribe, 1990).

The criticism of the systems theory was directed, first of all, against those discourses that were used during the sixties to defend the possibilities of creating a National Health Service (Quevedo-Velez, Hernandez, Miranda, Cardenas and Wiesner, 1998) and, more recently, against the intention of integrating all existing health services in a decentralised National Health System (Republica de Colombia/DNP, 1983); thus, the criticism has been focused against the strategic aspects of a theoretical foundation that encouraged an interventionist style of government whether by way of the centralisation or decentralisation of the health services. According to them, governments had based their interventions on a structural/functionalist and closed model of health services. On the contrary, they maintained that the new model, given its complexity, had to be open and 'plural,' able to co-ordinate by its functioning the regulating forces of the government and the driving forces of market and private activity. The intellectual mentors of this new approach to system theory were Parsons, Kast and Khan, and Lapierre, J. W (see Diaz-Uribe, 1990).

Furthermore, Diaz-Uribe (1990)[13] and other experts supporting this line of thought articulated in their administrative and political speeches the new conceptions of public health (see Contreras, 1990), but emphasised human conduct and behaviour as the most important explanatory causal factors of most of Colombian health problems. Diaz-Uribe (1990) asserted that human behaviour was the most important factor for explaining the state of health of the people, instead of other biological, environmental or medical ones, because it explains at least 40% of the problems of health of the population. It might be said that the strategic choice made by the Minister was based

[13] At that time he was the Colombian Minister of Health.

on a mechanical application to the general Colombian conditions of a multi-causalist theory about health that had been established in countries like the USA and Canada through the important works of Leavell and Clark (1965), Lalonde (1974), and Blum (1976). However, it must also be said that the problems of health of those countries were then, and even now, very different from those of Colombia.

Another important point in the constitution of this line of thought was the use made of some notions of health economics. Recent economic knowledge has classified medical care between the boundaries of "private," "non-private," and "public" goods in order to define the limit between the state and the market, with regard to its distribution and responsibilities. Taking into account the needs of a social policy designed to alleviate the demands of the poorest sections of the population, and the fact that some components of medical care are not suitable for making private profit, it was decided that Colombian medical care might well be considered as a "non-private good" (a mixture of private and public goods that the state can regulate). This choice clarified the juridical possibilities of providing universal and free access to primary health care,[14] to allow the poorest sections of the population free access to other levels of essential clinical services, and to define a mechanism of payment for the rest of the population. The juridical notion used to frame this idea was that of "public service," a concept that, according to the Colombian juridical tradition, allows the state a regulatory intervention within the boundaries of "non-private goods" (see Jaramillo-Perez, 1990a, 1990c).

[14] Primary health care meets the characteristics of being a public good that should be provided by the state given that they are not distributed by the market

Economic thought was also useful in helping to define the mechanisms and relations between the concepts of efficiency and equity for the allocation of resources. According to Jaramillo-Perez (1990d), efficiency should be achieved by allocating resources in two ways: first, a macro-administrative process through which resources should be assigned to the basic levels of health care via the process of decentralisation and, second, a micro-administrative procedure based on the containment of costs and the control of performance by using specific managerial techniques. Furthermore, it was considered necessary to increase the productivity of the health services by creating incentives for the efficient performance of workers and institutions. Equity was defined as the fair distribution of benefit between different social groups, regions and localities, but it was considered as dependent on efficiency because it was by demonstrating greater efficiency that additional resources would be achieved (Jaramillo-Perez, 1990d).

As was described before, these elements were strengthened in the text of Law 100 of 1993 and in its codes of application. The market, competence, managerial techniques for the control of costs and performance, methods and techniques for focusing social spending in the poorest sections of the population, managerial techniques for the control of risk factors, different techniques of insurance, the use of techniques of cost-efficiency, cost-benefit and cost effectiveness for designing the health care plans and for the allocation of resources between different levels of intervention, among others, were at the centre of this reform. There is no doubt that the reform opened space for the privatisation of health services and for a wide operation of market relationships, for the promotion of monetary investment coming from the private sector, and for the

flexibilization of the labour force. It developed a strategy of universal coverage grounded in the criteria of efficiency and primary health care. It reduced social justice to cheap solutions for the poorest section of the population. It created 'freedom' and 'autonomy' but only in order to achieve a better operation of market relationships. It established the conditions for a minimal state intervention based on the regulation of the conduct and behaviour of individuals and communities, and on the creation of a new relation between the state and health institutions determined by diminishing public spending. It has legitimated a system that, so far, seems to be generating more inequalities among the population instead of the reverse.

2.3 Modernisation, Dependence, and Colombian Health Services

Various Colombian social scientists have studied these reforms. Most of them (Sanchez-Reyes, 1990; Miranda-Canal, 1993; Ahumada, 1996; Quevedo-Velez, Hernandez, Miranda, Cardenas and Wiesner, 1998) believe that they may be explained within the boundaries of a model of modernisation, development and dependency. According to them, Colombian health care development has been carried out within the confines and contingencies of a historical process of modernisation (Sanchez-Reyes, 1990), development (Quevedo-Velez, Hernandez, Miranda, Cardenas and Wiesner, 1998) and dependence (Ahumada, 1996). However, all these conceptions can be explained from the perspective of modernisation.

Modernisation accounts for a transition from tradition into modernity, or from underdevelopment towards a higher level of development (Sanchez-Reyes, 1990; Ahumada, 1996). It has been assumed that this process started in Colombia at the beginning of this century and that it has extended to the present day. However, according to Ahumada (1996), Colombian modernisation and development have been driven by external powers that have shaped our entire economic, social, and cultural body. Thus, in the case of health and health care, Colombian dominant conceptions of social justice have been determined by historical circumstances that not only account for the constitution of Colombian scientific medicine, hygiene, public health, public administration and so on, but also for the content of health policies and the practices of health institutions (see also Quevedo-Velez, Hernandez-Alvarez and Miranda-Canal, 1993; and Miranda-Canal, 1993).

This process seems to be influencing the forms that the rationalities and practices of government have taken concerning economic and social matters. Thus, the liberal interventionism of the Cold War period, and the neo-liberal practices of the present time appear to respond to different strategies of modernisation. According to Sanchez-Reyes (1990), during the sixties the interventionist rationality of modernisation took the form of a centralisation of government activities. It sought to achieve their optimisation under the command of a specialised and technical central body exerting authority and imposing its will from the top downwards. On the contrary, since the end of the eighties, the strategies of modernisation have presumed that progress, efficiency and equity might be achievable throughout administrative, fiscal and political decentralisation, or via market relationships.

It seems that the strategy of decentralisation was conceived as an initial stage that created the conditions for the application of an all-embracing rationality of government that took the form of neo-liberalism during the government of Cesar Gaviria-Trujillo at the beginning of this decade. Decentralisation has been analysed as a strategy leading to privatisation and to the reduction of the role of the central state in economic and social life. According to Ahumada (1996, 1998), between the end of the eighties and the beginning of the nineties, all Latin American countries became involved in the programs of stabilisation and structural adjustment prescribed by the International Monetary Fund (IMF). These programs have been designed and worked out within a neo-liberal logic designed to ensure the payment of external debt and to accommodate and open the economies of these countries to the dominant strategies of international market relationships and foreign monetary investment. For ensuring their purposes, the IMF has promoted the cutting of public and social spending, and the privatisation of the state's institutions and social services.

According to Ahumada (1998), Colombian social policy has been defined by taking into account three basic strategies: first, to focus social spending and to concentrate available resources on particular aspects of specific populations;[15] second, to transfer responsibilities towards regional and local governments and communities for the purpose of releasing the central state from its social responsibilities; finally, to privatise public social services in order to create conditions for making private profit. In the future, the modernising ideals of progress, efficiency and equity would take the form of state-regulated market relationships, private initiative, and individual choice.

[15] According to CEPAL (1995, pp. 13) this strategy seeks to replace the egalitarian ideal of universalization for a new conception of social services based in efficiency.

According to Ahumada (1996), to carry out these neo-liberal purposes has required the emergence of a technocratic elite connected to international financial organisations through cultural and economic interests. This has also resulted in the proliferation of managers, consultants, advisers and experts of all kinds, and a group of institutional intellectuals, responsible for the direction and orientation of private and public organisations and, particularly, for social policy formation. Since the government of Virgilio Barco-Vargas, they have tended to replace the traditional and corrupt Colombian political elite and bureaucracy by presenting themselves as neutral, free of leanings towards the pressure of any political or social group, and as impartial and effective decision-makers. They have defended themselves by saying that they are making decisions and acting in the name of scientific knowledge and of modern technologies of government. Thus, for them, poverty and all the other problems of social justice are to be solved by science and economic growth. However, in spite of this claim, Latin American governments and international financial organisations still admit that poverty has to be alleviated through programs of social assistance and not only through programs of economic growth, given the danger that the poor put at risk economic and political stability.

2.4 Perspectives for Evaluating the Reform of Colombian Health Service Reform

A recent study (Cardona, Hernandez and Vega, 1993) has shown that few evaluations have been carried out in Colombia on the topics of social justice, health and health care. Those researchers who have conducted evaluations have based their

investigations on a positivist and functionalist methodological approach, and have worked mainly with statistical, epidemiological and economic methods and techniques such as different measures of distribution and outcome models designed to show the access, use, and technical quality of health care, the allocation of resources, and the distribution of morbidity and mortality among the population. Generally, evaluators distribute the population among a few static and broadly selected social groups classified by age, urban/rural settlement, and level of education. They then go on to relate medical care coverage, resources distribution and allocation, and public spending to those groups.

Mainstream Colombian models of health program evaluation have been connected to dominant rationalities and practices of government. Thus, according to Quevedo-Velez, Hernandez, Miranda, Cardenas and Wiesner (1998), since the sixties, a model of evaluation based on a methodology called CENDES-OPS, a procedure for planning, programming and evaluating, was extended to almost all Latin American countries, their governments and academic institutions. This was a quantitative approach put into practice by the Centre of Studies for Development (CENDES) and the Pan-American Health Organisation (OPS) for the purpose of measuring the benefits of the Decennial Plan of Health for the Americas (built on the basis of the Alianza para el Progreso's policies) and of its application within each Latin American country.

As has been shown above, these policies were a part of the strategies of the USA and of Latin American governments against social revolutions and communism. Since

then, epidemiologists and public health experts have evaluated the results of health policies, plans, programs, and health services from different levels of government and from other institutions. They have used to compare the general results of plans and programs with intended normative goals. The most important of these experts were expressly trained in Universities in the USA or in some of its Latin American counterparts. Thus, they have responded to the interests of government and international financial organisations such as the Inter-American Agency for Development and the Inter-American Bank of Development, among others (see Quevedo-Velez, Hernandez, Miranda, Cardenas and Wiesner, 1998).

Now, since the last Colombian Plans of Economic and Social Development and in the debate about the National Health System, the new institutional policy-makers and evaluators have come to be strict followers of economic outcome models of evaluation (see, for instance, Diaz-Uribe, 1990; Jaramillo-Perez, 1990b; Frenk-Mora and Londono-De-la-Cuesta, 1997). They have not totally abandoned earlier evaluation methods, but their focus is narrower. The regulations of Law 100 of 1993 foresaw the need for using methods such as cost-efficiency, cost-effectiveness and cost-benefit analysis not only for making decisions on health policies, the content of health plans and programs, and the organisation of health institutions, but also for evaluating their results (see Republica de Colombia/Ministerio de Salud, 1994).

In this sense, since the beginning of the new reform, the School of Public Health of Harvard University (specially contracted by the Inter-American Bank of Development and the Colombian government) has provided permanent technical assistance for the

implementation of these policies, the reorganisation of health institutions, the training of human resources, and the evaluation of the reform. This School has recommended a plan of evaluation that includes among its targets the establishment of levels of insurance coverage, the levels of access of the poor to the essential health services, and to measure the macro- and micro-administrative efficiency of the system and the quality of health intervention.

Furthermore, the changes in population's health should be measured with reference to mortality, morbidity and incapacity. The central authorities of the system in association with the Harvard School of Public Health have designed the systems of information and supervision and their corresponding set of indicators. The evaluation has taken special care of establishing the transformations developed at the level of laws, rules and institutions in order to implement the reform successfully (see, Republica de Colombia/Ministerio de Salud/Programa Universidad de Harvard, 1996). A similar approach to evaluation has been used and encouraged by the World Bank in its analysis of health and health care in other developing countries (see World Bank, 1993).

Other approaches to evaluation have been carried out by academics and non-governmental organisations. Some of them have been based on the analysis of scientific discourses in terms of the social implications of the evolution of sciences within the framework of underdevelopment/development and dependence (Miranda, Quevedo and Hernandez, 1993; Quevedo-Velez, Hernandez, Miranda, Cardenas and Wiesner, 1998). Miranda, Quevedo and Hernandez (1993) have conducted a historical

analysis of multiple disciplines. They consider that science is the result of the interaction between internal and external factors, that is, of the relations between the internal normativity of scientific discourse and non-scientific formations such as ideology, religion, economic, political and social practices.[16] Moreover, it has been considered necessary to take into account the international influence of economic, scientific and political factors that shape, within a context of dependence, the scientific development of dependent countries.

Ahumada (1996), using a Marxist model of analysis, has made clear the influences of dominant economic, social and political powers on the characteristics of the process of development and modernisation of underdeveloped and dependent countries. This approach highlights the connections between the Colombian social and political elite and external powers in defining the internal course of the struggles for creating strategies and directing the process of development.

For Sanchez-Reyes (1990) it has been a modern cultural rationality that has shaped the administrative characteristics of health services, their efficiency and effectiveness. This rationality has been ordered by the state and other institutions that centralise the purposes of an enlightened Colombian elite who operated in the past through a centralist conception of government and more recently by using a decentralised style.

[16] This approach has been based on Canguilhem's view (1974) of the historicity of scientific discourse and Fernand Braudel's (1968) claim to use multiple disciplines (social and human sciences in this case) when examining historical facts.

Recently, another methodological approach has been used that aims to uncover the negative and positive effects of this reform in terms of efficiency, equity and quality by making an analysis of spoken and written discourse of different actors in the higher levels of the structure of the health system (see Jaramillo-Perez, olano and Yepes, 1998).

2.5 Conclusions

It seems to me that we should not reduce the evaluation of social justice to these frameworks of modernisation, development and dependence. All these approaches start from a view that explains social justice as the result of an overall embracing rationality supported by human sciences, technology, or by other theoretical assumptions about social reality, and which reduces social justice to the achievements of modernisation and development. These perspectives fail to take into account the diversity of human existence, the variety of their socio-economic and cultural conditions, the role that different strategic interests play in accommodating knowledge in the process of health policy formation. The rationality of this reform, and the plan of its evaluation, seem to maintain and reinforce not only each other, but also the old problems of domination and inequalities that for years have affected the Colombian population, without bringing to light new mechanisms of marginalization, dependence, and discrimination.

Therefore, a different approach to evaluation is required. It should allow us to analyse, from the perspective of those suffering from situations of social injustice, the changes and consequences that these policies have brought into being for their lives, health and subjectivity. It also should allow us to analyse the relations between patients and doctors, and between governments, institutions, individuals and communities. In other words, this approach should allows us to describe the rationality and practices of government in matters of health policies and programs; to assess the regulative effects of these programs and policies at the level of the life and behaviour of different individuals and populations; and to analyse their consequences for equality and plurality. This approach should also allow us to criticise the claim to universality of that rationality and practices. We are a part of western civilisation and, for that reason, we have inevitably been formed by its historical experiences. However, in the pursuit of western civilisation our own historical experience has been engulfed and forgotten.

CHAPTER 3: THE EXPERIENCE OF EVALUATING SOCIAL JUSTICE (EQUALITY) IN HEALTH AND HEALTH SERVICES

The previous chapter has demanded an approach to the evaluation of social justice in Colombian health services that takes into account not only the claim of equality but also the respect for existing differences among the population. To answer this challenge implies acknowledging the way in which existing practices and theoretical interpretations have been dealing with the problem. In trying to assume this challenge I will start by learning about and making sense of the main problems which, for a pluralist perspective of social justice and evaluation, existing experiences of the evaluation of egalitarian perspectives of social justice in health and health care have posed.

I have chosen to focus in the case of Britain, a country that not only has a long tradition of egalitarianism in the area of health, but also a long experience in the design of health policy strategies regarding the correction of health inequalities, and in the evaluation and debate about health inequalities (see, Whitehead, 1998). The description of this experience highlights the relations between the theoretical explanations about health inequalities and the methods for their evaluation. It also looks with particular care at the relations between its conception of equality and its implications for plurality.

In Britain and in other countries, two aspects of the evaluation of social justice and health are of current interest: health care and the health of the population. They are concerned with the allocation of resources between competing claims, the quality of health care and its accessibility, the distribution of its resources, and the analysis of health inequalities across a population. Two main tendencies can be highlighted: one grounded in economic analysis; another grounded in sociological, epidemiological and other similar types of analysis. Economics has worked out the analysis of the allocation of scarce resources between competing claims mainly by using economic outcome models (Ashmore, Mulkay and Pinch, 1989; Watson, 1997). However, other economic perspectives, and different disciplines such as sociology and epidemiology, among others, have been dealing with the analysis of inequalities in the financing and delivery of health care, and in health itself (see, for instance, Wagstaff, Van-Doorslaer and Paci, 1991a; Whitehead, 1998).

3.1 Economic Outcome Models

I will start by saying that in Britain, as elsewhere, the application of economic outcome models to the evaluation of health services has arisen as a result of the influence of a governmental conception of health policy making that seeks to introduce market relationships in the organisation and delivery of health services. In the specific case of Britain, since the seventies, the role of the discipline of Health Economics became clear with the emergence of the "intellectual community of British health economists" and their views about the problems of the National Health Service

(NHS) (Ashmore, Mulkay and Pinch, 1989). However, it is with the reforms of the NHS during the neo-liberal and managerialist style of government inaugurated by Margaret Thatcher, that these techniques of economic outcome model came into existence (see Ashmore, Mulkay and Pinch, 1989, and Webster, 1998).

This model of the evaluation of health services has been especially concerned with two questions: first, what proportion of society's resources should be spent in health care? Second, how should this sum be distributed between different types of health care and between individuals? (Watson, 1997, p. 129). According to this author, four types of economic outcome models of evaluation have been used for answering these questions: Cost-minimisation analysis, cost-effectiveness analysis, cost-benefit analysis, and cost-utility analysis (Quality Adjusted Life Years [QALYs], for instance). The analytical framework of these models states that choices should be made "on the basis of efficiency rather than ad hoc considerations which could be biased by emotional influences" (p. 131).

The claim to universality of economic outcome models has been strongly criticised. It has been said that models of evaluation based on a single rationality, as is the case of economic outcome models, are confounding procedures, and so they hide and obscure, rather than clarify and control, the value commitments of the actors (e.g., Fox, 1991). Moreover, according to Wagstaff, Van-Doorslaer and Paci (1991a, p. 144), "decisions regarding health care provision prompted by considerations of social justice ought not to be influenced by cost; justice requires that an equitable pattern of provision be ensured, irrespective of the cost to the rest of society." In the same sense, Mooney

and Olsen (1991) have shown the inconveniences of using QALYs as a method for policy making in matters of equity. Since this research is especially committed to find out perspectives of evaluating issues of social justice that encourage pluralism and equality, I will concentrate my energies on the analysis of those experiences that have explicitly claimed to defend the egalitarian point of view concerning health and the distribution of health care.

3.2 The Analysis of Inequalities in Health

Egalitarianism in the distribution of British health services came into existence as the result of the "landslide victory obtained by Labour in the summer of 1945" (Webster, 1998, pp. 12). Since then, a welfarist conception of the state, in response to criticism, has looked for a horizon of universal access to medical care and health equality among the different sections of the population (Giddens, 1998; Webster, 1998). Thus, this egalitarian conception of social justice in health and health care has brought into being the practice of the evaluation of health inequalities. It seems to me that the most important development concerning this perspective of evaluation has been achieved through a series of research projects that, particularly since the Black Report published in Britain in 1980, relate to the empirical analysis of "inequalities in health" (see Townsend and Davidson, 1982). These studies have started with the assertion that "health inequalities are primarily the product of differences in living standards," that is to say, equality in standards of health would be more the result of the "availability of decent social security, housing, employment and education than health care"

(Benzeval, Judge and Whitehead, 1995, p. 95). In this sense, health care services have been considered one factor, but not the most important one, in the network of the promotion of health. However, it has been assumed that "any inequality in the availability and use of health services in relation to need is in itself socially unjust and requires alleviation" (Benzeval, Judge and Whitehead, 1995, p. 95).

Most of these works have taken as their principles of social justice criteria like those highlighted by Whitehead (1988) in a meeting of the World Health Organization in 1985 (WHO, 1985):

> *In health care*, the principle of social justice 'leads to equal access to available care, equal treatment for equal cases and equal quality of care'. *In health terms*, 'ideally everyone should have the *same opportunity* to attain the highest level of health and, more pragmatically, none should be unduly disadvantaged' (Whitehead, 1988, p. 222)

The study of health inequalities has been mainly based on the development of statistical and epidemiological procedures for measuring such inequalities among social classes. This has been done by monitoring the differences of health and of access to health care across the population. The results of these procedures have been used, during the past two decades, as a source of information for designing health policy strategies in regards to the correction of health inequalities across the population of different European countries such as Britain, the Netherlands, and Sweden, among others (Whitehead, 1998).

3.2.1 Methodological and epistemological assumptions

Concerning ontological, epistemological and methodological assumptions, the debate between researchers has been focused on two main aspects: first, precision in measuring inequalities between ranked social classes and, second, the explanation of health inequalities. Others aspects, like the usefulness of social class as a tool of analysis, what should be understood by social class today, the concept of the subject, the effects of knowledge and power in terms of diversity and autonomy, the choice of methods, the relations between qualitative and quantitative approaches, and between ecological and individual analysis, have not yet been taken as a central point of discussion among the majority of public health researchers, even though these aspects have been underlined by some authors (Szreter, 1984; Marshall, 1988; Sorenson, 1991; Vagero and Illsley, 1995; Curtis and Jones, 1998).

According to Vagero and Illsley (1995), a "consensus" has been achieved regarding the best way of measuring health inequalities. They "could best be measured by the "slope index of inequality", i.e. the slope of a regression line based on ranked classes" (p. 236) because this index reflects more clearly "the socio-economic dimension to inequalities in health" (Wagstaff, Van-Doorslaer and Paci, 1991b, p. 548).[17] The empirical causal relations between the factors determining those inequalities concerning ill-health and mortality (genetic make up, occupation, income, wealth, type of housing tenure, car ownership, education, style of consumption, mode of

[17] According to Wagstaff, Van-Doorslaer and Paci (1991b, p. 545), "the six measures of inequality that have been used to date in the literature on inequalities in health are: the range, the Gini coefficient (and the associated Lorenz curve), a pseudo-Gini coefficient (and an associated pseudo-Lorenz curve), the index of dissimilarity, the slope index of inequality (and the associated relative index of inequality) and the concentration index (and the associated concentration curve)."

behaviour, social origins and family, local connections, ethnicity, employment, etc.) are correlated by using different epidemiological techniques and methods such as cohort, ecological, cross-sectional studies, and social surveys.

The design of these investigations has evolved from cohort studies into longitudinal analysis, multicausal modelling, and analysis of historical data series, and from mainly quantitative into a mixture of quantitative and qualitative methods, seeking a better understanding of the statistical information and other dimensions that shape health inequalities following the demands of a socio-economic model of health (Townsend and Davidson, 1982; Barthley, Blane and Smith, 1998). The measurement of inequatlities in health and ill-health also has required of the use of some indicators like mortality rates (Standardized Mortality Ratio - SMR), morbidity rates of acute and chronic sickness, indicators of disability and of the effects of illness in every day life, growth and development (Townsend and Davidson, 1982; Whitehead, 1988).

3.2.2 Theoretical explanations

According to Townsend and Davidson (1982) and Whitehead (1988), the "explanation of health inequalities," that is to say, the theoretical analysis of the empirical causal relations between determinant factors and health inequalities, has been made following four main trends. First, an artefact explanation, that argues that there is no causal relation between social conditions and health (Barthley, Blane and Smith,

1998, p. 563), but that what has been observed might be a mere statistical artefact (see also Townsend and Davidson, 1982, and Whitehead, 1988).

Second, theories of natural or social selection that say, for instance, that inequalities might be caused by "a health selection process" (Whitehead, 1988, p. 287) that could be the consequence of persistent poor health (Townsend and Davidson 1982, Whitehead, 1988), or the result of genetic make up (Vagero and Illsley, 1995). This health selection tendency also asserts that social inequalities might be the result of people's quality of health in itself. Thus, health problems in childhood caused by biological or social factors might be followed by difficulties in education and by a lower socio-economic position that would lead to additional health problems in adult life (see van-de-Mheen, Stronks and Mackenbach, 1998).

Third, materialist or structuralist explanations emphasise "the role of economic and associated socio-cultural factors in the distribution of health and well-being" (Townsend and Davidson, 1982, p. 114), as well as the role "of the external environment: the conditions under which people live and work and the pressure on them to consume unhealthy products" (Whitehead, 1988, p. 289).

Finally, cultural/behavioural explanations which refer either to "independent and autonomous" individual behaviour and life styles, or to behaviour and life styles shaped by material conditions or by cultural patterns of life (Townsend and Davidson, 1982; Whitehead, 1988).

The most influential position emerging from those initial analyses has assumed that health inequalities are mainly determined by materialist and structural factors, particularly, by material deprivation and poverty which condition social life and its relation to health (Townsend and Davidson, 1982; Whitehead, 1988; Vagero and Illsley, 1995). Whereas the Black Report maintained a separation between cultural/behavioural and materialist/structural explanations, conceding importance to the former only in early childhood (Townsend and Davidson, 1982), Whitehead (1988) has integrated cultural/behavioural and materialist/structural explanations, saying that "the two are interrelated rather than mutually exclusive" (p. 290). She has made it clear that "considering policy options," health is primarily determined by socio-economic, cultural and environmental conditions, instead of elements such as age, sex, hereditary factors and individual life style (see also Benzeval, Judge and Whitehead, 1995).

I want to underline that in this debate about the relation between social structure and health inequalities there are not only different explanations about the causality of health inequalities but that within a single and between similar positions the evidence about the possible pathways between social causality and health inequalities is diverse and, some times, uncertain. It is important to emphasise this because social programs and, particularly, health policy strategies designed to deal with the problems of health inequalities, are built on the basis of specific scientific theories resulting from the analysis of empirical evidence about the causality of health inequalities that are assumed, and applied to a population, as a general single truth, even though, at the

same time, other evidence, or other interpretations of the same empirical evidence, might support a different view.

For instance, the actual debate about the factors that were alleged to explain the decline of mortality levels in England and Wales during the nineteenth century has admitted different interpretations starting from the same set of epidemiological data (Szreter, 1988). Thus, according to this author, whereas McKeown (1976) maintained that the decline of mortality rates was the result of rising living standards, particularly in the form of increasing per capita nutritional consumption, Szreter's later investigation maintains that this decline was mainly the result of the actions of the public health movement, and particularly, of its locally administered preventive health measures. Thus, he says that "even without altering McKeown's own analytical categories, reappraisal of the same detailed epidemiological evidence in fact leads to quite the opposite conclusions" (p. 11).

Whereas the debate about the causes that during the nineteenth century explained the decline of Britain's mortality rates has been centred around the determinants (economic growth, diet, public health or preventive medicine, etc.) that made prevalent or eliminated infectious diseases such as respiratory tuberculosis, bronchitis, pneumonia, influenza, cholera, diarrhoea, etc. (Szreter, 1988; Reading, 1997), the recent discussion about the causes of currently prevailing chronic diseases such as cardiovascular diseases, cancer, etc., has been centred on defining the causal relations and pathways that can explain the prevalence of higher rates of mortality among lower

ranked social classes of the population. And here we find a clouded landscape where the uncertainty of knowledge is what seems to predominate.

Before the publication of the Black Report very different positions were postulated about the explanatory model of social causality of health inequalities. Thus, whilst for some researchers they were a problem of general cultural patterns of behaviour rather than differences in socio-economic circumstances, for others (e.g., Lewis, 1967) the differences arose from a distinct and self-perpetuating subculture of poverty that transmitted (in a hereditary sense) deprivation (Townsend and Davidson, 1982). This view was assumed in 1972 by Sir Keith Joseph, then Britain's Secretary of State at the Department of Health and Social Security. He added to the above thesis the assertion that deprivation was also a problem of children's socialisation (Morgan, Calana and Manning, 1985).

From a Marxist perspective, different interpretations were postulated, even though the causes of health inequalities were seen as mainly lying in the structure of society. For example, for Eyer (1977a, b) the higher rates of mortality of the poorest sections of the population of the USA were caused by the social stress provided by the boom of the capitalist economic system, whereas only a small role was attributed to material conditions. In contrast, Brenner (1979a, b), working in England and Wales, linked higher mortality rates with a greater social stress but occurring during the period of economic recession, and Cooper (1979) and Navarro (1982) concluded that they were the result of diet, carcinogens, physical injury and alienation.

Nowadays the discussion has changed in many ways. Thus, from placing emphasis on environment, heredity, and adult life style at the beginning, it has now been focused on the socio-economic structure as the determining factor (see Kaplan, Pamuk, Lynch, Cohen and Balfour, 1996). Some approaches also try to prove that health inequalities in adult life are the result of problems in early childhood (Kuh and Smith, 1993), or of different factors of disadvantage influencing health during the "lifecourse" (van-De-Mheen, Stronks and Mackenbach, 1998). Thus, for example, for Barker, Osmond, Golding, Kuh and Wadsworth (1989) it was clear that there was "a link between intra-uterine environment and adult blood pressure" (p. 567), and that a biological programming can occur during the intra-uterine period or during early infancy (Barker, 1992) that might act as a mediator of the effects of low birth weight upon health in adult life. However, according to Barthley, Power, Blane, Smith and Shipley (1994), low birth weight should be also associated with economic disadvantages in childhood and adolescence for explaining such a result in adult life; and for Blane, Hart, Smith, Gillis, Hole and Hawthorne (1996) variations in physiological risk factors (for instance, serum cholesterol, blood pressure, body mass, etc.) should be associated with both past and present circumstances.

Similar discussions have taken place about the role of socio-economic circumstances and/or "ill-health" in determining social mobility, and their implications for health inequalities (see Power, Mathews and Manor, 1996). Other discussions refer to whether it is the absolute distribution of income as the result of overall economic growth that matters, or, on the contrary, whether it is the variation in the relative equality of income distribution. Recent evidence has been found indicating that

income inequality affects not only levels of economic growth but also social cohesion, leading by multiple pathways (risk behaviour factors, access to health care and public education, changes in patterns of culture, violence, psychological stress, etc.) to poor health outcomes and health inequalities (Kaplan, Pamuk, Lynch, Cohen and Balfour, 1996; Kennedy, Kawachi and Prothow-Stith, 1996; Kawachi and Kennedy, 1997). This thesis assumes that in developed countries the link between health and inequalities is to be explained primarily by social rather than by material factors (Wilkinson, 1996).

Other explanations of health inequalities claim that even though they are connected with socio-economic factors, they cannot be reduced to them. For instance, geographers have produced evidence about the contextual effects associated with place and space in situations when geographic setting has been a determinant (Curtis and Jones, 1998). In the same way ethnic researchers (for instance, Nazroo, 1998) have claimed that differences in social class distribution do not explain ethnic differences in health; and some psycho-social perspectives have continued to maintain that it is the quality of interpersonal relations that matter (see Elstad, 1998).

It appears that these different views could be complementary, and possibly some of them really are. Nevertheless, most of them are not portrayed as such because every author seems to be claiming to establish a particular scientific truth in opposition to others. However, a trend seems to be configuring the idea that it is the interaction between a series of very diverse social risk factors accumulated during the whole of a person or population life that explains inequalities in health (see, for instance, van-de-

Mheen, Stronks and Mackenbach, 1998, and Vagero and Illsley, 1995). But it is not clear yet how the relation between biological, material, cultural, socio-economic, among other factors, should be articulated beyond the foundations of positivist and structuralist explanations of health inequalities.

3.3 Some Criticisms

Following Popay, Williams, Thomas and Gatrell (1998), I will summarise four aspects of the criticisms against these analyses of health inequalities in health research: first, the failure of the epidemiological and social survey research model to capture the complexity of causal explanation of health inequalities by mainly pointing to a single cause or risk factor, or by aggregating them, as in the case of causal modelling, but under "a strong tendency to fall back into the search for single causes" (p. 628); this same tendency is expressed by the empiricist nature of the model of research inaugurated by the Black Report that simply adds new social variables to the long list of other factors. According to MacIntyre (1997), this conception polarises the explanatory discourses of health inequalities between "false antitheses" such as "selection versus causation," "artefact versus real differences," "behaviour versus material circumstances," "material versus psychological factors," and "early life programming versus continued social disadvantage" (p. 629). This way of analysis is intrinsic to the structuralist make up of the Black Report's model of explanation, even though Popay, Williams, Thomas and Gatrell (1998) do not mention it. Thus, what seems to be under discussion here is how to capture, from another perspective, "the

complex interactive relationship between individual experience, social action and the way in which societies are organized at a macro level" (p. 629).

Second, the lack of attention to the development of concepts which might help to explain why individuals and groups behave in the way they do in the context of a wider social structure, that is to say, to link agency and structure; this seems to be a very important point in so far as the subject has been universalised and reduced to a few categories (for instance, social class, the poor, the insane, and so on), being totally determined by the experts and their methodological models of research and explanation. The chance for individuals and communities to express their perceptions, feelings, desires and values has not yet been given.

Third, the neglect of a notion of time beyond the idea of an accumulative series of social or biological events analysed through statistical techniques, and the need for a reconfiguration of the concept of space, especially in the sense of a social and political one, put at the centre of discussion the need to acknowledge diversity, self-knowledge, and self-government.

Finally, it would also be important to add the tendency to universalise a single truth as the explanation of health inequalities, and the lack of acknowledgement of the existence of many truths, each one existing on its own behalf as the expression of different ways of being and modes of existence. Furthermore, we can point to the lack of acknowledgement of the fact that the connections between a particular truth and power influences the process of policy decision-making concerning strategies to

combat health inequalities (as in the case of Sir Keith Joseph, Britain's Secretary of State at the Department of Health and Social Security in 1972). It may be assumed that in the case of social justice evaluation this is the main issue, specially in circumstances where subjectivity is neglected.

3.4 Conclusions

It seems to me that one of the main problems concerning these experiences of the evaluation of health inequalities is that they tend to reduce social justice to an objective, scientific perception of human experience and look for its homogenisation on the basis of a common pattern or standard of equality and on the basis of a structuralist interpretation of health inequalities.

The theoretical discussion about the interpretation of the empirical evidence shows a trend towards reducing the multiplicity of views to a common structural pattern of causality through the transitory generalisation claimed by a scientific rationality supported in a methodological procedure or through the effects of centralising relations of power.

To illuminate this discussion, in the next chapter I shall provide an overview of the theoretical debate and experiences of social program evaluation, especially those concerning the role of knowledge, politics, and values. This will also serve to link the discussion back into the subject of the thesis, health program evaluation.

CHAPTER 4: A THEORY OF SOCIAL PROGRAM EVALUATION?

In the previous chapters I have argued two main points: on the one hand, the need for an approach to the evaluation of social justice in the Colombian Health Service that encourages equality and plurality; on the other hand, I have described the methodological and theoretical debate emerging from the British experience of the evaluation of health inequalities. Through this debate, it seems clear that universal methodological approaches and theoretical explanations of health inequalities such as positivism and structuralism and their connections with centralised relations of power, fail to take into account the diversity of human modes of being and its influence on the claims of social justice.

In this chapter, I will focus on the debate about the role of paradigmatic assumptions in the methodological approaches of social program evaluation. By dealing with these assumptions, I will seek to clarify the problems that different paradigmatic methodological rationales pose for the formation of evaluative judgement. I will specially point to the implications of those judgements for an approach that encourages equality and pluralism.

4.1 Evaluation

Evaluation can be conducted in different arenas like social programs, objects or products. A social program is usually understood as a political response to people's needs (House, 1980). It is generally acknowledged that politics pervades social programs during the processes of policy making, implementation, and evaluation. Moreover, it is also known that policies tend to be designed and evaluations developed on the basis of knowledge (House, 1980; Greene, 1994; Weiss, 1973).[18]

A theory of evaluation may be defined as a certain logic or body of knowledge which might bridge disciplinary boundaries separating evaluators, differentiate evaluation from other disciplines, and define clearly its elements, structure and trends of development (Shadish, Cook and Leviton, 1995).

Shadish, Cook and Leviton (1995) have postulated five components of the theory of program evaluation: knowledge (ontology, epistemology, and methodology), value (political, moral and philosophical assumptions), social programming (which deals with the historical and political elements of a social program), use (time frames in which evaluation occurs, kinds of use of a program evaluation, and what the evaluator can do to facilitate use), and practice (purposes of the evaluation, role of the evaluators, etc.). On the other hand, Green and McClintock (1991) assert that it postulates at least two elements: first, a theoretical discourse about methods and,

[18] House (1980) believes that "evaluation is by its nature a political activity. It serves decision-makers, results in reallocations of resources, and legitimizes who gets what. It is intimately implicated in the distribution of basic goods in society . It is more than a statement of ideas; it is a social mechanism for distribution, one which aspires to institutional status..." (p. 121).

second, the evaluator's understanding of the programs' nature and policy process. In this view, the last element includes a theory of use, a theory about phases of program development (adoption and implementation), and a theory of program components (context, input, process, and product).

Moreover, for Greene and McClintock (1991), Greene (1994), and Guba and Lincoln (1994), these elements can be encompassed in coherent bodies (paradigms) that have different philosophical and political foundations. Furthermore, it may be said that the approaches of Shadish, Cook and Leviton (1995), and of Greene and McClintock (1991) to the theory of program evaluation might be synthesised from two basic elements: a philosophical component informing a theory of knowledge and values, and a political component divided into three elements: theories of use, practice and social programming.

According to Shadish, Cook and Leviton (1995), social programming "must deal with the historical and political origins of a program; its structure, governance, and funding; the ways it is implemented; its context; and available leverage for changing it" (p. 41). It must also deal with alternative visions of "incremental improvements in existing programs, better design of new programs, or terminating bad programs and replacing them with better ones" (p. 37).

Theories of use describe possible types of uses of the evaluation, the time in which use might occur, and explain how to facilitate use. It has been said that early social program evaluation had instrumental and short-term use, while later social program

evaluation led to longer-term change, enlightenment and empowerment (Shadish, Cook and Leviton, 1995).

Theory of practice considers whether or not social program evaluation should be undertaken at all; what the purpose of the evaluation should be; what role the evaluator ought to play; what questions are to be asked; what design should be used; and what activities ought to be carried out to facilitate use.

Shadish, Cook and Leviton (1995) and Guba and Lincoln (1989) agree that theory of knowledge includes three philosophical bases: ontology, epistemology, and methodology. Ontology, the study of the ultimate nature of reality, includes at least three axioms: reality, the nature of cause-effect relations and generalization (external validity). Epistemology, the study of the nature, origin and limits of knowledge, deals with axioms about knower/known interaction and the influence of values. Methodology deals with the study of techniques and methods for constructing knowledge.

4.2 Values and Evaluation

Concerning values, two main positions may be highlighted: first, value-free evaluation, which postulates that evaluation is value-free because social programs are machines without moral dimensions, that is to say, they are considered as purely neutral and rational procedures. Second, those others that assume that social program

evaluation should acknowledge the existence of values because "decisions involving distribution of social resources are matters of values and ethics, and because data do not speak for themselves, but are interpreted in terms that invoke values." (Shadish, Cook and Leviton, 1995, pp. 46-47).

According to Shadish, Cook and Leviton (1995), three main means have been used for making values explicit in a pluralist society: metatheory, prescriptive theory, and descriptive theory. Metatheory explains how and why value statements are constructed. From the perspective of prescriptive theory, the evaluator assumes a particular value, and departing from it he or she determines "what is good for the human condition generally" (p. 49). On the contrary, for descriptive theory the evaluator should describe stakeholders' values by determining the criteria they use for judging program worth, and should try to understand what they think should be done to improve it.

Commenting on Stake's (1975) views about values, Shadish, Cook and Leviton (1995, p. 49) say that "evaluators should study values descriptively because we do not have a correct prescriptive theory and because the evaluator should not impose one ethical view on a program in a political system characterised by value pluralism." They point out that "when evaluators describe this plurality of values, and provide results that bear on those values, they increase the chances that the information will be perceived as fairly reflecting the interests being debated" (p. 50).

Prescriptive theory supposes that the evaluator himself assumes a particular prescriptive theory (for instance, Rawls' theory of justice), and judges the program's fairness through this particular theory. However, it has been said that "advocating a prescriptive ethic, and gathering data on that basis, will not reflect plurality well, and the likelihood that the information will be perceived as fair will be decreased, thus making it less credible in policy" (Shadish, Cook and Leviton, 1995, p. 50). Hence, at first glance, prescriptive evaluation appears to be incompatible with pluralism, and a descriptive approach sounds as if it will provide a neutral, objective description of values.

4.3 The Foundations of Social Program Evaluation from the Perspective of Knowledge

Different researchers maintain that the theory and practice of social program evaluation has developed over the years in a particular direction. Some of them (Guba and Lincoln, 1989; Greene and McClintock, 1991; Greene, 1994) explain this phenomenon as a consequence of changing political and philosophical influences, and believe in a sort of "inevitable progression" from earlier to later generations of knowledge (Sechrest, 1992, p. 1). Thus, for example, Guba and Lincoln describe it as a change from measurement, description (aims) and judgement, into responsive constructivist evaluation. Attending to other perspectives (e.g., Greene and McClintock, 1991), the change has been a departure from positivist paradigms into pragmatism, constructivism, and critical normative science. Likewise, Sirotnik and

Oakes (1990) maintain that both naturalistic methodologies (phenomenology, symbolic interaction, ethnomethodology and hermeneutics) and critical ones have departed from the tradition of scientific method and the hypothetico-deductive paradigm.

Whatever the name and classification given to this change, it concerns the values of the evaluator and the philosophical and sociological debate between different traditions of human science. The debate has been carried out around the meaning and relations between natural and social phenomenon, the conditions of their cognition, and the aims of knowledge. Thus, for instance, since Habermas (1972), it has been common to classify the aims of social science into three main trends according to the human interests of prediction and control, understanding, and emancipation. However, it is not clear if we have moved forward from a positivist, instrumentalist, and reductionist conception of society, into a more comprehensive, pluralist, and critical position. Sechrest (1992), for instance, maintains that the change, rather than being generational, has been incremental and accumulative. What seems to be clear is the emergence of discordant paradigmatic positions, each one trying to develop itself according to specific rationalities and values.

In what follows I will try to describe this debate. My main emphasis will be on the changeable influence of the philosophy of science and the human sciences on social program evaluation, following the debate of Guba and Lincoln (1994), Giddens (1995), and Shadish, Cook and Leviton (1995) on social theory and practice.

4.3.1 Positivism

According to the views of Guba and Lincoln (1989), Greene (1994), and Shadish, Cook and Leviton (1995), during the sixties, the theory of knowledge was basically positivist and put emphasis on objectivity, causality, detachment, experimentation, internal validity, and grand theory. It would be useful to recall, following Guba and Lincoln (1989), the formal rationality assumed by a conventional positivist evaluation. It includes two general stages: discovery, and verification or justification.

Discovery is the phase when the initial theories, questions, and hypotheses, emerge. It may include the use of a soft procedure grounded in qualitative methods for clarifying and establishing assertions, but this first stage is considered as non-scientific knowledge. Verification or justification is the stage through which the proper empirical scientific procedure occurs. It is understood as being separate from discovery, and as the most important stage because it verifies or justifies the theories, questions and hypotheses emerging from discovery. It includes the following steps: the elaboration of a theoretical framework; hypothesis or question formulation; definition and operationalization of variables; design and standardization of objective instruments for collecting information; sample specification (e.g. representative or random sample); data collection (the use of different techniques or methods for collecting information); data analysis (statistical procedures for testing or justifying - accepting or rejecting the null hypothesis, or providing answers to questions) and interpretation; technical report elaboration; and nomothetic interpretation and generalization.

Questions or hypotheses arise depending on researchers' previous theoretical knowledge, and including the insights added through discovery. Methodological design is aimed at testing a hypothesis or answering questions. This is assumed to be an objective procedure, grounded in the notion of detachment between researcher and researched, and between theoretical and observational forms. Rigour is given by using statistical methods. Internal validity, the control of confounding factors or values, is assured by using experiments, quasi-experiments, and random assignment to experimental or control conditions. External validity, or generalisation, is assured by handling representative samples, or by sampling at random. The hypothesis is verified or justified through statistical analysis (bi-variate or multivariate analysis) but some additional interpretation is required. Depending on the resulting level of generalizability, it is possible to predict and to control.

From an ontological perspective, positivism has assumed a realist ontology that supposes that there exists a single and objective reality "that is independent of any observer's interest in it and which operates according to immutable natural laws, many of which take a cause-effect form." Consequently, truth is defined as a "set of statements that is isomorphic to reality," and that "can be determined by testing it empirically in the natural world" (Guba and Lincoln 1989, p. 104).

From an epistemological perspective, this conception of knowledge assumes a dualist objectivist epistemology. This mode of knowing "asserts that it is possible... for an observer to exteriorize the phenomenon studied, remaining detached and distant from it...and excluding any value considerations from influencing it" (Guba and Lincoln,

1989, p. 84). In addition, and in connection with the above assumptions, "an interventionist methodology strips context of its contaminating (confounding) influences (variables) so that the inquiry can converge on truth and explain nature as it really is and really works, leading to the capability to predict and to control" (Guba and Lincoln 1989, p. 84).

Thus, for instance, an evaluation based on causal analysis would assert that there is a clear causal connection between program goals and outcomes; that the results or effects of a program can be observed, measured, and analysed in a detached and neutral way, and that experiments or quasi-experiments may test the hypothesis of a causal connection between goals and outcomes, and show what, among others, may be the best programs and the possibility of applying them in a general way.

This version of positivism has influenced social program evaluation since the sixties (Shadish, Cook and Leviton, 1995). However, it has been strongly criticised by many authors (see, for instance, Guba and Lincoln, 1989, Fox, 1991, Shadish, Cook and Leviton, 1995, and Vanderplaat, 1995) because of the vagueness, contradictions and ambiguity of the causal connections between program goals and outcomes, given that neither goals nor outcomes in themselves, and still less the relationships between them, function as a rational model. In addition, they have said that both goals and facts (as interpretations) are inevitably laden with value and theory. So, the possibilities of testing causal hypotheses and objectivity have been rejected because of the increasing belief that every scientific observation is theory-impregnated, and that experiments do not explain treatment effects as simple causal connections between

program goals and outcomes. Moreover, aspects such as internal validity and knowledge certainty have been challenged in favour of less rigorous approaches and more possibilities for generalization or external validation (Shadish, Cook and Leviton, 1995). Furthermore, it has been said that:

> given that all observations are imbued with the historical, theoretical and value predisposition of the observer,...knowledge claims are not separable from, but rather interlocked with values; they are not universal, but rather time and place bound; ...are not certain, but rather probabilistic and contestable (Greene, 1994, p. 535).

Interestingly, some of the elements of positivism have been modified in answer to these attacks (Shadish, Cook and Leviton, 1995), and a new version, different from conventional positivism, has emerged.

4.3.2 Neo-positivism

Greene and McClintock (1991) maintained that two aspects differentiate neo-positivism from positivism: first, the assertion that social causality is inherently complex and knowable only tentatively and probabilistically, and, second, the invitation to a critical approach as a means of obtaining the truth. The immediate consequence of this approach was that experiments were re-enforced by using multiple operationalism (the use of more than one instrument to measure a given phenomenon) and multiple analysis (the encouragement of debate for achieving consensus about a topic) of the same data for strengthening and enhancing validity.

The ontological assumption of this conception is known as critical realism (cp., for instance, Bhaskar, 1986). This acknowledges an external reality, but this reality is not completely perceivable by the knower because of its complexity and because of the knower's imperfect ability to perceive and comprehend. This approach opened up the possibility of postulating an epistemological theory of knowledge grounded on perspectivism, that should be understood as a unitarian multiple-perspectivist vision of reality. As a consequence, objectivity was grounded on an intersubjective verification of observations in the sense of the Popperian falsificationist theory (Popper, 1968).

Neo-positivism maintains the same methodological positivist position but with some particularities: a critical multiplist conception of methods (that of using, for instance, qualitative and quantitative methods together in the same investigation); the use of multiple observers; falsification of hypotheses; and a theory-grounded explanation (Guba and Lincoln, 1989; Denzin and Guba, 1994; Shadish, Cook and Leviton, 1995). Thus, qualitative methods have been used for formulating questions and research problems, and for building explanatory hypotheses about the possible effects of a program. It also acknowledges the use of multiple methods for generalising (Shadish, Cook and Leviton, 1995).

At last it could be said that neo-positivism had resolved the trade-off between rigour and relevance, precision and richness, elegance and applicability, objectivity and subjectivity, and verification and discovery, by using natural settings, qualitative data, a well-grounded theory, perspectivism or a softened objectivity, and a discovery-

verification continuum. This summarises the main distinction between neo-positivism and positivism (Guba and Lincoln, 1989).

According to Greene and McClintock (1991, p. 14),

> postpositivist evaluation studies are thus expected to have an experimental, quantitative core, buttressed by critique from varied analyses, theoretical perspectives, and value frameworks. Systems analysis and refined quasi-experimental designs, such as time series, are examples of core, postpositivist evaluation approaches. The combined use of survey and observational data and of regression and cluster analyses illustrates postpositivism's preference for multiple methods. Invited interpretation of evaluation findings from program beneficiaries and decision makers exemplifies postpositivism's desire for open critique as the basis for validity.

Despite the fact that positivist and post-positivist (neo-positivist) evaluators still maintain the position that evaluation should be value-free, some of them admit values as constructs from observable variables, that is, as facts, but not as opinions (Shadish, Cook and Leviton, 1995). Thus, for instance, Scriven (1980, p. 91) founds values on needs,[19] which can be measured in terms of the cost of meeting them. Another example is the previously described case of the measurement and empirical analysis of inequalities in health. In this trend, the standards of performance are comparative and the results of an evaluation should be synthesised into a final value judgement given in the categories "good" or "bad". Nevertheless, in spite of their intention of openly acknowledging values, most positivist evaluators use "multi-models" and meta-evaluation only for the purpose of controlling the evaluation's biases.

[19] It has been said (Shadish, Cook and Leviton, 1995) that Scriven's conception of needs is prescriptive because he grounds them in egalitarian theories of justice. However, it looks as if Scriven's approach to needs assessment was utilitarian because of his conception of costs and public interest (cost-benefit analysis) for grounding decision-making procedures.

They display a rationalist and unitarian way of analysing the political aspects of social program evaluation (Guba and Lincoln, 1994). Social change is understood as a rational model of social action, as a mechanistic systemic model of -input-development-output-(input)- that can be managed from outside in a linear way (Shadish, Cook and Leviton, 1995). Or, as Suchman (1967) has pointed out, once the causes of social problems are discovered, the solutions can be implemented by powerful stakeholders, the outcomes evaluated by scientists, and social problems ameliorated. In this conception the role of the evaluator is that of a passive and neutral transmitter of information (knowledge) to decision-makers.

Furthermore, in this conception, "theory of use" has been directed towards "immediately implementable solutions to social problems" (Shadish, Cook and Leviton, 1995, p. 69) with the assumption of introducing successful interventions, or of discontinuing or changing ineffective social programs. In this sense positivists and neo-positivists have the conception of a merely instrumental and summative evaluation.

Guba and Lincoln (1989) have criticised both positivism and neo-positivism in a radical way. They say that these conceptions do not apply either to the natural or the social world because there is no objective reality, and because all reality is socially constructed. For them, there are neither natural laws nor generalisations. They maintain that "the findings resulting from any given study would have meaning only in the particular situation and time in which they were found" (p. 94). Furthermore, they maintain that if all reality is context and time bounded, then all generalisations

decay over time. They also criticise pretensions of detachment saying that the phenomena of reactivity,[20] indeterminacy,[21] and interactivity,[22] are in conflict with the idea of a detached observer.

Guba and Lincoln (1989) also argue that there cannot be value-free evaluation because values and facts are interdependent, and theory and observation are interlinked. Facts and observation only have meaning within a theoretical and value framework. That is to say, values permeate the personal choice made for researchers and their supporters, they are part of the paradigm, theory, and methodologies elected, and they are part of the local context where the inquiry is administered.

4.3.3 Pragmatism

Recent versions of evaluation have been grounded in pragmatism (Greene, 1994; Shadish, Cook and Leviton, 1995). Some pragmatists believe that the purpose of evaluation should be "to provide timely and useful information for program decision-

[20] Reactivity means that "human respondents are not inert, passive objects. They are capable of a variety of meaning-ascribing and interpretative actions". This moved Campbell and Stanley (1963) to propose quasi-experiment as an alternative to the problems of reactivity in experiments. However, quasi-experiments are imperfect because of the "threats" to internal validity. (Guba and Lincoln, 1989, p. 99; and see also Shadish, Cook and Leviton, 1995).

[21] The principle of indeterminacy says that "the particular experimental apparatus (reflecting the question to be asked) that is set up by the investigator may lead to some observations but absolutely militate against others. In similar fashion, the scientist who approaches human 'subjects' with a particular set of questions or hypothesis may set the stage for certain observations but may thereby be prevented from pursuing others" That is, "designing a study to focus on one set of variables or concepts precludes (in positivist terms) pursuing others." This principle constitutes an objection against a priori or ground theory (Guba and Lincoln, 1989, p. 99).

[22] This principle states that "outcomes are not only indeterminate; they are shaped during the course of the inquiry by the interaction of the investigator and the object of inquiry." This means that participation is a key factor in constructing social reality (Guba and Lincoln, 1989, pp. 99-100). Of course, this principle has illuminated constructivism.

making" (Greene, 1994, p. 532). Weiss (1973, pp. 37-45) focuses on policy-making because it influences evaluation in three main ways: first, programs "are the creatures of political decisions;" second, evaluation feeds the process of policy-making; and third, "evaluation itself has a political stance." However, for others, evaluation should be focused on planning and implementation (Cronbach, 1980).

Pragmatists' ontological and epistemological assumptions are generally similar to those of positivism and post-positivism (Shadish, Cook and Leviton, 1995). However, for pragmatists, truth "depends on what works in practice," or it is secondary to fairness, pluralism, use, or to the interests of managers and policymakers (Shadish, Cook and Leviton, 1995, p. 249). Thus, it is considered that evaluation is useful for discovering, describing a program, for program implementation, and for establishing causal connections about functioning, rather than for the confirmation of a hypothesis. Causal inference is dependent on policymakers' and managers' interests (Shadish, Cook and Leviton, 1995). It has been said that this is not a theory oriented approach; on the contrary, it is contextually based (Greene, 1994).

Pragmatism is methodologically pluralist or eclectic (Greene, 1994), and uses multi-perspectives and multi-methods. Both quantitative and qualitative methods can be used in the same study. Some evaluators "select their methods to match the practical problem at hand, rather than as dictated by some abstract set of philosophical tenets" (p. 533). Furthermore, validity may depend on the kind of method used, or on stakeholders' interests (Shadish, Cook and Leviton, 1995).

In addition, pragmatists assume a descriptive, practical conception of values, those of stakeholders. Weiss (1973), for instance, thinks that stakeholders' ethical and moral values dominate the decision-making process and that the role of evaluation is to provide information. However, she recognises that a program's policymaking, implementation and evaluation are grounded not only in moral values and information but also in ideological, economic and political interests. Weiss (1973) prefers to describe values rather than to analyse outcomes for judging the value of a program.

Pragmatists have various views about social change. Whereas some assume a rationalist conception of social action and of the use of evaluation, others maintain a pluralist view that supports social change in a process of negotiation and accommodation between different conflictual interests mediated by political decisions (Weiss, 1972 and 1973; Shadish, Cook and Leviton, 1995).

Pragmatic evaluation assumes that instrumental use in the short-term and incremental changes are possible if the results of evaluation describe changes that are consistent with existing structural and ideological arrangements. Consequently, the enlightenment of interested parties and long term policy changes are justified only when the results of evaluation are not consistent with existing structural and ideological arrangements (Shadish, Cook and Leviton, 1995).

4.3.4 Interpretivism

Social program evaluation rooted in interpretivism has been developed as an alternative to positivism (Greene 1994, p. 535). Among the evaluators representing this trend are Stake (1975), House (1980), Guba and Lincoln (1989), and Patton (1990). They base their ontological, epistemological, methodological and political assumptions in a phenomenological approach that encourages the agreement of the people and social change on the basis of the interpretation of meanings and participation (Guba and Lincoln, 1989; Greene, 1994; Shadish, Cook and Leviton, 1995).

Their ontological assumptions about knowledge are similar. According to Stake (personal communication between Shadish, W. R., and Stake, March 14, 1989, quoted by Shadish, Cook and Leviton, [1995], p. 287), knowledge is a human, local, and experiential construction. Reality is multiple and fixed in different people's views. Stake proclaims three realities: first, external reality or external stimuli; second, our interpretations of those stimuli; and, third, our rational reality. Versions of the second and third realities are changing constantly given that they are the result of our interpretations. For Guba and Lincoln (1989), however, the first reality (above) does not exist: there are only the realities, truths, or knowledge that we construct. That is, there are multiple realities, constructed mentally and socially. For Barone (1992, p. 31) " 'reality' resides neither with an objective external world nor with the subjective mind of the knower, but within dynamic transactions between the two."

For interpretivists, generalization and prediction are possible through naturalistic generalization and expectations. That is to say, they should be grounded in "the vicarious experience and tacit knowledge of the reader" (Greene, 1994, p. 538), rather than in external validity. However, there are no possibilities of context- and time-free generalisations (Guba and Lincoln, 1989). In the same way, they maintain that causes and effects do not exist except by imputation and, as a human construction, they are a "mutual simultaneous shaping" (p. 97).

Some of these authors (e.g., Guba and Lincoln, 1989) "deny the possibility of subject-object dualism" (p. 44). Therefore, knowledge is a contextualized meaning, an experiential construction resulting from an interaction between observer and observed. Furthermore, it is assumed that such interaction is dialectical. Being contextualized means that the focus of knowledge is "people's interpretations and sense makings of their experiences in a given context" (Greene, 1994, p. 536). Being dialectical means that the process of meaning construction transforms the constructors (Greene, 1994). As a consequence, participation shapes the meaningfulness of human constructions. Therefore, knowledge, theories, and methodologies are value-laden, and facts have no meaning except within some theoretical and value framework (Guba and Lincoln, 1989; Eissner, 1992).

For these authors, truth is not absolute but a matter of consensus or agreement, and these are socially and historically conditioned (Guba and Lincoln, 1989). However, truth may be validated through specific procedures such as triangulation, negative case analysis, member checks, peer debriefing, audits, etc. (Greene, 1994).

From a methodological perspective, "interpretivism is most consonant with natural settings, with the human inquirer as the primary gatherer and interpreter of meaning, with qualitative methods, with emergent and expansionist inquiry designs, and with hermeneutic understanding..." (Greene 1994, pp. 536). Stake's preferred methodology is case study, and either qualitative and/or quantitative methods can be used, but especially the former. Naturalistic generalization is achievable through reporting and comparing cases (Stake and Easley, 1978; Stake, 1994).

Guba and Lincoln use a hermeneutic/dialectic methodology. They construct the meaning of multiple realities (adhered to by different stakeholder groups) through an interaction between observer and observed, and by using a hermeneutic and dialectical process that generates and fertilises meanings within each stakeholder group, and facilitates negotiation and consensus among conflicting claims (Guba and Lincoln 1989). This conception has also been defined as a collaborative inquiry because it joins the etic (researcher's constructions) and emic (stakeholder's constructions) dimensions of reality with its exogenous (confounding variables in the positivist approach) and endogenous (a case in which the respondent makes all important decisions) political dimensions. This is done in a hermeneutic and dialectical process of meaningfully building new and shared constructions.

For a hermeneutic/dialectic process to be successful, it should meet the following conditions:

> working from a position of integrity; willingness to exclude from negotiations, parties unable to communicate clearly and effectively (e.g., children, the mentally handicapped, and psychotics or other self-deluded

> individuals); willingness to share power; willingness to change in the face of persuasive negotiations; willingness to reconsider value positions as appropriate; and a willingness to make the commitments of time and energy that may be required (Guba and Lincoln, 1989, p. 191).

The positions of Guba and Lincoln, and of Stake about values are descriptive. For them, society is pluralist and evaluation is value oriented. Shared values among stakeholders are achieved by consensus or negotiation. The evaluator's values, and the judgement of the worth of a program, should be subordinated to the stakeholders' own values (Stake, 1975; Guba and Lincoln, 1989; Shadish, Cook and Leviton, 1995).

These authors perceive social change as something intersubjective, value based, local, incrementalist, and oriented to improvement. Evaluation should be used to catalyse social action. But it is oriented more towards program activities than to program intents, and its purpose might be roughly defined as summative and formative. It is closer to enlightenment (naturalistic generalisation) than to instrumental use. Evaluators are orchestrators of agreements among stakeholders (Guba and Lincoln, 1989; Greene, 1994; Shadish, Cook and Leviton, 1995). This conception aims to empower stakeholders, particularly powerless ones.

In spite of its importance from the point of view of encouraging the exploration of the diversity of values, many criticisms have been raised against interpretivism. For instance, it has been said (Giddens, 1995) that interpretivism reflects only the subjective components of a theory of action, its purposes (intentions), reasons (knowledge), and motives of action, but that structural or systemic elements, and the strategies "which will enhance the ability of the disempowered to affect social change

on their own behalf" are omitted (Vanderplaat, 1995, p. 83). Furthermore, Vanderplaat says that even the more critical modes of interpretivism, "such as Guba and Lincoln's (1989) 'Fourth Generation Evaluation,'" fail to deal, in any meaningful way, with the concept of relative power, or more specifically, with the unequal distribution of discursive power (p. 85). Other criticisms also highlight the relativistic character of interpretivism, and its naiveté concerning relations of power and knowledge (Greene, 1994; Vanderplaat, 1995).[23]

4.3.5 Critical Normative Science

Critical social theory has as its aim an emancipatory interest oriented towards defining what can and should be, rather than what is (Sirotnik, 1990). It promotes a "form of inquiry that seeks to illuminate the historical, structural, and value bases of social phenomena and, in doing so, to catalyse political and social change towards greater justice, equity, and democracy" (Greene, 1994, p. 533). Justice and democracy should be understood as a "more equitable distribution of societal power and resources" (Greene and McClintock, 1991, p. 15). In this context, evaluation should be viewed as "a process for promoting empowerment and requisite structural change," a change promoted through "one particular normative frame" (Greene, 1994, p. 540).

According to Guba and Lincoln (1994), the ontological assumptions of this trend are grounded on historical realism, a virtual reality shaped by social, political, cultural,

[23] According to Greene (1994, p. 541) "the interpretivist framework does not provide sufficient warrant or guidance for any given normative agenda."

economic, ethnic, and gender values crystallised over time. Its epistemology is modified dualist/objectivist, or transactional/subjectivist, where the values of the investigator and investigated are assumed to be interactively linked, and inevitably to influence the inquiry. Furthermore, its methodological approach has been characterised as complementarist, dialectical, critical, and dialogical (Sirotnik and Oakes, 1990).

Sirotnik and Oakes (1990) have also stated that the epistemology of critical theory is based on transformative action, and nurtured in the philosophy of western culture, mainly in the European, Latin, and American traditions of Kant, Hegel, Marx, Adorno, Freire, and Dewey. But Habermas appears as "the most provocative and influential of the critical theorists" (p. 44). Specifically, his epistemology combines empirical analytical, naturalistic and dialectical enquiries from a critical perspective. The purpose of this approach is to develop a people's awareness and empowerment to liberate and emancipate themselves. Thus, it is its ideological intent that distinguishes this approach from others (see also Vanderplaat, 1995).

Its methodological view includes a dialectical dialogue between inquirer and inquired aiming "to transform ignorance and misapprehensions [...] into a more informed consciousness" (Greene and McClintock, 1991, p. 20). For this reason its preferred methods involve participatory procedures, historical analysis, and social criticism. From this point of view, it has been said that both postpositivist and interpretivist methodologies, and qualitative and quantitative methods, are seen as valid within this approach. Its key audiences are the program beneficiaries, their communities, and

other powerless groups. Its typical evaluation questions are oriented towards asking how the premises, goals, or activities of the program are serving to maintain inequities of power and resources (Greene, 1994).

Typical examples of critical evaluation are the approaches of Sirotnik and Oakes, and Vanderplaat. They might be outlined as follows: first, an empirico-analytical stage oriented towards describing the program's context by using different methods of data collection (survey, questionnaire, test, structured interview, observation schedule, experiment, quasi-experiment, and so on). This stage helps to develop a heuristic potential and a discursive capacity for interpreting, understanding, and criticising, and providing ground for a dialogical validity.

Second, a deeper level of evaluative inquiry supported in naturalistic methodologies and oriented to add individual meanings or holistic senses to the contextual description of the program. Some common methods used in this stage are observation, participative reflection, and interviews.

Finally, a last level oriented towards understanding and assessing the program's value and worth (within its social, historical, economic, and political context), and towards making sense of the direction of possible changes. The evaluators use methods that interconnect the subjective and objective aspects of the program in a single process of critical reflection.

This approach is aimed at the people to acquire a competent use of language by confronting obstacles to communication, specially those referring to the "suppression (and perhaps repression) of human introspection" (Sirotnik and Oakes, 1990, p. 53). In this sense, Freire's (1972 and 1973) pedagogical strategies of self-reflection and horizontalization in the process of learning and problematization (the engagement of a group in reflecting critically on the totality of its experience) have proved to be very useful. A justified consensus is arrived at through a process of critique in conditions of "unlimited opportunities for discussion, free of constraints from any source" (Sirotnik and Oakes, 1990, p. 48).

This is basically the Habermasian perspective, which Vanderplaat (1995) has summarised as encompassing three aims: first, to assess or measure the effectiveness of instrumental action, but embedded in a communicative and critical context. Second, to facilitate the narrative of all possible view points. This narrative is intended to increase, among participants, the subjective and intersubjective understanding about the social reality at issue. Finally, it is also orientated towards developing a critique of discursive and structural barriers traversing social change in a program.

Two problems are relevant in criticising this approach. The first is the possibility of confusion between the empirico-analytical dimension of the investigation and the positivist and post-positivist approach to evaluation. It seems unclear, for example, how the use of known positivist methods like those of experiment and quasi-experiment fit in with a hermeneutic understanding of reality and with the critical

approach as a whole. It is in that sense that the remark of Greene (1994, p. 537) is justified: "one cannot simultaneously adhere to the objectivist detachment of conventional science and the subjectivist involvement of interpretivism." However, the problem of the universalizing character of positivism and post-positivism and of the unitarian and legitimizing intentions of the participant's views through hermeneutics is beyond the tensions which exist between the methods of these two paradigmatic approaches. As it will be discussed in Chapter 11, the choice, use and mix of different methods is a possibility that is dependent on the methodological rationale as a whole.

The second criticism refers to the relation between power and knowledge in shaping and evaluating programs, and the consequences of the link between power and knowledge for "universalising" during communication. It is known that power relationships permeate the production, acquisition, and use of knowledge and the possibilities of communication. Therefore, universalisation can actually be seen as the exercise of power rather than the realisation of the best argument. The failure of normative and critical science to deal with the problem of power and knowledge relations in the process of communication makes this approach sound idealistic or utopian. See Section Three of this thesis for a more detailed examination of this problem.

4.3.6 Deconstruction

A more recent version of evaluation, which aims to supersede the problems of the universality of evaluative judgements and of the relations between power and knowledge, has been taking form under a post-modern (post-structuralist) perspective, of which deconstruction is an expression. Postmodernism (post-structuralism) has been labelled as representing a new critical position against the "dark side of modern rationalization," and against "the idea of a single rationality" (See Fox, 1993; Kincheloe and Mclaren, 1994; Giddens, 1995). It advocates multiple rationalities, multivocality, fragmentation, and openness (Fox, 1991).

Two post-modern tendencies have been identified, deriving from Nietzschean philosophy: first, one conservative (or neo-conservative), sceptic, or ludic; second, another critical, affirmative, or oppositional (Fox, 1993; Kincheloe and Mclaren, 1994; and Giddens, 1995). Ludic postmodernism, which seems to be represented by Lyotard, Derrida and Baudrillard, is based in language games and the enhancement of difference. It tries to deconstruct western metanarratives (Kincheloe and Mclaren, 1994). Critical "postmodernism," arguably represented by Foucault, Deleuze, Guatari, and Giroux, "brings to ludic critique a form of materialist intervention" because it is also "social and historical" (Kincheloe and Mclaren, 1994, p. 144).

Ontologically, a post-modern perspective asserts that there is no reality "outside of discourse itself": no essentialist, ahistorical, transcendental, or absolute truth. Reality is assumed to be partial, local, contingent, fragmentary, and "socially constructed or

semiotically posited" (Kincheloe and Mclaren, 1994, p. 143). Knowledge involves power and interest (Fox, 1991); truth is conceived as a discursive production, truths being "figures" of power, desire and knowledge, inscribed upon the political body in a conflictual relationship (Fox, 1993).

Postmodernism rejects traditional western epistemology; that is, mind-body dualism, and the exterior-interior conception of subjectivity. As distinct from modernists, some post-modernists recognise that there is in language a split between sign and concept, and assume that "meaning is constituted by the continual playfulness of the signifier" (Finlay, 1989). They believe that reality, particularly the western metanarrative of truth, can be known and criticised but only by revealing its internal contradictions. Their methodological approach is mainly based in deconstruction, archaeology, and historical genealogy.

They criticise those models of social program evaluation based on a single rationality, especially the claim to universality of economic outcome models and others. On the contrary, they assert that social actors normally express multiple rationalities embedded in different values, beliefs, power and knowledge relationships. Outcome evaluation is seen as a confounding procedure that hides and obscures, rather than clarifies and controls, the value commitments of the actors (Fox, 1991).

Some versions of critical post-modernism (for instance, Fox, 1991) claim a value-based evaluation in which "the multiplicity of power relations which such evaluation uncover, including the values and interests of the evaluators and their costumers,"

might be grasped (Fox, 1991, pp. 711, 717). He does not try to describe values, but to uncover the oppositional game between them, concealed in the discourse and practice of those claiming a single rationality. Such opposition is disclosed, for example, by identifying local practices and "recognising the presence of a variety of rationalities, each reflecting not truth, but versions of realities constituted via interest" (Fox, 1991, p. 742). In this way evaluation could be a critical procedure that gives the possibility of identifying the relations between power and knowledge shaping a social program.

However, it seems to me that this version of evaluation provides no space for interaction between the social actors which, once the different interests have been uncovered and the relations of power established, can supply them with the required conditions through which they can resolve, even in a transitory way, the oppositions in which they are involved. This is not to say that evaluation should always be oriented towards consensus or agreement, but actors should have the possibility of making agreements, or even alliances to enable wider change. It is also not clear how this approach links erudite knowledge, scientific empirical evidence, and lay knowledge, to discourse, history and critique; that is, how reflection on the part of the different actors can be developed. Moreover, the role of the relations between morality, power and knowledge should be understood in the perspective of evaluating social justice. In any case, further analysis is required on the relation between postmodernism and its evaluative judgement on social justice concerning health.

4.4 General Criticism

The criticism against the procedures of evaluation covered in this chapter has been not only orientated towards the universalizing or relativist rationales of paradigmatic approaches to knowledge but also to their methods and techniques when they serve those purposes, and to the inefficacy of their critical intentions.

Thus, the atemporal, decontextualised, value-free, objectivist and generalizing character of the epistemological and methodological assumptions of positivism and neo-positivism, devalue, in my view, these approaches from a critical and pluralist perspective. For instance, when positivism admits values, it does it in an objectivist way and as an instrument for judging a program on the basis of general standards of performance.

Pragmatist embeddedness of truth and of the methods of its production in what works in practice and in what serves the interests of managers, policymakers and stakeholders, not only presents a problem of eclecticism and relativism, but it also encounters difficulty when adopting a critical position to uncover situations of domination. On the contrary, pragmatism might well become an instrument of such situations.

Even though interpretivism seeks to highlight the contextual aspects (for instance, values) of the production of truth, it is not easy to base this approach on the interpretation of contexts of meaning, that is, on the supposition of the existence of an

external reality that can be interpreted through the participant's views. To assume as certain that truth is the result of the shared retrieval of meanings by the participants is to believe in the existence of a hidden ground or foundation of social interaction and to see as non-problematic the own constitution of participants' views. The problem of this conception is that it allows participants' views of their practices and experiences to be taken as fact.

Various criticisms can be made of critical normative sciences (critical social theory). For instance, its universalizing normative perspective, even though grounded in a contextual and dialogical approach, seems to be a serious obstacle to achieving a more pluralist perspective. Thus, it is not only idealistic to suppose a dialogue orientated towards consensus in the conditions of a communication free of constraints from any source. To reduce the critique of reason (e.g. instrumental use of reason) to non-desired ideological effects (for instance, instrumental conceptions of freedom, autonomy, and justice) is to hide the effects of the relations of power and knowledge in the production of truth and in reason itself. Thus, critical normative science seeks to save certain forms of social research (for instance, hermeneutics) from the extension of instrumental rationality as if they were untouched by the effects of power and knowledge relations. In this way, beyond the tensions of the combinations of empirico-analytical and interpretivist approaches lies the problem of their use within the universalist frame of critical normative science. Hence, in my view, the failure of dealing with the relations of power and knowledge during the process of the production of truth and communication, makes critical normative science unsatisfactory as a tool for a pluralist and critical approach to evaluation.

In relation to deconstruction, here I will not go beyond the criticism already made in the section 4.3.6 concerning the danger of relativism of this position. However, I would like the reader to complement her/his view on the matter by referring to the discussion on these particular aspects at the beginning of section 3, on "Foucault's Thought", and in section 11.3, on "Takets and White's approach to evaluation".

4.5 Conclusions

It might be asked, what is the connection between this theoretical narrative and the actual situation of health in Colombia? Certainly, the most common behaviour of a Colombian researcher has been to learn a discourse and to apply it to our social, cultural, political and economic circumstances without regard to the particularities and diversity of our social reality. This behaviour has led us to elaborate and apply health policies by blindly following the recommendations of powerful organisations, and without taking into account their consequences upon others. Furthermore, we claim to act in the name of ultimate truth, and we judge the results of what we do in the name of that truth. However, "we" do not reflect on where this truth comes from, or on the objectifying and regulative implications of this truth upon the conduct of others.

Furthermore, it must be said that positivism, neo-positivism, structuralism, the phenomenological approaches based on the interpretation of meaning, and critical normative science, all have in common the will to universality by way of an

objectivist, subjectivist or naturalistic generalization of truth, or through a communicative consensual reasoning.

By relating together the Colombian and British experience of the evaluation of social justice, and the methodological approaches to social program evaluation, the nexus between generalising and totalizing rationalities and the role of power becomes clear. It seems that, for a perspective of evaluation that encourages the possibility of pluralism and equality, it is necessary to think critically about the comprehensiveness of the judgements resulting from universalising methodological approaches, and about the influence of power relations in reinforcing the will to universality. In what follows I will try to explore these connections. First of all I will examine the conception of social justice as equality.

SECTION TWO

THEORETICAL AND MORAL FOUNDATIONS OF SOCIAL JUSTICE AS EQUALITY

CHAPTER 5: SOCIAL JUSTICE

Section One (chapters 2 to 4) has pointed towards the will to universality of the methodological rationale of some approaches to evaluation, and to the links between games of truth, methods and procedures of research, and power relations in both the investigations of health inequalities and program evaluation, and in the process of Colombian health policy making and evaluation. Now, section Two (chapter 5) will describe the modern scientific and moral foundations of equality, and other non-foundational conceptions of social justice. I shall try to find a way out of universal, foundationalist, and relativist conceptions of social justice by making an initial interpretation of Foucault's view about the relations between power, knowledge and ethics regarding social justice. In this way, I intend to illuminate, theoretically, the possibilities of an approach to evaluation that encourages equality and plurality.

5.1 Universal Narratives or Pluralism?

The historical debate about social justice has been developed from different philosophical, economic, and political theoretical traditions. Thus, whereas Plato assumed that the distribution of wealth must be proportional and analogical to a hierarchy of classes or virtues (Gracia, 1989; Hatab, 1995), Aristotle (1925) believed that social justice is a virtue that encourages the fair, the equitable, and a distribution according to a general principle of desert (see also MacIntyre, 1988). While Marx

(1933) conceived it as egalitarian and depending on the common ownership of the means of production, Rawls (1972) has understood it as an equitable distribution of goods, services, and social position among society's members informed by a liberal principle of difference. Nozick (1974) has given it the connotation of retribution (desert) according to a principle of free interchange, and Young (1990) thought that social justice should be regarded as concerning decision-making, social division of labour, and culture (these aspects are connected with the institutional context that determines the patterns of distribution and the relations between domination and oppression), and not as a simple phenomenon of distribution or interchange.

Justice has also been defined from the perspective of different political doctrines (Gracia, 1989; Heller, 1990) like those of liberalism (for example, libertarian, utilitarian, and justice as fairness), and socialism (egalitarian/orthodox socialism, and egalitarian/democratic socialism). Moreover, conceptions of social justice have also been derived from various incommensurable positions like those of empiricism, intuitionism, pragmatism, and cognitivism, a point that has been acknowledged by Rawls (1972), MacIntyre (1985), Habermas (1990b), and Le Grand (1991).

The notion of social justice has supposed a course of changing assumptions depending on whether they have been grounded on a substantive foundation, or whether on other non-substantive ones. On the basis of the former, three main sources of social justice as equality have been described (Hatab, 1995, p. 57):

> first, the Judeo-Christian notion of souls that are equal in the eyes of one transcendent God; second, the implications of scientific rationalism, which presume a common capacity to apprehend universal and demonstrable

truths; and third, a metaphysical model of an enduring, unified self that stands as a 'substance' behind its attributes.

In spite of the increasingly active role of scientific rationalism (e.g. Marxism) in shaping modern political movements and processes of social program decision-making, modern political discourse is used to correlate the religious, scientific, and philosophical sources of equality.

On the non-substantive grounds two tendencies of social justice as equality can be highlighted: on the one hand, a practical but universalising reasoning based on a monological (for example, Kant, 1949, and Rawls, 1972) or on a dialogical discourse (for example, Habermas, 1990a); on the other hand, a post-modern agonistic founded in power, knowledge and language relationships, that has been opened up as another source of social justice since Nietzsche (1924), Foucault (1974), and Lyotard (1979).

Several authors (Daniels, 1985; Beauchamp and Childress, 1989; Gracia, 1989; Le Grand, 1991; Engelhardt, 1995) have acknowledged four main modern theoretical tendencies about social justice concerning the accessibility and allocation of resources in the specific field of health services: libertarians, utilitarians, contractarians, and egalitarians. Despite their differences, these conceptions have constituted the modern moral foundations for the organisation and distribution of health care services. Thus, for instance, libertarians have proclaimed the choice of health care by using free market relationships, free consent and beneficence (Beauchamp and Childress, 1989; Engelhardt, 1995). Utilitarians have based it on the principle of utility, that is, on trying to maximise the sum of individual utilities, preferences, or values (Le Grand,

1991; Engelhardt, 1995).[24] Contractarians look for grounding their positions in the principles of a social contract that should be drawn up by following a dialogical procedure, as in Habermas, or through a monological procedure, as in Rawls (Daniels, 1985; Le Grand, 1991).

For some egalitarians the principles of equality and need should be the result of a social contract drawn up between a group of individuals (Beauchamp and Childress, 1989; Le Grand, 1991), whereas for others they should be the result of a theory or model of society (for instance, Marxism).

Moreover, egalitarians may be split into radical egalitarians, who propose an equal and full distribution of health care for every one on the basis of his needs, and *qualified egalitarians*, who ground their position in Rawls' (1972) theory of justice as fairness (I will refer to this conception of social justice in section 5.2.3.1, in this chapter).

Even though in some countries like the USA some proposals seek "a compromise among libertarians, utilitarians, and egalitarians" (Beauchamp and Childress, 1989, p. 279) by establishing a kind of mediation between those different perspectives, it has been recognised that "since the French Revolution until the October Revolution," and even in our times, "it has not been possible for reason to establish a particular view of the good life as morally commanding" (Engelhardt, 1995, p. 90). This means that,

[24] According to Beauchamp and Childress (1989, p. 266), "in the distribution of health care, utilitarians commonly see justice as involving trade-offs and balances... Utilitarians generally accept political planning to realize justice, including the redistribution of goods and wealth through taxation in order to benefit those who are genuinely needy, whenever redistribution would produce the greatest good for the greatest number."

neither from the perspective of a universal moral reasoning nor from that of a theoretical model of society, has it been possible to undertake, by pure reasoning, a legitimate, universal and unique moral principle or scientific guideline as a universal valid standard for judging and evaluating in matters of distributive justice.

It may also be said that the distribution of health services has been the result of the imposition of specific conceptions of social justice through the struggle between contending forces (see Foucault, 1973 and 1976). Thus, equality cannot be the result of a social contract drawn up through a rational procedure, nor can it be the expression of the logical application of a theoretical model of society, but it is the consequence of the victory of one particular rationality over others. This assertion obliges me to show the general philosophical basis of modern conceptions of justice as developed from Kant and Marx, and from the contractarian conceptions of Rawls and Habermas (Le Grand, 1991), the grand narratives that have served as the ground for universal egalitarian conceptions of social justice. My view is that the modern attempts to founding equality in universal narratives has been problematic in terms of a pluralist perspective, and that both the modern general rationalities on distributive justice and their applications in the field of health services have been strongly challenged by new points of view like those of post-structuralism, particularly by Foucault.

5.2 The Modern Philosophical Sources of Social Justice

The emergence of egalitarian tendencies of social justice has been mainly influenced by liberal interventionism and marxism. Neo-liberalism, whose referent has been a model of society based on free market relationships, has professed a libertarian[25] conception of social justice. I will analyse further neo-liberalism in a later chapter when describing its implications for health. Thus, given the interest of this research in evaluating social justice from an egalitarian and pluralist perspective, I will concentrate on analysing those tendencies connected to the most influential philosophical sources of modern egalitarianism: Kantian philosophy and Marxism. The Kantian view has grounded justice within the condition of a universal moral imperative, the result of pure reasoning, and has been used for legitimating liberal interventionism; the Marxist tradition[26] represents the ideal of a socialist society, or of

[25] Several neo-liberal economists and philosophers understand justice as inequality, or believe that the concept of justice is meaningless and inconceivable. They suppose that in a free society (that is, in a capitalist one) the distribution of material goods and services must be the result of free market mechanisms. Thus, for the libertarian philosopher Nozick (1974) justice is understood as just acquisition or transference, and this should be made through market relationships. If a problem results from this distribution, the possibility of its rectification lies in the regulation of the free interchange by a minimum State. For the economist Hayek (1976, 1978) distribution should be the result of free market relationships, and the notion of social justice is demagogic and dishonest (1976). Friedman (1962) and Friedman and Friedman (1980) think distribution is the expression not only of free market relationships but also of a personal choice. Furthermore, they think that social justice should be understood as equality of rights (before the law) and as equality of opportunities, but this latter only as an aspiration. From a political perspective, liberalism has defended two main trends concerning the distribution of goods and services: first, a minimalist State, that gives a main role to free market relationships. This view has been maintained by libertarians and developed from the tradition of John Locke's (1632-1704) conception on natural (negative) rights, that says that individuals, in the state of nature, can enjoy their freedom, but "no one ought to harm another in his life, health, liberty, or possessions" (1967, sec. 6). This position is actually defended by Neo-liberalism. Second, those other positions which believe that State intervention is necessary, but only under the principle of public beneficence.

[26] Marx develops his ideas on social justice based on a foundation, dialectical materialism. According to this way of thinking, the contradictions inherent in the development of capitalist society will break it up and, as the result of the action of a revolutionary subject, the proletariat, society will evolve into a better order: socialism and communism. He supposes that only in these conditions will genuine social justice be possible (Marx, 1933 and 1990).

a model of a welfare-state, this latter the result of the debate between liberal interventionism and socialism.

These conceptions of social justice have a common characteristic: their emergence in what has been called modernity (MacIntyre, 1985). The most important accomplishment of modernity has been to ground justice in practical reason, but particularly in pure practical reason, that is, the expression of an autonomous will (Pluhar, 1987), a will without any determination derived from either a content or an object (Deleuze, 1995; see also MacIntyre,1985; Habermas, 1990a and 1993)[27]. It is in this sense that these two philosophical models of social justice have been highlighted by Lyotard (1979). However, the Kantian model, although claiming to base moral obligations on universal and categorical principles concerned only with pure practical reason, also derives them from reality via speculative (theoretical) and teleological assumptions embedded in the Kantian discourse on morality (Lyotard, 1979, and MacIntyre 1985). The Marxist (Hegelian) model supposes that justice must be derived, as an implication, from a model of society, a theory, or truth.

[27] Thus, Habermas (1993, p 10) says that "practical reason, according to whether it takes its orientation from the purposive, the good, or the just, directs itself in turns to the choice of the purposively acting subject, to the resoluteness of the authentic, self-realizing subject, or to the free will of the subject capable of moral judgement. In each instance the constellation of reason and volition and the concept of practical reason itself undergoes alteration. Not only does the addressee, the will of the agent who seeks an answer, change its status with the meaning of the question "What should I do?" but also the addresser, the capacity of practical deliberation itself. According to the aspect chosen, there result three different though complementary interpretations of practical reason. But in each of the three major philosophical traditions, just one of these interpretations has been thematized. For Kant practical reason is coextensive with morality; only in autonomy do reason (Vernunft) and the will attain unity. Empiricism assimilates practical reason to its pragmatic use; in Kantian terminology, it is reduced to the purposive exercise of the understanding (Verstand). And in the Aristotelian tradition, practical reason assumes the role of a faculty of judgement (Urteilskraft) that illuminates the life historical horizon of a customary ethos. In each case a different exercise is attributed to practical reason, as will become apparent when we consider the respective discourses in which they operate."

5.2.1 Kant

Kant (1949) explicitly recognises that our concern with health and poverty is a part of the principle of happiness,[28] which he includes within the highest good. However, for him happiness can never be a direct duty of human beings' feelings and desires, but a subordinate element of a universal moral law that must be determined only through a pure practical reason. This position assumes that the knowledge of human beings' demands and needs for health care, should be necessarily objective and universal, that is to say, acknowledged on the basis of a moral truth that must be transcendental and universal. On the contrary, the acceptance of the principle of happiness as the determining ground of our needs and demands for health would imply opening the door to a subjective empirical knowledge that is necessarily manifold and grounded in our experiences and feelings.[29]

Kant (1949) established his theory on pure practical reason as the consequence of his debate against dogmatic rationalism, which grounded moral obligations exclusively in a supersensible and divine world (God's commands). He also argued against dogmatic empiricism, which based moral obligations in the observation of human motivations

[28] According to Kant (1949, p. 199) it can be a duty to provide for one's happiness, "in part because (since it includes skill, health, and riches) it contains the means to the fulfilment of one's duty and in part because the lack of it (e.g., poverty) contains temptations to transgress against duty. But to further one's happiness can never be a direct duty , and even less can it be a principle of all duty."

[29] Kant (1949, p. 136) says: "to be happy is necessarily the desire of every rational but finite being, and thus it is an unavoidable determinant of its faculty of desire. Contentment with our existence is not, as it were, an inborn possession or a bliss, which would presuppose a consciousness of our self-sufficiency; it is rather a problem imposed upon us by our own finite nature as a being of needs. These needs are directed to the material of the faculty of desire, i.e., to that which is related to a basic subjective feeling of pleasure or displeasure, determining what we require in order to be satisfied with our condition. But just because this material ground of determination can be known by the subject only empirically, it is impossible to regard this demand for happiness as a law, since the latter must contain exactly the same determining ground for the will of all rational beings and in all cases."

(see also Pluhar, 1987), and against other conceptions which base happiness in pleasure or empirical principles (see Kant, 1949)[30]. Kant (1949) sought to establish that an objective and universal practical cognition were the only valid moral knowledge for action[31]. According to him the clarification of "what ought to be done" emerges from moral obligations that are derived from universal moral laws. These universal moral laws result from *a priori* categorical imperatives whose premises are "our" moral consciousness or moral common sense.[32]

Kant (1949) departs from the view that the sources of pure practical reason are freedom (autonomy of the will), the postulate of the immortality of the soul, and the existence of God, instead of any speculative (theoretical) knowledge constituted on the basis of the representation of sensible reality. The postulate of the immortality of the soul is the basis for Kant's conception of a progressive (teleological) achievement of the highest good (virtue plus happiness)[33] because he assumes that progress is possible "only under the presupposition of an infinitely enduring existence and personality of the same rational being" (1949, pp. 225-226). Autonomy and freedom are understood by Kant as the ability or power of the will to give laws to itself and to

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[30] As MacIntyre (1985) also points out, Kant stated that morality cannot be founded either in human passions or in God's commands, but in reason itself, and particularly, in pure practical reason, which employs no criterion external to itself.

[31] According to Kant (1949, p. 130) practical cognition implies the determination of the will by practical principles that may be subjective or objective. "They are subjective, or maxims, when the condition is regarded by the subject as valid only for his own will." They are objective, practical laws when the determination of the will is done by objective laws which are valid for the will of every rational being.

[32] According to Deleuze (1995), Kant explains that our consciousness of morality is the result of the conjunction of our beliefs (croyances) with the free or unlimited imagination of our faculty of knowledge under the direction of reason itself. That is what establishes the connection between a suprasensible world and a sensible world that has been created by God; that is, God is the intermediary between one and the other.

[33] For Kant (1949, p. 217) the highest good is a synthesis between virtue (to act in accord with the moral law) and happiness (to act in accord with the sensible world, empirical knowledge, or pleasure) under the command of virtue.

obey (or to disobey) such laws independently of natural influences (Pluhar, 1987) or of the sensible world. In that way the key element of the Kantian conception of morality is his notion of a universal rationality (universal moral law and universal moral subject) supported by his notions of freedom (autonomy) and teleology.

Although Kant sought to base morality only on pure practical reason, he nevertheless had to establish a connection between pure practical reason and speculative knowledge in regards to applying moral good to the sensible world in a similar way to that in which universal theoretical law is applied to nature (Pluhar, 1987; Deleuze, 1995).[34] In other words, although "what ought to be done" must not be derived from "what is" and, on the contrary, "what is" must be subordinated to "what ought to be done," nevertheless, in order to apply the former (non-sensible world) to the second (sensible world), it is necessary to suppose a certain harmony or agreement between them.

According to Deleuze (1995)[35] this was done by Kant in two ways: on the one hand by using the understanding, the legislative faculty of the faculty of knowledge[36] and,

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[34] Deleuze (1995, pp. 40-41) says that there was necessary "an accord between sensible nature (following its laws) and suprasensible nature (following its law)." In that sense "the practical interest is presented as a relation of reason to objects, not in order to know them, but in order to realize them." That is, practical reason "legislates" over objects in order to realize the suprasensible moral good (the objects of practical reason), in the sensible world, instead of representing (knowing) them (the objects of the faculty of knowledge).

[35] Lyotard says (1988) that although in Kant the moral obligation (you ought to) is not deduced from the sensible world but from the suprasensible world of moral consciousness, free will, or pure practical reason, nevertheless in order to realise the moral imperative he makes use of the faculty of freedom of choice (to obey or to disobey the law, that is the quality of an "I am able to"), which is grounded in the empirical world. Thus, the "you ought to" and the "I am able to" ought to correspond to the same phrase because one is not possible without the other. In this way what would happen is that the field of application of these categories of speculative reason has to be extended beyond the sensible world into the non-sensible one, thereby giving a sensible and performative causality to practical reason.

[36] Kant in his works "Critic of Pure Reason" (1848), "Critique of Practical Reason" (1949), and "The Critique of Judgement" (1952), distinguishes different (in nature) general faculties of mind according to the relation between representations and to the source of those representations. Taking into account the

through it, by unifying the concepts of causality and freedom[37], thereby constituting the law of free causality of practical reason. On the other, a connection was established between practical reason and theoretical knowledge by introducing a teleological notion of happiness as was referred above.[38] Under the impulse of a divine causality of things (God), teleological judgement unifies human beings objectively by attributing to them the quality of a natural end that makes the diverse the same (for instance, the reference to a human nature that makes all humans the same). Thus, according to Deleuze (1995), although in Kant teleological judgement is constructed in the same way as aesthetic judgement, that is, on the basis of the free accord of the three faculties (imagination, understanding and reason) without any one

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relation between representations they may be classified as follows: first, the faculty of knowledge (empirical and speculative interest) which refers to the agreement or conformity between a representation and its object; knowledge is a synthesis of representations, and this synthesis may be a priori (independent of experience) or a posteriori (dependent on experience); the speculative, theoretical or scientific interest of reason is dependent on the relation between a priori categories of the understanding and the objects of knowledge (phenomena). Second, the faculty of desire (practical interest) is that which "in virtue of its representations, becomes the cause of the reality of the objects of these representations;" in this sense representation does not represent an object but a pure and undetermined form; it determines the will in an autonomous way. Finally, the faculty of the feeling of pleasure and pain (aesthetic interest), in which "the representation is related to the subject" in terms of weakening or intensifying its vital force. Moreover, according to the source of the representation three other faculties may be distinguished: intuition (whose source is sensibility), concept (whose source is the understanding) and, the idea (whose source is reason). What initially appears to our sensibility is phenomena (sensible empirical diversity), which are given in space and time (the a priori of our intuitions). Depending on the synthesis of representations we have four manifestations of the faculties, one passive and three active. Intuition or sensibility is a passive faculty because it merely presents phenomenon without any synthesis of that which is presented; what are defined as active faculties of knowledge are imagination (the activity of the synthesis of representations), understanding (the unity of representations) and reason (the totality of representations). The higher interest of every faculty in the first sense of this description (speculative, practical, and aesthetic) is realized by a specific legislative faculty of knowledge; thus, in the case of the speculative interest it is the understanding; in the case of practical interest, it is reason and, in the case of aesthetic interest there is a free accord of all active faculties of knowledge.

[37] It must also be understood that according to Deleuze (1995, pp. 29 and 35) both concepts, causality and freedom, are derived from speculative reason.

[38] According to Deleuze (1995, p. 42), for Kant "the connection of happiness with virtue is not immediate, but is made in the perspective of an infinite progress (the immortal soul) and through the intermediary of an intelligible author of sensible nature or of a 'moral cause of the world' (God). Thus the ideas of the soul and of God are the necessary conditions under which the object of practical reason is itself posed as possible and realizable."

of them legislating over the others, nevertheless teleological judgement is objective rather than subjective.[39]

According to the relationship between the Kantian forms of reason, practical judgement expresses the accord between pure practical reason and speculative reason (the understanding) but under the legislative leadership of the faculty of reason (Deleuze, 1995); the connection between them is achieved through the notions of free causality and teleology that are derived from speculative reason. In that way Kant grounds morality in an objective reality and in a subjective transcendental field. Thus, the Kantian methodology regarding pure practical reason includes two elements: first, one directed towards making a judgement on our actions as to "whether the action is objectively in accordance with the moral law" and, second, another directed towards judging whether the subjective disposition to act in accord with the moral law is based on a pure moral disposition rather than on our inclinations (see Kant, 1949, pp. 256-258).

[39] Deleuze (1995, p. 66) says that the difference between aesthetic and teleological judgement in Kant is the following: "teleological judgement does not refer to particular principles (except in its use or application). It undoubtedly implies the accord of reason, imagination and understanding without the latter legislating; but this point at which understanding renounces its legislative claims is fully part of the speculative interest and remains within the sphere of the faculty of knowledge. This is why the natural end is the object of a 'logical representation.' There is undoubtedly a pleasure of reflection in teleological judgement itself; we do not experience pleasure in so far as Nature is necessarily subject to the faculty of knowledge, but we do experience it in so far as nature agrees in a contingent way with our subjective faculties. But even here this teleological pleasure is mixed up with knowledge: it does not define a higher state of the faculty of feeling in itself, but rather an effect of the faculty of knowledge on the faculty of feeling."

5.2.1.1 Critique of Kant's moral philosophy

The criticism directed against the Kantian conception of morality has arisen from various sources. MacIntyre (1985), for instance, has said that Kant was not consistent in his idea of a pure practical reason because he embraced a Christian and Aristotelian conception of teleology grounded in the notion of human nature (Aristotle's happiness, or the Christian's divine perfection) contradictory with his initial conviction that there was neither an essential nature nor a teleological reason in humankind. Moreover, MacIntyre (1985) maintains that Kant failed precisely because he did not embrace the best tradition of Aristotelian moral thinking that was based not only on the notion of teleology but also on virtue.[40]

Lyotard's (1988) criticism of Kant concerns three main aspects: first, the relation between (speculative and empirical) knowledge and morality; second, the notion of autonomy and, third, the notion of universality. For him, Kant bases moral judgement on speculative knowledge by borrowing the form of moral judgement from the form of the judgement of theoretical knowledge. That is to say, Kant says that the moral law must not be deduced either theoretically or empirically, and that there is an abyss between the nature of moral judgement and the nature of the judgement of the speculative interest of knowledge, he does nevertheless deduce the moral law in the same way that speculative knowledge deduces theoretical laws.

[40] For Aristotle virtue means "to act in accordance with a mean, a middle state between the two extremes of vice" (MacIntyre, 1985, p. 111).

Moreover, Lyotard believes that the Kantian notion of autonomy is a false one insofar as he supports practical reasoning in theoretical or scientific cognition, thereby undermining the autonomous character of the former. But for Lyotard there is no autonomy at all (in the sense that Kant uses this term) because there is not free will. In other words, he says that prior to uttering the moral law the subject her/himself has been the recipient of different prescriptive, scientific, technical, or literary statements (1979) which shape her/his judgement on matters of justice.

Furthermore, Lyotard believes that it is impossible to talk about "universal legislation," and even to talk about "consensus," "dialogue," "community of ethical phrase," or of "community of practical, reasonable beings," because of the existence of a differend[41] that distorts the relation between I and You, between the I am able to/You ought to, and between those who legislate and those who obey. He says that by founding the moral obligation in this procedure what happens is that the diversity of differences that are at the base of the I/You relationship is concealed, legitimating by this means the decisions made by one of the parts of that relationship.

A similar criticism against the universalising conception of Kant's moral philosophy comes from Deleuze's (1983) interpretation of Nietzsche's criticism of Kant's philosophy. Deleuze has said that in matters of justice there is not such a possibility of

[41] For Lyotard (1988, pp. 9-10) "a case of differend between two parties takes place when the 'regulation' of the conflict that opposes them is done in the idiom of one of the parties while the wrong suffered by the other is not signified in that idiom." He also says that "the differend is the unstable state and instant of language wherein something which must be able to be put into phrases cannot yet be. This state includes silence, which is a negative phrase, but it also calls upon phrases which are in principle possible" (1988, p. 13). What I understand is that given that language is loaded with power/knowledge relationships, there is neither an impartial nor a universal language that can express people's interests, feelings, and views in the process of communication. In these conditions a differend takes place when their differences are regulated in a specialised or universal (assumed) language.

being a universal legislator (universal moral subject) of ourselves under the franchise of the legislative faculty of reason because what may be operating behind such a faculty are specific rationalities whose values are grounded in force relations.[42] In the same way, he has said that by adopting the idea of a universal legislation that obliges both legislator and subject, what Kant does is to submit us to "the legislation and the representation of established values," particularly, theological ones (Deleuze, 1983, p. 93). Thus, the criticism of Kant's moral judgement has at its centre his universalising and monological conception of morality (grounded in a universal moral subject and in a universal moral law) and the teleological and speculative form of his judgement.

5.2.2 Marx

After reviewing Kant's monological practical reasoning and the criticism against the possibility of grounding a pluralist and egalitarian conception of social justice in this view, I will continue by bringing into the discussion the Marxist conception of social justice, which has been seminal in providing a basis for the modern and scientific theoretical understanding of equality.

The main element of the Marxist conception of justice is that it depends on a model of society, that is to say, on "the economic structure of society and the cultural development thereby determined" (Marx, 1933, p. 10). Thus, for Marx, what should

[42] He says: "But to what do we submit in such a faculty, to what forces? Understanding and reason have a long history: they are instances which still make us obey when we no longer want to obey anyone. When we stop obeying God, the State, our parents, reason appears and persuades us to continue being docile because it says to us: it is you who are giving the orders. Reason represents our slavery and our subjection to something superior which makes us reasonable beings" (Deleuze, 1983, pp. 92-93).

be distributed in a socialist society is the whole wealth of society, that is constituted by labour and by nature. Nevertheless, it should be distributed in two ways: first, the means of production must be socialised. Second, the product of social labour or the total social product, must be distributed in two additional ways: a), as the means for maintaining and developing the means of production and, b), as the means for social and individual consumption.

The distribution of the means of social consumption includes different parts: firstly, one portion that should be destined to the general costs of administration not belonging to production; secondly, another that should be allocated to the communal satisfaction of human beings' needs such as education and health care; thirdly, funds for those unable to work, unemployed, etc. Once this has been done, the remaining part of the means of consumption should be distributed among the individual producers. It should be noted that health care is considered a communal or collective need that should be satisfied by using the available resources that are not considered as means of individual consumption. Marx says that in a socialist society "the individual producer receives back from society - after the deductions have been made - exactly what he gives to it. What he has given to it is his individual amount of labour" (p. 8).

Now, according to Marx, "the distribution of the means of consumption at any time is only a consequence of the distribution of the conditions of production themselves. The latter distribution, however, is a feature of the mode of production itself" (p. 11). Then, in the capitalist mode of production, a private distribution of the means of

production would determine a private distribution of the means of consumption. According to the Marxist scheme, culture, ethics and politics are also determined (as a last resort) by the economic structure of society. This is why, from a radical Marxist perspective, there must be a previous revolutionary transformation of the structure of society, that is to say, a radical change of the capitalist mode of production into a socialist one, to make possible an equal distribution of health care (and other) services. This should be the task of a revolutionary subject, the proletariat, who, through being enlightened by a vanguard (a political party or an expert?), acquires the ability of redeeming itself and of liberating other oppressed social groups and humanity as a whole.

5.2.2.1 Critique of Marx's conception of social justice

Marxism has been challenged by some post-modern thinkers not only from the perspective of the model of society to be established after the political revolution takes place but also from the perspective of its Hegelian dialectical foundation and its structuralist determination of social development.[43]

Lyotard (1993), for instance, thinks that nothing results from capitalist class contradictions, that there is no subject of revolution, and that there is no global alternative to capitalism. From his point of view progress, in the Marxist sense, is an

[43] The Marxist dialectical framework says that the contradictions inherent in the movement of a capitalist society will break it up and, as the result of the action of a revolutionary subject (the proletariat), society will evolve into a better order. It is supposed that only in these conditions will justice be possible.

illusion. Reformist politics would only be possible on the basis of the nature of social contradictions (conflicts of interest that oppose social partners) pervading western capitalism and the way that they are solved through the system of universal elections. From another perspective, Deleuze (1983) says that it is not possible to solve contradictions between human beings by hoping for a reconciliation that would subsume the egoism of the individual under the label of "human species." On the contrary, for him what exists is an eternal struggle between forces.

Foucault (1973 and 1988a) has argued that other factors such as power and knowledge relations, culture, and ethics should be taken into account. Thus, for instance, he argues against the understanding of power from the perspective of reducing it to its location in the apparatus of State and considering it as functionally depending on the economic relations of production; he also argues against the pretensions of converting Marxism into a science, and against its economic determinism of society (see, in Gordon [1980] references of Foucault to this matter). As the result of this debate, an attempt has been made to put into practice new Marxist perspectives within the conditions of a capitalist society, a conception of social justice based on the distribution of the means of social consumption and, in particular, on a fair distribution of the means of health.

5.2.3 Contractarians

Having reviewed Kant and Marx, I shall now refer to those non-substantive conceptions of social justice that base equality on a contract, whether by a monological practical reasoning (Rawls) or by a dialogical one (Habermas). These egalitarian conceptions, which have come into being as the result of a dialogue between, on the one hand, Kant and Rousseau's positions as shown in Rawls (1972), and Kant and Marx's positions as explained in Habermas (1990a), encourage a social contract that legitimises universalising conceptions of social justice (see, Le Grand, 1991).

5.2.3.1 Rawls

Rawls (1972, p. 60) proposes the principle that the contracting parties must choose, originally, on the basis of the two following principles of justice:

> First: each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others. Second: social and economic inequalities are to be arranged so that they are both (a) reasonably expected to be to everyone's advantage, and (b) attached to positions and offices open to all.

According to Rawls (1972) the contract among the parties should be carried out in the hypothetical situation of an original position "in which any agreement reached is fair" because "the parties are equally represented as moral persons and the outcome is not

conditioned by arbitrary contingencies or the relative balance of social forces" (p. 120).

Furthermore, it is assumed that the parties should act as if they are situated behind a veil of ignorance[44] that symbolises impartiality:

> It is assumed, then, that the parties do not know certain kinds of particular facts. First of all, no one knows his place in society, his class position or social status; nor does he know his fortune in the distribution of natural assets and abilities, his intelligence and strength, and the like. Nor, again, does anyone know his conception of the good, the particulars of his rational plan of life, or even the special features of his psychology such as his aversion to risk or liability to optimism or pessimism (Rawls, 1972, p. 120).

Moreover,

> the parties do not know the particular circumstances of their own society. That is, they do not know its economic or political situation, or the level of civilization and culture it has been able to achieve. The persons in the original position have no information as to which generation they belong (pp. 136-137).

In the case of health care, Rawls' conception of social justice has been applied under the label of "qualified egalitarianism." Qualified egalitarianism acknowledges two main trends: first, there is a position that encourages a basic or minimal equality among citizens, based on their needs and on Rawls' principle of a fair equality of opportunity (Daniels, 1985). Second, there is another position that bases its conception on Rawls' principle of difference (Green, 1976).

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[44] Of course, the parties are not actually ignorant. This is a hypothetical ignorance which would allow fair contracting. This is, therefore, the condition for the original position.

According to Daniels (1985), need is a characteristic of well-being that is objectively ascribable. He sustains that the "needs which interest us are necessary to achieve or maintain species-typical normal functioning" as should be defined by the biomedical-model of medicine (pp. 24-29). In that sense disease is a "deviation from the natural functional organization of a typical member of society," and "health is the absence of disease" (p. 28). As a consequence, "health care needs will be those things we need in order to maintain, restore, or provide functional equivalents (where possible) to normal species functioning" (p. 32). In order for health to be a part of the Rawlsian notion of justice there must be established a "relationship between species-typical functioning and opportunity" which in fact has been conceived by Daniels through his notion of a "normal opportunity range." "The normal opportunity range for a given society is the array of life plans reasonable persons in it are likely to construct for themselves" (p. 33). This depends on the economic, technological and cultural developments of a society and on the talents and skills of a person. The normal species-typical functioning that health care provides to a person gives her or him the baseline for enjoying the advantages of society, which in other circumstances might be restricted by disease and disability (see also pp. 334-35).

According to Green (1976), equality should be based on Rawls' conception of social justice, but in this case on his principle of difference, that specifically refers to the maximisation of the minimum level of primary goods for those living in the poorest situation. Rawls (1995, p. 177) acknowledges the following list of primary goods:

> 1) rights and basic liberties for all; 2) free election of occupation and free movement within a frame of diverse opportunities; 3) the acknowledgement of jobs and charges, powers and prerogatives in the political and economic

basic structure of society; 4) incomes and wealth for all and, 5) the social basis of self-respect.

It may be seen that Rawls does not include in this list the satisfaction, by way of this mechanism of distributive justice, of those needs like health care. This is the reason why, according to Beauchamp and Childress (1989, p. 303), Green (1976) proposes to add "health to the list of primary goods that can be affected through the social structure of distribution and allocation"

5.2.3.2 Habermas

According to Habermas (1993), practical reason has three levels of action: 1) purposive, goal-oriented reason; 2) reason oriented towards the good life or happiness; and 3) reason morally oriented towards the just solution of conflicts. Correspondingly, it has three levels of use: 1) pragmatic use; 2) ethical use; and 3) moral (just) use. According to the respective employment of each level, three different questions and goals of action are posed for practical reason: 1) At a pragmatic level, empirical questions and strategic directions; 2) At an ethical level, hermeneutic questions and clinical advice; and 3) at a moral level, questions concerning rights and duties, and moral judgement. For Habermas (1993), these three levels are complementary and operate through a process of mutual influence to achieve a common will, and through an intersubjective and therapeutic dialogue (1993) which should undermine entrenched conflicting interests. This dialogue is an ethical, therapeutic and catalytic discursive method through which the embodied individual would be regenerated and

transformed into a universal subject. This would be the effect of bringing together the three forms of practical reason. As a result, a universal, compulsory moral command might be achieved.

Habermas' (1990b, 1993) conception of morality is structured through a dialogical and participative moral agent. It is supposed that this moral ability has been developed historically during the process of socialisation and through an intersubjective relationship that not only creates a social life but the conditions for understanding it. In this sense morality and, as a consequence, social justice, is the result of a discursive and communicative process among citizens. The moral theorist and anyone with different intuitions, doctrines or traditions (see for instance, Rawls' theory of social justice), "may take part in the process as one of those concerned, perhaps, even as an expert, but he cannot conduct such a discourse by himself alone" (Habermas, 1990b, p. 94). Given the existence of this universal moral agent, and given that for Habermas (1975) language operates as a transformer between different language games in the conditions of an ideal speech situation, consensus can take the form of a universal (cognitively objective and normatively legitimate) moral command about social justice.

5.2.3.2.1 Critique of the contractarian conception of social justice

According to Roderick (1986), Habermas' theory is a conception with a practical intent because it can distinguish between what human beings and things could be, and

what they are. However, it seems to make sense the criticism (see, for instance, Foucault, 1997a) directed against his requirement of an ideal speech situation free of constraints of any source for relations of communication to take place, and for achieving agreements and consensus. Furthermore, Habermas, after all, rejects diversity (pluralism) insofar as he supposes the existence of a universal subject able of making universal moral judgements. It is also essential to echo the criticism of those who point out Habermas' lack of consideration of the role of power in the process of communication (see, for instance, Foucault, 1997a). I will refer to this criticism in a subsequent chapter.

In the same way, it could be said that Rawls' conceptions of social justice, and its applications to the case of health care, are still a monological moral reasoning grounded in an idealist supposition of human impartiality, objectivity, and detachment. These conceptions also ignore the role of values and of power relations in defining the array of life plans.

5.3 Some Post-modern and Post-structural Positions on Social Justice

Having concluded my discussion of universalising, egalitarian conceptions of social justice, I will now move onto the analysis of some post-structuralist positions on the matter. Some post-modern and post-structuralist thinkers[45] believe that social justice

[45] It is important to clarify that the post-modern perspective is not a monolithic one. It has different trends with different political consequences at the moment of making policies and evaluating them. Deriving from Nietzsche's philosophy two main tendencies can be identified: one, neo-conservative, sceptic, or ludic and, another, critical and oppositional (see Fox, 1993; Kincheloe and Maclaren, 1994; and Giddens, 1995).

cannot be derived either from ontology or from metaphysics, but that justice, given its concern with prescriptions and obligations, is an intersubjective relationship exclusively expressed on the basis of pure practical reason, intersubjectivity, and plurality (see Lyotard 1979, 1984, 1988 and 1993. Hatab (1995) thinks that equality cannot be founded on the notion of a substantive human nature: that is to say, it can be grounded neither in the assumption of a common capacity to apprehend universal and demonstrable truths, nor in the tenet of a unified self beyond the contingencies of experience. Derrida (1992), for his part, says that justice is deconstruction. The implication of these assertions is that justice should be understood from a pluralist perspective instead of grounding it in ontology (objectivism) or universal moral laws, given the risk of totalitarianism from which these positions suffer.[46]

5.3.1 Lyotard and social justice

It seems to me that Lyotard's understanding of justice is particularly interesting from a pluralist perspective. He (1979, 1984 and 1993) conceives justice as the expression of the language of prescriptions.[47] As such, justice would only be possible if it preserved plurality and equilibrium between different language games (for instance, between science, technology, prescriptions, evaluation, aesthetics, history, politics, and so on). According to him we should be carefully intersubjective; we must take care of the

[46] From this perspective of understanding totalitarianism at least two possibilities should be taken into account: first, the failed Eastern European experience of socialism and, second, the welfarist experience of liberal and socialist interventionism in some Western European countries.

[47] According to Lyotard (1979, p 22) prescription is a command given to an addressee. A prescription is "a statement such that it induces in its recipient an activity that will transform reality, that is, the situational context, the context of the speech act."

connections between science, efficiency, and the language of obligation. This latter cannot be inferred from, or imposed by, those other language games. In this way, the concern for justice is the concern for the preservation of heterogeneity or difference between language games, and injustice would be understood as the negation of such difference; that is to say, as the constitution of a *differend* between language games (see Lyotard, 1988). Thus, Lyotard seeks to preserve pure practical reason as the proper language of justice. In this way he rescues the Kantian conception of moral law as a regulating Idea, a "horizon of reasonable beings ...that can exist together and form a totality" [48] (see also Deleuze, 1983, about force relations and about reason as a legislative faculty).

In rescuing the Kantian conception of moral law as a regulating Idea, Lyotard seems to contradict himself. He acknowledges that the Kantian Idea is the safekeeper of the pragmatics of the judgement that he is looking for, that is, a judgement that preserves multiplicity and diversity. He understands that this Kantian Idea is the idea of a

[48] There are two different positions about what it is to be just that influence the field of post-modern thought according to Lyotard (1979): first, " a philosophy of opinions and of the verisimilar" (as in the case of the Sophists, The Cynics, the Skeptics, Aristotle) that says that "what is just in a collectivity of human beings at a given moment, is that which has been convened as just." Lyotard says that this position is "extraordinarily dangerous" and opportunist because as in politics as in ethics agreements or consensus based on opinions or conventionalism are totalitarian (pp. 76, 81). Second, a philosophy of Idea as in Kant, where "a regulating Idea, that allows us, if not to decide in every specific instance, at least to eliminate in all cases (and independent of the convention of positive law), decisions, or, to put it in Kant's language, maxims of the will that cannot be moral...This regulating Idea is the Idea of a suprasensible nature, that is, of a totality of practical, reasonable beings." Lyotard says then that to be just is to venture to formulate a hypothesis on what ought to be done. For doing that there must be a certain Idea or Horizon upon the effects of the judgement. This has been defined by Lyotard as the maximization of the concept (or prescription) outside of any knowledge of reality (see pp. 58, 74, 75). It is interesting to recall that Derrida (1992) defines horizon as "both the opening and the limit that defines an infinite progress or a period of waiting." However, contrary to Lyotard he states that justice does not wait. For him "a just decision is always required immediately, 'right away.' It cannot furnish itself with infinite information and the unlimited knowledge of conditions, rules or hypothetical imperatives that could justify it." He defines this decision as an act of urgency and precipitation, "acting in the right of non-knowledge and non-rule. Not of the absence of rules and knowledge but of a reinstitution which by definition is not preceded by any knowledge or by any guarantee as such" (p. 26).

Totality in the sense of a society of free and responsible human beings. However, for Lyotard this Idea should not be identified with Totality but with multiplicity and diversity. Lyotard summarises how his thinking is different from Kant's: first, for him society is made up of a multiplicity of language games and not of a single or universal kind of statement or rationality. This raises the problem of incommensurability between different people's positions within a game and between similar positions among different language games. The consequence of this assumption is the absence of unity, the absence of Totality. However, Lyotard is uncertain whether it is possible to judge and to decide according to such an idea or not.

Second, for Kant justice is something similar to Finality and as such it has the implication of the convergence, organization, or unity, of multiplicity. It would justify the need for a universal legislation, that is, of Totality, within the frame of a moral law. Again Lyotard states the problem: "If we abandon this idea of congruence and we put in its stead the idea of a "discrepancy," the question then is whether one can have a moral law and a political law with it" (p. 94). It seems to me that by trying to preserve the judgement on justice from being influenced by "alien" rationalities, Lyotard falls into the trap of thinking the existence of a pure practical reason supposedly free of force relations (even though he does not avoid the implications of universality present in Kant's discourse on moral law). However, in this point neither Deleuze (1983) nor Foucault (1988a) nor Derrida (1992) agree with Lyotard. Furthermore, another problem with Lyotard's views is that his extreme position on pluralism undermines the possibility of creating "consensus" and community (see Haber, 1994), even as something ethical, local and transitory.

Thus, I discover a tension between the need to preserve and promote plurality and the need to create a certain kind of consensus, agreement, and community among human beings concerning justice. There is also a tension between the conception of a "sovereign, founding and universal" form of subject and a "decentered and constituted" form of subject. In the case of health care services attempts have been made to solve these tensions from different perspectives (see, for instance, Engelhard's [1995] libertarian position on a pluralist conception of distributive justice on health care; see also Daniels' [1985] proposal on "just health care"). However, it seems to me that these intentions have had as a negative effect the sacrifice of the possibilities of equal access (of people) to the means of health.[49] Hence, I put here the question that Haber (1994, pp. 38) has expressed in his book: "Can we have an idea of consensus which at the same time respects multiplicity?" Furthermore, can such an idea respect, at the same time, the principle of equality concerning the accessibility of the means of health? Does it make sense to ask about consensus anyway, when justice may be the result of force relations? It seems to me that Foucault's historical investigations into the role of knowledge and power relations respecting the development of modern medicine, health policies, and health services can shed some light on the matter.

[49] By "means of health" may be understood a set of factors involved in the production of health. For instance, medical staffing, a hospital system, procedures of public health, sanitary infrastructure, social security, etc., (See Foucault, 1988b; Osborne, 1997).

5.3.2 Foucault and social justice.

Even though other chapters will refer to other topics in Foucault's work, I will make reference in this section to some of his ideas on social justice. First, I think that for Foucault, social justice has become a changing program of individual and collective action on issues to be accomplished through the State and other institutions concerning the claims of different social groups and individuals. Such a program is articulated as a political and moral discourse on the basis of the struggle between different strategic positions at the level of the relations between knowledge, power, and ethics, within the boundaries and possibilities of a more general scientific and technological development and of the availability of material resources in a society. It seems to me that the way Foucault (Foucault and Chomsky, 1974, pp. 184-185) initially understood justice is very indicative of this appreciation:

> the idea of justice in itself is an idea which in effect has been invented and put to work in different types of societies as an instrument of a certain political and economic power or as a weapon against that power. But, ... in any case, the notion of justice itself functions within a society of classes as a claim made by the oppressed class and as justification for it.

This was almost a Marxist formulation. However, later on, Foucault changed this terminology and framed his analysis within relations of power and knowledge (see, for instance, Davidson, 1997, for a discussion of the changing face of justice in Foucault's writings).

Second, since the emergence of political power as bio-power[50] new technologies of power have been developed on the basis of the use of knowledge as a means of government, and a new type of universalization of reason has also been produced under the practice of normalization, a way of making certain domains of knowledge appear as universal through determined institutions (the asylum, the hospital) and the State. Thus, for instance, medical and psychiatric knowledge became a positive technique of power:

> In the ordering of human existence it assumes a normative posture, which authorizes it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives (Foucault, 1973, p. 34; see also Foucault, 1997c).

Third, Foucault's way of thinking is a rupture with all those tendencies that have analysed justice from the perspective of universal moral rationalities and imperatives. For instance, he (1988a, p. 49) has said that

> from Antiquity to Christianity, we pass from a morality that was essentially the search for a personal ethics to a morality as obedience to a system of rules ...The idea of a morality as obedience to a code of rules is now disappearing, has already disappeared. And to this absence of morality corresponds, must correspond, the search for an aesthetics of existence.

[50] According to Foucault (1990a) biopower is the organization and deployment of power over life with the intention of disciplining the body and regulating the populations. It is a bipolar technology which acts on the individuals and the species, the anatomic and the biological aspects of the body, and aiming at mastering the performance of the body and the processes of life. Thus, it evolves under two complementary forms: first, as a disciplinary power, centered on the body as a machine. In this way power constitutes what Foucault names "an *anatomo-politics* of the human body." And, second, as a *biopolitics* of the population, a power that has become focused on the species body (the race, the life, the population) and concerned with the mechanics of life and its biological processes: "propagation, birth and mortality, the level of health, life expectancy and longevity" (p. 139. See also Foucault, 1997b).

Furthermore, in his discourse on the subject, Foucault has given us what seems to be the guiding lines of a liberating practice of the subject that might help to conciliate pluralism with equality, that is to say, to encourage plurality within the conditions of a revised conception of social justice as equality (for instance, a conception of equality based on the historical, ethical and political conditions of access to the means of health, rather than on other substantive or universal conceptions of social justice). Foucault (1988a, p. 50) has said:

> I do indeed believe that there is no sovereign, founding subject, a universal form of subject to be found everywhere. I am very sceptical of this view of the subject and very hostile to it. I believe, on the contrary, that the subject is constituted through practices of subjection, or, in a more autonomous way, through practices of liberation, of liberty, as in antiquity, on the basis, of course, of a number of rules, styles, inventions to be found in the cultural environment.

It seems to me that these elements summarise Foucault's thought on social justice. These points reflect the intents of dealing with problems that, according to my criteria, were not clearly considered by positions such as those labelled Marxist. On the one hand, what I discover in Foucault's discourse is the presence of theoretical elements for thinking that justice at the macro-level of society turns out to be the expression of different collective or individual wills to power rather than being "the doctrinal affirmation of reason or of the Kantian imperative" (Veyne, 1997, p. 227). This will can be manifested through the struggle that different modes of being carry on at a social, economic, medical, technical, political, and ethical level, sometimes as a positive exercise of power and at other times as the resistance to an established system of power relations. Thus, it seems to me that according to Foucault's view, social justice should be analysed taking into account the interactions and interdependencies

among three main domains of human action: knowledge (science), power (political practice), and ethics (morality). This would correspond to what Foucault defines as the three fundamental elements of any experience: "a game of truth, relations of power, and forms of relation to oneself and to others" (1997d, p. 117).

From the perspective of games of truth,[51] Foucault has produced a substantial and extensive body of historical work about justice and health care services. From "Madness and Civilization" (1967) and the "The Birth of the Clinic" (1973) to "The Politics of Health in the Eighteenth Century" (1980a), he has shown not only the loss of a common or ordinary language in the daily interaction between the human beings (for instance, between the patient and the doctor), but also the presence of a specialised and objective one interposed between them and representing the emergence of scientific and technical knowledge. They create various games of truth through which both the confused cries for justice coming from people's needs and desires, and the answer to be given to those demands, were initially interpreted and articulated as objects of different discourses.

Various scientific, political and moral rationalities, strategies and techniques of government concerning the health care of the population have been promoted around a differentiated articulation between hygienic, medical, psychiatric, economic, and other knowledge. The "spontaneous and deep convergence" of political and moral

[51] Foucault (1997a, p. 297) defines as games of truth "a set of rules by which truth is produced. It is not a game in the sense of an amusement; it is a set of procedures that lead to a certain result, which on the basis of its principles and rules of procedure, may be considered valid or invalid, winning or losing." Thus, on a particular object of discourse there are as many games of truth as there have been developed set of rules. Different games of truth may be developed inside a single discipline of knowledge, for instance, economics, medicine, hygiene, and trans-disciplinary connections may also be established between them through power relations.

trends expressing similar values and force relations has been carefully bound together and organized within libertarian, utilitarian, egalitarian and contractarian rationalities and practices of government concerning social justice. Thus, we can see why, according to the connections between those games of truth and specific power relations, it has been possible, at different historical moments, for one or several of those tendencies to become dominant in the government and organization of health services and in the manner of providing access to them for the people.

We know that various institutions such as confinement, the asylum, and the hospital, have played special roles concerning social justice (see, for instance, Foucault, 1967 and 1973). However, in modern times, the State, through a "machinery of social security," has been its most important symbol. Foucault (1980a, 1990a and 1992a) has maintained that since the end of the eighteenth century the function of the State has changed from maintaining *pax et justitia* into including the well-being, health and maximum longevity of the population as one of its most important targets. This change has become the expression of new demands of the people; of the need for the optimization and development of capitalist economic production; of the emergence of new technologies of power aimed at controlling the body and the soul of individuals and at regulating the life of the population; and of the centralization of knowledge (hygiene, medicine, social security) and its regulation by the State.

Those changes have also been the result of a new political relation of forces between the ruling classes and the proletariat. Thus, during the nineteenth century, for instance,

it was the right to life rather than the Law[52] that became the centre of political struggle (Foucault, 1990a); and since the middle of the twentieth century, it has been the right to the care of the body and to be sick, as a different and more complex right than the right to life, that has become the centre of political battles. This right was consolidated as a right to equal and free access to medical care by the triumph of worker's political parties and movements in different European countries (Foucault, 1976). Thus, in Foucault's view, the emergence of equality concerning certain means of health (medical care), was the result of the social struggle at different levels (political, scientific, ethical, etc), instead of the necessary result of a single scientific or theoretical truth or universal moral view. It is this agonistic (struggle) between different rationalities and power relations concerning the social (for instance, the knowledge of the mechanisms of guaranteeing the well-being of the population) that, in my view, might explain the possibility of a Foucauldian understanding of social justice as equality.

Simultaneously, different types of political and administrative rationalities have been brought into play and developed as practices of government concerning the security and optimization of the mode of production and of the population. Since the end of the eighteenth century and, particularly, since the nineteenth century onward, these practices of government have constituted a continuum that goes from a greater to a lesser degree of State intervention (See Gordon, 1991; Foucault, 1997b; Osborne, 1997). These arguments say that it is neither a scientific and absolute rationality nor a universal moral theory that in the end determines how it is that people ought to act in

[52] That is, the role of the State and parties as the custodian of a pre-established legislation (Gordon, 1991).

matters of justice; on the contrary, it has been the struggle between contrary forces and rationalities and the historical accumulation of their relations that has defined what ought to be done. That is to say, the right to an equal access to health care and to other means of health does not express the command of a universal rationality but the contingent achievements of the social struggle.

At the level of ethics Foucault seems to make a break with all those patterns of ethics grounded in scientific, moral, and juridical, authoritarian systems and disciplinary structures that by way of reducing social justice to the developments and commands of certain models of social, economic or political structures, constrain the possibility of personal access to, and the choice of, medical care (1997e). By dealing with the problems of the French egalitarian system of social security Foucault (1988b) highlights some of these difficulties. Two points seem to be central in his discussion: on the one hand, marginalization and dependence concerning the relations of inclusion and exclusion between the individuals and the whole system of health services and social security; and, on the other hand, the participation of the people in the process of decision-making. These are problems that refer to aspects such as the delimitation of the boundaries of the means of health, especially the prevention of the use of medical knowledge for the medicalization or normalization of society. They also refer to the definition of the limits of people's access to health care by connecting objective definitions of health and of health needs with rational foundations on social justice (for instance, the case of Daniels' [1985], who defines the right to a universal and basic system of medical care based on Rawls' [1972] conception of equal opportunity and on an objective definition of health needs departing from the bio-medical

definition of "species-typical functioning"). In the same way, similar problems are posed by the definition of the risks to be covered by a health care service purely on the basis of economic or religious criteria (for instance, the right to practice abortion). Similar problems are posed by the inclusion of individuals to a system of social guarantees and security throughout economic, family, work place or geographical mechanisms, that can generate dependence on those systems, instead of preserving and encouraging the autonomy of individuals.

Foucault's ethical position has been focused on promoting resistance against the constraints of power and knowledge relations upon a subject and in encouraging a new ethics of relation to oneself and to others (see, for instance, 1988a, 1988b, 1997e). The centre of this ethics is a relationship of freedom (autonomy, liberty) and self-mastering of our own desires and pleasures (Foucault, 1997e). Thus, in contrast to Kant, who grounds morality in pure practical reason, Foucault's ethics is grounded in desires, feelings, and pleasure. But we must master them through different modes of subjectivation: the way in which we recognise our moral obligations; the change of ourselves through a self-forming activity; and the self-definition of the kind of end we wish or of the kind of being that we aspire to be. It is this art that should define the moral content of our relation to others, to ourselves and to the environment, instead of a universal moral command or rationality. The centre of his ethics concerning others is also freedom because it is the risk of domination embedded in the relations of power and their connections to the games of truth that must be resisted (Foucault, 1997a). Through this ethics Foucault also seeks to ground a new practice of government. It would be a practice founded in a dialogue leading into an "ethical

consensus" (Foucault, 1988b, pp. 174), that is, a practice of ethical decision-making based in participation (giving voice to others), awareness, and consent. Note that this understanding of "consensus" is not orientated around the discussion of supposed universals (like Habermas' consensus). Also, it emerges from political struggle and not from recourse to any theory of human nature, reason or communication.

5.4 Conclusions

It seems to me that through this discussion it has been made clear that the quest for equality and plurality should be interpreted as a contingent, historical and political possibility rather than as the command of a normalizing science or of a universal moral discourse. Equality and plurality may be dependent on the commitments between the forces undertaking the social struggle. The boundaries of equality may be the expression of the changing and contingent result of people's awareness, of the historical conditions of the development of what is acknowledged as the means of health, and of the availability of other resources. Thus, it should not be the command of a normalizing science or of a moral and universal rationality that defines what ought to be done. However, the question about the possibilities of pluralism under the conditions of a wide equality regarding the means of health deserves further investigation, particularly, in order to see the connections between knowledge and the constitution of the subject, between power and knowledge relations and the subject, and the way Foucault resists their negative effects and encourages plurality. I think that the reviewing of these aspects of Foucault's thought could be accomplished by

directing this research towards his analysis of knowledge and medical knowledge, the forms taken by the relations between power and knowledge since the end of the eighteenth century and our time in the field of health policies, and his view on values. I will attempt to achieve this target in Section Three, chapters 6 and 7, which refer to knowledge and medical knowledge, chapter 8, which refers to the relations between power and knowledge (nosopolitics and bio-politics), and chapter 9, which will explore Foucault's conceptions about values.

SECTION THREE

FOUCAULT'S THOUGHT: TOWARDS A NON-FOUNDATIONAL, NON-UNIVERSAL PERSPECTIVE FOR EVALUATING SOCIAL JUSTICE

CHAPTER 6: KNOWLEDGE AND THE SUBJECT

In spite of the fact that Foucault's philosophical and methodological approaches to social criticism have been subjected to attack and questioning especially within the tradition of critical social theory, I intend to highlight, in this section on Foucault's thought, the values of Foucault's theoretical developments as a weapon in a conception of criticism that reinforces the possibilities of achieving plurality and equality.

A general look at the criticism of Foucault's thought shows that this has been made from different critical perspectives. Thus, Taylor (1986) has affirmed that Foucault is incoherent because since he affirms some good he also repudiates any appeal to such a good. For Habermas (1987), Foucault is caught in performative contradictions because he totalizes critique in such a way that all rational standards are called into question. But Foucault has been principally accused (see McCarthy, 1994) of generalizing the connections and effects of power and knowledge over the subject (the control of the subject) and over all the human sciences (and expertise) including interpretive (hermeneutical) and critical (genealogical and dialectical) approaches. Giddens (1995), for instance, has said that Foucault, trying to break with structuralist, economic and normative determinisms of social reality, has fallen down in a reductionism of power. For him Foucault assumed a position in which power hovers everywhere and underlies everything in such a way that it acquires a logical primacy over truth, meanings and norms, devalues human beings' agency in the historical

processes and the significance of bourgeois or liberal freedoms. For Alcoff (1995), this sort of Foucauldian neodeterminism of subjective experience by the macroforces weaving a social discourse and/or a cultural practice denies individual motivations and intentions without allowing individuals any room for manoeuvre. This determinism has also been highlighted by Fox (1998) when addressing the limitations of Foucault's epistemology and methodology in the sociological arena.

Most of Foucault's critiques (see, for instance, Habermas, 1987; McCarthy, 1994, and Fox, 1998) have been made in the sense that he presumably dissolves the agency of the modern conception of the human subject (judging and acting subject) and replaces it with a passive conception; they assert that he dismisses any valorative yardstick in his method of critique and rejects all mechanisms of social integration. They also sustain that he does not satisfactorily explain the connections between discourse and practices, and between discourse and reality. In this latter aspect, for instance, Foucault has been asked for a more clear consideration of the links between discourse and pre-discursive experiences such as emotions and feelings (Cain, 1993).

According to Habermas (1987), in matters of the production of knowledge and of normative judgments, Foucault reverses power's truth-dependency into the power-dependency of truth. This Foucauldian reversal of the relations between power and knowledge and his subjectless conception of power and history gives up the need of judging and acting subjects. Furthermore, Foucault's method of critique (genealogical historiography) becomes presentistic (a criticism related to the present that denies hermeneutic's understanding and replaces it by a felicitous positivism), relativistic,

and cryptonormative (a criticism that cannot give account for its normative foundations). Moreover, for Habermas (1987), Foucault's denial of mechanisms of social integration (for instance, norms, values, and processes of mutual understanding) leaves unexplained how local struggles could get consolidated into institutionalised power, how community could be constituted, and how consensus could be achieved.

Drawing on the axis of Habermas' (1987) critique of Foucault, different authors have emphasised some of his points, have evaluated their repercussions in different spheres of social action, or have added new ones. Thus, Fraser (1994) has underlined the implications of Foucault's antihumanist stance: the abandonment of modern foundational humanist values such as autonomy, subjectivity, and self-determination. She asserts that Foucault's position is unjustifiable whether in philosophical (the universalistic conceptual underpinning of humanist values), strategic (his allegation against the lack of efficacy of modern values against the modes of domination of power and knowledge technologies), or substantive grounds (humanism is intrinsically undesirable because it turns into new expressions of domination) because he does not offer an alternative, a post humanist normative perspective or superior way of criticising modernity, over those offered by a dialectical approach.

Bernstein (1994), for his part, emphasises that it does not make sense to speak of critique without presupposing some basis for the critique. This, in his opinion, is Foucault's failure because a critique

> that limits itself to talk of new possibilities for thinking and acting but heroically or ironically refuses to provide any evaluative orientation as to which possibilities and changes are desirable is in danger of becoming

> merely empty, or even worse, it withholds judgment from those catastrophic possibilities that have erupted or can erupt (Bernstein, 1994, pp. 232).

According to McCarthy (1994), Foucault's form of analysis during the seventies treated the subject merely as the effect of asymmetrical power relations (strategic interaction) that not only denied human agency and accountability, but the possibilities of individual beliefs, intentions, or actions. Moreover, he also asserts that when Foucault allowed room for human agency (during the eighties), he went too far in the opposite direction, namely towards an individualistic bias. This same criticism has been raised by Fox (1998) from the perspective of the application of a post-structuralist and post-humanist perspective in social theory. It is in this sense that Fox (1998) indicates the disadvantages of Foucauldian genealogy (which is limited, according to him, to documentary and historical analysis) and proclaims, instead, the need for a post-structuralist concern with textuality through ethnography and interview-based studies.

Therefore, it could be deduced from these criticisms that Foucault's conceptions are null and void for evaluating social justice because of the lack of normative yardsticks and because of his supposed denial of human agency. At the same time, this criticism pretends to undermine the viability of Foucault's thought in matters of oppositional politics to situations of social injustice. Thus, it has been said that Foucault's "understanding of the self as an effect of disciplinary and normalizing power regimes forces one to be sceptical about the viability of a Foucauldian politics" (Haber, 1994, p. 77), and that Foucault's emphasis on the repressive effects of power makes him suspicious from the perspective of the disempowered (Haber, 1994). By the same

token, it has been said by McCarthy (1994) that Foucault's refusal to acknowledge universal rules of morality leaves no room for a conception of justice that helps to solve fairly issues of competing interests and value based claims. Alcoff (1995) has indicated the difficulties of adopting post-structuralism as a weapon for a positive conception of feminism grounded on the concept of gender, which could mobilise women behind a vision of a better future rather than negative struggles (reactions and deconstruction).

The response to these criticisms has been extensive. Not only Foucault himself engaged in this debate and tried to learn from these critiques as they were appearing during the course of his work, but also other Foucauldian and non-Foucauldian writers, writing after Foucault's death, have tried to defend his views against his critics (see, for instance, Deleuze, 1988, and Kelly, 1994). Furthermore, beyond these criticisms, some authors (see, for instance, McCarthy, 1994) have underlined Foucault's coincidences with the analysis of the Frankfurt School and have been seeking to establish reconciliation and complementarity between them.

Throughout this section I will judge the methodological usefulness of Foucault's thought for a critical and pluralist perspective of the evaluation of social justice in health services. I will not try to accommodate my view of Foucault's work to the universalizing implications of critical social theory nor to the relativist view of some post-modern conceptions, but to find the basis of a critical and pluralist perspective able to supersede the difficulties that I have underlined in the previous chapters of this thesis concerning, for instance, the dichotomy between agency and structure, and

universalism. In this sense, it seems to me that Foucault not only developed an important methodological approach to social criticism, but also a conception of subjectivity and of social interaction not grounded in foundational normative accounts and which can be clearly differenciated from relativism.

Thus, Foucault developed important methodological elements for analysing the effects of universalizing contents of discourse and practices of government. In the first place his scepticism towards anthropological universals must be highlighted. In the second place, we must emphasise his method of reversal (the reversion, from the perspective of decentered subjects, of the totalizing contents of knowledge, or the truths of a complex of power and knowledge) for analysing universalising rationalities and practices (see Allan, 1996). This last methodological element is what has commonly been known as archaeology and genealogy.

Even though it may be thought that archaeology and genealogy are two separate methodological aspects in so far as the analysis of discourse has been carried out by Foucault through archaeology, and the analysis of the memory of local struggles through genealogy, nevertheless, it has been said that archaeology and genealogy "are both necessary and complementary to each other" (Freundlieb, 1994, pp. 154-155). Thus, the method Foucault follows in analysing local discursivities has been labelled archaeology, and the tactic that opposes these local discursivities to the effects of power and knowledge has been called genealogy.

In contrast to that version of deconstruction which mainly focuses on what has been suppressed within a text (see Norris, 1991), Foucault's (1972) archaeological analysis of local discursivities focuses in the totality of things said, their relations, regularities and transformations. From this perspective, discourse is analysed by taking into account its rules of formation, the role of institutionalised forms of power in its organisation, and the way in which the speaking subject articulates to the strategic positions of a discourse. Taking these elements into account, Foucault (1972, and 1998a; see also Dreyfus and Rabinow, 1982) analyses the interplay between heterogeneity, unity, and transformations of the statements and of the strategic positions or theoretical options that a discourse constitutes concerning the object of analysis.

Foucault defines genealogy as "the union of erudite knowledge and local memories which allows us to establish a historical knowledge of struggles and to make use of this knowledge tactically today" (1980b, p. 83) against universalising forms of knowledge and power relations. Foucault's genealogical critique comprises the liberation of subjugated knowledge and of the local memories of people's struggles, and the ability to make them capable of fighting and opposing the coercion of a unitarian, formal, scientific or theoretical discourse. It needs to make connections between erudite and popular discursivities.[53] From this perspective genealogy is a

[53] Subjugated knowledge is that which results from the connections between blocks of erudite (autonomous, non-centralised, historical and theoretically produced) and popular knowledge. Erudite knowledges are those "that have been buried and disguised in a functionalist coherence or formal systematization" (Foucault, 1980b, p. 81). Popular knowledges are those that have been "disqualified from the hierarchy of knowledges and sciences;" he also calls them "insufficiently elaborated knowledges," or "disqualified knowledges" (Foucault, 1980b, p. 82). Thus, he believes that it is necessary to wake up erudite and popular knowledge and to drive them against the subjugating effects of the power of scientific discourse. This insurrection of subjected knowledge is what Foucault understands as being critical. Thus, criticism is local in so far as it is "an autonomous, non-centralised

tactic that, once liberated local (autonomous) knowledges, makes them take part in the struggle against the effects of power of scientific discourses and theoretical foundations (see also Foucault, 1980c).

Foucault also developed a conception of the subject and of the relations of the subject to her/himself and to others that constitute a rupture with the universalistic side of the values of humanism. I will return and extend my analysis of this point when dealing with Foucault's conception of the aesthetic of existence (section 9.3.2). Thus, section three will try to make sense of Foucault's analysis of knowledge and power and their relations, their effects on the subject and, at the same time, it will highlight Foucault's ways of criticizing and of the promotion of subjectivity.

We have already seen throughout chapters 2 to 5 that one of the problems in preserving and encouraging plurality is the role of knowledge in both the formations of social programs and their evaluation. We also have seen that modern conceptions of social justice are currently related to scientific and technical knowledge and the trend is to interlace religious, practical, political, technical and scientific reasoning, and particularly to reinforce practical judgements with theoretical and scientific, universalising reasoning. Thus, modern knowledge, particularly modern judgement (truth) is at the centre of any exploration of plurality in the formation and evaluation of health programs.

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kind of theoretical production, one that is to say whose validity is not dependent on the approval of the established regimen of thought" (Foucault, 1980b, p. 81).

In this chapter, and in the following one, I will try to make clear Foucault's conception of knowledge and his view about modern medical knowledge. My aim is to provide an answer to the following two questions: How, in the modern way of knowing, has judgement been constituted? How does this judgement determine the constitution of the subject and how does it relate to plurality? Moreover, I will describe some aspects of Foucault's criticism of the modern conception of knowledge, and the Foucauldian view of a non-universalising conception of knowledge.

6.1 General Considerations about Knowledge

Foucault's conception on knowledge (1973, p. 137) has several meanings: first, epistemic knowledge (*episteme*), which is the condition of possibility of all knowledge; second, discourse,[54] the interplay or combination of different statements (*savoir*); and, third, scientific knowledge (*connaissance*), that refers to learning or to the formation of knowledge. Epistemic knowledge determines the way in which we form scientific knowledge and discourse. For Foucault (1970), knowledge is strongly marked by its historical character because any culture at any given moment has a specific pattern of knowledge (episteme). According to Deleuze (1988), Foucault's notion of knowledge cannot be reduced to the notion of science because knowledge should be understood as a more comprehensive concept that might include scientific, technical, ethical, aesthetical, political and cultural aspects. Thus, he says that

[54] Given that discourse is the interplay of disperse and heterogeneous statements, and given that there is neither something as the essence of man, nor an ontological nor interpretive foundation of knowledge, nor a continuous evolution, nor a universality of human nature, discourse is not unitarian but something discontinuous, plural, and finite (Foucault, 1972).

knowledge "cannot be separated from the various thresholds in which it is caught up, including even the experiences of perception, the values of the imagination, the prevailing ideas or commonly held beliefs" (p. 51).

6.2 The Significance of the Notion of Episteme

For Foucault (1970, p. 168), episteme is somehow "an obscure knowledge that does not manifest itself for its own sake in a discourse, but whose necessities are exactly the same as for abstract theories or speculations without apparent relation to reality." He maintains that "in any given culture and at any given moment, there is always only one episteme that defines the conditions of possibility of all knowledge, whether expressed in a theory or silently inverted in a practice". According to Foucault (1970) epistemes are changing even though they do not change following a continuous development but through discontinuities. In "The Order of Things" Foucault analyses three discontinuities of the general episteme of western culture: the episteme of resemblance (sixteenth century), the episteme of representations (classical age, half-way through the seventeenth century), and the episteme of modernity (starting at the end of eighteenth and at the beginning of the nineteenth centuries).

6.2.1 The episteme of Resemblances

Knowledge (episteme), during the Renaissance (sixteenth century), is affirmed in the belief of an essence in the things of the world that cannot be known but only interpreted. All that we can do is to reveal the order of things, to know their manifestations through a system of resemblances. It can be made by uncovering, bringing to light the signs that mark their resemblances whether in the natural or in the social world. In the latter this should be done by interpreting the content (meaning) of a hidden, "primal," or "fundamental" text. Obviously, the essence of things is given by God, and all that knowledge can do is to uncover the divine Truth, that exists in itself.

6.2.2 The episteme of Representations

During the Classical Age (seventeenth, and eighteenth centuries), knowledge is produced through the analysis and classification of the representations of things. This supposes that there exists a "continuum of representation and being, an ontology defined negatively as an absence of nothingness, a general representability of being, and being as expressed in the presence of representation" (p. 206). The essence of things is grasped through a rational, scientific, and empirical procedure made in terms of "identity, difference, measurement, and order," and following an arrangement from the simple to the complex. The order is laid down by the thought of a subject who knows through sense-perceptions, but who organizes the perceptions of things in a previously defined table of names, concepts, or categories, for superseding

subjectivism. Thus, two methods for knowing were important in the episteme of the Classical Age: an analytical method, that establishes the relations between beings by measuring and ordering them; and a system of signs or names, through which the order of things is represented (Foucault, 1970).

6.2.3 The episteme of the Modern Age

At the end of the eighteenth century judgement (truth), in classical thought, was based on a structuralist and evolutionist articulation of ontology and semantics (Foucault, 1970). The visible forms of beings (living beings, production, and language) were explained by articulating structure and origin, and language was considered as something isomorphic to the being of things. In this way, knowledge became the result of a rational, "universal" judgement. In the field of living beings, this judgement takes form by, on the one hand, showing the "internal relations between elements whose totality performs a function" (Foucault, 1970, p. 218) and, on the other, by establishing their organic discontinuities (for instance, biological changes). Thus, the principles that organized the space of beings and their empirical perceptions were "analogy" and "succession". Analogy was understood as the link between one and another organic structure under the assumption of the existence of an "identity of relations between the elements and of the function they perform" (ibid.). Succession (history) was thought as the sequence "which proceeds from analogy to analogy," that is to say, as "a temporal series of analogies which connect distinct organic structures to one another" (pp. 218-219). In that way, "History gives place to analogical organic

structures, just as Order (S. XVIII) opened the way to successive identities and differences" (p. 219).

The difference between the episteme of classical thought and the emerging modern one concerns the critical question of the relation between representations and the empirical. This question was first posed by Hume for "the relations between the perception of similitude and the validity of the concept" (Foucault, 1970, p. 162); However, at the end of the eighteenth century what became important was to realise the conditions of universality of judgement. They were thought as "derived, on the one hand, from experience or empirical observation," and, on the other, and beyond all experience, from "the *a priori* that renders it possible." The important thing here was that Kant laid down the foundation of the representation of the world in the organizing and creative activity of a Transcendental Subject that connects the universal, *a priori* categories of understanding with the sense-impressions or empirical intuitions of the subject.

This was the way in which the Kantian critique of the old conception of representations arose: "In the form of a Transcendental Subject, the self actively organizes its sense impressions, which Kant calls 'empirical intuitions,' in accordance with universal, *a priori* categories of the understanding" (Falzon, 1998, p. 22). In fact, according to Kant (1848), speculative judgement is the result of the conjunction between empirical intuitions or perceptions (sensations + formal intuitions or *a priori* categories that are given in space and time) and universal, categorical principles. The connection between them is made by a Transcendental Subject, a kind of

transcendental synthesis of the imagination, also named by Kant a "Transcendental Schema." This "Schema" [55] is what renders isomorphic the empirical intuitions regarding the universal categories of the understanding, and gives to this transcendental judgement its validity as a universal knowledge of things. According to Foucault (1970), the Kantian critique marked the threshold of our modernity.

For Foucault (1970) the criticism developed against the episteme of representations and its relation with the subject and the object of knowledge at the end of the eighteenth century brought to bear infinite consequences for the modern episteme of knowledge. Thus, the first characteristic of the modern episteme refers to the simultaneous emergence of a transcendental theme and of a new empirical field (the force of labour, the energy of life, and the power of speech).[56] The transcendental theme refers to a transcendental subject and to a transcendental object (the subject as a transcendental object of knowledge). Through the former the conditions of possibility of the objects of experience are determined by experience itself. Through the latter the conditions of possibility of experience are determined by the object and its existence. The transcendental field gave origin to positivism, criticism and metaphysics. Thus, in the new empirical area two types of science appeared: a field of *a priori*, pure formal and deductive sciences, based on logic and mathematics; and a

[55] Kant (1848, p. 117) says that "It is now clear that there is a third way, which must stand in homogeneity, on the one hand with the category, on the other with the phenomenon, and renders possible the application of the first to the last. This mediating representation must be pure (without anything empirical), and yet, on the one side, intellectual, on the other sensible. Such a one is the Transcendental Schema."

[56] Under this episteme, Modernity will analyse particular empiricities (disciplines) in the following way: the object of analysis of Anthropology will be man's very essence (his finitude, his relation with time, the imminence of death); the analysis of economics will be production (forms of labour and capital); the analysis of biology will be organic structure (the relation between organs and function, the relation between the visible and the invisible, the opposition between life and death); and the analysis of language will be that of its inflectional system (the grammatical dimension of language).

field of *a posteriori*, empirical sciences, deductive only in a fragmentary way. Furthermore, the idea of the unification of sciences also emerged by establishing a connection between formal and empirical sciences.

The second characteristic of Modern episteme refers, on the one hand, to the problem of the relations between the formal sciences and the transcendental subject and, on the other, to that of the relations between the empirical and the transcendental object. From the former emerged an interplay between a transcendental subjectivity (pure and universal reflection) and formalization in the way of a formal logic anchored in the transcendental, and, from the latter, an interplay between the empirical and the transcendental in the way of a Hegelian phenomenology (the spirit revealing itself as an empirical and transcendental field simultaneously). The interplay between a transcendental subjectivity and the empirical domain also gave origin to Husserl's phenomenology. Based on the above undertakings, two domains of knowledge appeared at the end of the eighteenth and at the beginning of the nineteenth centuries: firstly, the field of the pure sciences appeared as the result of the separation between pure forms of knowledge (the formal and the transcendental) and empirical knowledge; and secondly, philosophy emerged as the expression of reflections that connect empirical knowledge with subjectivity, the human being, and a conception of the finite.

6.3 Foucault's Criticism to Modern Episteme

Modernity brought into being different trends of knowledge and different tensions between them: first, a group of totalizing and universalising foundations of knowledge represented in the Kantian transcendental Subjectivism, Objectivism, and Phenomenology (Husserl's, and a Hegelian dialectic between the transcendental and the empirical - including Marx's dialectic materialism). This domain of knowledge has excluded the expression of the other by basing its judgement on the idea of the universality of knowledge. Second, the idea that things develop through a hidden force, a "primitive and inaccessible nucleus, origin, causality, and history" that we have to uncover in order to re-establish the connections between the visible and the invisible (Foucault, 1970, p. 251). Finally, the idea that knowledge changes as the result of the evolution of methods, a better rationalization of concepts, or better models of formalization, rather than as the result of the emergence of new objects of knowledge. Thus, Foucault's criticism of the modern episteme of knowledge refers to three aspects: first, to the relation between truth and falsehood; second, to the relation between "I" (for instance, the Expert) and "You" (the "Other"); and third, it refers to the notion of evolution, progress and development (See Foucault, 1970, pp. 315-335).

6.3.1 The empirical and the transcendental

This first criticism specifically refers to relations between nature and transcendence. Foucault (1970) states that given the natural limitations (anatomo-physiological

conditions) and historical limitations (social and economic conditions) of human beings, our knowledge is imperfect, we cannot distinguish fully between truth and falsehood. Thus, the doubt always remains about the certainty of truths, and about the discursivity of truth, that is to say, about the universality of the truths generated through positivist, phenomenological or dialectical procedures, and about the relations between true and false formulations contained in any discourse.

According to Foucault (1970), modern discursivity has been ambiguous, and it has been so essentially because it has taken the form of both the positive and the eschatological (dialectical) conceptions of truth. He criticises those procedures attempting to make truth universal through the combination of empirical, phenomenological and dialectical procedures. Thus, he says that a critical position seeking to fluctuate between the empirical and the transcendental (Hegel and Marx's dialectics) is naive because these two discourses are interconnected: "a discourse attempting to be both empirical and critical cannot but be both positivist and eschatological" (p. 320). He adds that modern thought has also been directed by a new discursivity of truth, "the analysis of actual experience" (phenomenology) that he describes as a space of communication between the empirical and the transcendental, between the body and culture, between nature and history, between positivism and eschatology.[57] Foucault says that phenomenological discourse is the place of reconciliation between Comte (positivism) and Marx (Hegel's dialectic).

[57] "A discourse whose tension would keep separate the empirical and the transcendental, while being directed at both;...an intermediary term in which both the experience of the body and that of culture would be rooted" (Foucault, 1970, p. 321).

6.3.2 The 'cogito' and the unthought

Foucault's second criticism to the Western way of knowing refers to relations between "the cogito and the unthought," and it refers to modern human sciences, in other words, to the knowledge of the social world. Foucault considers that the conditions of universality of modern judgement concerning the relations between natural world and transcendence (see 6.3.1. above) have been extended to the relations between the "I" (e.g. the expert) and the "Other" (e.g. the patient) by way of a subjective or an objective or dialectical knowledge). Foucault (1970) maintains that in the modern way of thinking a change has taken place concerning the conditions for the formation of judgement. On the one hand, the Kantian application of the notion of transcendence (the transcendental subject and the transcendental object) has been displaced from the natural world towards the social one. In this sense, in the modern way of thinking, the notion of Thought (cogito) displaces the old Kantian notion of transcendence (the transcendental subject and the transcendental object), and the notion of Unthought (the Other: for instance, the madman, the sick, the delinquent) displaces the notion of nature. Thus, in the modern way of knowing (and thinking) of the human sciences, the human being (and the social) is thought of as an empirico-transcendental double where the label "human being" accommodates the cogito and the unthought (and objectifies the subject) through the idea of a common human nature.[58] In this way, the other is objectified by the human sciences in the same way as objects in the natural world are objectified through natural sciences.

[58] "There has been a fourfold displacement in relation to the Kantian position, for it is now a question not of truth, but of being; not of nature, but of man; not of the possibility of understanding, but of the possibility of a primary misunderstanding; not of the unaccountable nature of philosophical theories as opposed to science, but of the resumption in a clear philosophical awareness of that whole realm of unaccounted-for experiences in which man does not recognize himself" (Foucault, 1970, p. 323).

On the other hand, in Western way of thinking, the Descartes' notion of cogito has been modified. Whereas in Descartes' notion of cogito, thought is something general that includes unthought, in the modern notion of cogito, thought (e.g., expert knowledge) is separated from unthought (what is to be known). This change explains, for instance, the separation between expert and lay (popular) knowledge, or between theory and practice.

Thus, modern knowledge concerning the social not only articulates (makes the same) "I" to the "Other" in terms of the universality of judgement by supposing a common human nature or common true essence between them, but, at the same time, it separates them by differentiating between expert and lay person. Nevertheless, in the latter case, the lay knowledge is subsumed by expert knowledge. Thus, the judgement of modern human sciences has become universal. However, by the same token, this judgement excludes the other, diversity and difference.

6.3.3 The retreat and return of the origin

Finally, Foucault (1970) also criticises notions of evolution, progress and development in modernist thinking as another way of neglecting plurality. According to Foucault, the time of human beings (the social) remains different from the time of things (nature) in spite of attempts by positivism to present them as one and the same. "It is because man is not contemporaneous with his being that things are presented to him with a time that is proper to them" (p. 335). However, in trying to objectify (to

make universal) the time of the social, modern thought is always returning to the origin of things, to the search for the identity of the individual, to the essence of human being, to the Same. "The Other, the Distant, is also the Near and The Same" (p. 339). From this perspective, modern thought recognises the Other but within the notion of a common human nature that has been given, or should be given, through Time, in a process of evolution, progress, and development.

6. 4 Knowledge as the Relation of Forms

It can be said that Foucault's (1967, 1970, 1972 and 1973) analysis of modern knowledge offered a new, non-universal perspective on knowledge. Thus, for Deleuze (1988), knowledge, in Foucault's sense, is "a practical assemblage, a 'mechanism' of statements and visibilities" (p. 51); knowledge becomes the combination of two forms: the visible and the expressible (p. 48). The form of the visible (or the form of the content) is what we see of things by using a light,[59] and the form of the expressible is the production of a system of statements[60] about the objects of discourse. The form of the visible comprises the space of visibility from which we see and the means through which we see. All of them constitute the light that we use for seeing. The light cannot be reduced to either a physical environment or to some technological devices

[59] According to Deleuze (1988, p. 52), visibilities are "forms of luminosity which are created by the light itself and allow a thing or object to exist only as a flash, sparkle, or shimmer."

[60] According to Foucault (1972), statements are the basic elements of discourse; they can be of different types (scientific, aesthetic, ethical, political, technical, etc.). Statements are a function of different conditions, including the subject of discourse, that is its relay, but specially of their stratum or historical formation, that constitutes their most general condition of existence. The stratum is a kind of historical *a priori* or historical way of being of language. Moreover, it might be said that the notions of historical formation, stratum, and episteme, express a similar idea (see also Deleuze, 1988).

because it also comprises the whole set of our senses, our emotions, and the statements themselves through which we make visibilities appear. Thus, according to Deleuze's (1988) interpretations of Foucault's conception of knowledge, the forms of the visible "are complexes of actions and passions, actions and reactions, multisensorial complexes, which emerge into the light of day" (p. 59).

Statements have language as their condition of sayability. Language is historical. It is the function of several aspects, among them, its enunciative regularity (the rules of the formation of statements), non-discursive formations, and the subject itself besides other dimensions involved (Foucault, 1972). Thus, both the light of visibility and discourse (the articulation of statements), are dispersed and changing, and constitute a multiplicity.

Deleuze (1988) makes clear that between the Foucauldian forms of knowledge there is not isomorphism, and that in spite of their mutual presupposition and grasping, they maintain a constant struggle because they are irreducible one to another. However, he says that the form of the expression has primacy (spontaneity) over the form of the visible because of its prolific way of being.

In Foucault's (1973) view of knowledge, two elements should be taken into account. On the one hand, the world of things, whose content may be divided in two additional elements: form (visibilities), and substance (things). On the other, the world of words, that may be divided into form (statements), and substance (objects of statements). Thus, for instance, in the case of modern medicine the form of the content (the

visible) might include spaces of visibility (the hospital) and means for seeing (the stethoscope, the autopsy, etc.), and its substance might be the sick-person; in a similar way, the form of the expressible might be pathology (the set of scientific statements that constitute a pathological lesion) and, its substance, the pathological lesion itself.

In Deleuze's (1988, p. 47) explanation of this:

> The content has both a form and a substance: for example, the form is prison and the substance is those who are locked up, the prisoners (who? why? how?). The expression also has a form and a substance: for example the form is penal law and the substance is 'delinquency' in so far as it is the object of statements.

The separation between form and substance indicates, for instance, that in knowledge there is neither an exact correspondence (isomorphism) between the meaning of words and the things they represent, nor between discourse and the object of knowledge. In this sense, Foucault (1972) says that there is neither a previous unified object, nor a ground nor foundation of things, nor a meaning of words to be interpreted, that is to say, there is neither ontology nor interpretation.

Deleuze (1988) explains that the combination between the forms of knowledge is set up in what Foucault calls a common stratum or historical formation. The hospital, for instance, as a place of visibility of medical knowledge, has played a different role in different historical circumstances, and the discourse about diseases (tuberculosis, for example) has also changed. Therefore, both statements and visibilities are historically bounded. They cannot produce a universal medical knowledge but something

transitory given the historical character of the form of the visible and the form of the expressible.

6.5 Knowledge and Power: Unity or multiplicity?

It is then understandable why Foucault (1972) says that discourse cannot be unitarian: not in the case of a single, scientific discourse like that of medicine; not in the case of the co-existence, upon a determined object like, for instance, social justice, of multiple discourses (medicine, economics, politics, morality, etc.). On the contrary, discourse is a dispersion of points of choice, the opposition of strategies about a specific object. But discourses have regularities, and it is the regularity of a discourse that provides the basis for the emergence of disciplines (medicine, economics, among others), of different discourses in the same discipline, and of the production of different truths on a specific object of knowledge (see Foucault, 1972 and 1980c).[61]

It seems that those regularities are constituted by power (see Foucault, 1967, 1990a and 1992a). Foucault defines power as force relations, action to change the action of others. According to Deleuze (1988) these relations can be distributed in a diagram of forces that, together with their respective discursive formations, can constitute a particular historical formation. Thus, for instance, modern medical knowledge has emerged from the interaction between the forces claiming the use of the hospitals as

[61] According to Foucault (1980c, p. 133) truth is the "system of ordered procedures for the production, regulation, distribution, circulation and operation of statements."

therapeutic places and the clinical knowledge of the eighteenth century (see Foucault, 1973, pp. 68-69, and Foucault, 1978, pp. 20-35).

According to Foucault (1972, 1973 and 1990a), power and knowledge are different in nature. Power is the expression of relations of force, and knowledge is the expression of relations of form. However, there exists a certain presupposition and capture (or mutual grasping) between power and knowledge. Moreover, Deleuze (1988) has made clear that in Foucault's conception of the relations between power and knowledge, in certain circumstances power has primacy over knowledge, that a determined diagram of forces can stabilise knowledge in a specific stratum or historical formation. Power and knowledge can constitute a complex in which power becomes forms of knowledge. In that way the mutation of knowledge can be influenced by the interaction between different diagrams of force. Thus, the Foucauldian dualism at the level of knowledge (the relations between the form of the visible and the form of the articulable) and power (the relations between the force to affect and the force to be affected) is in truth a pluralism because the forms of knowledge and the relations of force only exist as a multiplicity. That is to say, they

> make up two types of 'multiplicity,' neither of which can be reduced to a unity: statements exist only in a discursive multiplicity, and visibilities in a non-discursive multiplicity. These two multiplicities open up on to a third: a multiplicity of relations between forces, a multiplicity of diffusion which no longer splits into two and is free of any dualizable form (Deleuze, 1988, pp. 83-84).

6.6 Conclusion

From this Foucauldian perspective, modern thought has been constituted as the analysis of man's mode of being, as the analytic of his finitude: the connection of the positivities with finitude, the reduplication of the empirical and the transcendental, the perpetual relation of the cogito to the unthought, the retreat and return of the origin. Therefore, what has been at the centre of the analysis of the modern way of knowing, whether a knowledge concerning the World (nature) or a knowledge concerning human beings (the social), is the unveiling of the Same, that is, a common essence or human nature that objectifies the other by way of an objectivist or subjectivist (for instance, Psychiatry) knowledge. This has been the purpose of positivist, interpretivist, and dialectic (Hegel and Marx's dialectic) ways of knowing. It might be considered, as a consequence, that this also has been the perspective of certain conceptions of ethics and politics.

The modern way of knowing has had at its centre the search for the rational conditions of universality of its judgement and, as a consequence, the negation of difference, diversity, plurality. At this stage of his work Foucault wants a conception of truth and a discursivity of the truth liberated from the idea of universality. In this sense, he wants to make a break with the limitations of the three strategies for the analytic of finitude: reductionism, clarification, and interpretation (Dreyfus and Rabinow, 1982)

Knowledge, in its empirical and discursive dimensions, thus as in the assemblage resulting from their relations, is heterogeneous, plural, and multiple. From this view it

appears that the subjects implied in the production of knowledge are embodied instead of universal and transcendental ones. Moreover, power determines the conditions of the production of knowledge and, in that sense, helps to constitute complexes of power-knowledge. Therefore, judgement (truth) cannot be transcendental or universal, but the embodied result of the effect of force and knowledge relations. However, they can be made to appear universal as the result of the effect of those relations.

The next section focuses on Foucault's analysis of modern medical knowledge which has special relevance to this research given the importance of modern medical knowledge in the formation and evaluation of health programs.

CHAPTER 7: MODERN MEDICAL KNOWLEDGE AND THE SUBJECT

Modern medicine and other related disciplines (psychiatry, public health, hygiene, etc.) have become fundamental elements for the constitution of health policies and for the process of health program evaluation (see Daniels, 1985; Beattie, 1993). Also, in the historical process of organisation of the Colombian health services, the role played by modern medical knowledge has been clear. It is also known that this knowledge has marginalised traditional, indigenous ways of medical knowledge and activity (Miranda-Canal, 1993). In the recent reforms of the Colombian health services, for instance, the model of health intervention has been designed according to the changing notions of health that have, generally, been the result of the way scientific medical knowledge analyses health. In this sense, it is important to explore the characteristics of the judgement of modern medical knowledge, its role in the constitution of health programs, and its implications in social justice from the perspective of plurality. It, has perhaps, been the philosopher Michel Foucault that more attention has given to modern medical knowledge.

Foucault describes different models of medical knowledge whose emergence are in direct connection with general epistemes of knowledge. In what follows I will describe the characteristics of the constitution of the judgement of these models of knowledge, aiming to understand the conditions of its emergence, the factors determining its production, its changes, and its implications for the subject.

7.1 Medicine During the Classical Age

According to Foucault (1973) various models of medical knowledge emerged during the Classical Age: Proto-clinical medicine, the medicine of total liberty, clinical medicine or the medicine of the symptom, and anatomo-clinical medicine.

7.1.1 Proto-clinical medicine

Proto-clinical medicine was an organized corpus of nosology through which a complete circle of diseases was described. Nosology may be described as a way of knowing diseases by using a classificatory analysis of their essences, that is, by grouping diseases "into orders, genera, and species, in a rationalized domain that would restore the original distribution of essences" (Tenon, 1788, p. 354). In this method the patient was not taken into account as an empirical source of knowledge, but the pre-existent discursive "truths" about a disease were the focus of knowledge. In this dogmatic way of knowing, living experience was only used as the test for a previously accumulated textual discourse about a disease (Foucault, 1973). In this knowledge the pre-existent textual discourse prevailed upon the visible, empirical perception of disease and, as a consequence, the illness of the patient and the structure of the hospital as its place of observation was not important at all. Foucault (1970, 1973) also called this medical knowledge "the medicine of species".

7.1.2 The medicine of total liberty

According to Foucault (1973), the medicine of total liberty was a reaction against proto-clinical medicine. It was mainly based in the interplay between theory and the free gaze of a doctor; in other words, this was knowledge acquired in a free way, through enlightenment and observation, but without the help of any technological structure in the clinical organization. In these conditions the family became the "natural" place for the observation of the sick. However, this model failed in making a clear connection between the visible and the articulable.[62] It still combined a nosologic individual perception with a quantitative register, typical of the medicine of climates and places (Foucault, 1973), a way of knowing the influence of natural and urban space over people's health. A similar structure of knowledge prevailed at the same time in other sciences such as economics, general grammar, and natural history (Foucault, 1970).

The disastrous experience of the medicine of total liberty and the pressure exerted by different social actors (the poor, local administrators, scientific institutions, and the elite), led to a total re-structuring of proto-clinical medicine and the medicine of total liberty. After that, the hospital was acknowledged and started to play a new role as the place of the production of medical knowledge. In them "teaching and saying became a way of learning and seeing" (Foucault, 1973, p. 64).

[62] "The way in which one directed one's gaze and the way in which it was trained did not overlap" (Foucault , 1973, p. 48).

7.1.3 Clinical medicine or the medicine of symptoms

At the end of the eighteenth century a kind of knowledge by "discovering" and "bringing to light" started to take form, that is to say, a knowledge mainly based on the combination of theory, the direct observation of the patient, and the history of a disease. This new medical knowledge was not the result of a continuous development of previous forms of medical knowledge but of a total re-structuring of that experience, the emergence of a new way of knowing and practising medicine even though it still lay within the boundaries of the classical episteme. At that moment medical knowledge became a combination between visibilities (by listening, seeing, touching and doing) and discourse (an encyclopedic knowledge), that also included a knowledge of the relations between man, nature, and society. Thus, "the integration of experience occurred in a gaze that was at the same time knowledge" (Foucault, 1973, p. 81). This was a new step in the direction of a unitarian model "for the formation of medical objects, perceptions and concepts" (p. 51).

With clinical medicine (the medicine of symptoms), the visible took the form of symptoms and physical signs, and the expressible took the form of a semantic system of signs (discourse). On the one hand, symptoms and signs became the signifier of a signified that is the substance of a pathological phenomenon and, on the other hand, discourses became the syntax of that signifier. As Foucault (1973, p. 91) says:

> the formation of the clinical method was bound up with the emergence of the doctor's gaze into the field of signs and symptoms. The recognition of its constituent rights involved the effacement of their absolute distinction and the postulate that henceforth the signifier (sign and symptoms) would be entirely transparent for the signified, which would appear, without

> concealment or residue, in its most pristine reality, and that the essence of the signified - the heart of the disease - would be entirely exhausted in the intelligible syntax of the signifier.

Thus, the medical gaze is not simply sight but the conjunction between the sensible ("pure gaze") and a certain historical logic of thought[63] embodied in the subject of knowledge.

It seems to me that Foucault (1973) reveals two moments in the development of the method of clinical medicine. First, a moment in which "to be seen and to be spoken immediately communicates in the manifest truth of the disease of which it is precisely the whole being" (p. 95). In this case the perceptive method was based on the immediate relation between the sign and the symptom through the analysis of differences, simultaneities and/or successions. The relations between the description of the pathological phenomenon and the verbal form that describes the disease seem to be isomorphic. Second, given that at the end of the eighteenth century medicine became an unreliable knowledge (the immediate relation between symptom and sign was elusive), it was necessary to introduce an analytical method based on techniques of probability. This method made correlation between series of cases and temporal successions of symptoms[64] by using mathematics and statistics.

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[63] I think that this is what may be inferred when Foucault (1973, p. 107) says that the clinic combined at the same time a pure gaze with a gaze equipped with a logical armature which prevented it from falling in empiricism. Osborne (1994) also says that Foucault's conception of medical gaze correspond more to a "historically substantive style of perception" than to "the intentionality of perception" (p. 34).

[64] These techniques of probability include: the complexity of combinations (the analysis and combination of the elements of a disease); the principle of analogy (the isomorphism of relations between elements); the perception of frequencies (the perception of identities and differences across a determined number of cases observed. The visibility is given through statistical association of events); the calculation of the degrees of certainty (see Foucault, 1973, pp. 96-103).

During the Classical Age, medical knowledge changed but within the boundaries of an essentialist notion of disease (Nosology) in which the sign became the expression of its general essence. This knowledge became possible under two conditions: first, the emergence of the hospital as a place where the series of pathological cases were observed and treated as singular events; second, the emergence, within the hospital, of a teaching domain, or *in situ* education, that was used as a means for training and observation (Foucault, 1973; Osborne, 1994). The hospital was also useful for the assistance of the sick poor and, through this experience, a new relation between the patient and the doctor emerged. The poor patient became an object of knowledge. The reorganization of the hospital was the result of the struggle and convergence between multiple demands: the claim of people at the grass-roots level and of those in suffering, the pressure of scientific institutions, and specially, of a liberal conception of economic development and of social justice as reciprocity. In this way, the hospitals were municipalized, the assistance of the sick poor was delegated to private spheres (to small communities and to the charity of the rich), and the body of the poor patient became an object of observation and practice.

The emergence of a clinical knowledge based on the hospital changed the relation between the doctor and the patient because thereafter it was no longer the patient who spoke to the doctor but the disease itself through clinical observation. Dialogue served the purpose of clinical observation (to uncover the truth of the disease as a totality) because its boundaries were limited to the logic of the doctor's language and to that of the disease, through the interplay between interrogation and examination (Foucault, 1973).

During the classical age the clinical method turned into the search for objectivity (the visible), totality (structure, function), regularity (perception of frequencies), certainty (calculability), and becoming (origin, development) (Foucault, 1973). The language of the other, as the expression of his/her subjectivity, was ignored in so far as the sick as persons vanished; they were replaced by a pathological fact, and language itself became a speech given by the visible. However, it can be said that the relation between the doctor and the patient was constituted as a quasi-positivist interaction. Thus, the empirical procedure of this method was characterised by Foucault as a double silence: "the relative silence of theories, imaginings, and whatever serves as an obstacle to the sensible immediate; and the absolute silence of all language that is anterior to that of the visible" (p. 108). Clinical medicine was based, at the same time, on the particular experience of a doctor and in the interplay between the visible (symptom and signs, calculability, hospital clinic, in situ education) and the expressible (the theoretical analysis of signs). But, to a great extent, it was based more on the sensibility of the knower than on the relation between incontestable facts and tested theories.

7.2 Anatomo-clinical Medicine or the Emergence of the Modern Clinical Method

Clinical medicine was replaced by pathological anatomy. The emergence of pathological anatomy brought to bear a tissual, physiological, etiological and, at last, objective foundation for the description of a disease. For Foucault (1973) these changes in medical knowledge were not merely the result of a "progress in

observation, a wish to develop and extend experiment, an increasing fidelity to what can be revealed by sense-perceptible data, abandonment of theories and systems in favour of a more genuinely scientific empiricism" (p.136). Substantially, they were the result of an event that brought into being a general modification in the arrangement of the form of knowing: the emergence of a modern episteme of knowledge.

Pathological anatomy is the understanding of a disease by means of the analysis of and the relations between the corporal spaces, intra-organic, inter-organic, and trans-organic space (Foucault, 1973), the physiology (functioning) of the body, and the environment. Two moments, marked by the names of Bichat and Broussais,[65] were important in this emergent medical way of knowing. First, there appeared a new logical gaze for the description of disease even though still within the conceptual domains of nosology. Second, there also emerged a subsequent rupture with nosology, and the achievement of a radical transformation within and between the fields of the visible and the expressible.

According to Foucault (1973), pathological anatomy included within the field of the visible, new objects of knowledge such as the tissual alteration and abnormal functioning of organs, a new meaning in the interpretation of symptoms, and new techniques for making visible the invisible (percussion, stethoscope, touching, autopsy). Healthy and sick organisms, life and death, the corpse, the environment and the pathological agents, emerged as new objects of the visible. Life and death emerged

[65] Bichat and Broussais are the names of two of the most important French anatomo-pathologists at the end of the eighteenth and beginning of the nineteenth centuries.

as something totally new for the constitution of medical knowledge. Death illuminated, simultaneously, the knowledge of disease and life, while life became an object of knowledge through death. In this way, the pathological phenomenon has become conceived against the background of life and the individual body. Disease has been considered as a deviation within the boundaries of life: the ideas of the normal and the abnormal (the pathological) have been brought into being. Phisiology has emerged (see also Canguilhem, 1991).

The form of the expressible, its categories and objects of knowledge, was totally re-structured. Space and time appeared as key categories. For the first time they, together, coincided within medical thought because in the period of nosology, only time (the temporal proliferation of symptoms) was taken into account. Furthermore, the new perceptual method for analysing diseases was based on a structural and functional relation between elements. Henceforth, the analogy of structures (tissual identity) and the sequence between them (succession) would be the basis for constituting pathological facts. Whereas in the medicine of the symptoms the truth of a disease had been established by correlating symptoms through a series of cases, in the anatomo-clinical method the case was taken as something unique and able of revealing, in its singularity, the truth of an illness.

7.2.1 Bichat's method

Bichat's anatomo-pathological method gained more information from the tissual alterations of organs than from the language of symptoms (Foucault, 1973). Whereas in the medicine of symptoms, the symptom and the sign became the same, in anatomical perception "the symptom may quite easily remain silent" (p.159), and it was the sign that became relevant. For this reason, calculability lost its importance. Now, the sign speaks on its own, and what it declares is apodictic. For instance, pectoriloquy says more than coughing, fever, weakness and expectoration together. The same sign, for instance the pulse, acquired a different meaning in the medicine of symptoms as compared with anatomoclinical medicine. In the former it indicated an affection or general malaise, whereas in the latter it indicated a specific organic lesion.

Thus, visibility became the combination of darkness (multisensorial perception - seeing, touching, hearing) and brightness (the uncovering of a lesion in the dead body through the autopsy). Visibility now uncovered the lesion in the organs and in the tissues. Clearly the gaze of the doctor was starting to be a structuralist gaze. But it was not yet a functionalist one. Bichat still explains the functional alteration of the organs by recurring more to nosological thought than to physiology. Foucault says that the *a priori* of thought and the set of techniques with which the doctor sees the disease have changed historically and, as a consequence, the rules of the formation of knowledge have also been transformed but "within the questions posed by medical investigation" (p. 162).

However, the truth about the disease would be entirely revealed only if language participated. Medical language was turned into that characteristic of perception in which what was perceived was said. This did not imply the existence of a strict correspondence (isomorphism) between words and things. Perhaps, at the first moment what happened was an adaptation of language to the visible, that is to say, a continuous interplay between them in which visibilities and words accommodated.[66] In this way, language became constituted as another "light" capable of helping to bring the invisible into a total light. It was in this way that to know through an individual case became possible. Foucault (1973, p. 170) stated this clearly when he said that

> language and death have operated at every level of this experience, and in accordance with its whole density, only to offer at last to scientific perception what, for it, had remained for so long the visible invisible - the forbidden, imminent secret: the knowledge of the individual.

7.2.2 Broussais' method

Nosology vanished with Broussais. He gave a new ground to modern medical experience. Taking as an example the relation between the disease and the lesional phenomenon, Broussais showed that for knowing a disease the medical gaze required a new basis capable of establishing the relation between the empirical and the transcendental. He showed as well that, on the one hand, the visible alone, as

[66] Therefore, Foucault says, "to discover...will no longer be to read an essential coherence beneath a state of disorder, but to push a little farther the foamy line of language, to make it encroach upon that sandy region that is still open to the clarity of perception but is already no longer so to everyday speech - to introduce language into that penumbra where the gaze is bereft of words." (1973, p. 169).

modelled by Bichat, was not enough and, on the other, that the nosological notion of essence, still maintained by Bichat for explaining the relations between organic alterations and functional disorders, had lost its explanatory power. Broussais brought into being new notions such as physiology and causality. These notions helped to found a field of a priori categories that, accompanying the visible, was capable, whatever circumstances and conditions, of attaining the power of explanation that was absent from nosology.

Henceforth, medical knowledge worked as a transcendental double, that is to say, as a knowledge based on the combination of objective and transcendental categories (such as the notions of spatiality, localisation and causality) with the visible, empirical manifestations of a disease. *A priori* knowledge helped to totalize phenomena, to give coherence and unity to the diversity of their empirical manifestations, and to synthesise *a posteriori* truths. All of the characteristics of modern knowledge (Foucault, 1970) have been now incorporated in the gaze of the medical doctor through Broussais' experience. Thus, medical discourse has become a perpetual and objective correlation between the visible and the expressible (Foucault, 1973). For Foucault it is now clear that there is no isomorphism between the visible and the expressible but an *a posteriori* synthesis of their elements. The articulable obtains a new place with respect to the visible. Now it is capable of organising the medical gaze in a new way. Positivism has emerged as a new way of knowing in the world of medicine.

7.3 Modern Medical Discourse and the Subject

Foucault has shown that from the Classical Age to the Modern Age, and from Bichat to Broussais, a process has been produced in which the medical gaze has gained not only a new visible content but also a new discursivity. On the one hand, the place of visibility (observation) has changed: now it is the hospital clinic and *in situ* education); and the light with which we see and the content of what we see has also changed. On the other, the sayable has also changed (now the object of statements is life and concrete pathological reactions), and the link between the visible and the expressible has taken the form of an objective correlation between them.

Nosological medical discourse has gone, and a new discursivity about the body, the structural and the functional, physiology, environment and causality, spatiality and localisation, has emerged as its new content. The transformations of medical knowledge have brought into being deep modifications beyond the narrow space of medical knowledge. It has been shown that medical knowledge concerns not only disease but health itself and its general conditions. The place of the patient in medical knowledge, in the hospital, in society, and in her/his relation with the doctor has also changed. Foucault (1973, p. 96) has remarked in his conclusions that

> for clinical experience to become possible as a form of knowledge, a reorganization of the hospital field, a new definition of the status of the patient in society, and the establishment of a certain relationship between public assistance and medical experience, between help and knowledge, became necessary; the patient has to be involved in a collective, homogeneous space.

It has been said that modern medical discourse is not a pure science (Foucault, 1976) and that modern medical discourse has become possible through the articulation of medical knowledge with other discursive (politics, economics, morality, etc.) and non-discursive formations (for instance, institutional, economic, social, and technical practices). It means that, in its broader sense (savoir), medical discourse is neither pure ideality nor historically independent (Foucault, 1972). It is the result of certain discursive regularities (the rules of formation of statements) and of their relations to non-discursive formations that function as the regulating force of its formation (Dreyfuss and Rabinow, 1982; Foucault, 1982).

Even in the narrow sense of a science, modern medical knowledge is not "a unified totality" (Osborne, 1994, p. 42), it is not a unitarian knowledge that emerged from darkness into light in the pure process of the evolution of a single rationality. On the contrary, according to Osborne (1994), this process has included a struggle between different rationalities, of which Foucault has shown only one in the "Birth of the Clinic" (Good, 1994; Osborne, 1994), that of modern medical knowledge. Thus, power relations might be highlighted as one of the most important factors that condition the emergence of modern medical discourse.

However, the existence of a struggle between different medical rationalities is not the only reason why medical discourse is not unified.[67] It is also because modern medical

[67] According to Good (1994) "human knowledge is culturally shaped and constituted in relation to distinctive forms of life and social organization" (p. 21). For that reason, for him the "claims that biomedicine provides straightforward, objective depictions of the natural order, an empirical order of biological universals, external to culture, no longer seem tenable and must be submitted to critical analysis" (p. 22). For him "illness combines physical and existential dimensions, bodily infirmity and human suffering. However materialist and grounded in the natural sciences, medicine as a form of

knowledge has shown a discontinuity in the process of its own formation (different forms of expression and visibility), and because, within its own structure, it contains many other implications and perspectives beyond scientific knowledge, for instance, moral and economic ones (Foucault, 1973; Good, 1994).[68]

7.4 Conclusions

I want to conclude this chapter by saying that Foucault has not rejected western modern medical knowledge; on the contrary, he has sought to study and revise its negative effects (Foucault, 1976 and 1990a). Foucault's criticism levelled against the medicalization of society has had as one of its departure points the denunciation of the role of power in extending the notions of the normal and abnormal (pathological) beyond medicine towards cultural, social, and moral spheres (Foucault, 1977; 1990a). At the same time he criticises an objectivist biomedical model of medicine that has undermined the relation between the doctor and the patient by restricting their multiple expressions as subjects. He also criticises the universal pretension of medical knowledge and its neglection of uncertainty and discontinuity. These arguments underline the importance of Foucault's work in the search for a new perspective that allows us to analyse the relations between the subject (the patient) and medical knowledge, in the perspective of health program evaluation, beyond the problems of

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activity joins the material to the moral domain" (p. 70). In the same way Turner (1995, p. 214) says that "medicine is deeply embedded in the culture and social structure of human societies."

[68] According to Good (1994, p. 5) "the language of medicine is hardly a simple mirror of the empirical world. It is a rich cultural language, linked to a highly specialized version of reality and system of social relations, and when employed in medical care, it joins deep moral concerns with its more technical functions."

objectivism, interpretivism, and transcendental and psychological subjectivism (Foucault, 1972).

CHAPTER 8: POWER, MEDICAL AND MORAL KNOWLEDGE AND THE SUBJECT. THE EMERGENCE OF NOSOPOLITICS, BIOPOLITICS, NEO-LIBERALISM AND THE CHANGING ROLE OF EXPERTISE

In this chapter I will explore the role of the relations between power and knowledge in universalising judgement (truth), and its implications for a conception of evaluation that encourages plurality and equality. Through this research (see chapters 2-5), the relation between power and knowledge has emerged as one of most important elements in the constitution of the rationalities and practices of social programs, and in their evaluation. I shall try to show the importance of looking at the mutations of the relations between power and knowledge and the rationalities and practices that they constitute in the particular field of health programs. In this task, Foucault, given his work on the matter, again becomes the most important source of guidance. However, I shall also review the contribution of some followers of Foucault, writing after his death.

By dealing with the concepts of nosopolitics and biopolitics, I shall try to show Foucault's analysis of the relations between power and knowledge during the period between the end of the eighteenth century and our time. In this overview I am interested in understanding the connections between judgement and power, their mutations, and their implications in the field of health and health care services from the perspective of social justice. Foucault registers the relations between specific ways of knowing and techniques of government within the boundaries of classical

liberalism, biological interventionism, welfare state, and neo-liberalism. What emerges from this exploration is a view about how power and knowledge have constituted the subject through the formation of specific rationalities and technologies of government. Thus, rationalities and practices appear as key categories of Foucault's thought. They will be important for the evaluation of social justice.

In the course of this overview, we will observe the convergence and articulation of particular discourses on medicine, psychiatry, economics, social justice, and social administration, and the constitution of general and specific strategies for confronting disease, poverty, epidemics, and sanitation. The logic of the rationalities and practices constituted by dominant relations of power and knowledge is called by Foucault "nosopolitics" and "police" when referring to the end of the eighteenth century (1980a), and "biopower" and "biopolitics", when referring to the end of the nineteenth and twentieth centuries (1990a, 1992a). Although he does not use a specific name to refer to the present time, I will describe it as neo-liberalism, or as the risk society, as these expressions seem to be used by several authors (Castel, 1991; Beck, 1992; Petersen, 1997). Firstly, I shall explore the content of these notions. Secondly, I will refer to Foucault's descriptions of the relation between knowledge and power and the respective techniques of government adopted in the field of health and social justice.

8.1 Nosopolitics

According to Foucault (1980a), the concept nosopolitics and police designate the emergent and dominant rationality that at the end of the eighteenth century was associated with the formulation of health policies, the organisation of the treatment of disease, and the assistance of the poor sick. They constituted global strategies of State intervention, and the source from which our actual experiences of "private" and "socialised" medicines have come.[69] Nosopolitics became an economic and administrative rationality that put labour, the poor and, in general, the population, as an imperative of economic growth. In this sense, poverty, sickness, health and population were analysed in relation to the capitalist economic process of production. This implied the emergence of a new practice ("police") of governing the social (health, health care, and poverty). Police has been defined by Foucault as a set of specific rationalities of government that emerged during the seventeenth and eighteenth centuries in countries like France and Germany. They took the character of governmental technologies, that is to say, "domains, techniques, targets where the state intervenes" (Foucault, 1988b, p. 77).

Nosopolitics was the result of the articulation between a nosologic medical knowledge, economics, administrative and political discourses and non-discursive formations (political movements, and other institutions of power). According to Foucault (1980a), the discourse about the problem of the sick poor, the health of the

[69] Staum (1980) has criticised Foucault's assertion in the sense that "'private' and 'socialised' medicine, in their reciprocal support and opposition, both derive from a common global strategy" (1980a, pp. 166-167) of power and knowledge relations. For Staum that is a sinister view; moreover, he denies the existence of a 'nosopolitical' design orientated "to integrate physicians into a political, administrative, and economic power" (p. 272) at the end of the eighteenth century.

population, and the role of the State and other institutions was reconsidered under the influence of nosopolitics. Thus, while in the middle ages the poor, unemployed, vagabonds, criminals, madmen, exiles and émigrés of all kind were *excluded* and their knowledge was assumed as irrational; while at the beginning of industrialisation they were *confined*; and while at the threshold of nosopolitics they were *assisted* by an ensemble of private and charitable institutions; during the eighteenth century the full emergence of *nosopolitics* brought to bear a "general" or "universal" strategy that took form under the umbrella of an abstract and technical rationality that typified the alliance between the state, existent economic powers, and scientific knowledge (Foucault, 1967 and 1973).

Previous to nosopolitics, health policy and the medical care of the poor were a part of an undifferentiated politics of assistance that was materialised through institutions which served, at the same time, "as the collective means of dealing with disease" and other aspects of poverty (Foucault, 1980a, p. 168). In contrast, nosopolitics and police constituted as their specific objects of discourse and defined as their targets of intervention the health and disease of children, of the family and, and of the population as a whole. They took into account a series of influencing factors such as those referring to natural and urban environment, the scientific, political and administrative role of the medical profession, the technical and scientific role of the hospital, and the general organisation of medical services.

According to Foucault (1967 and 1973), diverse expressions of nosological medical knowledge were accommodated with corresponding tendencies of economic, political and hygienic discourses:

On the one hand, madness and other human conditions were differentiated from poverty at the end of the eighteenth century. From the perspective of the economic discourse, poverty no longer was seen as a moral problem but as an economic phenomenon. Before these changes, the categories "sick poor" or "necessitous pauper" (needy) acknowledged a moral connotation instead of a technical one. Thus, while the Christian tradition had seen "the poor man" as a man of "flesh and blood," during the emergence of eighteenth century's economic thought, the moral connotation of this notion was engulfed by economic analytical categories such as "poverty," "population," and "wealth." These changes in the content of the discourse about madness and poverty were associated by Foucault (1967) with the disappearance of the practice of confinement in Western civilisation. These changes were observed too in the case of the economic discourse about the role of the old hospital foundations of that time. For instance, emerging economic discourse laid emphasis on the dissolution of these institutions, on the redistribution of their funds in a generalised system of assistance, and on the re-allocation of the monetary investment according to rules of production, cost, and utility.

Nosology coincided "with the way in which, in political thought, the problem of assistance (was) reflected" (Foucault, 1973, p. 18). Thus, during the French Revolution, whereas the Girondists demanded the abolition of the support of the state

to the poorest classes, and the Mountain called for the abolition of the hospitals, the Commune and the Directoire spoke out for their maintenance and reorganisation. The Mountain made a discourse and a practice of government that articulated the ideas of the free practice of medicine (medicine of total liberty) and the dissolution of the hospitals with an economic conception of poverty and a moral notion of social justice identified with a private obligation under the responsibility of the family. This way of governing the social was reversed later by the Directoire which reorganised the hospitals and established the basis for the emergence of the clinic.

On the other hand, the discourse of hygiene (a "medico-administrative" discourse) constituted the child, the reduced family (the natural place of a child's life development), and the urban space, as its objects of enunciation and intervention. Moreover, the life and longevity of the population were also another key object of this discourse and of its techniques of intervention through the strict control of epidemics, death-rate, and the regulation of the average life-span and life-expectation. They were constituted as the body of the medicalisation of individuals, social and natural spaces.

Hygienic discourse and the medical profession converged with the existing economic knowledge and political power regarding a hygienic conception of health policy. This reinforced the idea of a dehospitalization of medicine and of an economic, administrative and scientific re-structuring of the hospital. The "dehospitalisation" of medicine was the origin of a network of health services at minimum cost under the form of dispensaries, of a more detailed distribution of medical practice in the whole social body, and of a stricter control of the population.

The formation of this rationality in the field of health policy and in the field of the medical assistance of the poor has been clearly described by Foucault in terms of the struggle between different strategic positions of economic, medical and political discourses and of political movements. Foucault (1973) says that during the French Revolution different positions confronted each other but, at the end, there emerged a general and dominant strategy of assistance.

Firstly, Foucault has shown the articulation between the models of medical, economic and moral knowledge and the model of society imagined by some political leaders of the French Revolution. They were in accord on the notion of liberty. Health and health care were considered a natural and individual need that should be accomplished on the basis of a conception of medicine of total liberty, that is to say, a free knowledge and practice of medicine[70] supported in the family - the natural environment of social life, the natural locus of disease and, as such, of the regenerative forces of nature (Foucault, 1973). A certain tendency of liberal economic thought converged with these positions. It asserted that the family and the communal houses for the sick were the most cost-effective means for the medical assistance of the poor, the mobilisation of the wealth tied up in the hospitals, and the articulation of the responsibility of the nation concerning public assistance. This rationality was also connected with the idea that the family was the locus of feelings of compassion, benevolence, comfort, consolation, and reciprocity. Thus, a private "moral consciousness" would organise, in a double scheme, the duties of the nation as a public space of collective assistance,

[70] This knowledge asserted that it was a "required and acute perception of the individual, freed from collective medical structures, free of any group gaze and of hospital experience itself" (Foucault, 1973, p. 15). In this way of knowing the treatment of disease had to take place in its natural space, the family.

and the duties of the family as a private one. In these conditions, the doctor would play a triple role: he would become a technician of medicine, an economist, and the guardian of public morals.

Secondly, there were also those who maintained that the hospital, and not only the family, was the place for the development of medical knowledge[71] and for the active intervention of medicine and the state. According to this view the hospital had to be re-organized depending on the technological demands of medical knowledge. Furthermore, disease and poverty had to be tackled through the intervention of different authorities in different social and natural spaces. Thus, there emerged a single strategy with a double structure of assistance after many confrontations, victories and defeats: the family and the hospital. This double structure of assistance corresponded with the notion of the double space of nosological knowledge. Thus, according to Tenon (1788, p. 354):

> The family, the natural locus of disease is duplicated by another space that must reproduce, like a microcosm, the specific configuration of the pathological world. There, beneath the eye of the hospital doctor, diseases would be grouped into orders, genera, and species, in a rationalized domain that would restore the original distribution of essences. Thus conceived, the hospital would make it possible 'to classify patients to such a point that each would find what was suited to his state without aggravating by his proximity the illness of others, and without spreading contagion, either in the hospital or outside it.

[71] This pattern of knowledge acknowledged the existence of a social body through which nosology explained disease as a picture of social influences, as a problem of populations, and as an epidemic phenomenon. In these conditions, its treatment had to be distributed in the social body as whole by means of a multiplicity of "cure centres, arranged in the most favourable way" (Foucault, 1973, p. 16).

8.1.1 Nosopolitics and the Role of the State

At the end of the eighteenth century the State added to its old functions of pax et justitia, maintenance of order and organisation of enrichment, a further function, "that of the disposition of society as a milieu of physical well-being, health and optimum longevity" (Foucault, 1980a, p. 170). This function harmonised with a "juridico-discursive" representation of power with the pretension of transcending the traditional state of warfare of western societies and of achieving pax et justitia through the formation of a unitarian and universal regime represented in the Law, confirmed by the notion of Right, and acting "through mechanisms of interdiction and sanction" (Foucault, 1990a, p. 87).

8.1.1.1 Police

These new functions assumed, as a whole, the administrative form of "police" (the conjunction of the functions of order, enrichment, health and well-being). These functions reinforced the State's capacity for the economic regulation of production and trade, for establishing diverse measures of public order, and for organising general rules of hygiene. A major point concerning the role of the State regarding the health and physical well-being of the population was the way in which the State included among its functions the assistance of the sickness of the poor. That way was (constituted) "police". It included the regulation of many things but particularly of the negative aspects of life: "the poor (widows, orphans, the aged) requiring help; the

unemployed; those whose activities required financial aid (no interest was to be charged); public health: diseases, epidemics; accidents such as fire and flood" (Foucault, 1988c, p. 78); and the analysis of population growth: mortality and fecundity rates, overpopulation, territorial distribution, etc.

Specific professional knowledge and techniques (expertise) such as medicine, hygiene, statistics (the description of states) and the art of government constituted the bedrock upon which this task was fulfilled. Foucault (1973) asserted that the knowledge of disease, from being something essential and ordinal, came to be something solid, quantitative and cardinal, rooted in historical and geographical circumstances. Disease achieved a constitution, was acknowledged to have a causality, and was considered as an endemic and epidemic event. This change demanded a new practice for its treatment and prevention: control and supervision of natural and urban spaces, health inspections and health regulations became logically necessary. This challenge demanded the complementary intervention of experts and the State.

Medical knowledge was turned into a collective medical consciousness that no longer left room for either the private and isolated activity of a doctor or for lay knowledge. As a knowledge and as a social practice with political implications, it was centralised by the state and a medical body and became their instrument. This political and administrative centralisation was also the expression of the centralised scientific structure of its judgement. According to Foucault (1973, p. 30):

> medical consciousness is duplicated: it lives at an immediate level, in the order of 'savage' observations; but it is taken up again at a higher level, where it recognizes the constitutions, confronts them, and, turning back upon the spontaneous forms, dogmatically pronounces its judgement and its knowledge. It becomes centralized in structure.

8.2 Biopower: Anatomo-politics and bio-politics

Whereas nosopolitics was fundamentally based on a knowledge of diseases (nosology), bio-politics was grounded in a knowledge of life and its performance. Biopolitics is an expression of biopower; this notion was developed by Foucault based on his acknowledgement of the changes that had arisen in the "juridico-discursive" representation of power and its practices at the end of eighteenth century. This new conception of power took as its targets "men's existence" and human beings as "living bodies." Its methods were "ensured not by right but by technique, not by law but by normalization, not by punishment but by control, methods that are employed on all levels and in forms that go beyond the state and its apparatus" (Foucault, 1990a, p. 89).

Whereas the sovereign, juridical conception of power had been exercised as "a means of deduction," that is, as "the right to appropriate a portion of the wealth, a tax of products, goods and services, labour and blood, levied on the subjects" (Foucault, 1990a, p. 36), biopower was mainly the organisation and deployment of power over life with the intention of disciplining the body and regulating populations. It was a bipolar technology that acted on the individuals and the species, the anatomic and the

biological aspects of the body, and was directed towards mastering the performance of the body and the processes of life (Foucault, 1990a).

Thus, it evolved under two complementary forms: first, as disciplinary power centred on the body as a machine. Under this form, power constituted "an *anatomo-politics* of the human body." That is to say, it created individualising techniques which, by using different disciplines (physiology, psychology, medicine), regulated the individual body in function of "the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls" (Foucault, 1990a, p. 139). Second, it also constituted a *biopolitics* focused upon the population as a species and concerned with life and its biological processes: "propagation, birth and mortality, the level of health, life expectancy and longevity" ((Foucault, 1990a, p. 139; see also Foucault, 1997b). As a totalizing technique of power it "exercises a positive influence on life, that endeavours to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations" (1990a, p. 137) by using the expert knowledge coming from disciplines such as biology, demography, statistics, among others.

Under biopolitics the State and the experts tend to treat the population "as a mass of living and coexisting beings who present particular biological and pathological traits and who thus come under specific knowledge and technologies" (Foucault, 1997f, p. 71). Foucault (1992a) showed that during the period between the second half of the eighteenth and the beginning of the nineteenth centuries, medicine (hygiene) became an integral part of biopolitics in the fields of natural and urban environments. Later

on, this also became the case in the field of social security. Foucault (1992a, p.261) also says that during the nineteenth century, medical and hygienic knowledge

> form a connection between a scientific action on biological and organic processes (that is, upon the population and upon the body) and a political technique of intervention with its specific effects of power. Medicine became a power-knowledge which acted at the same time upon the body and the population, upon the organism and the biological process. In consequence medicine will have disciplinary and regulatory effects.

Furthermore, once psychiatry studied madness as a disease, it also became an instrument of biopolitics by making itself a component of public hygiene (Foucault, 1980d).

In this way, two new centralising and complementary structures of power and knowledge took form: On the one hand, the series body-organism-discipline-institutions; on the other, the arrangement population-biological process-regulatory state-mechanisms. "On one side an ensemble organic-institutional: the organic-discipline of the institution; on other side a state and biological ensemble: the bioregulation through the state" (Foucault, 1992a, p. 259).

The distinctions made by Foucault (1973, p. 35) between the medicine of the eighteenth and the medicine of the nineteenth centuries have become very clear:

> Generally speaking, it might be said that up to the end of the eighteenth-century medicine related much more to health than to normality; it did not begin by analysing a 'regular' functioning of the organism and go on to seek where it had deviated, what it was disturbed by, and how it could be brought back into normal working order; it referred, rather, to qualities of vigour, suppleness, and fluidity, which were lost in illness and which it was the task of medicine to restore [...]. Nineteenth-century medicine, on the other hand,

> was regulated more in accordance with normality than with health; it formed its concepts and prescribed its interventions in relation to a standard of functioning and organic structure, and physiological knowledge - once marginal and purely theoretical knowledge for the doctor - was to become established (Claude Bernal bears witness to this) at the very centre of all medical reflection.

Biopower emerged as the result of a normalising rationality anchored in a continuous differentiation between the normal and the abnormal. It encouraged the development of society under the orientation of a totalizing and normalising, scientific and theoretical discourse, and under the juridical mechanisms of centralising relations of power. Both, the scientific norms relating to the life of the population and of the individual, and the juridical mechanisms of power, tended to be the means by which the Law operated. They also tended to be a universal centre of reference for evaluating and appraising everything, even for resisting power. In this respect, Foucault (1990a, p. 145) says that during the nineteenth century

> what was demanded and what served as an objective was life, understood as the *basic needs*, man's concrete essence, the realization of his potential, a plenitude of the possible...It was life more than the law that became the issue of political struggles, even if the latter were formulated through affirmations concerning rights. The 'right' to life, to one's body, to health, to happiness, to the satisfaction of needs, and beyond all the oppressions or 'alienations,' the 'right' to rediscover what one is and all that one can be....

Thus, biopower constituted the subject not only as the object of a scientific regulation of life and the body in relation to economic production and productivity, but also as a juridical subject of social rights (social security and social solidarity) that resists the logic of the economic mechanism of production (see also, Donzelot, 1991).

8.2.1 Power and the universality of medical knowledge

Foucault (1992a) asserts that in modern society the state has intervened in the struggle between different strategic positions of knowledge by disciplining them through procedures of selection, hierarchical arrangements, centralisation, and normalization. This has made possible the appearance of the disciplines and, particularly, of a kind of global discipline, the positive sciences.

During the eighteenth and nineteenth centuries, medicine become a discipline through a process of the classification, homogenisation, centralisation, and universalisation of certain tendencies of medical knowledge which excluded other popular knowledge. This was achieved by a process which simultaneously established the hospitals, the dispensaries, the societies of medicine, the medical profession, the institutions of public health, hygiene and education, and the university, as the most suitable institutions for centralising and disciplining a diversity of existing medical knowledge and for creating a social medical consciousness (Foucault, 1973).

Society as a whole was medicalized. In that way, bio-power exerted two functions upon the subject: first, the close supervision by a doctor (expert) of the health and life of the population and, finally, the state's stimulus to individual and collective self-control of health by spreading medical knowledge through health education. Medical knowledge *became a positivist regulating rationality* with the capacity of defining and of extending the medical model of the normal and the pathological in a clear connection with dominant political powers. Moreover, this positivist medical

knowledge was taken as a model for the human sciences in those aspects concerning the analysis of the modes of existence of races, societies and civilisations as well as in those areas related to health.

8.2.2 Disciplinary power and medicine

According to Foucault (1991a), various technologies of individualising power emerged in the field of medicine and in hospital during the Classical Age. Thus, the space of the hospital was distributed according to a double functional structure: a therapeutic space, and an administrative and political one. Whereas the former was intended to generate the isolation of diseases, the isolation of bodies for preventing contagion, and the separation of living and dead bodies, the latter was designed to reinforce administrative, military, economic, and political controls. A better hierarchical observation of patients was achieved by designing and building the hospital as a place for medical action in such matters as the regulation of treatments, the prevention of contagion, and better bed ventilation.

Furthermore, the hospital was constituted as an "examining" apparatus by generalising the use of the procedure of examination; thus, the ritual of the visit, the constant examination of the patient by the doctor, was the sign of the emergence of a medical power which at the same time produced a corpus of knowledge. These reinforced each other. This also created a "network of writing" or documentary procedure on the identity of the patients, the description and control of their diseases and their

treatments, and the mapping of epidemics. As a result, clinical science emerged as a new type of the medical power over the body of the patient and society.

At the beginning of nineteenth century this individualising technology was used to differentiate between the normal and the abnormal, the supervision of the performance of doctors and nurses, the observation of patient's symptoms, the control of risks within the hospital, the design of techniques of experimentation, and for the surveillance of the population's health through a network of health institutions. The establishment of general norms (standards) of health, of the performance of the hospital, and of the medical profession, was based on a judgement that constantly differentiated between the normal and the abnormal.

8.2.3 Social security as a technology of government

In the perspective of the government of the social, biopolitics has had its expression in social security, medical care, public health and hygiene. Social security emerged as an instrument of social policy for governing the problems of poverty and working-class insecurity. It emerged, at the end of the nineteenth century, as a centralised, techmical and financial technology as an answer to the previous experience of worker's mutualism and paternalist philanthropic societies (Defert, 1991). This rationality has insured against events that may happen at random among a population. It has been based on an economic and statistic calculus of probabilities, on the collective distribution of the burden of individual damages, on the individual contribution of all,

on the moral principle of social solidarity, on the availability of capital, and on the social redistribution of wealth. Its basic principle of social justice has been equality and its principle of administration the centralised management of social risks through the state.

Social security has dealt with the life of concrete individuals and populations by insuring them against the risks of labour accidents, professional diseases, sickness, old age, death, unemployment, handicap (previously called invalidity) and incapacity, and has operated on behalf of children, among others. Social security has been organised taking into account different models like those of Beveridge in England and Bismarck in Germany. These models have oscillated within the boundaries of a complete or partial inclusion of the population, according to whether the right to their social benefits should be linked to the world of work or to the collectivity as a whole (see Defert, 1991; Donzelot, 1991; Ewald, 1991; and Foucault, 1992a and 1997d).

According to Foucault (1988b), the European experience of social security has posed two main challenges: "security-dependency" (particularly in the case of France), and efficiency in its economic, political and social use. The problem of security-dependency has been defined in terms of "dependency by integration" and "dependency by marginalization." This means that, on the one hand, the system of social security can generate a loss of individual autonomy by creating a style of life that reinforces asymmetrical dependencies on the family, the workplace, geographical areas, or on the state itself. On the other hand, it can generate marginalization if individuals choose not to adopt the style of life derived from that kind of security.

Marginalization is also the result of dependence on the State because, suddenly, a class of social security dependent people is produced: effectively, an underclass. Moreover, exclusion (a form of marginalization) and inequalities emerge as a problem in those cases where social security has not yet become a universal system.

8.3 Neo-liberalism, Expertise and the Subject

I have already described the emergence of the totalizing, normalising and disciplining character of the relation between political power and knowledge (especially, medical knowledge) as biopower during the nineteenth century. Then, the state intervened simultaneously in the sphere of economics and in the life of individuals and populations. It used to govern others by using totalizing forms of knowledge like statistics, medicine, biology, public health (and, even, eugenics, as in the Nazi politics of life, at the beginning of twentieth century). It has been said, for instance, that Statistics became the political economy of the state (Osborne, 1996). In what follows, I shall focus my analysis on the mutations of power and knowledge relations during the twentieth century, particularly, those concerning the emergence of neo-liberalism. In order to analyse this point I will review some of Foucault's works on the matter and, in particular, the contribution of some followers of Foucault, writing after his death.

At the end of the nineteenth century and at the beginning of the twentieth century, a new form of state intervention appeared, a form of welfare state that has made use of

the juridical notion of social solidarity, of the governmental technology of social security, and of science (expertise) as its preferred means for the formation of social policies and economic regulation. The welfare state appeared as a combination between the juridical form of state and biopower. This form of state has made use of a variety of occupations (for instance, social work) as experts for governing the solidaristic (inclusive), individualising, and self-caring (self-responsive) axes of welfare (Osborne, 1996; Rose 1996). At the same time, it has come govern the economy by using experts in disciplines such as economics, management, psychopathology of work, social pathology of the enterprise, among others.

It has been said that the relation between political power and knowledge has constituted the subject in a double way: as a subject of rights for effects of solidarity, and as a subject of sciences for effects of productivity (Donzelot, 1991). It has been said as well that the subject of rights (the subject of welfare) has been "a subject of needs, attitudes and relationships, a subject who was to be embraced within, and governed through, a nexus of collective solidarities and dependencies" (Rose, 1996, p. 40). However, it seems to me that this subject of rights has been, simultaneously, a subject of sciences such as biology, medicine, epidemiology (see, for instance, Barker, 1992; Kuh and Smith, 1993; and Wilkinson, 1996). This double character of the subject of rights has important implications for the role of expertise (scientific knowledge) and its mutations, concerning the constitution of the subject of social justice. This may be perceived by analysing the relations between the changes in the forms of liberal interventionism, its use of knowledge, and its consequences regarding the constitution of the subject.

8.3.1 The emergence of neo-liberalism: expertise and the subject

Government, from the perspective of the state, has been defined by Foucault (1997b) as the art of governing human behaviour (the conduct of conduct) within the framework of, and by means of, state institutions. That is, at the centre of this notion is the idea of a rationality that regulates the conduct of others and of oneself in a cautious, modest and economic way (see also Burchell, 1996, Barry, Osborne and Rose, 1996).

Liberalism became "a principle and method of rationalizing the exercise of government" (Foucault, 1997b) and of optimising the economy. It has included two key elements: an economic rationality for the rationalization of the economy, and a juridical system (the law) that abstracts from particularisms the role of intervention and allows participation in the formulation of the law. In that sense, the tasks of governing the behaviour of the population in terms of "health, sanitation, birth-rate, longevity, and race," have been made through the management of an ensemble of variables whose end has been the optimisation of the economy.

According to Foucault (1997b) a new form of liberalism has been taking place: neo-liberalism. Whereas liberal interventionism was driven by the idea of the optimisation of the acts of government, the new form of liberalism looks for the maximisation of the effects of government and the minimisation of their costs. According to Foucault (1988b), neo-liberalism has been a reaction against the economic, social and political irrationalities of the use of welfare benefits. In this sense, it has been a reaction against

"its alleged failings and its deleterious consequences for public finances, individual rights and private morals" (Rose, 1996, p. 40). It has also been analysed as a reaction against the "economic cost of the social" and against "the cost of life." That is, it is a reaction contra the "widening gap between production and social expenditure," against the "inflation in sickness insurance costs," and against the centralised management of social risks that, according to this view, have contributed to the maintenance of inequalities (see Donzelot, 1991). These reactions against the welfare state have taken as their central targets the role of the experts concerning their relations to the state and the subject (see Rose, 1996), "the juridical conception of need, and the statutory conception of the subject" (see Donzelot, 1991, pp. 271-272). Changes have been introduced in function of a new rationality concerning the social grounded in market relationships. Neo-liberalism has been imposed under the strategy of controlling the "economic costs of the nation's social expenditure" (Donzelot, 1991, p. 279) and under the tactic of "autonomizing the individual and returning responsibility to the community" (Donzelot, 1991, p. 278).

Perhaps a good picture about the overall rationality embraced by liberalism and its view about the role of the experts and the subject might be perceived by quoting Rose (1996, p. 41). He says that

> a new formula of rule is taking shape, one that we can perhaps best term 'advanced liberal'. Advanced liberal rule depends upon expertise in a different way, and connects experts differently into the technologies of rule. It seeks to degovernmentalize the State and to de-statize practices of government, to detach the substantive authority of expertise from the apparatuses of political rule, relocating experts within a market governed by the rationalities of competition, accountability and consumer demand. It does not seek to govern through 'society,' but through the regulated choices of individual citizens, now construed as subjects of choices and aspirations

> to self-actualization and self-fulfilment. Individuals are to be governed through their freedom, but neither as isolated atoms of classical political economy, nor as citizens of society, but as members of heterogeneous communities of allegiance, as 'community' emerges as a new way of conceptualizing and administering moral relations among persons.

In this way, neo-liberal social policy would take two directions: firstly, to make flexible the labour market on the basis of individual retraining and of breaking the status of the subject of rights, according to the needs of the transformation of industry and the demands of production, and in connection with a conception of individual autonomy. Secondly, to put into practice a process of strategic health policy-making grounded in new technologies of government such as economic outcome models (cost-benefit and cost-effectiveness analysis and so on), the strict delimitation of targets for action (selective groups of the population, specific spaces), the selection of methods of care (for instance, "integrated schemes" such as maternity care and child protection) and the reinforcement of prevention (especially in the form of people's own self-care), and the creation of a whole health system performing under the principles of "responsibilisation" (management) and marketisation (See Donzelot, 1991; Bunton, 1997; Osborne, 1997).

These changes seem to give a new dimension to the notion of subjects of rights (individual or collective subjects) and to the role of the expert. In the case of patients, they seem to be recovering their lost autonomy insofar as they seem to be placed beyond the boundaries of the normal and the pathological and of the limitations engendered by the welfarist conception of the subject of rights (Donzelot, 1991, pp.278-280). Thus, whereas formerly welfare made the patient simultaneously dependent on the state and on the doctor under the obligation of a right to the attention

to their illnesses and health, now this scheme tends to be redefined in terms of a separation of responsibilities: the state and the doctor, for instance, will care for the sickness of the patient in terms of its costs, and the patient will care for his own health. According to Donzelot (1991, p. 278): "Under the old contract, sickness confers a right and demands a remedy. Under the new contract, sickness has meaning only in terms of its costs, while health is made a matter of civic responsibility".

However, it seems that an intermediary figure between the state, the traditional expert (the doctor) and the patient (or communities) has come into being: the alliance between empowered managers and new experts in risk factors. This new link between power and knowledge, now grounded in market relationships, seem to be dissolving the old notion of the subject. This seems to be the case because the old relations between practitioners (doctors, nurses) and patients seem to be changing within the interplay of abstract factors of risk to be intervened in and controlled everywhere by public and private agencies and experts (for instances, epidemiologists, statisticians). The new agencies formulate their health strategies according to the guidance of scientific findings about collective and individual profiles of risk factors. In this sense, they make use of a set of mediators, programme co-ordinators, and community developers, and of other types of "experts" (health promoters, for instance) for the pursuit of specific and quantifiable goals and targets that are defined extensively by the managers (Petersen, 1997). Castel (1991) has expressed this clearly: "The new strategies dissolve the notion of a subject or a concrete individual, and put in its place a combinatory of factors, the factors of risk" (p. 281).

This change seems to be the expression of a long historical movement in the relations of knowledge and the governance of the self and others, whose concrete manifestation is the transformation of the notion of danger into the notion of risk (Foucault, 1988d; Castel, 1991). It has been a move from a notion of danger identified as "a quality immanent to the subject," towards a notion of risk founded in the assessment of a combination of objective factors by using statistical and epidemiological correlation. Theoretically, from now on it no longer requires the presence of the subject, for instance, the face-to-face relation between the doctor and the patient or the direct relation between communities and health authorities, in order to make decisions in matters of the treatment of sickness or the design and monitoring of health policies. It is enough to handle, through autonomised agencies, all kind of risk factors such as psychological, biological, socio-economic, physical, meteorological and, even, iatrogenic ones. Thus, according to Petersen (1997), in the case of health promotion, the distinction between healthy and unhealthy populations totally dissolves since everything potentially is a source of risk and everyone can be seen to be at risk.

Castel (1991) has explained that the practical and political implications of this mutation can be perceived at two levels: first, in the separation of diagnosis and treatment, and the transformation of the caring function into an activity of expertise and, second, in the total subordination of technicians to administrators. This has brought to bear a new type of relation between patients and doctors, between doctors and administrators, and between communities and private and public agencies. This is a relationship in which "autonomous" managers obsessed with efficiency and with risk factors, with competition and profit, and operating with computerised technology,

not only dominate doctors and patients, but also objectify the other (see Petersen, 1997).

According to Bunton (1997) the system of care for the ill has been transformed into a system for monitoring the health and welfare of populations. Epidemiological survey data becomes the main method of the new health professionals. New modes of surveillance, supported by technological advances, make of the calculation of probabilities an increasingly sophisticated "systematic pre-detection". Populations are increasingly being managed through their profiles about factors such as their age, social class, occupation, gender relationships, locality, lifestyle and consumption. New categories for classifying the population (dividing practices) appear in the discourse on risks, for instance: "risk takers," population "at risk," "safe" population.

The emergence of neo-liberalism and the value given to risk factors in the sphere of knowledge seem to be configuring important changes in the way of governing the social, particularly in the field of health and health services. Taking into account Castel's (1991), Donzelot's (1991), and Petersen's (1997) assertions, it can be said that a new mutation in the field of knowledge and in the relations between power and knowledge has come into being that places us beyond structuralism but still within the boundaries of positivism for explaining the relations of causality of social problems. The move from the notion of danger towards the notion of risk brings forth not only new methods and techniques of knowledge in the field of statistics, epidemiology, and the sciences of management, but also produces new boundaries for the definition of the normal and the pathological (the notions of "at risk" and "low risk," among

others). At the same time, new technologies of power have been emerging after the redefinition of the welfare state (see Powell and Hewitt, 1998). These new technologies are clearly delimited by the practices of a market economy and by the political rationality of neo-liberalism. The interactions between these new technologies of knowledge and power define new spheres within which the relations between the subject and practices of government and knowledge seem to be evolving.

8.4 Conclusions

I have tried to describe the changing historical panorama of specific rationalities of knowledge and government and the interactions between them through the state and other institutions concerned with the knowledge and government of health, health services, and their implications for the subject from the perspective of social justice. This description shows that, from a certain time in history, there have taken place processes in which the solution of social problems has been based on specific and multiple ways of knowing and of rationalising governmental interventions. We are able to separate one epoch from the other in a clear way and, in every case, to define the precise characteristics and effects upon the subject of the practices of knowledge and power.

However, what seems to me more important is to acknowledge the fact that each epoch and, in particular, our present situation, is the result not merely of a single, totalizing and continuous process of rationalization but of the contingencies of each

period and of the struggle between multiple rationalities and ways of acting things. Moreover, the interaction between these rationalities and power has constituted centralising and universalising complexes of power-knowledge, rationalities and practices that impose their will upon others (individuals and populations) through precise mechanisms of domination, control, normalization and objectivation. Thus, to understand a situation implies more than a mere structuralist and functionalist description of social problems.

CHAPTER 9: FOUCAULT AND VALUES. A PHILOSOPHICAL PERSPECTIVE FOR EVALUATION?

Previous chapters in this section have shown the effects of subjugation (domination and objectivation) of knowledge and power relations in the modern rationalities and practices of health policies, from a Foucauldian perspective that criticises these as the negative effects of universalising modern ways of judging and doing things. Having considered Foucault's critique of the modern ways of judging (knowledge) and of the relations between power and knowledge and their implications for the subject, I will now explore the paths that Foucault's thought opens for a non-foundational and non-universal perspective of evaluation.

Thus, in this chapter, I will highlight the theoretical grounds of the strategies used by Foucault for opposing the modern mode of judging, and the effects of power and knowledge relations. The chapter will provide a general view of Foucault's conceptions on values and how he resists and criticises modern ways of judging and valuing by offering, as an alternative, the encouragement of new forms of subjectivity: what I interpret as diversity, autonomy and solidarity. It will also show how this can be done through problematizing modern relations between power, knowledge and morality and, simultaneously, by promoting, as an answer to their negative effects, the autonomous self-constitution of the subject.

9.1 A New Way of Analysing Values

Foucault differentiates between ancient and modern modes of valuing which he fights against. However, he refers not only to Greek antiquity but also to the present way of constituting the subject. At the same time, he contests traditional Christian values (Deleuze, 1963), and their actual presentation through the state in the form of a new pastoral power which individualises and totalizes[72] (Foucault, 1979; Foucault, 1982). He resists egoism, utilitarianism, and positivism, but also all those ways of valuing that he identifies with the practices of the subjection (totalization and individualisation) of communities and individuals (Foucault, 1982).

Foucault bases values neither on metaphysical essences, nor on moral or scientific standards as modern thought does. For him values are based on desires and needs (1970), on force relations (1982, 1984a and 1991a), on the different rationalities of those forces. In this he has been influenced by Nietzsche. In fact, according to Deleuze (1983), for Nietzsche, values are created by specific force relations, by their hierarchical organisation, and by the will of domination that informs them. In this

[72] According to Foucault (1982, pp. 213-214), the "modern Western state has integrated in a new political shape, an old power technique which originated in Christian institutions. We can call this power technique the pastoral power." In the old tradition of Christianity this power took the following form: "1) It is a form of power whose ultimate end is to assure individual salvation in the next world. 2) It is not merely a form of power which commands; it must also be prepared to sacrifice itself for the life and salvation of the flock. Therefore, it is different from royal power, which demands a sacrifice from its subjects to save the throne. 3) It is a form of power which does not look after just the whole community, but each individual in particular, during his entire life. 4) Finally, this form of power cannot be exercised without knowing the inside of people's minds, without exploring their souls, without making them reveal their innermost secrets. It implies a knowledge of the conscience and ability to direct it." The modern state changed, following the old Christian tradition, the conception of salvation in the next world, for the aims of well-being, health, security and protection against accidents in this world. This pastoral function has become exercised now by the state apparatus, private actions of beneficence and welfare developed by individuals, societies, the family, medicine, the hospital, and public health. Knowledge, as an instrument of this power, plays two roles: "one globalizing and quantitative, concerning the population; the other, analytical, concerning the individual" (p. 215).

way, the sense, meaning or signification of a thing or phenomenon is given by the forces that "hold and take possession" of it (Deleuze, 1983, p. 4).

Thus, from this perspective, values are the result of an immanent synthesis of force relations. These forces can be differentiated according to whether they affirm or deny difference (diversity), to the way in which the subjects relate to others and themselves, and to the attitude they assume regarding life. They can deny difference when they ground their judgements in universal and transcendental values, in the idea of a universal or transcendental subject, a common essence or human nature that makes us the same, or in the notion of an infinite progress or evolution into the same. They affirm difference when they *preserve and reproduce diversity*, multiplicity. In the former case forces ground their judgements in metaphysical, essentialist, universal, or evolutionist values. In the latter, their judgements are relative; they are as diverse as are human modes of being and ways of life and existence; they are the result of chance and necessity.

It may be said that Foucault differentiates the values of those relations of force by analysing them in terms of the positive or negative effects of their actions or practices. That is to say, those forces can act under either the impulse of encouraging diversity, autonomy, life and solidarity, or under the impulse of neglecting them. In this way, Foucault distinguishes different effects of the values constituted by the forms of the organisation of force relations (complex of knowledge-power-morality). For instance, he differentiates between the effects of oppression and exploitation, and the effects of subjection, the result of the forms that the organisation of forces takes in different

rationalities and practices of government, whether in the traditional or in the modern forms of state and institutions (Foucault, 1982). In doing this Foucault shows the modern connections between power, knowledge and morality, their practices and effects.

Oppression and exploitation are asymmetrical and constraining forms of relations of power. They can be the expression, on the one hand, of forms of ethnic, social, political, military, and/or religious domination and, on the other, of forms of economic exploitation (Foucault, 1982). Subjection, that is to say, objectification and normalization, totalization and individualisation, can be the result of the modern ways of connecting power, knowledge and moral values in forms of rationality and practise such as nosopolitics and police, biopolitics and welfare, risk society and managerialism. According to Foucault (1982), domination and exploitation are conditions under which forms of subjection frequently arise. For that reason, in these cases, it is also necessary to remove those forms of domination and exploitation in order to fight successfully against subjection.

For Foucault, the analysis of the emergence of values must delineate the interaction of forces, "the struggle these forces wage against each other or against adverse circumstances, and the attempt to avoid degeneration and regain strength by dividing these forces against themselves" (Foucault, 1984a, pp. 83-83). Foucault thinks that it is force's will to dominate that produces the differentiation of values, accounts for the origin of logic, fixes rituals, rights and obligations, and establishes rules and laws. But this is not necessarily a progressive result; it can be transitory and changing from one

domination to another. Thus he (1984a) says that "humanity does not gradually progress from combat to combat until it arrives at universal reciprocity, where the rule of law finally replaces warfare; humanity installs each of its violences in a system of rules and thus proceeds from domination to domination" (p. 85). This means that the values which take possession of a thing are the expression of a transitory relation of forces. These forces and their values can be resisted and changed by other relations of forces. This seems to be a discontinuous and contingent interplay between forces.

9.2 Ways of Valuing of the Modern Organisation of Forces

Nowadays forces can organise power and knowledge relations in such a way that they can cause effects such as objectification and normalization, totalization and individualisation. Thus, subjection (normalization and objectification, totalization and individualization) has become one of the most important negative effect of the values of these forces.

9.2.1 Normalization

Foucault (1991a) has shown that modern ways of valuing may assume the form of normalization; thus, for instance, the disciplinary mode of acting upon the behaviour of others assumes that way of valuing. Its norms are considered a mixture of legality and nature, prescription and constitution, and have at its boundaries the double quality

of the normal and the abnormal. This way of valuing is the result of the transformation of normalization by compulsion into normalization by technical elaboration and rational reflection.

Norms become the product of disciplines such as medicine, psychiatry, psychology, social work and education. These norms have generalised in the sphere of meaning what other institutions had been accustomed to apply in the sphere of tactic. According to this, nowadays the enemy is considered a deviant, a transgressor against the demands of the state, of moral laws, or of the apparatus of production, instead of being considered as an adversary of authority. The norms conceived by these disciplines are incorporated and made to work in a network of institutions such as factories, prisons, hospitals, schools, public assistance, and the family. Accordingly, these institutions create the experts who, according to the norms, assume the prerogative of judging between the normal and the abnormal. As Foucault (1991a, p. 304) says:

> the judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the 'socialworker'-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements.

9.2.2 Objectification

Foucault (1982) has also drawn attention to the fact that modern ways of valuing can operate through another negative form of governing the conduct of others and of

oneself: objectification. He describes "three modes of objectification which transform human beings into subjects" (pp. 208-209):

First, the modes of inquiry,

> which try to give themselves the status of science; for example, the objectivizing of the speaking subject in general grammar, philology and linguistics. Or again, in this first mode, the objectivizing of the productive subject, the subject who labors, in the analysis of wealth and economics. Or, a third example, the objectivizing of the sheer fact of being alive in natural history or biology.

Second, "dividing practices." The subject is conceptually either divided within himself or divided from others. Examples are the divisions between mad and sane, sick and healthy, the criminal and the respectable citizen, the rich and the poor.

Finally, "the way a human being turns him -or herself- into a subject. For example, [...] how men have learned to recognize themselves as subjects of 'sexuality'."

9.3 The Critique of Subjection

According to Foucault (1982, p. 212) subjection should be understood as the submission (domination and objectification) of subjectivity to others and/or to oneself. It can be the effect of forms of rationalization and government - the influence of negative forces - concerning the "relations of control over things," the "relations of action upon others" and the "relations with oneself." That is to say, this can be the

result of the organisation of negative reinforcing links between the coercive practices of power and the objectivizing - and mystifying - effects of knowledge. They operate by converting scientific and theoretical truths into something absolute, universal, transcendent, or by deforming representations through the cultivation of irrational forms of knowledge.

Foucault's critique of subjection takes the form of an answer to the question, what is the "status of the individual"? It can be said that this answer underlines three concepts: diversity, autonomy, and solidarity. Thus, for instance, he says that the answer should be given in terms of proclaiming the "right to be different," and in terms of the "attack upon everything which separates the individual, breaks his links with others, splits up community's life, forces the individual back on himself and ties him to his own identity in a constraining way" (Foucault, 1982, pp. 211-212). In my view this is the central and leading point in Foucault's critique against normalization, objectification, and domination (totalization and individualisation).

Foucault asserts that the liberation of individuals and communities from practices of subjection calls for the promotion of new forms of subjectivity. This requires us to problematize[73] the "relations of control over things, relations of action upon others, and relations with oneself" and, simultaneously, to promote the autonomous self-constitution of the subject by using these three types of self-examination (Foucault, 1982, p. 216; see also Foucault, 1997g, pp. 318-319). These three axes of self-

[73] We can problematize them by thinking, that is, by placing thought in the interstice between seeing and speaking, in the chance of force relations, and in the limits of the relation of the thinking subject with himself and others (Deleuze, 1988, pp.116-118).

examination are correspondingly connected to knowledge, power, and ethics (aesthetics of existence). Thus, by my criteria, the criticism of relations of subjection concerning the relation to things, others and oneself, should take into account two aspects: first, *problematization* and, second, the *art (aesthetics) of existence* (Foucault, 1992b).

9.3.1 Problematization

Problematization is the critique, examination or reflection that we make, from a historical and philosophical perspective, about our actions, their meanings, conditions and goals, and about their value as a response to economic, social, political or ethical difficulties (Foucault, 1997d). From the perspective of social justice it can refer to at least two aspects: firstly, *problematization of the modes of objectivation of the subject by universal structures of knowledge and discursivities*[74] (see Foucault, 1997g, p. 315; and also 1997h, p. 88); in this case it may take the form of the analysis of games of truth and discourse concerning the experience of the constitution of the self and its relation to others (Foucault, 1992b). Secondly, *the problematization of practices of government, or the study of "technologies of domination of others and of those of the self"* (Foucault, 1997i, p. 225)[75]. That is to say, in the case of social justice

[74] According to Foucault (1990a) power and knowledge are joined within a discourse as strategic and tactical elements operating in a field of force relations. He points out that the analysis of power and knowledge relationships within discourse must be done "on the basis of a strategy that is immanent in force relationships" (p. 97). He addresses this analysis from an archaeological and genealogical perspective.

[75] Practice is understood by Foucault as "a way of acting and thinking at once" (1998b, p. 463), and its analysis should refer to everything that has been done. Thus, the analysis of practices is addressed from the angle of "more or less regulated, more or less deliberate, more or less finalized ways of doing things" (Foucault, 1998b, p. 463), and it refers to the ways in which knowledge (games of truth and falsehood) and power (forms of government) objectify and dominate the subject (the other). Foucault

problematization might point to a domain of rationality concerning the content of a social plan, and to a domain of practices concerning the effects of its application.

An example of the manner in which Foucault problematizes the present is his analysis of the role of the state concerning social justice and health. It might be said that in this case the government of others may acknowledge a double character, domination and objectivation, since it is by relations of political power informed by games of truth that social justice is brought to bear (see chapter 8 on Social Justice and Biopower). The connection state/individuals/communities appears as the main space where knowledge and power relations take place. However, other spaces (hospital/patient, doctor/patient, and so on) should be taken into account too. The dominant forces leading the state may represent two main historical practices of government: those which concentrate on fighting against the state's enemies, or those which focus on fostering the lives of citizen and, by this means, the strength of the state (Foucault, 1979).

It should be remembered that with the appearance of the modern European state, this political relation with others has taken the form of welfare, a state whose main characteristic has been the emergence of a power over the lives of the individual and of the population as a whole. But it seems that in this state two different forms of relation of political power over the subject have been confused: on the one hand, a notion of legal or juridical subject relying upon the conception of the state's

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undertakes the analysis of practices in different ways: sometimes by putting knowledge and power together as the target of analysis, and other times by separating them and doing specific investigations of their component elements (knowledge, power, acting, thinking).

sovereignty and, on the other, a biological notion of the subject relying upon science and expertise (see chapter 8 on power, medical knowledge and the subject; see also Foucault, 1979, pp. 235, 247). Foucault says that this practice of government has sought, at the same time, to preserve and promote life, health, and well-being through techniques of social security, public health and so on, and to control the activity and behaviour of individuals by urging them to renounce their own world on behalf of abstract demands and interests: the state in itself, utility, progress, productivity, efficiency, and profit.

Another version of this analysis refers to the values supporting certain governmental rationalities on issues such as those of a right to health. Different practices of government have arisen, with different implications at the level of the constitution of the subject, depending on whether a right to health is proclaimed derived from absolute and determinable notions of health and health needs associated with the idea of normality, whether in terms of a biomedical model or in function of the requirements of production (see also Donzelot, 1991). In this case, the health of the population might be managed by using "totalizing, all-enveloping, interventionist and disciplinary rationalities" (Osborne, 1996, p. 116) such as the welfarist idea of state intervention or the neo-liberal idea of market relationships.

A different rationality and practice would arise if health, health needs, and means of health, were understood as elastic and indeterminate concepts (see Foucault, 1988a; Osborne, 1997), neither standing on absolute ideas, nor in function of economic production, nor following universal biomedical models of normality. In this way, what

becomes accepted as the means of health, the regulation of their accessibility and use, and the notion of improvement of people's health, implies taking into account people's views and voices. From this perspective, the notion of equality of right to health might be thought of as only attributable to the means or conditions of health, and the government of population's life and health might be planned and arranged without absolute foundations, functions of production, or of biomedical models of normality, but taking into account people's diverse views on the matter.

Foucault (1991b, p. 102) has also placed the analysis of the government of population's life and health within the notion of "governmentality." He (1991b, p. 102) defines governmentality as

> the ensemble formed by the institutions, procedures, analysis, and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its principal form of knowledge political economy, and as its essential technical means apparatuses of security.

It has been the "governmentalization of the state" and, with it, the management of population's life and health, instead of the control and ownership of society ("etatisation of society"), that has become the main challenge of our present time. This happens because the problem of subjectivation has taken a relevant place in modern societies.

9.3.2 The aesthetic of existence

For Foucault, the notion of subject represents a form rather than a substance or essence. This means that the subject should be thought of as something changing instead of always remaining the same. For him, the subject can be constituted through practices of self-formation or practices of liberty and not only by external forces such as those derived from scientific and moral standards or from technologies of power (Foucault, 1997a). Thus, the subject can resist constraints of relations of power and knowledge and, at the same time, can be involved in actively creating him/herself. This is the argument that is the ground for Foucault's notion of the aesthetics of existence. For Foucault (1997j), the art or aesthetic of existence, or the care of the self, is the promotion of subjectivity against certain effects of power and knowledge. It is also the encouragement of

> intentional and voluntary actions by which men not only set themselves rules of conduct, but also seek to transform themselves, to change themselves in their singular being, and to make their life into an oeuvre that carries certain aesthetic values and meets certain stylistic criteria (Foucault, 1992b; see also Foucault, 1997g).

Foucault encouraged resistance against the negative effects of power and knowledge. However, he also believed in the active self-formation of the subject through self-knowledge and self-mastering. Foucault (1997a) actively promoted the "practices of self-formation of the subject," "practices of freedom," or "practices of liberty" as the way of resisting against totalization, individualisation, egoism, and as the way of self-creation of the subject. This would be the primary condition for an ethical relation between a subject and others. This explains his attempt to develop a form of thinking

and a practice of self-creation similar to that of Classical antiquity, based on the idea of an autonomous and self-stylizing subject who builds himself or herself through practices of the care of the self, an ethics that takes the form of an aesthetics of existence.

The care of the self is a key aspect in Foucault's ethics of relation to oneself and to others, because to care for oneself implies to master the appetites, passions, and desires that may engulf the self and others. Foucault (1990b and 1992b) encouraged a practice of self-regulation of desire instead of a practice of the care of the self based on deprivation of desire, or self-annihilation. He promoted a cultivation of the self not grounded in limitations or restrictions coming from universal moral laws, religious principles, or external authorities, but centred in an art of self-knowledge and of setting rules of behaviour that create an ethical subject by using techniques of testing procedures, self-examination, and reflection (Foucault, 1990b).

Concerning self-knowledge, Foucault (1990b) pointed out that there is a theoretical and practical rapprochement between knowledge and ethics, but there is also a certain liberty of the subjects regarding them through their aesthetical experience. Thus, the care of the self implies two kinds of actions concerning knowledge: first, "knowledge of the self" and, second, "knowledge of a number of rules of acceptable conduct or of principles that are both truths and prescriptions. To take care of the self is to equip oneself with these truths: this is where ethics is linked to the game of truth" (Foucault, 1997a, p. 285). That is, the care of the self means, on the one hand, mastering the relation to oneself and to others through non-universalising games of truth and, on the

other, to do so also by knowing and creating rules and principles of conduct do not grounded in universal moral laws. Taking as an example the ancient Greek philosophy Foucault explains that self-knowledge might suppose, first, turning the subject's gaze upon her/himself to recognise her/himself in what s/he is and, in recognising her/himself in what s/he is, to recall the truths to which s/he is related and about which s/he could reflect; second, it also supposes learning "through the teaching of a number of truths and doctrines, some of which are fundamental principles while others are rules of conduct" (pp. 285-286). Thus, self-knowledge implies the creation of a certain moral-knowledge but from the perspective of a decentered subject.

This means that the individual, by being aware of her/himself, is able to choose the game of truth (whether in the scientific, ethical, or political sense) that fits her/his perspective. It seems that the moral or ethical principles and practices that individuals choose to actualise, or that they create by themselves, allow them to practise self-control and to establish the rules that fix the limits of their self-government and relation to others. As distinct from a passive subject totally submitted to constraining relations of power and knowledge, the active subject defines by her/himself and in interaction with others the type of ethical individual that s/he wants to be according to historical circumstances and to cultural, social, economic and political conditions. In the same way, this active subject would also be able to define her/his connections with the respective strategic positions of scientific or lay knowledge (See Foucault, 1972) which allow her/him to choose the game of truth which better fits with her/himself. Foucault makes it clear that the subject does not constitute her/himself in an arbitrary fashion, but by using "models that he (sic) finds in his culture and are proposed,

suggested, imposed upon him by his culture, his society, and his social group" (1997a, p. 291).

Practices of liberty, practices of freedom, or practices of self-formation are the art, skill, or aesthetic of existence that allow the subject to establish relations with power and with games of moral or scientific truth based on non-slavery, non-objectification, non-dependence, and non-constraint. Therefore, these practices would allow the subject to encourage diversity, autonomy and solidarity. This makes it clear that the self-definition of the subject in relation to others does not oppose autonomy to solidarity, but reinforces each other. Autonomy is the liberty of the subject before constraining relations of power and knowledge. Solidarity is an ethical expression of the subject concerning the needs and sufferings of others. Thus, for instance, in his analysis of the experience of Greek antiquity, Foucault distinguished a regimen of the body and a regimen of the soul, and defined the relationship between them. According to the regimen of the body the subject was able to know her/his needs and the needs of others by establishing a balance between games of truth and her/his own reflection on the problems at issue. It also implied a process of self-mastering, that is to say, the definition of an ethical regimen, rules or principles of behaviour concerning the self and others. The connection between the regimen of the body (games of truth) and the regimen of soul (ethics) was achieved as a changing harmony, equilibrium or agreement between them. This was the result of a certain skill or art, an aesthetics of existence.

How may this be applied to health and justice? First, medicine, hygiene, public health and other related scientific and lay knowledge are fundamental elements in knowing ourselves. Foucault (1990b), for instance, has shown that in knowing the body (the sick and healthy body, food, shelter, environment, behaviour, and also the relation between doctor, patient, and health care), medical knowledge, and other kinds of knowledge and rules in regards to the care of the body and the soul, are fundamental elements. They allow us to reflect on our relations to things, to the self and to others concerning the healthiness or sickness of our body. However, it is the individual her/himself who should choose, judiciously, what is good or bad for her/his body or soul (see Foucault, 1992b).

Second, Foucault (1988b) has problematized questions about our relations of power and their ethical implications. He has said, for instance, that the "decisional distance" between authorities and the subject concerning problems of inclusion or exclusion, the fulfilment of individual needs and the definition of health policies are cultural facts (social, political and economic phenomena) that change according to the state of individual and collective consciousness. He therefore believes that any decision concerning these aspects should be made based on an "ethical consensus," that is, through people's awareness and participation in the process of decision-making. He says:

> I believe the decisions made ought to be the effect of a kind of ethical consensus so that the individual may recognize himself in the decisions made and in the values that inspired them. Only then may such decisions be acceptable, even if there might be protests here and there" (Foucault, 1988b, p. 174).

Thus, the criticism levelled against dominant social and political strategies on health may only be levelled by "playing a certain game of truth, showing what were the effects, showing that there were other rational possibilities, teaching people what they ignore about their own situation, about their conditions of work, about their exploitation" (Foucault, 1990b, p. 15).

9.4 Conclusions

It seems to me that the teachings of Foucault about the relations of the subject to power, knowledge and ethics (aesthetics of existence) can be taken as the standpoint for valuing social justice in health and health care from a pluralist and egalitarian perspective. His thought about the role of knowledge and power in the constitution of the subject in the area of health and health care was developed through many researches, particularly those concerning the history of medical knowledge, nosopolitics and biopolitics, and the history of sexuality. This seems to be the case in the last volumes of the history of sexuality where he shows the relations between the role of external forces and the subject's own forces for her/his constitution. His conceptions about the problematization of the relations of the self to knowledge, to power, and to her/himself, and his conception of the aesthetics of existence as a practice of self-formation might be considered as the foundation of a critical conception of evaluation that encourages diversity, autonomy and solidarity for a conception of social justice that looks for the reconciliation of plurality and equality.

Foucault (1992b) has made it clear that this way of valuing can meet the characteristics of being ontological (self-knowledge of our needs and desires), ethical (a self-mastered relation to oneself and to others) and aesthetical (free choice of our mode of being and of acting by actively transforming ourselves). Thus, evaluation might be the result of a plural logos that, first, problematizes the present in terms of making a critical judgement about the games of truth, practices of government, and moral norms of a health program; and second, encourages an aesthetical process that helps to constitute a subject able to resist the constraints of power and games of truth, and of actively creating her/himself through free choice, self-mastery and participation. In this perspective, political decisions and choices should be the result of an ethical process of "deliberation," "persuasion" (without recourse to universals), "thought," and "prudence," rather than a consensus imposed by the imperative of universal moral laws, scientific or theoretical truths. Paraphrasing Deleuze (1988, p. 115), three questions may summarise this conception: "What can I do, What do I know, What am I?" The first refers to power relations, the second to the games of truth, and the third to the art of existence.

I also have tried to show in this section some Foucauldian tools of analysis that might be articulated with a critical, pluralist and systemic perspective concerning the evaluation of social programs. It appears that the central aspects of an approach of this kind were to reveal and to resist the dominant and objectifying effects upon the subject of the reactive and negative values shaping a social program. Four elements of analysis emerge as the key points of this approach: first, the effects of power on formulations of truth and falsehood; second, the effects of power on the relation

between power and knowledge; third, the effects of the technologies of power upon the subject; and, finally, the resistance against the dominant and objectifying effects of power and knowledge and the promotion of subjectivity through *problematization* and the *aesthetics of existence.*

Foucault offers us specific guidance on the way in which effects of power and knowledge are created by practices of government on the subject. The historical discontinuities of these events and the conditions of their emergence seem to be another important methodological element of this analysis. In the same way, resistance appears to be the basis for the promotion of subjectivity against domination and subjection. At the same time, however, the conjugation between resistance and the aesthetic of existence seem to be the elements through which change and improvement may be achieved.

Thus, in contrast with some authors, for instance Valero-Silva (1996) and Brocklesby and Cummings (1996), who think that Foucault's philosophy can only be used in a passive, historical and critical fashion, I think that Foucault's work also provides grounds for intervention. It is this possibility that makes Foucault's viewpoints, especially those developed in his later work, so striking for a perspective of evaluation that allows intervention.

SECTION FOUR

A NON-FOUNDATIONAL, NON-UNIVERSAL CRITICAL SYSTEMS PERSPECTIVE?

CHAPTER 10: THE RELEVANCE OF ULRICH'S CRITICAL SYSTEMS HEURISTICS

In the previous sections I have shown the relevance of taking into account the analysis of knowledge and power and their relations for grounding a perspective of evaluation of social justice in health programs that encourages equality and plurality. I have described how the recent reform of Colombian health services, health policies and health programs are deeply embedded in the modernizing tenets of neo-liberal rationality and practices on social justice. I also have shown that the specific rationalities shaping the reforms of Colombian health services, its health programs, and approaches to evaluation, have resulted from the use of certain domains of knowledge and techniques of governing the health of the population and health services. I have shown the connections of these rationalities and practices with neoliberalism, and with the national and international elite and its respective institutions of power. At the same time, I have suggested the negative implications that those rationalities and practices have for the development of a conception of social justice that respects diversity and encourages equality.

I have also shown that the modern conceptions of social justice as equality and their evaluation have generally been grounded in foundational and universal approaches that deny plurality, or in relativist conceptions that threaten equality. Moreover, I have shown how those approaches fail to take into account the relations of power and knowledge in the process of judging and valuing. Thus, the importance of designing a

methodological approach to the evaluation of social justice that encourages equality and plurality has come to the fore.

In trying to find a way out of universal foundations of social justice and of universalising conceptions of evaluation, I have settled in Foucault's thought. After exploring the Foucauldian criticism of the modern ways of judging and valuing and of the reinforcing relations between power and knowledge, I conclude that Foucault provides a philosophical basis for underpinning methodological ways of judging and valuing without universal foundation, compatible with the encouragement of equality and plurality.

His philosophy can be useful not only in resisting oppression and the negative effects of power and knowledge embodied in the rationalities and practices of health programs and services, but also in providing a theoretical perspective for a decentered (non-foundational and non-universal) rethinking of social justice that reconciles equality with plurality. In the same way, it opens avenues for an active, horizontal, and situated involvement of individuals, experts, communities and social groups in the process of evaluation. Thus, Foucault has given two philosophical elements, problematization and the promotion of subjectivity (aesthetics of existence), which can be used to underpin a non-foundational, non-universal critical systems perspective of evaluation that encourages equality and pluralism. This is the task that I shall undertake in the present section by dealing with the methodological developments of Critical Systems Thinking.

It is time to enter into the methodological debate of CST. In the following section I will consider the possibility of using Foucault's thought for developing a non-foundational, non-universal Critical Systems perspective for the evaluation of social justice in the Colombian Health Service. I acknowledge that Foucault's conceptions have not been ignored in Critical Systems Thinking. Paraphrasing Brocklesby and Cummings (1996, p. 741), it can be said that "a number of authors: Flood (1990), Jackson (1991a), Mingers (1992, 1994), Taket and White (1993), White and Taket (1994), Valero-Silva (1994, 1995)," and others such as Flood and Romm (1996a), and Midgley (1997a), "have begun to introduce (Foucault's) ideas into the OR and systems literature."

Jackson (1997) maintains that there are in existence two branches of critical systems thinking that have never learned to live very happily together. The first emanates from the work of Churchman and has been fully developed by Ulrich (1983) as "critical systems heuristics." Its concern is to realise the critical potential in the concept, crucial to systems thinking, of "boundary." The second type of critical systems thinking is a UK development that can trace its origins to the critique of soft systems thinking (Mingers, 1980; Jackson, 1982). Some positions in this second branch have shown more concern for founding a pluralist, non-foundationalist perspective within critical systems thinking. I have undertaken the task of reviewing Ulrich's work and the UK branch of critical system thinking in trying to find in both traditions elements able to help in pragmatising Foucault's philosophy for the purpose of evaluating issues of social justice in the Colombian health service. I will start by reviewing Ulrich's work in this chapter, particularly his approach to evaluation. I will also

subject it to a critique on Foucauldian grounds, thereby clarifying which aspects of Ulrich's work will be useful for this thesis, and which must be set aside.

10.1 Ulrich's Approach to Evaluation

According to Ulrich (1988), a systemic and critical evaluation could be a critically normative, self-reflective and discursive procedure aimed at making transparent the normative content of a social program and the social implications of its application. Ulrich's procedure for evaluation deals with the context of justification (the value judgements that flow into problem definition and solution proposal of social programs), and the context of application (the normative implications for those affected by social programs implementation) of a social program.

He starts with the view that a social program reflects the interplay between moral judgements and expertise, that is, of boundary judgements accomplished in different stages of its elaboration: problem definition, policy formation, and implementation. So a critical evaluation goes into challenging those boundary judgements by making them transparent to everybody concerned. This should be done through a "process of unfolding," a procedure that helps people think about the total relevant system (totality of relevant conditions) of its context of justification and about the "whole-systems implications" of its context of application. From this perspective, to unfold means to create a "moral" knowledge tending towards universality in so far as it requires us to ask "boundary questions" in the "is" (expert, empirical and theoretical

knowledge) and "ought" (moral judgement) modes, that refer, respectively, to the actual, imperfect reality and to its ideal. That is, this procedure allows us to compare the achievements of actual plans to their ideal standards of performance (improvement). Without this requirement it would be impossible to achieve, at the same time, generalisation and boundedness, that is, to include the concern of every one implied. This could be developed by way of a procedure in which the participation of all stakeholders is required. Paraphrasing Midgley (1996), according to this perspective, to evaluate would also demand from the evaluator to think carefully about the kind of knowledge (expertise) and people's participation (moral dimension) to be included or excluded in the analysis.

However, it seems to me that Ulrich's approach shows only one face of the coin. In so far as Ulrich departs from a process of unfolding and limits his analysis to finding an answer to the gap between the relations of truth, error, and moral judgement within the boundaries of a totalizing way of reasoning,[76] he does not emphasise the role of force relations as a factor implied in the generalisation of truth. That is, he does not take into account the connections between formulations of truth and falsehood and force relations. Moreover, insofar as he seeks to transcend subjectivism, he embraces the idea of a quasi-universal subject who universalises his moral judgement through discourse. In this way, he overlooks the role of a decentered subject in both resisting the effects of power and knowledge relationships, and in displaying her/his truth, her/his right, and her/his ethical position to others.

[76] He does this by using the principles of reason and, in particular the systems idea, in the form of a principle of generalisation or unfolding, based in the conception of a universal (quasi-transcendental) subject.

Taking this argument further, I shall first explore Ulrich's approach to social planning. I think that here are contained in depth all the elements of his conception of evaluation. Secondly, I shall critically analyse his approach in an attempt to find in the analysis the elements through which my approach could be brought to bear. Finally, I shall describe that which from my point of view could be a pluralistic and systemic approach to evaluation. In the background of my position will appear flashes of Foucault's critical theory.

10.2 Ulrich's Approach to Social Planning

10.2.1 The first view

According to Ulrich (1983) all processes of social planning imply the interaction between empirical or theoretical scientific knowledge and values. He identifies this as the relationship between, on the one hand, theoretical and practical reason and, on the other, the interaction between their relays, the involved (the enquirer, the planner, the decision-maker, and the client) and the affected (also represented by "witnesses"). However, given that the definition of the normative content of a social plan is mediated by the values of the involved, the risk of deception and the development of conflicts of interest can be brought to bear in situations of "dogmatically asserted assumptions." According to him it is necessary to solve these situations by using the means that he finds appropriate to the conditions of a civilised and democratic society:

a heuristic procedure and a dialogue between the involved and the affected whose aim is to enhance self-reflection and self-responsibility, thereby generalising a "moral" knowledge.

Thus, discourse is the means through which an agreement between parties can be achieved. Consensus cannot be grounded either in the assumptions of scientism that denies the influence of values, or in the undertaking of a monological reasoning that excludes the other, or in the utopian supposition of a common structure of language, or in the conditions of an "ideal speech situation" that pretends to make discourse transparent and free of constraining relations of power. A new dialogical approach has to be brought to bear which, by endorsing the influence of values, aims to supersede the dogmatically asserted propositions of the involved by using self-reflection in a process mediated by a critically heuristic use of reason. What this procedure purports to obtain is the widening of the boundary judgements of the involved by encouraging the participation of the affected, and to discipline the affected, as well as the involved, by making transparent the normative content and error of their discourses through critical questioning.

This approach differentiates the involved from the affected in terms of their type of reason. Whereas the former becomes the typical representative of theoretical knowledge (expert knowledge, or theoretical reason), the latter is the personification of practice (intuitive knowledge). Moreover, each of them has the common quality of depicting her/his position with characteristic values assumptions. It is this common quality, in which each one is a lay person, that not only explains the existence of

boundary judgements but also allows them to speak a "common" language capable of forging agreements about the moral boundaries of knowledge. Two elements facilitate this process. On the one hand, a critically heuristic turn, seeking to widen and give unity to the field of the categories of truth to be included within the boundaries of the system and, on the other, a dialectical turn aiming to reconcile the affected and the involved by way of morally validating theoretical or empirical assumptions.

It seems to me that this approach has the advantage of putting face to face the involved and the affected, that is, of enhancing the participation of citizens in the process of decision-making concerning social planning. Similarly, it lets us use a set of immanent categories of knowledge in order to establish the boundaries of what is to be considered the system. However, it also seems to me that this approach does not allow a pluralist conception of criticism. Ulrich, in spite of his commitment to citizen participation, still maintains a universalistic view of the subject that, together with his unitarian conception of reason (specifically theoretical reason), limits participation to serving the purpose of the unification of scientific discourse and to widening the boundaries of a moral knowledge that subsumes the diverse viewpoints of the involved and the affected. This, instead of being an advantage, is an obstacle in the path towards a pluralist evaluation of social justice.

10.2.2 The emergence of the heuristic approach to social planning

As has been said, Ulrich undertook two main tasks in creating a critical heuristic approach to social planning: first, to rescue the process of social planning from the influence of scientism by making it self-reflective about its normative content. Second, to find a way of solving, by means of reason, the disagreements and the conflicts of interests between the involved and the affected. It implied, on the one hand, to make both the involved and the affected self-reflective and self-responsible and, on the other, to rescue them from deception by making transparent the value assumptions underlying their judgements. Ulrich proposed critical systems heuristics as the tool which, enhancing self-reflection, might support the process of dialogue, discursive will formation, and consensus between them. In that sense, it might be said that Ulrich's critically heuristic approach to social planning acts as a mediator or arbiter between the involved and the affected. That is, it serves as an instrument of reconciliation between them: "of making reason practicable and practice reasonable" (Ulrich, 1983)

Ulrich (1983) starts by rejecting the discursive solutions proposed by the scientists (neo-positivists) and dialecticians (constructivist and critical theorists) to the problems of reason for achieving universality in normative matters. For him, neo-positivists do not distinguish between theoretical and practical reason (practical reason being understood as the interconnections between discourse on facts and discourse on norms) but between theory and practice, relegating practical reason to the realm of the subjective. Thus, for them, practice becomes rational only when it is guided by

theoretical, scientific knowledge. The solution of dialecticians, for their part, to the problems of universality also departed from differentiating between theory and practice, but they solved the opposition between them by means of a synthesis in a third higher rationality, practical reason. The means for achieving this in both positions is rational discussion. But while the neopositivists base it in a critical procedure designed to test the truth of propositions and theories, the dialecticians do so by disciplining opinions and will formation by means of building a common language or by making communication transparent, without external (power) or internal (structure of discourse) constraints. All these positions see the need to transcend subjectivism. However, Ulrich (1983) argues that they can neither close the gap between reason and practice nor solve the problem of the deceptiveness of knowledge. Ulrich undertakes the task of superseding these difficulties by creating a conception of dealing with deception and argumentation, but based on a critical heuristic approach to knowledge and a dialectical approach to argumentation.

Ulrich recognises that the actual subject of knowledge (for instance, social planners) is no longer the abstract and transcendental subject of Kantian philosophy but one that is embodied in the "subjective, social and historic, context in which real-world planning takes place" (1983, pp. 25-26). As a consequence, the judgement of this subject is not free of deception, that is, it cannot be immediately universal. It is, firstly, a bounded judgement. Ulrich assumes that to achieve universality implies to put the normative assumptions of social planning beyond the limited interest and particular values of the involved. This should be achieved by animating a dialogue with the affected leading to a higher level of self-reflection and consensus.

Ulrich (1983) makes it clear that he and Habermas have worked in the direction of constituting a transformed transcendental philosophy, a true weapon of rational criticism. It was with this purpose that Habermas dealt with the problems of knowledge (a priori of experience) and discourse (*a priori* of argumentation). However, Ulrich (1983) criticised Habermas because he concentrated his energies in the *a priori* of argumentation (justification or criticism of the validity of statements), in creating a model of practical discourse that really did not mediate between theory and practice but that substituted the former for the latter (a theory on the conditions of discourse). According to Ulrich, Habermas' work on the *a priori* of experience seems to be limited to cognitive interests (sensorial experience, communicative experience and inner experience), useful only against the claim of a unity of science and against the transgressive use of the object domains (boundaries) of statements. However, there is no elaboration of knowledge-constitutive categories useful to the purpose of rational social criticism. Thus, Ulrich believes that to constitute a transformed transcendental philosophy implies to work in the direction both of the *a priori* of experience and of the *a priori* of argumentation. Ulrich abandoned Habermas' quasi-transcendental conception of *a priori* of experience and *a priori* of argumentation and substituted for them a critical reflection constituted, respectively, by a "critically-heuristic turn" and a "dialectical turn."

10.2.2.1 The 'critically-heuristic' turn

Two key points of Ulrich's discussion of the heuristic turn seem important to me: first, his demonstration that a social plan is delimited by boundary judgements, that is, that it becomes a kind of rationality shaped by the interlacement of the normative and speculative contents of reason. Given the conditioned, limited, dependent, and selective nature of the assumptions of the involved, plans have inevitable social implications for the affected non-participant in the process of their elaboration. Ulrich has put the problem in terms of both theoretical and practical reason, or in terms of the interplay between expertise and moral judgement (1988). He emphasises that the possibilities of error in the content of a social plan, and of its social consequences for the affected, are the effect of the influence of the values of the involved, and that this limits its possibilities of generalisation. Second, he proposed a solution to this problem by pointing out the possibilities for widening the boundary judgements of the involved through opening a space for thinking about the totality of relevant conditions (total relevant system) of the knowledge included in its formulation. In this sense, it is by subjecting the purposive and speculative rationality of the involved to the pure activity of reason, but from a heuristic and critical perspective, that boundary judgements may be expanded. This can be achieved by taking into account the "true concern of all the stakeholders" (1988, p. 422). He calls this the process of unfolding (the principle of generalisation of the moral knowledge). This process can be monological (self-reflective) or dialogical (discursive), as in the case of the dialectical turn (see Ulrich 1988).

The tool for doing this job is a heuristic and critical framework created by way of bringing together in a quasi-transcendental fashion the unifying, totalizing, and teleological functions of the Kantian *a priori* components of knowledge: the pure concepts of reason (the three transcendental ideas) and of the understanding (the categories) and the pure forms of intuition (space and time). By using Churchman's work (1971 and 1979), Ulrich (1983) transforms these Kantian *a priori* components of knowledge into three sets of *a priori* concepts with a critical and heuristic function: first, a pragmatic mapping dimension; second, a set of pragmatic mapping categories; and third, the three ideas of critical heuristics (further explanation follows). The essence of his critical heuristic turn is to establish a framework of critically heuristic categories that can help the planner to make transparent the assumptions of the rational argument of the involved, and to reflect critically on its sources of deception and on its normative implications in social reality (Ulrich, 1983). He (1983) defines two functions for these categories: on the one hand, a heuristic role designed to discover questions or problems and to reconstruct basic frameworks for enquiry; on the other, a critical function whose role is to reflect on the sources of possible deception in enquiry, design, or discourse.

Firstly, the pragmatic mapping dimension corresponds, on the one hand, to the phenomenal, empirical or observational component of knowledge and, on the other, to the notion of human intentionality or purpose (that which appears in the spatiotemporality of social life) which is shaped by values and power.[77] It seems to me that Ulrich's use of this concept brings into consideration two dimensions: first, one

[77] Ulrich (1983, p. 254) defines power as the ability of a client to impose her/his purpose on another.

that corresponds to the traditional Kantian view of phenomena (that which appears in space and time) which is the first synthesis of sensible empirical diversity. Second, a teleological dimension (connected to the notion of human intentionality or purpose), which is the second synthesis of empirical diversity but, in this case, related to the complexity of values, interests and preferences of the social actors. Given that this latter dimension incorporates a purposive (means/end), teleological rationality, it can help in the pursuit of unified ends or in the search for the notion of the Good (improvement) by regulating the dimension of power implied in it. It is this double dimension that can explain Ulrich's subsequent differentiation of "What is" and "What ought to be."[78]

Secondly, by applying a set of relative *a priori* concepts (the systems categories of Churchman, 1979) to the pragmatic dimension, Ulrich (1983) created a set of twelve pragmatic mapping categories[79] and boundary questions (see, Ulrich, 1991, pp. 108-109) whose practical function is to discover the sources (theoretical or empirical) from which the normative contents of boundary judgements (social plan or design) derive (see also Ulrich, 1983, pp. 244, 245, 258). Given that boundary judgements are "very strong *a priori* assumptions about what is to belong to the system in question and what is to belong to its environment" (Ulrich, 1983, p. 225),[80] they are necessarily limited (or selective), as the consequence of the exclusive value assumptions, interests

[78] Thus, he says that "true" does not mean the same thing in the "is" and the "ought" mode: in the "is" mode, empirical evidence and hence expertise are required to establish the correctness of a map, whereas in the "ought" mode there are no experts: only moral judgements (i.e., responsibility) can establish the rightness of ideal maps (1988; see also 1983, p. 243).

[79] The categories are organized in four groups headed by the concepts client, decision maker, planner, affected (witness), and are generally known under the labels "the involved" and "the affected" (see Ulrich, 1983, p. 258)

[80] That is, boundary judgement is the conjunction of the purposive rationality of the involved (their mapping dimensions), their systems concepts (or any other categories), and their values.

and preferences of the involved present in their purposive judgements. Thus, Ulrich (1983) demonstrated that the value assumptions of a social program (normative consequences) should not only be justified through the voluntary consent of the affected (by their witness), but that they should be made transparent and/or their sources revealed. It is this latter aspect that defines the importance of the "critically-heuristic" categories of pragmatic mapping dimension from a critically-pluralist perspective of evaluation.

In this framework, the systems idea acts as a mediator for the application of categories to the pragmatic dimension (the purpose of the involved) aiming towards its generalisation. The usefulness of this procedure is to give the planner the tools for solving the conflicts between the social actors by developing specific systems categories. These categories have two functions: on one hand, they help to make universal the diverse purposes of the client through the pursuit of an ideal (common) goal materialised in universal standards of performance and, as a consequence, to allocate the appropriate resources or means (including expertise) to ends; on the other hand, they accommodate their different world-views into a kind of "moral consensus" about the social implications of the decisions to be made. The first function, which meets the characteristics of a teleological undertaking, tries, firstly, to solve the conflicts of values, interests, and preferences between the clients by means of a trade-off principle that finds its ideal expression in the establishment of measures of performance and improvement. Once the goal has been established the next step should be to provide for the means of its fulfilment by differentiating the components of the system to be controlled by the decision-makers from those others that belong to

the environment. It is also a part of this means-to-end relation to guarantee the source of expertise as a different resource from those under the control of the decision-maker (the components). The second function (the accommodation of world-views) is also organised in a teleological fashion, but it explains how far Ulrich stands from a merely functional conception of systems; it refers to the solution of the differences of world-views (Weltanschauungen) between the involved and the affected in terms of a "moral consensus" that may be the result of a process of "self-reflection on the part of the affected" and of the awareness of the involved regarding their moral responsibility (see Ulrich, 1983, pp. 246-257).

This part of the critically-heuristic framework is built by using a reconstructed systems concept that recreates the Kantian cosmological idea (World) in terms of the Systems idea. This idea should account for the totality of conditions (total relevant system) of rational knowledge in a relative rather than transcendental sense; that is, this 'totality of conditions' is thought by Ulrich (1983) as a projected theoretical or thinkable unity that is dependent on the ability of the planner to include the claims of the affected by means of widening the moral boundaries of knowledge. In that sense it can help to produce a new boundary judgement (whole system judgement) that goes beyond the limitations of the previous boundary judgement of the involved. It performs its function by totalizing, by making more comprehensive the previous boundary judgement. This new framework helps the inquirer to question the difficulties of knowledge that have been found in the boundary judgements of the involved.

Finally, whereas the mapping dimension rests on the notion of purposiveness, and pragmatic mapping categories rest on the application of the systems categories to the mapping dimension, the three ideas of critical systems heuristics ultimately rest on a reinterpretation of the transcendental Kantian conception of the principle of reason; that is to say, its transformation into "critical standards for reflection on the normative content and potential deceptiveness of his (the planner's) maps of social reality" (Ulrich, 1983, p. 259). He (1983) associates the Kantian three principles of reason (World, Man, God) to the Kantian three basic questions (What can I know? What ought I to do? What may I hope?) and redefines them in terms of the accord of theoretical and practical reason: knowledge (Truth), morality (Good) and world-views (Weltanschauung). They were translated into the language of social planning as, respectively, the "planner's interest in mapping social reality," the "planner's interest in designing for a better social reality," and the planner's interest in providing the sources of guarantee of "adequate social mapping" and its "successful implementation." These three principles give the planner the role of a universal subject who, by using the systems idea as the transformer of the Kantian transcendental principles of reason into their immanent application to social planning, obtains the ability to think critically about the totality of relevant conditions of his social maps, the moral perfection of his designs, and about guarantees for improvement. In this way, the planner places theoretical and practical reason under the command of thought and creates a "moral" knowledge. This judgement is reflective because it is based on the free accord of the three principles of reason. However, this is a kind of judgement that reminds us of the characteristics of the Kantian teleological judgement. In contrast with aesthetic judgement, which is subjective,

teleological judgement is universal, objective, material, and implies ends (see Deleuze, 1983, pp. 61-67).

Concerning the critically-heuristic turn I find differences between Foucault's analysis of discourse and Ulrich's heuristic approach. Ulrich's approach not only lacks a clear analysis of the connections between power and knowledge, statements and visibilities, discursive and non-discursive formations, the role of relations of force and of the multiplicity that pervades them, but Ulrich also transforms the planner (and the evaluator) into a quasi-transcendental subject which, through a teleological, dialectical, and critical undertaking, becomes a true universal one, able of guaranteeing the universality of the judgements implied in the process of social planning or evaluation. It should be noticed that Ulrich strengthens the teleological and comprehensive character of this judgement by subordinating the mapping dimension to the pragmatic mapping category, and these to the quasi-transcendental ideas of critical heuristics, each time in a more embracing form.

Furthermore, it seems to me that Ulrich's assertion that "we can determine the boundary judgements that are constitutive of social maps and designs if we can give a systematic list of the social actors to whom the planner must refer in order to understand the normative content of his maps and designs" (1983, p. 245) supposes that the greater the participation of the social actors, the more universal and perfect the social plan is in terms of its ends, nearer to the notion of the Good (see also, Ulrich, 1988, p. 422). This excludes thinking about the strategic implications of the conditions of the production of knowledge contained in the practices of the involved

(the experts), and the effects of power relations. Thus, not only the lack of participation of the affected should be questioned, but also the whole strategic rationality of a plan and its effects of domination and objectivation. Ulrich's approach defines the subject (the social actors involved and affected) as an independent variable of a social plan. However, in my view, in this case the subject should be regarded mainly as a correlative dependent variable of the strategic positions of knowledge (of its discursive and non-discursive formations).

The role of the systems idea may also be considered from the perspective of a decentered subject rather than from that of a quasi-transcendental (universal) one. In this sense, it could help more as a tool for locally analysing the effects of the true and false formulations of a discourse on social planning, and the historical conditions of the emergence and choice of specific statements in the discursive frame of reference constitutive of the social maps and designs (See Deleuze, 1988, pp. 55-57). On this matter a new conceptualisation is required: I find that the Foucauldian notions of regimen of rationality and regimen of practice can help to clarify these aspects (I refer to them in the section "10.3.2 The rationality of a social program" of this chapter). For instance, the use of these notions can help to reconceptualise boundary judgements as something more complex and multiple (historically and structurally influenced) instead of simply reflecting the purposiveness (intentionality) of the social actors (see also Midgley, 1992, who discusses judgements in this manner).

10.2.2.2 The dialectical turn

It seems to me that the idea behind the dialectical turn is to lay the foundation for a critically-heuristic tool that reconciles reason with practice, or the involved (the planner, the expert) with the affected (the citizen), or what Churchman (1979) called "systems rationality" with "its enemies." This is a reconciliation at the level of the normative content of both reason and practice in so far as Ulrich clearly stresses that "a truly dialectical approach will seek to mediate between conceptualised systems rationality and lived social practice by understanding the former as a source of *a priori* concepts of practical reason only" (1983, p. 266). It is in this perspective that the *a priori* of argumentation (discourse) is to be taken into account. This may suppose an ethical dialogue between the involved and the affected. However, Ulrich proposes that this is to be a dialectical dialogue mediated by a "process of unfolding" (1983, p. 266) of the three heuristic ideas (the Systems idea, the Moral idea, and the Guarantor idea). The aim of this process is to validate or legitimise the content of practical reason through the interplay between the ordinary language of the affected (through the witnesses) and the expert (bounded) language of the involved. It should encourage a kind of self-reflective, dialectical judgement between the involved and the affected, looking for a solution of their differences at a higher level than that of the teleological judgement of a monological reasoning. Ulrich (1983, p. 266) describes this clearly when he says:

> We need to conceive of an institutional arrangement in which planners and witnesses become mutually dependent for realizing their goals, so that they can mutually challenge one another to reflect on the normative content of their viewpoints, their maps and designs of social reality, and particularly the underlying boundary judgements (whole systems judgements). We call

> this dialectical interplay between planners ('systems rationality') and witnesses (lived social practice) the process of unfolding.

This process is explained as the interplay of three "critically-heuristic" principles:

1. The principle of "dialectics"
2. The polemical employment of reason
3. The democratic principle of the sovereignty and equality of all citizens.

Firstly, the principle of dialectics is conceived as the argumentative relationship between *a posteriori* (social practice) and *a priori* (systems or theory) concepts of practical reason. Ulrich (1983, p. 299) clearly defines this dialectic by saying that

> (System rationality) is at its best when the task is to find rational questions, i.e., to make intelligible the normative content and potential deceptiveness of social designs, while the other (social rationality) serves an essential critical purpose in questioning the rational, i.e., in opening up the given understanding of rationality.

This process mediates between reason and practice. What results from this dialectics is a higher level of comprehension of reason, a level that defines a holistic truth ("moral" truth) which is not the result of theoretical justifications or rational consensus but of the validation of the assumptions of the involved through the *a posteriori*, normative concepts of the affected. This validation is based on a certain "ethics" of self-responsibility and awareness. Thus, the content of this dialectic seems to be one that at once enhances both enlightenment and openness. However, from the perspective of knowledge, this dialectic is one-sided. Ulrich (1983, p. 278), for instance, defines the crucial idea as a position in which

> one side serves as the source of theoretical (a priori) concepts of rationality for the other, while the latter serves as the sources of practical (*a posteriori*) concepts of rationality for the former. In this sense we should speak of a dialectic between 'systems rationality' and 'social rationality.

In this sense, the "dialectics" seems to encourage complementarism[81] instead of a conception of pluralism[82] based on promoting diversity. It maintains the interplay between multiple rationalities (empirical-speculative and practical reason) but unifies them, at a higher level, by means of critical reflection, that is, by means of the pure activity of reason (practical reason) although in a dialogical way. Moreover, it reduces the opposition between 'rationalities' to that between theoretical, instrumental reason, and practical reason, or between system rationality (theory) and social rationality (practice), thus neglecting the possibility of the existence of a broader constellation of diverse rationalities.

It also seems to me that witnesses are used as a means for validating and legitimising, and for making even more "comprehensive," the rationality (systems rationality) of the involved. Furthermore, it seems to be clear that practical reason is the field in which systems rationality and the rationality of the affected can broaden their boundaries. Ulrich (1983) achieves this by calling into this field the context of

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[81] Criticising the lack of plurality of some critical systems writers (for example, Flood and Jackson 1991) in their complementary use of more than one methodological approach, Gregory (1992) defines complementarism by using the metaphor of a "force-field." Thus, complementarism, as used by these critical systems writers, is a force-field or framework that "exerts a powerful organising influence over others" (p. 425) - subsuming them within its imposed order.

[82] Gregory (1992), for instance, defines plurality by using the metaphor of a "constellation" (pp. 434-439). In this view, different "paradigms, traditions, perspectives, (and) value-systems" (p. 431) cannot be finally reconciled, given their antagonistic underpinnings, but communicated in a transitory, contingent and historical way. Communication is informed through a model of critical appreciation that allows the participants to reach local consesus and to make ethical decisions. I will refer to this conception of pluralism in the next Chapter.

meaning, which is formed by the moral, political, aesthetic, and religious points of view - that is, the field of the "enemies of the systems approach."

On the side of theoretical reason, Ulrich does not allow social rationality to challenge systems rationality; that is to say, the field of theoretical truth should remain sacred. What is brought into question is only the kind and quality of expertise (see, for instance, Ulrich, 1991, pp. 108-110) and the acceptability, by the affected, of the comprehensiveness of the systems rationality. This is part of the role of the polemical employment of boundary judgements by the affected. Thus, systems rationality can only work on the side of the involved (the role of the affected is limited to criticising the involved, and does not extend to creating their own plan), and from the perspective of universality. It is the task of the affected to validate systems rationality by questioning the comprehensiveness of quasi-transcendental ideas. Consequently, the dialectical and critically-heuristic principle does not break with universality. It is reinforced through the application of the systems idea (the process of unfolding) to the expert knowledge of the planner who, in this way, appears to play the role of a universal subject. The dialectic between the planner and the affected is a dialogical-reflective procedure in which the net output of their mutual normative challenge is the unfolding of the totality of relevant conditions that should make more extensive and unified the intentionality of the client and the claim of the affected.

Secondly, the polemical employment of boundary judgements is the means by which Ulrich seeks to strengthen the witness in his normative criticism of "the dogmatically asserted boundary judgements underlying the expert's validity claims" (1983, p. 305).

It really does not imply helping to develop alternative theoretical and normative rationalities to that of the planner, but to "discipline the employment of boundary judgements on the part of the involved" (1983, p. 303), that is, to make transparent its normative assumptions and errors and, again, in this way, to supersede its entrenched boundary judgements, and to ensure its extension and universality. It seems to me that this is a significant limitation of the application of the notion of the polemical employment of boundary judgement from the viewpoint of a pluralist perspective.

Furthermore, it does not require the use, by the affected (or the witnesses), of any kind of "expertise" or theoretical knowledge but only their intuitive argumentation. In my view, this reduction of the role of the affected to the production of intuitive, subjective and normative knowledge helps to maintain an asymmetric relationship with the involved (the planner). There is no room for the affected (through the witnesses) to question the conditions of production and use of speculative knowledge, of what is to be considered the truth. Clearly, the involved have a connection with theoretical knowledge through their values, when forming their judgements. But this possibility is at the same time denied to the affected or their witnesses in so far as they are reduced to intuitive knowledge and, at the same time, their erudite capabilities are neglected. Thus, an opposition is created between theory and intuition rather than between centralised knowledge and subjugated knowledge. However, the polemical employment of boundary judgements *can* help to open a way of resisting the effects of knowledge and power relations by placing the affected face to face with the involved in the role of criticising their boundary judgements. Ulrich (1983) illustrates this point, although from a holistic perspective, when analysing his case on "Health

Systems Planning" (pp. 372-392). Therefore, rather than abandon critical systems heuristics as hopelessly universalising, I suggest there is scope for a constructive reinterpretation of it.

10.3 A Reinterpretation of Critical Systems Heuristics?

Despite their obvious differences (touched on above), I find that Ulrich's work has a strong connection to Foucault's; both are grounded in a Kantian perspective (Ulrich, 1983, and Foucault, 1984b). However, whereas Ulrich still maintains his universalistic and quasi-transcendental flavour, Foucault turns his work towards an immanent perspective and towards a decentered conception of the subject. Of course, there are enormous differences between the two authors concerning the analysis of knowledge; and the roles of power and of the self are absent in Ulrich's approach. However, I think that it should be possible to engage in a re-interpretation of Ulrich's work from a Foucauldian perspective. It would mean to express differently key aspects of his approach, for instance, his notion of boundary judgement, the teleological and dialectical reflection that tries to supersede it, and the conception of unfolding. I propose to understand a social plan as being the result of the emergence of a dominant regimen of rationality and practices that comes from the struggle between a plurality of decentered boundary judgements instead of Ulrich's notion of a widened boundary judgement leading to a universal 'moral' knowledge. I also propose to revise the concept of unfolding and to put in its turn the notion of "ethical and political unfolding", and to introduce the concepts of "folding" and "unfolding in

reverse"; to revise Ulrich's notion of the polemical employment of boundary judgements using Foucault's conception of problematization; and to replace Ulrich's teleological and dialectical judgement with the conception of a reflective aesthetic judgement, in the form of the Foucauldian notion of the aesthetic of existence.

10.3.1 Boundary judgement as a plurality

Ulrich shows through his notion of boundary judgement that it is impossible for a judgement (truth) to exist, when dealing with the context of justification of a social plan, which is not permeated by value assumptions. He finds that values become interlocked with knowledge by means of the application of the categories of the understanding (see the section 10.2.2.1 on the "critically-heuristic turn", in this chapter) to the purposive rationality of the involved (that is value-loaded). His proposal is to widen the boundaries of (expert) judgement by universalising its moral content through a process of unfolding (generalisation) as a dialogical and self-reflexive reasoning. This procedure should reach consensus or agreement, and each time it is engaged in, a more universal truth emerges which is at the same time practical and theoretical. I have found that Ulrich makes a distinction between theory (expertise) and practice (lived social reality) but, at the same time, he unifies theoretical discourse (categories) and empirical knowledge (mapping dimension). That is to say, he opens the door to a discourse (universal moral knowledge) that, finally, unifies the different purposive, theoretical and moral rationalities. He, therefore, finds as isomorphic the combination of the categories and the purpose of the

clients in the pragmatic mapping categories in so far as the object of the pragmatic mapping dimension is the same object as that of the categories.

However, according to Foucault's conception of knowledge (see section 6.4 on "Knowledge as the Relation of Forms", in chapter 6), empirical and theoretical knowledge may have different objects. Moreover, not only do they have different objects; the form of the visible (mapping dimension) and the form of the expressible (theoretical discourse) is a dispersion subjected to the arrangement of different fields of force that can also interlock them in different ways. Thus, the dualism between systems rationality (knowledge) and social rationality can be seen as reducing knowledge to the field of the involved and, even, as reducing knowledge to homogeneous (ideal) pragmatic mapping categories. Likewise, given the irreducibility of the two forms of knowledge (the form of the visible and the form of the expressible), their combination can only be possible as the result of force relations. This explains why for Foucault there is no common intentionality of a consciousness directed towards an object. For him this 'common intentionality' collapses in the gap between the visible and the articulable, and in the strategies that set up the relation between them. Furthermore, for him everything is knowledge, and this is the reason he does not differentiate between theory and practice (intuition) (see Deleuze, 1988) but between dominant and subjugated knowledge, rationalities and practices (ways of doing things). This means that making a truth universal is the result of the effects of power on the conditions governing knowledge (the *a priori* of statements and visibilities).

The above assumptions lead me to believe that Ulrich's search for an ideal (boundary) judgement based on the totality of relevant conditions determining the making up of a social plan, seems to be utopian. I find, for instance, very suggestive Ulrich's (1988) allusions to the fact that "health planners traditionally plan hospital beds but find it difficult to define health goals" (p. 426). Hospitals and health seem to represent two practices. The hospital (beds) is the place of multiple technical procedures used to see the content of a substance (the sick body), whereas health seems to be the dispersed and changing object of multiple discourses such as clinical medicine, preventive medicine, hygiene, epidemiology, human ecology, social engineering, health economics and so on (see, for instance, Ashton and Howard, 1988, and Beattie, 1993). Each practice has different governing historical conditions that determine the use of different (boundary) judgements: not only are visibilities, non-discursive formations, and the *a priori* conditions (light) that make them visible different; statements and the *a priori* conditions (language) that make them articulable differ too. The history of the hospital is different from the history of the discourse on health. How could they interlink in a single judgement if it is not by recourse to a third strategic element different from them but common to them? What emerges in this argument is the need to reconsider the conditions of the duality of knowledge (pragmatic dimension and categories), and the separation between systems rationality and social rationality. It seems to be necessary to recognise the character of knowledge in both, even though they involve different forms of knowledge. Furthermore, each form in itself is a multiplicity, and the multiplicity of these forms and the forms themselves can constitute a broadened rationality only as the result of the struggle between complex and strategic force relations.

10.3.2 The rationality of a social program.

I find that the notion of social program might be redefined as that of a regimen of rationality that has as its foundation two main elements: first, a domain of historical conditions or rationalities that account for the patterns and means of knowledge (methods, techniques, procedures, institutions, statements, and so on) and power (technologies of power), and of the relationship between them. Second, a strategic rationality defined by the values and interests of specific forces that determine the modes of connection between knowledge and power and its functioning. These latter rationalities are the result of the struggle between different forces and of the constitution of a dominant, strategic relation that crystallises its values as general principles and specific regulations. Once the regimen of rationality is solidified and transformed into a dominant force, it becomes possible to create laws, to formulate policies and social plans, to delineate administrative guidelines, to reorganise institutions, to regulate behaviours, to define measures of performance and standards of improvement (see Foucault, 1988a, pp. 28-29; 1988c, pp. 74-77; and 1991c, pp. 78-79).

The dominant forms of rationality of a social program operate by constituting practices of government and of knowledge that appear as universal, unitarian, self-evident and necessary regulations of the conduct of the self and others (Foucault, 1991c). Thus, they constitute in the first place a strategic regimen of rationality that implies the interplay between two axes: on the one hand, the axis of true/false formulations and, on the other, the axis codification/prescription. The former

articulates strategies in the way of theoretical or scientific discourse. The latter codifies what is to be known and prescribes what is to be done. Regimens of practices are the "places where what is said and what is done, rules imposed and reason given, the planned and the taken for granted meet and interconnect" (Foucault, 1991c, p. 75). They have two effects: first, effects of veridiction, or codifying effects that define what is to be known; second, effects of juridiction, prescriptive effects that define what is to be done. Thus, regimens of practices define the specific logic for knowing and analysing the objects of social programs (for instance, the population, the rich and the poor, the healthy, the sick), or for implementing them, in the name of theoretical and/or scientific knowledge. They also define the rules, procedures, and the relations between the means and ends of a social program.

We already understand that knowledge and power are not only interested and uncertain, but that they reinforce each other. Thus, according to Foucault (1997k, p. 17),

> no knowledge is formed without a system of communication, registration, accumulation, and displacement that is in itself a form of power, linked in its existence and its functioning to other forms of power. No power, on the other hand, is exercised without the extraction, appropriation, distribution, or restraint of a knowledge.

Consequently, the regimen of rationality and of practice of a social program should not be understood as something derived from universal truths or from absolute principles of reason. On the contrary, it should be recognised as the result of a detailed process of calculations, experiments, exchanges and reflections before the imperative of multiple and historical demands, problems and interests. Thus, the forces

constituting a social program do not act in a blind way. They base their aspirations and strategic calculations on the possibilities that knowledge and power allow them. That is the reason why a social program can be understood as the result of the interplay between general and historical forms of rationality, and of strategic choices that can be made in the theoretical and empirical domains of disciplines like economics, medicine, epidemiology, public health, biology, management, public administration. It is also the result of complex and localised techniques and legal forms of government operating, for instance, as different ways of organising systems of social security, of cost containment, of knowing and managing health risks, of providing health services and so on. In any case, the assemblage among these general domains and localised techniques of power and knowledge articulate the passions, desires, and interests of specific subjects, and respond to economic, social and political demands and difficulties. Thus, from this point of view, there is no way of conceiving a social plan as the work of a quasi-transcendental subject or consciousness. Power and knowledge relations articulate the subjects (enquirers, planners, decisions-makers, clients, affected, witnesses) with specific strategic positions within discourse (theories, themes) and visibilities (specific techniques and legal forms, institutions). Foucault (1972) calls these strategic positions the points of choice, or the room for manoeuvre, or the field of possible options for different world-views and interests. Thus, we have to think about a multiplicity of boundary judgements and their interconnections through relations of force. It is perhaps in this way that Ulrich's notion of boundary judgement should be rethought.

If a social plan is the result of a regimen of rationality and the expression of a regimen of practices, then there is no possibility of thinking of it as the result of a universalising, teleological and dialectical judgement. A social plan is inevitably bound to the pursuits of a dominant relation of forces. In these conditions, the questions to be asked from the perspective of a critical and pluralist evaluation have to take into account the effects of veridiction (truth) and juridiction (rights) of a social plan; that is, its effects concerning subjection (domination and objectivation). However, this form of evaluation should not overlook situations of oppression and exploitation (for instance, economic exploitation or military oppression) because these situations can make it difficult to be critical of the effects of subjection of power and knowledge relations (see Foucault, 1982, 1997a).

The above argumentation makes new elements emerge: 1) The subject appears as decentered and historical. 2) The notion of judgement becomes plural, and boundary judgements the expression of this plurality. 3) "Folding" emerges as a new notion connected to a new, ethical and political view about unfolding (to be explained shortly). 4) The systems concept is put at the service of a decentered subject. 5) Dialogue displays a new character. 6) The polemical use of boundary judgements finds a new meaning in the idea of problematization. 7) Standards of improvement find a double expression as the goal of a decentered subject and as the more general ethical and strategic aim of a relation of forces. I will develop further some of these elements: folding, unfolding, and dialogue, among others.

10.3.3 Unfolding and Folding

I have found that the three Kantian principles of reason and his three basic questions concerning the totality of relevant conditions can be re-interpreted from a non-transcendental perspective. Foucault's work shows, for instance, that the three Kantian categories World, Man, and God, can be replaced by Knowledge, Power, and Self (see Deleuze, 1988). Furthermore, the three Kantian basic questions can be asked by a decentered subject that problematizes the historical particular conditions governing knowledge, power, and the self. Thus, they can take the form "What do I know? What can I do? What am I?" or, more explicitly,

> What can I know or see and articulate in such and such a condition of light and language? What can I do, what power can I claim and what resistances may I counter? What can I be, with what folds can I surround myself or how can I produce myself as a subject? (Deleuze, 1988, pp. 114-115).

In this way, the Kantian transcendental universality can be superseded by a way of reasoning in which problems are historic and questioning by the subject also becomes historic and decentered.

Unfolding has been used by Ulrich (1983) as the principle leading to the generalisation of a "moral" knowledge. This principle takes for granted the existence of a quasi-transcendental consciousness (the expert), capable of generalisation by taking into account a totality of relevant conditions (total relevant system). In that sense it could be used as a tool for universalising truth and morality. But generalisation cannot work in unlimited conditions of comprehensiveness. So,

Ulrich's unfolding process puts limits to the "endless quest for comprehensiveness" (1983, p. 423) by taking into account "the true concern of all the stakeholders." Thus, unfolding can constitute a new boundary judgement, insofar as it becomes a "wider" one, a judgement representing the concern of "all" the stakeholders. In reality it becomes the effect of an outside force (a "moral" knowledge) on another force or subject. In the best scenario, it becomes the ethical principle of a force or relation of forces for governing others. In that sense it might be said that unfolding can be used as a principle of self-regulation for the purpose of governing others.

However, it has to be remembered that when an individual or social group is "coded or recoded within a "moral" knowledge, and above all becomes the stake in a power struggle and is diagrammatized" (Deleuze, 1988, p. 103), he/she/it becomes subjected. So, unfolding (a moral knowledge) also might be turned into a relation of subjection (objectification and domination). Therefore, it might be said that unfolding can be interpreted in two ways: first, as Ulrich's (1983, 1988) principle of the generalisation of knowledge (the totality of relevant conditions for universalising knowledge) against deceptiveness that, given the effects of power relations, can be turned into a source of subjection. Second, as a political and ethical principle of decentered subjects[83] concerning their relation to others. In this latter sense it means openness and inclusion but not from the perspective of the universality (comprehensiveness) of a "moral" knowledge, but from the perspective of a political and ethical attitude towards others resulting from our own ethical self-regulation and self-knowledge. This ethical self-

[83] According to Foucault (1982) "there are two meanings of the word subject: subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge. Both meanings suggest a form of power which subjugates and makes subject to" (p. 212).

regulation and self-knowledge is what Foucault has called aesthetic of existence (Foucault, 1992b, 1997g, 1997j) and Deleuze has named folding (see Deleuze, 1988).

Folding (to bend or bend back) or the principle of subjectivation, has been formulated as another source of truth, but a truth constituted from the perspective of a decentered subject.[84] That is to say, it is the effect of the struggle against subjection (the effect of an outside force) and, at the same time, of our own self-knowledge and self-government (see Deleuze, 1988). This means that it can be explained as a relation to oneself not mediated by an outside force.

According to Deleuze's (1988) interpretation of Foucault's philosophy, folding is the effect of self on self or of a force on itself in order to reject the outside, the negative effect of another force upon the self. Therefore, it can be understood as a relation of the subject (the self) with power and knowledge (as external forces) without being dependent on them. In folding, the mind (thought) affects itself in its struggle with power and knowledge. It is an act of reflection that leads the subject (or the subjects) to choose in a free and judicial way between what is good or bad for her/himself. In contrast with unfolding, in which the mind is affected by something else (an outside power and knowledge), folding implies an act of reflection concerning time, or memory (historical, political or cultural knowledge), for instance, the memory of the battles of a fighting subject. But it is a reflection in which thought is placed in the interstice (the gap) of the forms of knowledge (visibilities and statements) and in the interstice of the relations of power and knowledge. This reflection takes the form of an

[84] Foucault (1992a) has said that "it is by pertaining to a field - to a descentered position- that truth can be deciphered and deceptiveness and error denounced" (p. 61, my translation).

aesthetic judgement (aesthetic of existence) in which (by means of practices of self-government and self-knowledge) the subject resists the effects of subjection by external power and knowledge. Moreover, as a principle of self-regulation, it makes the subject capable of ethically governing him/herself and others (See Deleuze, 1988).

In these conditions the relation of unfolding and folding can be assumed to be a relation between a dominant (general), centralised knowledge, and a plurality of local, decentered ones. It is a relation between subjection (objectification and domination) and subjectivation (practices of liberty through self-knowledge and self-government). This relation should be seen as a battle, a struggle between forces. As such it is a relation of resistance-struggle and composition-difference/variation (see Deleuze, 1988). It is neither a relation between enlightenment and alienation, as is supposed in the dialectical opposition between systems rationality (theory) and social rationality (practice), nor the expression of the hidden intentionality of the social actors, as it is seen by phenomenology. It is the struggle between different "moral knowledge" or boundary judgements, but from the perspective of the opposition between a centralised knowledge and a plurality of decentered, local knowledges.

In this relation, the subject, at the same time that s/he/it is constituted or folded (bent) by forces coming from outside, is folded (bent back) by his/her/its own forces (his/her/its moral and intellectual subjective capacities, his/her/its erudite and lay knowledge). However, under the perspective of building a common strategy of government, a multiplicity of subjects can ethically and politically unfold a social program (for instance, a health program ensuring equality before the means of health)

up to the historical limits of their network of forces. To be sure, a new "domination" comes along as the result of a victorious battle, or of an "ethical consensus," rather than as the outcome of a theoretical, scientific, or moral truth claiming universality. However, the difference may be that this new "domination" can be one in which a new ethic of government appears, one in which the other is not overcome. Subjectivation, a practice which reinforces in the subject her/his/its ability to resist the effects of subjection and which encourages the choice of a conception of the good, continues to exist. Thus, this interplay of forces could be defined as the continuous oscillation between unfolding and folding (bending and bending back).

We can, in this way, put the problem of evaluation in terms of subjected knowledge, the knowledge of particular subjects (or of a field of forces) struggling against subjection and promoting self-subjectivation. Thus, we can speak about improvement in another way: for instance, as the aspiration of a relation of forces and of a particular subject. What "is" and what "ought to be" might give form to the perspective of a decentered subject and of a field of forces.

10.3.4 Dialogue, polemical use of boundary judgement and problematization

In Foucault's work dialogue finds a new meaning, it becomes historical. It is no longer the dual, dialectical relationship between systems rationality (theory) and social rationality (practice) that finds its final synthesis in a unified "moral" knowledge that is installed as the symbol of a reconciliation of reason. It becomes the struggle among

multiple rationalities, strategies or force relations. From Foucault's (1997l) perspective we learn that this is not a dialogue grounded in the search for a cogent argumentation seeking "to redeem," in a practicable way, "disputed validity claims of justification break-offs" (Ulrich, 1991, p. 110; 1983, p. 310). It is a dialogue between decentered, political and historic subjects who speak from a position in a field of force, and who propose truths and rightnesses without claiming universality. They speak of a right that is their particular claimed or conquered right. And they speak of a truth that is a perspectival and strategic truth. Then, dialogue reflects a mobile, historical interplay between forces, which comprises both the theoretical and normative aspects of boundary judgements. It has a direction that supposes the possibility of a reciprocal influence (the power to affect) and openness (the chance of being affected). In that sense, dialogue should be understood as an "open-ended interplay between ourselves and others" (Falzon, 1998, p. 42). But this is an interplay in which the hope is not the emergence of a rational consensus, or the forging of an agreement as a general "moral" truth, but the reordering or reorganisation of social reality by a victorious force, in a way that is never finished, that could remain open even though it can be closed. I find very enlightening Falzon's (1998) description of dialogue. He (p. 49) sees it as

> characterized by an overall movement between order and innovation. On the one hand, forces aim to organize, direct and harness other forces, and in so doing extend what it is possible to do, but at the same time they can also suppress otherness, arrest dialogue and become closed to the new. On the other hand, there is the ever-renewed pressure from these other forces for a reopening of dialogue through which these other forces transgress imposed limits and challenge the existing order, a process which, whilst unsettling, and destabilising, also introduces new forms of life and makes possible the renewal and revitalization of the social order.

The fact that this conception of dialogue expresses the struggles between different forces or rationalities in the course of a historical process, and the fact that it might imply states of closure and disclosure, makes me think about the connections between Ulrich's notion of the "polemical employment of boundary judgements" and Foucault's conception of problematization. Ulrich (1996, p. 172, see also footnote number 10) has said that the "critical employment of boundary judgements" appears as "a fruitful and systematic possibility to pragmatize the Foucauldian notion of 'problematization' " and of grounding critical systems thinking in a more historical and non-universalistic perspective.

The polemical employment of boundary judgements serves the purpose of identifying the expert's invalid propositions included in their boundary judgements when these judgements become dogmatic or cynical "in specific contexts of application" (Ulrich, 1983, p. 305; 1991, p. 112; and 1996, pp. 170-171). It might help to differentiate between valid and invalid propositions (Ulrich, 1996) by making transparent the normative contents of boundary judgements when they limit reason, that is, when they deny "reason's quest for comprehensiveness" (Ulrich, 1983, p. 305). Moreover, Ulrich affirms that the critical argument (boundary critique) against dogmatism should be rational even though it may be posed in ordinary language or in a subjective manner. He also states that it does not require any kind of theoretical justification from the affected, but their consent about the extension of the "moral" knowledge of boundary judgements. Thus, the polemical employment of boundary judgements does not assist the creation or the strengthening of new or alternative rationalities, nor the questioning of the pretensions of universality of theoretical knowledge. On the contrary, it does

challenge false claims to universality, not to undermine universality *per se*, however, but to enable a "better" universal judgement.

On the other hand, problematization looks for neither objective truth nor comprehensiveness of reason. On the contrary, it implies the critical questioning of the fields of knowledge (true and false formulations), of power (specific technologies of power), and of the self (the relation to oneself and to others), while searching for solutions to problems in respect of their effects on the subjects but departing from their perspectival and strategic, historical and political interests (Foucault, 1984b; Deleuze, 1988; Foucault, 1992a). This is what defines the usefulness of problematization in the search for truth and in understanding the relation between truth and totality, that is, as a characteristic of criticism.[85] Foucault's conception of problematization opens up a new way into truth grounded not in universality (comprehensiveness) but in revealing the relations between games of truth and force from the perspective of a subject that is historical and political, and non-universal. He also uncovers a new way of looking at and of thinking about totality that is not grounded in pure principles of reason (comprehensiveness) but in how that historical and political subject relates to the relations between power and knowledge. Thus, we have here two elements (a new way of searching for truth and a new way of thinking about totality) that, it seems to me, are very important from the viewpoint of helping to formulate a critical, pluralistic and systemic methodological approach to evaluating social justice in health services.

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[85] According to Foucault (1997g), criticism has the following characteristics: generality (recurrence in time); systematicity (in terms of how are we constituted as subjects by knowledge, power, and ourselves); homogeneity (practical systems or practices concerning ways of doing things [technology] and the freedom with which we act [strategy]); and its stakes (the relation between the growth of individual capabilities and the effects of the growth of power relations).

From the perspective of truth, Foucault (1988e, p. 257) defines problematization as "the totality of discursive or non-discursive practices that introduce something into the play of true and false and constitutes it as an object for thought (whether in the form of moral reflection, scientific knowledge, political analysis, etc.)." From a historical perspective, it is defined as the analysis of problems that recur over time, and find their expression in the fields of knowledge (objects), power (rules of action), and the self (modes of relation to oneself) (Foucault, 1997g). Thus, problematization is a critical and historical analysis about already existent discourses and non-discursive formations, and the problems that concern the constitution (in both senses) of a historical and political subject. It allows us to see the way how these problems have been posed historically, how different solutions have been derived from them, and how new problems arise, are posed as problems and can be solved (1984b, pp. 389-390). Hence, we may say that problematization can be used as a useful tool for thinking or reflecting, in a critical way, about actual problems insofar as it can illuminate and articulates their possible different solutions.

However, the critical intent of problematization has a different foundation from that of the polemical employment of boundary judgements. Whereas the latter bases problematization in reflecting upon limits (unfolding) from the perspective of the claim to universality of a practical reason constrained, in a contingent way, by its normative content (see Ulrich, 1983, and 1996), the former bases it also in reflecting upon limits but from the perspective of a conception of knowledge and power that are integral and decentered, and through an analysis that meets the conditions of being, at the same time, historical and experimental. It is historical in the sense that it

investigates "the events that have led us to constitute ourselves and to recognize ourselves as subjects of what we are doing, thinking, saying" (Foucault, 1997g, p. 315). It is experimental in the sense that historical analysis is posed in the testing of contemporary reality, that is, it correlates historical enquiry and practical attitude. It seems to be a historical and pragmatical analysis in so far as it seeks "to grasp the points where change is possible and desirable, and to determine the precise form this change should take" (Foucault, 1997g, p. 316).

Moreover, it might be said that in Foucault's approach to criticism, to reflect upon the limits of knowledge and power necessarily implies a procedure of unfolding in reverse,[86] that is, to start by questioning in this way: "In that which is given to us as universal, necessary, obligatory, what place is occupied by whatever is singular, contingent, and the product of arbitrary constraints?" (Foucault, 1988f, p. 45).[87] Furthermore, in Ulrich's conception of the polemical employment of boundary judgements, the criticisms of citizens are "catalysers" of the reconciliation of theoretical and practical reason through the effect of their assumptions in their dialectical synthesis. In Foucault's conception of problematization, the subject is thought of as an element of diversification by integrally relating knowledge, power, and the self in a decentered way. This is the case because in this perspective the subject becomes a discourse, a historico-political discourse waving a truth, a right,

[86] I take this concept from Churchman (1979, p. 94) who in answering the question "Who should plan?" stated that experts play an important role in perceiving the larger system (the ideal of well-being) but they are not able to choose the life that others (every subject) want to lead. In this latter aspect everyone is an expert. He arrives to that conclusion by unfolding in reverse, that is, by unfolding from the "ought" into the "is."

[87] To unfold in reverse is a method that can apply to the games of truth of knowledge and power. Thus, Foucault (1997a) said that what he has tried to discover is "how the human subject efits into certain games of truth, whether they were truth games that take the form of a science or refer to a scientific model, or truth games such as those one may encounter in institutions or practices of control" (p. 281).

and an ethical position, rather than a social actor divided between theory and practice and looking for her/his/its reunification in an expanded system. In Foucault's view the social actor (the historico-political subject) can also become the planner, the decision maker, the expert, or the citizen, because s/he/it is the relay of heterogeneous and bounded discursive and non-discursive formations.

In this sense, questions and their diverse solutions have a historic character in so far as they are posed and answered by decentered subjects before the difficulties and uncertainties that recur over time from a domain of action - action on things, action on others, and action on ourselves - (Foucault, 1984b). This would imply that closure (dogmatism) and disclosure might be thought of, not as an exception, but as a continual alternation over time because of their connection with the almost random character of power relations, the uncertainty of knowledge, and the contingent character of the constitution of the subject. Ulrich's assertion that boundary judgements become dogmatic or cynical "in specific contexts of application" thus justified Jackson's (1991b) appreciation that Ulrich's systems thinking is only useful for coercive situations. Nevertheless, if the synthesis resulting from the dialectic between systems rationality and practice becomes an expansion of boundary judgements (the truth of a dominant force relations), coercion should be thought of not as an exception but as something enduring, the enduring constraints of power and knowledge relations. In these conditions, disclosure could only be possible if a reconstructed notion of the polemical employment of boundary judgements (in this case, problematization) persuades us to think of those boundary judgements in terms of the relations among the three domains of action: knowledge, power, and the self.

Thus, to disclose can only be achieved by resisting and/or through the attitude that provides a basis for the possibility of an ethical dialogue or negotiation between contending rationalities: openness (see also Falzon, 1998).

10.4 The Perspective of a Critical, Systemic and Pluralist Evaluation of Health Programs

After analysing Ulrich's conception of evaluation and offering a reinterpretation of his work from a Foucauldian perspective, I would like now to give initial form to the elements of a critical and systemic, non-universal methodological rationale for the evaluation of social justice in Colombian health services. To illustrate this perspective of analysis I would like to start by quoting a paragraph showing how the Organizacion Nacional Indigena de Colombia - ONIC - criticised, on 19 February 1999, the difficulties and effects on the Indian communities of the present Colombian Health Social Security System:

> During the five years following the implementation of the Colombian Health Social Security System, Indian communities have gained the benefits of Western Medicine. However, the age-old (millenary) Indian Health System and the organizing process of Indian communities have been affected because the imposed System has not yet taken into account their traditions, habits, and customs concerning their explanations of health and sickness, therapeutic procedures, use of medicinal plants and traditional practices, and the associated cultural elements of their conceptions of well-being (ONIC, 1998 - My translation).

This paragraph shows that the struggles between competing narratives on health, health care and social justice are at the centre of the debate in Colombian society. If to

these ethnic aspects we add those respecting the multiplicity of discursive explanations and the influence of non-discursive formations concerning the problem of social justice, health, and medicine, it would be difficult to find a calm place of reconciliation for so diverse and contending positions. We have seen, for instance, that the Colombian model of health care and its dominant western medical knowledge are not the components of a pure science or of an ideal form of government, but of a historical order that has been interlocked, at the national and international levels, with the difficulties, demands, and endeavour of other economic, political, and social systems (see Chapter 2). We already know, too, about the existence of divergent theoretical and political positions or doctrines concerning social justice. In spite of this, equality in relation to the means of health (the technologies of power and the truths able to realise health) could be introduced as the realisation of a collective will, a right to be demanded or conquered by many social and political forces. However, this political possibility can inaugurate a new social reality only through a way of acting that takes into account the concrete historical conditions, rationalities and practices, for the organisation of health care and the general improvement of public health. Moreover, we know that, as we see in the European historical experience, what could be demanded in order to accomplish the aspiration of equality could be influenced not only by the contingencies of what is meant as the "means of health" and the relation between them, but also by the conflicting interpretations of what could be considered as equality, given the fact of human diversity (see, for instance, Sen, 1992).

So, to develop a methodological approach for a critical evaluation of social justice in health programs that embraces the commitment to plurality and equality, seems to be a difficult task. However, my Foucauldian interpretation of equality places this not only outside of the scope of universal theoretical, scientific, or moral interpretations, but beyond its reduction to the juridical notion of right, and endows it with the contingent character of always changeable historic and political rationalities and practices on the basis of the relations between different domains of action (knowledge, power, and the self). In this order of ideas, my reinterpretation of Ulrich's approach to evaluation seems to be a plausible way into facilitating the development of this approach. I have emphasised above that the categories unfolding in reverse, folding (bending back, and to bend), and unfolding (revised), that is, problematization or critique, self-formation or the promotion of subjectivity, and political struggle and ethical dialogue, might help to open up a space for the analysis, from the perspective of specific historico-political subjects, of the rationalities, practices, and social consequences of a health program, and to a kind of "micropolitics" of negotiation between contending discourses that could lead successfully to a critical and pluralist evaluation of equality in health programs.

I am sympathetic to using Ulrich's (1988) steps (context of justification and context of application) for evaluating a social plan. It seems to me that this division not only follows a similar scheme to those others already considered in chapter 4 about the theory of social program evaluation (Shadish, Cook and Leviton, 1995). It also has the advantage of allowing the inclusion in each one of its components (respectively, problem definition and solution proposals, and the consequences of its

implementation) of the core of Foucault's conception on the critical analysis of the dominant rationalities and practices shaping a social program, their effects upon the subject, and the subject's active self-constitution regarding the games of truth and technologies of power. We can organize this scheme by using the dimensions unfolding in reverse, folding, and political and ethical unfolding. Thus, the evaluation could be characterised as following these stages:

First, a stage of unfolding in reverse that analyses the possible forms of exploitation and oppression, and the effects of juridiction and veridiction (power and knowledge) of the regimens of rationality and practice of a health program upon a subject. This refers to the effects of domination on the subjects' cultural traditions; the manifest expressions of economic exploitation; the ways in which the program constitutes the subjects, whether as subjects of rights, duties, economics or sciences in general; the relations of dependence, control, marginalization, and participation between the subjects and the state, health authorities, experts, family, regions, the system of social security and so on; the economic, political, and administrative techniques for the regulation of individuals and populations; how the subjects are objectified by and made dependents of the benefits of the program, and with respect to the program's procedures and methods about what is to be known (for instance, health situation, acknowledgement of the means of health; the population's modes of totalization, individualisation and analysis; forms of program evaluation and so on); furthermore, it refers to how the standards of improvement and the concrete social empirical effects of the programs relate to the subjects' difficulties and to their expectations of improvement.

Second, a constitutive and creative stage of folding in which the subject (as a truly decentered one) engages in thinking or reflecting systematically, historically, and experimentally, about the ways of bending back (resisting) the oppressive and subjecting, universalising elements (formulations of truth and falsehood and the technologies of government, or the codifying and prescriptive effects) of a health program, or in changing and interpreting them in a way that suits their own circumstances and interests (to bend) through practices of self-knowledge and self-government (subjectivation by self-formation). These practices should endow (self-empowerment and self-enlightenment) the subjects with the required autonomy (moral and intellectual capacity) to make strategic choices of their conception of the good, and with the ability to think about and to choose their social, cultural, political, and ethical rules, in order to reinforce their self-creation and ethical relation to others.

Third, a stage of ethical and political unfolding in which the subjects engage in a process of ethical dialogue, negotiation, ethical decision-making or open struggle with others about changing, renewing and revitalising a health program to improve their health and the health of the population. This process can be conceived as leading to the search for the historical and realisable conditions (technologies of power and games of truth and falsehood) of a pluralist conception of social justice as equality with significant influence upon the development of the subject's capability and autonomy in regards to satisfying their requirements on health. Thus, diversity, autonomy and solidarity can be the grounding elements of a pluralist and egalitarian conception for the evaluation of social justice in health services.

CHAPTER 11: THE RELEVANCE OF THE UK BRANCH OF CRITICAL SYSTEMS THINKING

The analysis of Foucault's thought and my Foucauldian re-interpretation of Ulrich's conception of evaluation have allowed me, up to this point, to design a critical, systemic and non-universal methodological rationale for the evaluation of social justice in the Colombian health services. Now it is necessary to take this design one step further. The following step should give us criteria for the use of methods, techniques and tools in order to produce a decentered knowledge, to use the existent empirical and theoretical knowledge, and to clarify the role of the expert and lay subjects in dealing with their choices for resisting the effects of power and knowledge relationships and for developing their potentials for an ethical and political struggle that improves their social realities.

I have found that the UK branch of critical systems thinking has accumulated important experience in this matter. Thus, it is the purpose of this chapter to overview the theoretical and methodological discussion of this branch regarding the choice, combination, and use of methods and techniques, and the role of experts and lay subjects, among others. This overview only will be done from the perspective of evaluation (the focus of this thesis), which is a small section of the UK critical systems thinking literature.

The UK branch of critical systems thinking has allowed us to identify different methodological approaches for the evaluation of social programs: for instance, Midgley's (1988) critical systems perspective on evaluation, Gregory and Jackson's (1992) contingency model of evaluation, and Taket and White's (1997) pluralist strategy for evaluation. These approaches to evaluation claim the need of pluralism but from different perspectives. For instance, Gregory and Jackson underline pluralism regarding methodologies, whereas Taket and White seek to preserve diversity about the social reality at issue by rejecting totalizing approaches to knowledge. In seeking to support my approach to evaluation I will review some additional innovations and debates in CST such as those coming from Gregory (1992), Flood and Romm (1996a), and Mingers (1997).

11.1 Gregory and Jackson's Approach to Evaluation

Gregory and Jackson's (1992) contingency model of evaluation aims to determine "the appropriate mode of evaluation" (in other words, it is designed to select the entire appropriate methodological approach) while taking into account two variables, namely the Evaluation Party's (EP) way of seeing organisations and the Evaluation Party's variety.[88] The first relates to the objectivist or subjectivist outlook that the EP might have about an organisation. The second relates to the degree of variety (high or low) exhibited by the EP and measured according to a set of sub-variables (size of the

[88] The Evaluation Party (EP) is defined as "the group of people directly concerned with carrying out the evaluation and it may consist of representatives of various bodies having an interest in the organization" (Gregory and Jackson , 1992, p. 20). These bodies are especially related with the highest structure of power in the organization.

group, level of knowledge about evaluation, contingency concerning decisions, the availability of resources, etc.). The degree of variety is defined according to Ashby's (1956) "law of requisite variety" that relates to the interplay between the internal and the environmental conditions influencing the constitution of the EP. Methodologies are classified according to whether their theoretical foundations match or do not match a matrix of evaluation contexts containing those variables. This being so, it is the dominant state of the EP (a body connected to the structure of power in the organisation), defined in terms of Ashby's cybernetic conception of variety, and the dominant view of the EP about the organisation, that determines the context of evaluation on the basis of which the choice of methodologies should be made. Methodologies should be chosen within the set of existent systemic approaches. Their rationale (structuralist, functionalist, or interpretivist) does not matter.

Many important criticisms have been made of this approach. Taket and White (1997), for instance, have criticised its static and unitarian character and its lack of consideration of situations of heterogeneity and of the implications of power relations among the members of the EP and between them and the organisation in terms of the choice of methodologies (see p. 102). Jackson (1997) has acknowledged the mechanical complementarist make-up of this approach and has tried to solve it by rethinking the complementarist underpinning of the System of Systems Methodologies (S of SM) and Total Systems Intervention (TSI) (see also Jackson, 1999). I underline my doubts about the usefulness of this approach and about Jackson's new developments for evaluating health programs given, on the one hand, its failure to consider the implications, from the perspective of a decentered subject or

local realities, of the relations between truth and power in terms of the discursive rationality shaping a social program; and on the other, its failure to criticise the methodological rationale structuring the techniques, methods and procedures for the production of knowledge, and to consider more clearly the role of experts in terms of their commitments to those resisting the negative effects of power and knowledge relations. Gregory and Jackson (1992) do not question the philosophical and theoretical foundations informing methodologies, nor the relations of power that determine the view of the evaluation contexts through which methodologies are chosen. It seems as if their preoccupation was to find ways for a complementary integration and selection of different paradigmatic assumptions during the process of intervention without considering their effects on the subject.

Gregory and Jackson's (1992) approach is based on the System of Systems Methodologies (S of SM), and there have been later developments (for instance, Gregory, 1996) using Total System Intervention (TSI). The S of SM and TSI are best known as expressions of Critical Systems Thinking (CST), a trend of thought in the management systems and sciences (see Jackson, 1991b, 1997, 1999)[89]. According to Jackson (1991b), by about 1990 Critical Systems Thinking (UK style) was built upon the five pillars of critical awareness, social awareness, complementarism at the methodological level, complementarism at the theoretical level, and dedication to human emancipation (see also Jackson, 1997, p. 357). Flood and Jackson (1991) reduced these to three assumptions: complementarism, sociological awareness and the promotion of human well-being and emancipation (see also Jackson, 1997, p. 357).

[89] Although the SofSM and TSI constitute two expressions of CST, they are by no means the only expressions. Others will be reviewed later in this chapter.

However, for Jackson (1997) Critical Systems Thinking today should be focused to critical awareness, social awareness, pluralism, and ethical alertness. Thus, emancipation has been left as a methodological project still in abeyance (Jackson, 1997; Midgley, 1997b),[90] and complementarism at the theoretical level has been abandoned (Jackson, 1997, and 1999). The Habermasian theoretical underpinning of TSI (Flood and Jackson, 1991) has apparently vanished from Jackson's new view of CST.

Why has complementarism at the level of Habermas' theory of human interests (1972) and even, at the level of Habermas' theory of three worlds (1984), been rejected by Jackson? (Jackson, 1997 and 1999). Is the notion of critical awareness a pragmatised persistence of Habermas' conceptions without an open claim to his theoretical underpinning? It seems to me that the Habermasian meta-theory grounding complementarism has vanished from Jackson's thinking but remains in Jackson's heart in the form of critical awareness and his approach to a problem situation. What implications have the notion of 'critical awareness' and 'problem situation' for a Foucauldian conception of pluralism?

In my view, Jackson's starting point in considering complementarism has been not only Habermas' (1972) theory of human interests, but his construction of a notion of social reality (context) following objectivist models built on the basis of a set of variables (complex/simple, unitary/pluralist/coercive) that express the manner in which the relations between individuals or social groups are structured by an observer

[90] Acknowledging this, Midgley (1997b) has developed a methodological proposal for dealing with situations of coercion. I will refer to this later.

(see Flood and Jackson, 1991). There also exist ways of knowing, or methodologies (hard, soft, emancipatory or radical methodologies) that, it has been argued (see Jackson 1991b), can work, as appropriate, in each one of these problem situations.

It seems to me that what the Habermasian theory of human cognitive interests offered is a unitarian, universalising theoretical rationale for basing pluralism on methodologies with different paradigmatic underpinnings. It should be recognised that Jackson and Keys (1984) did acknowledge the possibility of mixing methodologies. Nevertheless, they privileged "methodology selection as an approach to pluralism" (see Jackson, 1999, pp. 15; see also Jackson, 1985, and 1991b, pp. 140). In this sense, the concept of critical awareness[91], actually claimed by Jackson (1997, 1999), is more flexible insofar as it can allow people to choose more than a single and whole methodology during the course of an intervention; it can allow them to be coherently flexible in terms of the choice of their component parts, and to match these parts with the values and assumptions of "existing systems designs or any proposals for a system design" (Jackson, 1991b, p. 139) and people's changing problem situations. Thus, by highlighting the concept of critical awareness Jackson has tried to answer the demands for a more dynamic level of methodological pluralism[92] that preserves paradigm diversity in accordance with the changes presented in the problem situation during the process of an intervention (e.g., Midgley, 1990; Dutt, 1994). Nevertheless, Jackson believes that pluralism cannot be serious if it is not coherent with the theoretical

[91] Critical awareness "concerns understanding the strengths and weaknesses and the theoretical underpinnings of available systems methods, techniques, and methodologies" (Jackson, 1991b, p. 139).
[92] Jackson (1997) defined pluralism as "the use of different methodologies, methods and/or techniques in combination" (p. 345), and coherent pluralism as "the use of different methodologies, methods and/or techniques in combination" (p. 12) but "under the control of a methodology which clearly serves one paradigm" (p. 18).

rationale constituting a methodology, that is, if it does not preserve coherence between methodologies and their more general theoretical foundations (paradigms), between the rules giving unity to a methodology and its component parts, and if it does not preserve coherence between a dominant methodology (and, of course, its theoretical foundation) and the dominant situation (context) where it is to be applied.

It also seems to me that one of the targets of this version of pluralism has been to open the door to the assumptions of the participants in the definition of the problem situation (Jackson, 1999), but not to the choice of methodologies, methods, and techniques and, as a consequence, not to the direct production and use of knowledge. In spite of the good intentions of this initiative, it therefore still displays a universalising underpinning which overlooks the role of the relation of force involved in the definition of a problem situation and in the production and use of knowledge. Jackson's conception of a problem situation refers to the dominant view of relevant participants and experts as if there existed a unified object (the problem situation) classifiable according to its objective and changeable characteristics. The surfacing of different viewpoints is necessary only to ensure the production of a more comprehensive picture of an organisation's problems. This objectifying procedure legitimates the complementary use of different totalising paradigms of knowledge by giving voice to the participants in defining of the "nature" of the problem situation. Thus, "problem situation" or "context of evaluation" has emerged as a fundamental methodological concept because its definition has appeared as a new battlefield for the production and use of knowledge. In Jackson's version of pluralism this is still a

structural-functionalist way of building the objects of knowledge[93] that not only objectifies the subject and legitimates the pretension of universality of a particular truth but hides the effects of power and knowledge relations existent everywhere and not only in coercive situations.

It seems to me that in spite of promoting diversity of views in the initial stages of the process of intervention to the end of defining the problem situation, Jackson's version of pluralism is at the end universalising insofar as he encourages the combination of methodologies from diverse paradigms, without regard to the totalising rationale that might be underpinning them. Thus, his advice is that paradigms, methodologies, methods, techniques, models and tools, have to be combined in the most flexible, diverse, and efficient way. It seems to me that his reflection points more to plurality regarding the combination of the means of knowledge, than to the perspective of a pluralist foundation of truth. Therefore Gregory and Jackson's (1992) approach to evaluation, and Jackson's (1997, 1999) version of pluralism, seek to select methodologies and preserve diversity in regard to the availability of the means of production of knowledge, instead of questioning their objectifying, normalising, totalising and individualising effects.

[93] This way of thinking still sees the system as something out-there, "real," objective, structuring different contexts, some of which can be coercive. It does not yet perceive that the "system" is constituted by discourse and, as such, it is value-laden, it expresses a relation of forces that generalises, totalises and universalises on the basis of power and knowledge relations.

11.2 Midgley's Approach to Evaluation

Midgley's (1988) critical systems perspective to evaluation was initially defined as "a flexible and responsive approach that has ... been developed to allow researchers to select their evaluation tools according to the nature of the questions being answered." Midgley and Floyd (1990) have promoted the combination or partitioning of different qualitative and quantitative methods selected under a participatory strategy that allows the researchers to define different and simultaneous contexts of intervention by combining the views of the people to be researched with a critical and systemic frame and the researcher's own self-reflections (see also Midgley, 1989). This innovation has opened the door not only to the combination of methods but also to other different developments in Midgley's work.

The merit of the theoretical reflection about the practice of partitioning methodologies in the field of systems thinking should be acknowledged to Midgley (1988 and 1990) (and Flood, 1989, who also dealt with this). Midgley (1989, 1990) defined methodological partitioning as "the practice of sectioning and recombining parts of previously distinct methodologies to address complex research issues" (p. 108), or as "the techniques pluralists use to interrelate methods" (p. 110). He asserted that the combination of methods "provides a more useful source of information than the use of a single established method in isolation" (p. 111). However, it seems to me that Midgley's (1989) crucial assumption concerning this research is that the selection and separation of working methods and techniques from their initial methodological contexts will reflect the requirements of a critical and systemic rationale, and of the

demands of questions which are defined according to the researcher's perception of the context of application and his/her own praxis through dialogue.

In Midgley's (1989) and Midgley and Floyd's (1990) description of his/their evaluation of Microjob, and in Cohen and Midgley's (1994) research on the North Humberside Diversion from Custody Project, I see evidences of the practice of partitioning and combination of working methods and techniques initially grounded in different paradigmatic assumptions and used for evaluating specific problems directly perceived by different and separated subjects. This experience was still enveloped in the researcher's complementarist classification of perceived contexts. He grounded his initial experience of methodological partitioning in the System of Systems Methodologies (S of SM). At a later time, Midgley (1997c, 1997a) called this perspective the Creative Design of Methods. At one point he tried to work within Total Systems Intervention (Midgley, 1997c), in "an attempt to make TSI more critical" (personal communication), but most of his work has been conducted under the more general banner of CST.

Midgley's (1997a) approach to mixing methods is now called Systemic Intervention. The philosophical underpinning of this conception is based on a quasi-Habermasian and quasi-Foucauldian notion of the relation subject/power/knowledge. According to Midgley, power-knowledge formations constitute an identified relation in the hands of particular subjects to be challenged or reinforced by other subjects who are not engaged in the previously identified power-knowledge formation. According to this view, to be critical "involves the identification of alternative possibilities for

knowledge and identity" (p. 279) and, as a form of intervention, it must explore possibilities for different boundary judgements (p. 282). Thus, Systemic Intervention becomes a cycle through which a subject critiques, judges and acts. He (1997a) defines this as "a smooth line running from critique (revealing different possibilities for knowledge and identity), through judgement (choosing between alternative knowledges and identities), and on again through action (based on the judgements already made)" (pp. 281-282).

Critique, at the level of intervention, departs from using Ulrich's (1983) model of boundary judgements, which in Midgley's (1997a) version takes the form of the sweeping in or sweeping out of different kinds of knowledge and identities. This in essence looks for the expansion or reduction of stakeholders and their corresponding knowledges and values by using models and techniques such as boundary critique, brainstorming, idea writing, among others. However, Midgley acknowledges that "critique based on boundary exploration does not free people from the effects of power" (1997a, p. 283). It should be noticed that Midgley (1992, 1999), and Midgley, Munlo and Brown (1998) have developed an original model of boundary and marginalization (the sacred and the profane) for uncovering phenomena of marginalization of social groups through different dominant patterns of social practices that express multiple values and boundary conflicts between local contexts and centralised power-knowledge formations. It is acknowledged that the traditional practice of systems boundary and boundary judgements is more orientated towards tackling problems of exclusion and inclusion than towards dealing with marginalization.

In this respect, Midgley's essential concern is that "value judgements not only are related to what is or is not contained within given boundaries, but also are related to what lies in the margins" (1992, p. 10). The point, then, is how the elements of a system come to be established between the boundaries that define the sacred (everything that is made dominant or "valued" by value judgements) or the profane (everything that is marginalized or "devalued" by value judgements) and how they can be perceived as such. Midgley points out that this has meaning "only in relation to an understanding of a history of movements within the system and in relation to interactions between the system and numerous others" (p. 13). This seems to be a crucial point insofar as the system or the sacred within the system might be understood to be the expression of dominant power and knowledge formations (or dominant rationalities constituted by the interplay between games of knowledge and power), and marginalization to be their concrete practical effects and manifestations concerning other "devalued" or dependent individuals, social groups, organisations. Thus, it seems to be clear that only from the perspective and strategic interests of every specific other on the practices of dominant rationalities could it be possible to see and to speak about and to act against the extent and diversity of presentations of marginalization. It seems that it is in this direction that Midgley's reflection has been orientated insofar as he talks about dominant discourses institutionalised into practices (see Midgley, 1999, p. 551).

Thus, I find Midgley's approach to boundary and marginalization very useful for evaluating what Foucault (1984c) has called the "perverse effects" of dependence (as the expression of power relations) in the systems of social security and health services.

I also find it very useful for opposing, through subjugated knowledge, the dominant relations of power and knowledge shaping and health program. However, it should be clearly formulated from the perspective (their aspirations to autonomy) of subjects in resistance. In the same way I value his concern with judgement as the choice of the forms of knowledge and identities that should be promoted and the use of different research questions for determining the type of methods to be used in their production. However, I understand this judgement as the situated and embodied knowledge of decentered subjects instead of the judgement of a quasi-detached researcher aiming to make knowledge comprehensive, or engaged in producing a moral-knowledge as in Ulrich's (1983) approach to social planning.

I do believe that it is by obeying the impulse to assemble the desires (strategic and perspectival truths) of specific subjects in resistance that methods should be chosen and knowledge produced. I think that a critical perspective should not produce universal moral knowledge, that is, knowledge trying to be comprehensive by including the desires and concern of everyone, because in matters of social justice knowledge is always situated and embodied. But we can perform moral actions insofar as to act implies the cultivation of the precaution of not engulfing the other, of taking into account their claims, of encouraging participation.

It also seems to me that Midgley creates a new dualism, the duality of subject-knowledge interacting in a dynamic way. From a Foucauldian perspective what I see is a multiplicity of changing and interacting subjects (individuals, social groups, communities, organisations) and their respective perspectival and strategic truths,

some of whom bring into being and institutionalise dominant social, economic, and political practices through displaying dominant rationalities shaped by power-knowledge relationships. Thus, what should be at the centre of discussion is that some of these rationalities objectify and dominate others, although at the same time these others can resist that subjugation. In this way, the notion of practice acquires a new meaning because it is not reduced to intuitive knowledge but expresses the materialisation of empirical and theoretical scientific rationalities concerning others. Practice emerges again as a key concept for a Foucauldian perspective of evaluation of social programs.

11.3 Taket and White's Approach to Evaluation

Taket and White's (1997) approach to evaluation in the social policy arena, and particularly in health promotion (Taket,1993), constitutes a strategy orientated to work in situations defined as having a high degree of heterogeneity. This approach is especially designed to preserve difference in those social contexts. Taket and White's (1997) approach is based on the promotion of "pluralism in each of the following features: in the use of specific methods/techniques; in the role(s) of the evaluators; in the modes of representation employed; in the use of different rationalities; and, finally, in the nature of the client" (p. 103). This strategy seems to be supported by three more general considerations:

First, the idea of matching "variety in the evaluation situation with corresponding variety in evaluation methodology" (p. 103). This is again the application of Ashby's Law of Requisite Variety to the interplay between the context of intervention and the means of knowledge (methodologies, methods, techniques, tools, theories, metaphors, models, and so on) to be used during the evaluation. In matters of methodological choice they follow a strategy of "mixing and matching" and of "doing what feels good;" this strategy seems to be limited to the choice of methods and their elements, and to their operationalisation (see Taket, 1993; Taket and White, 1997; White and Taket, 1993, 1996, and 1997a). Methods and techniques should not be chosen and combined according to a rationalised definition of the context of intervention or problem situation but should be inspired by "doing what feels good" in a flexible, imaginative and creative manner, in tune with multiple rationalities and irrationalities shaping the expert and the clients. Thus, they do not structure a static and objective problem situation because such a situation is contingent, heterogeneous and complex, contains multiple realities and changing circumstances, and each one of these should be equally taken into account (see White and Taket, 1994).

White and Taket summarise this strategy as follows: methodological choice should be undertaken "recognizing and valuing the differences in the methodologies on which we draw and attempting to match this with variety in the local context worked within, the participants in the interaction, and the purpose of the interaction" and "the proviso that in the interaction we work to support disempowered or marginalized groups" and local situations (White and Taket, 1997a, p. 390). They use triangulation, combine parts of different methods, try to be flexible and adaptive, practice critical reflection,

promote participation by using different participatory methods and techniques, and reconceptualize the notion of praxis (the dichotomy between theory and practice) by identifying it with collective theorising (White and Taket, 1996 and 1997a).

Second, these writers seek to raise the role of multiple local voices, of action and theorising (reflection on action) for resisting totalisation (Taket and White, 1993; and White and Taket, 1996) or the straight-jacket of using ultimately constituted objective knowledge, theory, discourse or whatever grand narrative, as a means for action (p.103; see also Taket and White, 1993;[94] and White and Taket, 1996, pp. 54-55). As a consequence, White and Taket (1994) look for a strategic reduction of the role of the traditional authority of the expert in producing and using knowledge and in enlightening the client. They see experts as decentered and plural subjects constituted by a multiplicity of rationalities and irrationalities; for that reason, they propose for them a new, post-modern function: that of being interpreters, collaborators in the production of texts, animators in the production of changes, "one of the actors in the play" (pp. 735-736); that is, they think, with Phillips and Phillips (1993), that the experts should contribute to process and structure rather than to content. To support this idea, White and Taket (1997a, p. 386) quoted Foucault (1980e), who when asked about the "intellectual's role in militant practice," answered with the assertion that "the intellectual no longer has to play the role of an advisor. The project, tactics, goals to be adopted are a matter for those who do the fighting. What the intellectual can do is to provide the instruments of analysis" (p. 62).

[94] It seems that from 1993 to 1997 Taket and White's position concerning the role of theory for action has changed. In Taket and White (1993) one can still read that theory is a possibility for choice. Thus, they maintain that "there is no one theory providing the ideal plot, but many to choose from, like different soundtracks for different occasions. We are witnesses to the many manifolds of a Jenck's 'pluriverse' in which we can design for ourselves an 'off-the-shelf' life-style" (p. 879).

The third element that needs to be addressed is the strategy of generating diversity and the role of contingent consensus in the problem of power relations. Taket and White assume the task of working to permit divergence of views insofar as communities and individual subjects are fragmented, diversified and always changeable entities, shaped by diverse values, beliefs, feelings, emotions, and experiences. Thus, they promote the use of methods and procedures able to reveal such a diversity of views, to generate self-knowledge, skills, and empowerment. The strategy of generating diversity serves the purpose of increasing choice and of facilitating temporary contingent consensus to mobilise the collective innovatory capacity of social groups (see Taket and White, 1994; White and Taket, 1994). Taket and White prefer to drop the notion of consensus as an ideal and, instead, they promote a conception of temporary contingent consensus, that is, a system of consent that recognises difference and "otherness" (Taket and White, 1994; White and Taket, 1997a).

I find this perspective very useful in relation to my goal of preserving and promoting pluralism together with egalitarian conceptions of social justice in the practice of evaluation. It seems to be especially useful for deconstructing the effects of veridiction of a social program and in promoting self-knowledge, insofar as it clearly proclaims its scepticism against universal foundations of knowledge and concentrates on "local, contingent and dynamic answers" to problem situations because "there are no guarantees" (personal communication with Ann Taket, June 15th, 1999). As such, this position looks at the subject as being decentered and plural and tries to give space to the multiplicity of local voices in the production of knowledge and action. However, it is still problematical in respect of its position concerning the content of

theoretical discourse, particularly of scientific theories, the role of expertise, its definition of a problem situation, its lack of a more radical consideration of the effects of technologies of power, and its consideration of the positive "side" of power. These issues are discussed below.

The definition of problem situations are still dependent on a cybernetic characterisation of the social in terms of the complexity and heterogeneity of local social spaces, but without clearly relating them to the influence of higher levels of power and knowledge relations (the link between totalising rationalities and centralised structures of power) upon specific decentered subjects. It can be said that for social justice there is no unitarian or simple situation concerning the effects of knowledge and power relations upon a subject, insofar as the content of a social program is the expression of the struggle between multiple rationalities and interests. For instance, the intents of building social justice under the lead of totalising egalitarian perspectives have failed, and a multiplicity of suppressed desires have re-emerged (for example, in Eastern Europe, Nicaragua, among others). In that sense, it could be better to consider "complexity and heterogeneity" as a general characteristic of the social and, as a consequence, of all social problem situations.

Given the role of power and knowledge in both the local and higher levels concerning the constitution of the subject, it seems to me that a problem situation cannot be defined without taking into consideration the effects of power and knowledge upon specific subjects and their resistance to those situations. Those effects are embodied in the concrete social practices determined by the dominant rationality of a social

program and the views of those affected. So all processes of evaluation must begin with uncovering and problematizing those rationalities and their practices as a step in the process of defining a problem situation. For doing this the active participation of subjects (expert or lay knowledge) in resistance is paramount.[95] It seems to me that it is because of this failure to consider the relations between centralised and local complexes of power and knowledge upon the constitution of the subject that a strategy of evaluation only aimed at generating diversity at the local level has the risk of concealing the effects of those centralised complexes of power and knowledge, and of leaving the subjects without effective alternatives for acting against their effects.

Hence, it seems to me that it is not advisable to reject or to ignore established theories and knowledge as means for rational action. If a perspective of evaluation, in denying absolute theory, also denies theories, it will fall into localism and dispersion and will succumb when confronting entrenched and subjugating power and knowledge relationships. It is good to renounce metanarratives and every kind of individualising or totalising paradigm, methodology, empirical or theoretical knowledge and discourse; but we must not forget the existence of multiple local, subjugated knowledges, expertise, and rationalities which, precisely, can find their expression not only through the use of multiple methods, techniques, and tools, and their own theorising, but also through their connections with existent strategic empirical evidences, theoretical positions, and interpretations. In this way they can empower not only their own particular perspectives but also the possibilities of developing more

[95] I do not oppose the generation of diversity. However, diversity can, without strengthening the subjects' capabilities of resisting subjugation, dilute their possibilities of generating new power relationships.

general and pluralist strategies of action. In every theory and discourse different strategic positions can co-exist as in a battlefield. It is true that some of them can appear as "suppressed" but this does not necessarily mean that they have been totally eradicated. It seems as if, from Taket and White's perspective, totalising knowledge, theories and discourses had eradicated all alternative strategic positions, and their unity was, precisely, the result of such elimination (see, Taket and White, 1993, p. 873). It is from this that the distinction between elimination and subjugation becomes necessary insofar as it opens up the possibility of resistance that subjugation implies. If this was not the case, how then could it be possible to decompose totalising methodologies and to use some of their methods, techniques and tools in a "pragmatic and pluralist" perspective?

I have already shown in the previous chapters how changing empirical evidences and theoretical or discursive interpretations of a social reality, as the differentiated articulation of the subject to the multiplicity of strategic positions constituting a scientific theory or a discourse, is the arena from which a plurality of possibilities for action arises. What has happened is that it has been from the perspective of a transcendental or universal subject (expert), or from the perspective of centralised expressions of power and knowledge relations (for instance, from the expert in risk factors and in managerial techniques and technologies of social security), that the other subject has been articulated, in a subjugated way, with scientific theories, empirical knowledge, and technologies of government. I maintain, with Foucault (1998a), that scientific theories as methodologies and discourses all offer, within their structure, a system of points of choice that defines a field of strategic possibilities for

action.[96] In that sense the strategy of renouncing expertise overlooks the fact that knowledge (its empirical and discursive elements) and discourse are heterogeneous, that every decentered subject, including the expert, can be connected to different strategic positions of knowledge, and that the homogenising and universalising effects of scientific knowledge and discourse are the result of power relations.

Foucault does not reject the active role of the expert (a decentered and fighting one) in the production of knowledge, but his or her role in the integration of oppressive and subjugating power relationships and the constitution of universal rationalities is challenged. Thus, when discussing about the role of intellectuals (experts), Foucault (1980c) remarks that today the intellectual has changed her/his role but has not disappeared. The change is from being an intellectual concerned with the universality of truth to another concerned with specific truths linked to local struggles and in opposition to the universal regimen of truth attached to the hegemony of economic, social, and cultural expressions of power. We cannot forget the strategic, plural and historically changing role of the expert, nor the different networks of force in which s/he can be caught up. The expert (intellectual), as Foucault (1980e) says, can help in building "a topological and geological survey of the battle field" (p. 62) against subjugating and oppressive, global and/or local power relations. We have seen different examples of this: some scientists resisting the traditional threat of global nuclear war and global warming, and others fighting against local or global

[96] It is this possibility of choice that, for instance, Blum's (1976) discourse on health (see Chapter 2 for an example of the way Blum's discourse has been interpreted by Colombian planners), and Beattie's (1993) discourse on the changing boundaries of health offer for processes of health policy formation and decision-making.

manifestations of environmental destruction like the negative effects of genetically modified foods.

We can dismiss neither truth nor the role of the expert, in general, but we can reject their normalising and universalising effects upon specific subjects in contingent and historical circumstances. We must distinguish the universalising "truth" of a discourse or totalising scientific theory from the truth of a scientific knowledge or discourse that is situated and embodied (see Haraway, 1988). To challenge the former is to challenge the pretensions to universality of dominant forces articulating cultural, moral, aesthetic and scientific aspects linked together within the unitarian manifestations of a discourse, or to challenge the relations between the formulation of truth and falsehood implied in the games (methods and procedures) involved in the production both of scientific knowledge and of discourse. Thus, there might exist a diversity of games of truth and falsehood as there exists a diversity of subjects. However, for a fighting and historical subject resisting subjugation, his/her truth is perspectival and strategic. These perspectival and strategic truths, that are also contingent and historical, can be arrived at by taking into account of, and by thinking from a decentered perspective about, existent scientific theories and empirical knowledge.

Therefore, to respond to the demands of the evaluation situation seen only in terms of the lure of a cybernetically defined heterogeneity of social reality is to ignore the strategic role of dominant relations of force in shaping both the contents of a social program and the subject's views. Thus, to choose and combine methods without having as a reference the specificity of the demands of a fighting and historical

subject can hide relations of subjugation which can only be uncovered through his/her resistance to specific effects of knowledge and power relations.

As a consequence, the strategy for the choice and combination of methods through mixing and matching should be extended to the choice and combination of scientific knowledge, theories and technologies of power - emphasising, however, the active role of fighting subjects in the process of choice. So, in my view, the solution is not to replace the choice of the strategic elements of constituted scientific theories and empirical knowledge with a lay theorising, but to find, in a critical way, the connections between subjugated, lay and erudite knowledge, and the views about local and popular struggles in dealing with the totalising and individualising effects of the positivist, interpretivist and radicalist theories, discourses, and methodologies in terms of which knowledge is produced and the subject is constituted[97]. Thus it seems that

[97] Concerning the relation between expert and lay knowledge, interesting experiences have been accumulated in Latin America. Thus, during the seventies, Freire (1972, p. 56) assumed that "teachers and students (leadership and people), co-intent on reality, are both subjects, not only in the task of unveiling that reality, and thereby coming to know it critically, but in the task of re-creating that knowledge. As they attain this knowledge of reality through common reflection and action, they discover themselves as its permanent re-creators." Under this conception he asserted that experts "do not come to teach or to transmit, or to give anything, but rather to learn, with the people, about the people's world" (p. 181). Thus, the relation between experts and people became one of co-authorship and dialogical action. Like the experts, people became subjects of their own investigation. They, together, also had to create the guidelines of their own action (pp. 182-183). The content of Freire's method can be outlined in three steps, as has been done by Wallerstein and Bernstein (1988): a first step of listening, and aiming to understand the felt issues of a subject; a second step of dialogue, more participatory, and aiming to investigate the issues of a subject "using a problem-posing methodology; and, third, a step of action, aiming to achieve the "positive change that people envision during their dialogue" (p. 382).

During the eighties, Fals-Borda (1980) proposed a neo-Marxist way of articulating erudite and lay knowledge by creating two different groups: first, an ad-hoc group of reference (the leaders, or the most skilled and committed groups of a local population) and, second, the group of organic intellectuals, that is, those intellectuals leading or sharing the strategic and historical interests of an alliance or block of social groups or classes. These two groups should relate one to another through a process of dialogue that includes action/reflection, reflection/action. More recently, Rahman and Fals-Borda (1989) seem to follow a more Foucauldian approach (see p. 217). They understand as subjugated knowledge both the people's own traditional wisdom and knowledge, and the new popular knowledge that is produced in a process of auto-research. At the moment they encourage a dialogical, horizontal relationship between "expert" and lay knowledge, without any claim to a higher level of consciousness from the former. The knowledge produced through this interaction is local, autonomous, diverse and plural, the expression of

the solution might be to unfold in reverse the discursive rationality, practices and empirical effects of a social program upon the subject; to fold by extending to scientific, theoretical knowledge, and to ethical rules the strategy of "mixing and matching" in order to facilitate, from the perspective of a fighting historical subject, the choice of determined strategic positions for the production of a decentered truth that implies forming a new theory in an attempt to found a new discursivity in tune with the values, feelings and emotions of fighting, subjugated subjects and experts. It also implies unfolding, but from an ethical or political perspective, to transform or improve the subject's situation.

Finally, an additional question arises concerning the cybernetic strategy of generating diversity and temporary consent. How can it be or is it possible for a subject to challenge subjugating and oppressive power relations without offering options of forming enduring and all-inclusive strategic alliances of resistance? What strikes me, is the supposition that diversity might be, in itself, a sufficient tool of action against situations of asymmetrical power relations. In this way diversity, as a sole strategy of resistance, involves the risk of being used as a mere procedure for colonising the views of others and for legitimising individualising practices of power. Plurality, for instance, as a project of social justice in health and health care, only makes sense

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action and reflection, and must empower people against situations of oppression, domination and exploitation.

In contrast with Freire, who maintains a unitarian, dialogical and dialectical perspective leading to humanism, a Foucauldian approach to the relation inquirer-inquired might be dialogical, but in the perspective of encouraging diversity and choice. Paraphrasing Torbert (1981a), it might be said that this relation should be based on the needs of creating, in a flexible way, the required, common and changeable assumptions, to act effectively with others. In his experience, this connection can be given in a conception designed to gain knowledge that combines research and action by making purposes, strategies and behaviours congruent. However, from a Foucauldian perspective it seems to me that it is the practice of resistance and of self-creation that can illuminate this relationship.

within an overall strategy of equality. Thus, a conception of social justice that reconciles equality with pluralism might be a solid point of political and ethical encounter between many human conditions and ways of being.

11.4 Further Debate in Critical Systems Thinking

Having discussed the three specific theories of evaluation emerging from CST, I will now take a more general look at some of the other ideas in CST that have some resonance with the non-foundational perspective which I am pursuing. I will demonstrate that, although there are commonalities with the ideas expressed in this thesis, each other perspective also has limitations from a Foucauldian point of view.

11.4.1 Flood and Romm's Diversity Management

Flood (1990) and Flood and Romm (1996a, and 1996b), for instance, have been carrying out important theoretical work designed to clarify the relations between knowledge and power in the field of systems thinking and, in particular, to make choices of whole methodologies and their theoretical underpinnings by matching them with specific contextual purposes: structure design, debate, and might-right issues. Following this rationality, they have been exploring different fields of research such as management, system thinking and action research, taking into account their methodological principles and purposes. In this, Flood and Romm (1995 and 1996a)

have generated a proposal for an oblique use of models and methodologies, that is to say, their use according to principles and purposes different from those for which they were initially designed.

According to Flood (1996), "Diversity Management" works, in a complementary way, by making choices in order to confront specific problem situations: issues of design (structures of communication), decision making consideredness (debate), and issues of power relations and the transformation of those relations. Diversity Management, then, is all about people's informed and locally contingent choices in these three problem situations. Now, given that actions (in this case research) are based on theories, they ask "on what basis can choice be made between theories (and methodologies?)" (Flood and Romm, 1996b, p. 83).

The answer given to that question seems to be that "methodology and/or theory choice making involves recognition of and value in a diversity of positions" (p. 90). Two elements, therefore, should be taken into account for a choice to be made: first, the relation between theoretical alternatives (paradigms), in terms of their qualities, and people's purposes (agendas for action). Second, people's degree of "sensitivity" to other options (forms of reasoning about alternatives). They argue that a better choice (a better argument) can always be made based on a rational procedure. It seems to me that these two conditions contour the universalising and unitarian character of this proposal in spite of their claim to a localised and contingent choice. Theoretically, they base this proposal upon the intent of reconciling critical modernism and

postmodernism by conciliating Habermas' and Foucault's positions (see Flood, 1990, and Flood and Romm 1996b).

They try to accommodate Foucault's oppositional thinking, which is decentered and promotes diversity, to Habermas' plea for rational consensuality through the best argument. A link between these two ideas is achieved by using Gergen's (1994) conception of conversation as a means of expanding "sensitivities" between different views. This equates Diversity Management with informed and responsible choice-making between different viewpoints. In this way, they admit diversity in theories and methodologies but they promote a better choice or reconciliation between different viewpoints through a rational and "sensitive" conversation. This looks like the accommodation between practical and theoretical reason through a rational and consensual procedure. In this sense, rational and "sensitive" consensus simply hides differences because it really does not take into account the issue of power relations. Perhaps a certain "sensitivity" or openness to others might be demanded from a clear ethical perspective of dialogue and consensus. We cannot forget that dialogue, conversation, is power-charged (Foucault, 1997a; Haraway, 1988).

In the tradition of systems thinking, Diversity Management is clearly an innovation. However, the fact that the oblique use of models and methodologies is defined on the basis of purposes that, at the same time, are dependent on methodological principles (paradigms) matched to specific problem situations; and, the fact that Flood and Romm do not yet recognise the existence of heterogeneous strategic positions (methods, techniques, tools) within the structure of whole methodologies, means that

their position lags behind Midgley's and Taket and White's achievements on the matter.

11.4.2 Mingers's approach

Mingers (1997) seeks to combine methodologies and parts of methodologies by trying to go beyond the developments already accumulated by the experiences of the System of Systems Methodologies, Total Systems Intervention, and Diversity Management. He looks for the foundation of a "multi-paradigm multimethodology." Mingers (1997) contests Flood and Romm's (1996a) orientation of choosing methodologies according to their appropriateness in particular problem situations. Mingers (1997) assumes that "all problem situations are complex and multidimensional, involving material, social and personal aspects" (p. 414). Therefore, "a range of methodologies (or parts thereof), across the paradigms, should always be used" (p. 414).

Mingers tries to answer two challenges: first, how to assist the agent (intervener) in combining methodologies and, second, how to think about the nature of being critical within a multimethodological context. His theoretical support is Habermas' (1984) theory of the three worlds and three validity claims (truth, rightness and truthfulness) concerning, respectively, the context of application and communication, and Foucault's theory about the "three types of self-examination (the relations between our thoughts and reality, the relation between our thoughts and rules of conduct and the relation with our own hidden thought)" (Mingers, 1997, p. 426). In trying to bring

Habermas and Foucault together, he, nevertheless, fails to take into account the crucial difference between them concerning the role of power and truth in terms of the theory of communication. Mingers tries to use both Foucault's conception of critique, particularly its located, non-universal character, and his considerations of the decentered, embodied nature of the subject (the researcher). In this regard Mingers makes clear that methodologies in themselves are not critical but that the persons (agents, interveners) using them can be. However, it seems to me that in choosing methodologies, Mingers's position is still ambivalent in so far as he is inspired by Habermas in combining multiple paradigms and methodologies without excluding the universalising perspectives they may assume.

Mingers promotes two procedures for choosing and combining methodologies: the first identifies "the particular contributions that the various methodologies can make in terms of the different dimensions of the problem situation, and the different phases of the intervention. And the second is addressed to the problem of partitioning methodologies" (1997, p. 429). I am sympathetic to Mingers's phases of intervention and methodological partitioning, but not to his encouragement of paradigm diversity. It seems to me that his definition of a problem situation in terms of Habermas' theory of the three worlds and three validity claims, maintains the claim of universality of positivist, interpretivist and eschatological approaches to knowledge, and relegates the concern for truth uniquely to the external, natural world.

Furthermore, Mingers's approach is centred round the agent (intervener). As a consequence, it is the agent (as expert) who not only determines the critical character

of the use of methodologies and their parts, but their choice and combination. In spite of Mingers's acknowledgement of the situated nature of the agent of intervention, he nevertheless fails to adopt a clear participatory strategy. However, he demystifies not only the belief in a universal subject (intervener) but also the uncritical legitimisation made by some trends in the tradition of systems thinking (for instance, Soft Systems Methodology and TSI) of interpretivist and positivist rationalities as free of power relations in certain contexts of intervention.

11.4.3 Gregory's critical appreciation

In criticising the imperialist tendencies of complementarism (its consensus oriented form of pluralism, and its organising framework of reference) in both the System of Systems Methodologies and TSI, Gregory (1992) developed an alternative approach (discordant pluralism) that took CST as its guiding perspective. Discordant pluralism is a new conception of pluralism in which "different, competing and conflicting perspectives" (1992, p. 441) may transitorily "intersect" and propitiate local, contingent and historically situated decisions (judgements) through a process of critical appreciation that implies communication between the alien perspectives and ethical decision making. Thus, discordant pluralism recognises paradigmatic incommensurability, but tries to communicate between heterogeneous and conflicting perspectives through the process of critical appreciation.

Critical appreciation is a model in which Gregory develops a more pluralist, non-complementarist approach to solving problem situations. This model has been developed to generate more general agreements, local consensus and ethical decision making, and to preserve diversity. It departs from the assumption that change is the result of a dynamic process between the self and society, that is to say, of the mutual shaping between the individual and society. The critical content of discordant pluralism and of the critical appreciation model has its basis in the works of various critical theorists such as Habermas (1984, 1989, 1990a, 1993, etc.), Giddens (1984, 1991, etc.), and Bernstein (1983, 1991, etc.), among others.

I will concentrate on the analysis of the critical appreciation model, given its importance from the perspective of this research. Critical appreciation is a model in which the solution of problem situations, that is, the transformation of individual or social realities, takes place through the use of a cycle of critical self-reflection and ideology-critique. This cycle has the potential of generating the necessary individual or collective awareness, empowerment, and openness that through individual reflection and collective will formation lead into the required individual or collective action for transforming problem situations. In this process the model proposes the combination of different methods dealing with objective, subjective and intersubjective aspects of social reality. It develops a process of scientific enquiry leading to increasing awareness, and a reflexive inquiry leading into theorising that informs action.

In the process of critical self-reflection the researcher or the individual her/himself asks questions about a problem situation by using empirical-analytic and historical-hermeneutic methods. This part is called scientific inquiry and leads to self-identity or self-awareness. Moreover, the process also implies a phase of reflexive enquiry that leads to theorising about the problem situation and about how to change it. If the process is successful, it can lead into individual social mobility. If the individual action is unsuccessful, then the need to act with others comes on the scene to challenge the social context or the ideological assumptions opposing changes. This explains the resort to ideology-critique.

Ideology-critique is developed through a phase of scientific inquiry and another phase of reflexive inquiry. The former is a process in which by using empirical-analytic and historical hermeneutic methods, the individual learns about his/her situation and about the ideological context shaping it. The latter is a process in which, through theorising about the ideological causes of the problem situation and of the possibilities of overcoming them, a course of collective action is chosen. However, it is asserted that for change to transcend the actions of the affected it must involve the oppressor or dominator in the process of critical appreciation (self-reflection) to challenge his/her own values and belief.

Critical self-reflection and ideology critique are the elements that, through rational argumentation, lead to a new attitude of both the oppressor and the oppressed to the situation at issue. This new attitude is achieved in both the oppressor and the oppressed through a process of self-reflection and dialogue, a kind of therapy of

reciprocity or of "mutual perspective taking" that leads into openness before the claims of the oppressed and before the oppressor's own assumptions as the result of the enlightenment resulting from the process of critical appreciation. In this way the emancipation of individuals and social groups becomes possible through mutual agreement. Gregory says that "through discourse, proper consideration of values and norms can occur which should result in some degree of emancipation being achieved" (1992, p. 370).

However, there can be situations when very alien positions need to be communicated so that they can identify their similarities and differences and reach local consensus or ethical decision making. Gregory (1992) demonstrates that a discourse supported by the tension between both critical appreciation and discordant pluralism can result, on the one hand, in situations of consensus that, being locally determined and historically contingent, should in any case be referred, in a dynamic way, to a wider community (society) for criticism. On the other hand, it also can result in situations of ethical decision making that, as I understand it, are the result of gaining insights through finding the similarities of views, coincidences and possibilities of agreement between radically alien perspectives. In this way, decisions can be made that preserve plurality and difference, that is to say, without either perspective totally engulfing the other.

I find Gregory's position illuminating in so far as it claims plurality of points of view and assumes a critical perspective as a guiding principle for action. Furthermore, it departs from a conception of the subject that is decentered, and claims dialogue, local consensus and ethical decision making. It values individual and social agency and a

dynamic self-society as the explanation of social and individual changes. However, from the perspective of my research, it still seems to me problematic to explain equality and plurality only through individual and collective awareness and openness resulting from a therapeutic process grounded in the interplay between scientific and reflective inquiries, that is, in the dynamic interplay between critical self-reflection and ideology-critique.

11.5 Conclusions

This overview has underlined some achievements and problems which have been raised in the field of critical system thinking in the direction of constituting a more pluralist and critical perspective for the evaluation of social programs. To a great extent, the achievements have been illuminated by new theoretical and practical approaches to the analysis of social reality that seek to challenge the hegemony and negative effects of grand narratives and the relations of power and knowledge in the field of social research. According to my criteria, post-structuralism has been one of the sources that explains a great part of these transformations. Thus, armed with these ideas and experiences, it has been created the basis for a transition into a conception and practice of critical system thinking more pluralist, decentered and participatory than complementarism has been. These changes constitute useful advances on the road towards a critical and systemic approach to the evaluation of social justice which encourages equality and pluralism.

However, it seems to me that in this perspective, the utmost importance must be attached to the strategy of analysing the effects upon specific subjects of the relations between technologies of power, formulations of truth and falsehood, and the ethical assumptions of a social program. These implications should be analysed not only at the level of the content of their discursive rationality, their practices and empirical social effects, but also at the level of the influence exerted by non-discursive formations upon the constitution of such rationalities and practices. Thus, Foucault's strategy for analysing the effects of power and knowledge relationships upon the subject, and his indications about the subject's own self-constitution and engagement in power relations under a more empowered and ethical perspective, is an indispensable component for a critical and pluralist perspective of evaluation.

Therefore, a critical, pluralist and systemic approach to the evaluation of social justice informed by Foucault's thought, should lead the developments of critical systems thinking into a more pluralist and critical approach to social research. I will organise these elements under the headings: critique (unfolding in reverse), the promotion of subjectivity (folding) and the reordering of social reality through participation (ethical and political unfolding).

SECTION FIVE

A NON-FOUNDATIONAL, NON-UNIVERSAL CRITICAL SYSTEMS PERSPECTIVE OF EVALUATION?

CHAPTER 12: METHODOLOGICAL GUIDELINES FOR A CRITICAL, SYSTEMIC AND PLURALIST CONCEPTION OF EVALUATION OF SOCIAL JUSTICE IN COLOMBIAN HEALTH SERVICES

After having highlighted the relevance of knowledge and power relations for an evaluative perspective of social justice which encourages equality and plurality; after having defined the elements (unfolding in reverse, folding, and political and ethical unfolding) of a non-foundational and non-universal methodological rationale; and after having developed a discussion about the use and choice of methods, techniques and tools, and the role of expert and lay knowledge, I shall attempt now to establish the guidelines for a critical and pluralist conception of evaluation of social justice in Colombian health services.

It has been my assertion that, in health care, social justice emerges as an obligation related to the needs and claims of a diversity of social groups and human conditions. Evaluation of social justice, therefore, must be based on the wide and direct participation of the people concerned. A further supposition has been that, under Colombian conditions, intentions of grounding social justice on universal foundations preserve injustices, not only because of the heterogeneous nature of our social and cultural conditions, but because these intentions have failed historically as it was said above (section 11.3) concerning the the experience of Eastern Europe and Nicaragua). It should also be taken into account that the economic and managerial model of social justice that Neo-liberalism has imposed in several Latin American countries,

including Colombia, has been grounded in a rationality based on the performativity of the economic system, and the exclusion of people from participation in the process of policy formation and evaluation. Thus, I have implied that, in matters of social justice, a new conception of evaluation of the Colombian Health Services that encourages equality and pluralism, will emerge only as the result of assuming a non-foundationalist conception of evaluation that promotes the widest participation of the marginalised individuals and social groups who are affected.

This proposal of evaluation starts by acknowledging the researcher's ethical and political commitment with a conception of social justice understood as a historical and contingent process that aims to encourage equality with pluralism. I also acknowledge that a conception of social justice of this kind is only possible from a decentered perspective. In that sense, as a researcher, I openly declare my sympathy with a conception of social justice in health and health care that emphasises equality and pluralism for the use of the means of health. Means of health should be understood as the set of factors involved in the production of health, for instance, medical staffing, health institutions, procedures of public health, sanitary infrastructure, social security and other means which in a historical and concrete circumstance are commonly acknowledged and claimed by individuals, particular communities or social groups and the population for the production of their health.

I also acknowledge that besides the definition of any means of health, it is also necessary to take into account the availability of economic, and other scientific, technological, and cultural resources; the cultural, ethical and political awareness and

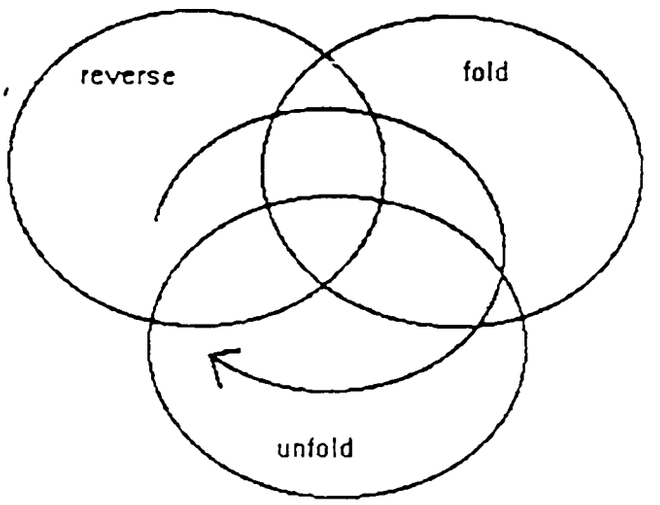
disposition of different individuals, communities, social groups and movements to act on behalf of and to encourage a conception of equality with plurality; and the disposition of a constituted relation of forces in fulfilling such aspirations.

However, my emphasis on the means of health does not imply a failure to take into account the result of health. I simply wish to underline that whatever might be considered as a result in matters of health should consult the view of decentered subjects rather than the exclusive position of a scientific rationality, such as that of the bio-medical model of medicine.

Therefore, a decentered, pluralist, and historical perspective of equality should rely not on universal, moral, theoretical or scientific truths, but on the contingent, mobile, political and ethical expression of the values and desires of a multiplicity of human conditions and ways of being. In that sense, the conception of a critical, pluralist, and systemic evaluation should not be grounded in the analysis of universal standards of performance but in the situated and critical appreciation of fighting subjects (whether individuals, communities, social groups, or different social movements) about persistent problems of inequality, oppression, exploitation or subjugation, or about the improvements made by the health program and its discursive rationalities and practices, or new problems they bring to light.

Thus, I propose a rationale of evaluation that includes three methodological guidelines linked through complex iterations and interrelations: critique (unfolding in reverse), the promotion of subjectivity (folding), and the reordering of social reality through

participation (political and ethical unfolding). These three elements iterate according to the specific demands of a problem situation, and to the way in which this problem situation is perceived by the subjects attempting to resist it. However, in this proposal I have divided these methodological guidelines into three separate phases simply for analytical reasons. Certainly, these are not actual separations. These elements are interrelated, as may be observed in the graphic and in the following description.



I have also decided that these should be considered as a methodological guideline rather than a method for two main reasons: first, because situations are changing and embodied in power and knowledge relations, and different situations will require different methods which, among other things, should be designed or chosen by taking into account the participation of the people. Second, because I do not want to make my ideas instrumental and that, it seems to me, is the risk of methods.

The phases of these methodological guidelines are as follows:

First, critique (unfolding in reverse) is designed to identify and to generate a diversity of viewpoints about persistent problems of social injustice in terms of health, as they are perceived by the affected subjects. Critique is directed towards uncovering and analysing the concrete empirical effects of a health program upon specific subjects (individuals, communities, social groups), and towards identifying, generating and analysing diverse viewpoints about the discursive rationality and practices of a health program. This analysis should be done by reversing (opposing the truth of a complex knowledge-power-morality to the truth of a specific affected or fighting subject) the theoretical and scientific assumptions and the practices of a health pogram, and by analysing its performance from the perspective of decentered subjects in resistance (whether experts, practitioners or clients).

Second, the promotion of subjectivity (folding) should encourage diversity, autonomy and solidarity before universalising conceptions of knowledge and centralising relations of power. This is a process in which the subject (the client) uncovers, reflects about, and rejects the inequalities, effects of subjugation, cultural or political oppression or economic exploitation of a health program and, at the same time, engages in the task of self-constituting her or himself through self-knowledge, self-regulation (self-government), and the acknowledgement of the situation of others. The rejection of oppression, exploitation and of the negative effects of power and knowledge, as well as the self-constitution of the subject, imply a detailed act of reflection and choice. Reflection should be as systematic, historical and experimental as possible, and choice should be made by distinguishing between good and bad in an autonomous and judicious way.

Third, the reordering of social reality through a process of ethical and political unfolding and participation. This is a process designed to create the conditions for changing the situations impeding the achievement of equality and plurality. Thus, this is an ethical and political stage in its double sense of solidarity and participation. This implies local consensus, and political and ethical decision making. Moreover, the kind of actions carried out for solving a problem situation and for choosing the means of action, should take into account the actual circumstances. Thus, ethical dialogue might work in situations of openness, and political action or other forms of action might work in situations of closure or coercion (see, for instance, Midgley, 1997b, for further explanation). In any case, the definition of the ways of acting involves the active participation of the subjects.

The above phases might be supported by interrelated questions which I present separately for purely analytical reasons. Thus, for instance, questions raised in the first stage might also be asked in the second one. Central iterative questions should be considered as follows:

First, what do I know about the effects of the health program? How has the health program constituted my self with its true and false formulations and practices about my health and about my relations with the means of health? How has it regulated my behaviour concerning the relations with myself, with others, and with the means of health? How does the health program plan to improve my health and the health of others?

Second, what am I? What do I know about my own health and about my relation with the means of health? What do I know about the health of others and about their relations with the means of health? How has the health program improved my health and the health of others? What can I do about my own health for improving the care of myself, and in terms of my relation to others and to the means of health?

Third, what can I do to change the situations subjecting myself and others, and restricting the improvement of my own health and the health of others? What could be the ends of my actions? What are the most effective and feasible means for achieving my ends? How do they relate to the purposes and means of others? How must I act in order to achieve my ends? How does my way of acting relate to the ends and actions of others?

I shall go now into more methodological detail about these iterative and interrelated stages:

12.1 Critique, or Unfolding in Reverse

Unfolding in reverse seeks to identify the specific problems of social justice of a health program in terms of its effects of power and knowledge, and of its cultural or political implications. This suggests actions designed to discover a diversity of points of resistance against the universalising practices of the theoretical, scientific or moral rationalities of a health program, and against the coercive and subjugating regulations

of its technologies of power. Moreover, it should rouse and seek to make connections between subjugated, erudite (expert) and lay (popular) knowledge, and the knowledge about the memories of local struggles of all those who are affected by and concerned with the effects of a health program, and who fight against its rationality and practices. So, voice should be given to those knowledges, an additional empirical and situated investigations about the failures in performance of a health program in satisfying the needs and desires of the people should be promoted too.

This process should include the combination, as appropriate, of a diversity of empirical and/or discursive modes of knowing that might help in reversing and opposing, from the perspective of positioned subjects, what has been considered as a universal, scientific, theoretical, moral or political truth, within the rationality, practices and results of a health program. The methods and/or their parts and the techniques to be chosen should be useful for opposing the truths of the complex power-knowledge-morality by opposing the perspectival and historical truths of subjects in resistance. In that sense, they should help to explore diverse situations of resistance; to encourage diversity of points of view and expressions of autonomy and solidarity; to define priorities concerning the points of resistance and the subjects in resistance; and to analyse what has been presented as the achievements of the health program in terms of access to and the use of the means of health, the health situation, the effects of the practices of knowing and of governing others and the self.

According to these methodological guidelines many methods and/or their parts (techniques and/or tools) can be chosen and combined to listen to subjugated voices

and to encourage their participation. The methods should help to undertake the critical analysis of written or spoken discourses, and the empirical visualisation of problematic situations. In the field of discourse such methods can include different forms of archaeological analysis, genealogical critique, deconstruction, intensive interviewing, ethnographic research, rapid and participatory appraisal of needs etc.

These methods may be chosen or designed within many fields of social research such as critical systems thinking, management, sociology, anthropology, etc. The exploration and choice of these methods is a practical problem that requires a specific process of evaluation. However, I shall indicate concrete examples of the manner in which they might be used. For instance, Midgley's (1992) approach about boundary and marginalization might help in reversing the rationalities and practices of marginalization, and Ulrich's (1983) polemic use of boundary judgements might be useful in reversing different aspects of the rationality of a health program; in the same way, Taket's (1993) and Taket and White's (1994) use of cognitive mapping and repertory grid analysis might help in the development of diversity of points of view, among other aspects; and in the fields of sociology and anthropology, the use of ethnography by Fox (1991), England (1994), Green (1995), Manz (1995), and Rabinow (1977) shows diverse possibilities of using this method and/or its techniques for giving voice to oppressed social groups and for promoting diversity of points of view in regard to reverse the rationality and practices of a health program.

In order to visualise, from the perspective of decentered subjects, the standard of performance of a health program, it also might be useful to explore the use, without

any intention of generalisation (see Haraway, 1988), of different quantitative methods or their parts in the areas of epidemiology and statistics. Thus, for instance, a new use of these methods has been promoted, within a participatory and partisan strategy, in areas such as action research (see Whitmore, 1994), critical system thinking (Midgley, 1989), health research and rapid epidemiological appraisal (Williams and Popay, 1994), and epidemiology (Krieger, 1994). The participation of the subjects in resistance should be promoted, whatever the method or technique may be chosen.

12.2 The Promotion of Subjectivity, or Folding

This process should empower specific subjects by deepening and strengthening their knowledge and skills for knowing; by reinforcing their abilities for reflecting, choosing and acting; by increasing their ethical responsibility for others and their own moral self-regulation; and by stimulating their capability for judging about and resisting against the discursive content (rationality), practices, and consequences of a health program. The process must prepare the subject for confronting subjugating realities and for invigorating a more effective and ethical participation in the processes of policy formation and self-creation.

This stage, which is interrelated with unfolding in reverse, includes two levels of analysis. First, it starts by rejecting the effects of objectification and domination of a social program. This should be done by reflecting critically about the effects upon the subject of scientific, normative and/or subjective truths and of the technologies of

power which shape a health program, and which are uncovered in the process of unfolding in reverse. Second, there must be a process of self-knowledge and ethical self-regulation, that is, a process of self-constitution through reflecting in a systematic, historical and experimental way, and by choosing in a free and judicious way. Thus, the second element implies two further aspects. On the one hand, a process of viewpoint formation, that is, the production of a situated truth that is at the same time perspectival, historical and strategic about the connections between the subject (his/her health) and the world (the means of health) and others. On other hand, a process of ethical self-regulation, or the self-creation of a moral agent, which involves reflection about, and practical self-correction of, his/her own ethical behaviour concerning the care of the self and of others.

Folding should be achieved by arousing and uniting subjugated knowledge and the memories of the local struggles of the subjects against the effects of objectification and domination of a health program. This should be done in a process of shared investigation, critical reflection, and action that supposes self-theorizing and the self-formation of ethical rules of behaviour. This would imply making the connection between empirical and discursive forms of knowing by thinking critically and by encouraging the choice of methods and/or their parts, and of the strategic positions in scientific and ethical discursivities, in a situated way.

I shall not provide a rationale for the way in which methods or their parts might be used and combined (it would require a particular practical research) at this stage, but only a rough reference to how they have been used by other researchers. Torbert

(1981b) has already described the antecedents, in different disciplines such as history, sociology, anthropology and organisational behaviour, of a type of collaborative inquiry that provides different methods directed towards self-knowledge (self-study), and towards self-regulation of behaviour by integrating research, reflection, and action (self-study in action). He records, for instance, that since Siegel (1956), several trends have developed in the field of empirical studies among researchers who are not interested in making generalisations but in the self-study of small groups of people. So they have generated skills in analysing data that point into "each member's perspective" rather than towards generalisation. Similar experiments have been developing in the fields of behavioural skills, thinking skills, and feeling skills. Torbert (1981c) has made clear that the validity of the truth of this kind of research is not only analytical (empirical validity) but also aesthetic and political. Likewise, Haraway (1988) has argued against the pretensions of disembodied objectivity and transcendence in the field of empirical research, and has proposed a "politics and epistemology of location" that promotes the located, positioned or situated character of empirical knowledge and, as a consequence, of its validity.

White and Taket (1993, 1997a, 1997b), and Taket and White (1994), and others, have been exploring and working with parts of different methods such as Critical Systems Heuristics (CSH), Strategic Assumption Surfacing and Testing, SSM's CATWOE, among others, with regard to generating participative processes of self-knowledge and, in some cases, to generating local consensus (see, for instance, Taket and White, 1994). In this context, one can underline Midgley's (1997) use of parts of critical

system heuristics and of interactive planning, and Bie-Nio-Ong and Humphrie (1994) exploration of the use of rapid appraisal with communities in the area of health.

Heldke (1988) has provided arguments in favour of the choice of theoretical strategic positions within a field of accumulated knowledge, and of using them for self-theorising. This can be obtained by merging theory and practice, by integrating the inquirer and the inquired, and by encouraging co-operation and interaction; by adopting a flexible, explorative and experimental attitude; by following the idiosyncrasy of our lives and being morally situated; and by reflecting upon the limits of a theory or its parts in a situated way (to learn how the theory or its parts match with the enquirer's and the inquired's desires, interests and conditions of life; to discover what are the theories's sources, and what interests they serve).

So, the choice and combination of methods or their parts (techniques, tools), the choice of strategic positions within empirical knowledge and scientific theories and discourses, the choice of rules of ethical behaviour, and the establishment of the connections between expert and lay knowledge, must obey a dialectic of participation, reflection, and action, in conformity with the history and desires of the subjects and of their ethical commitment concerning others.

The methods to be used at this stage should assure the exploration of a diversity of perspectives, and promote the choice of strategic positions and of ethical rules of behaviour by thinking in a situated and embodied manner. Thus, the choice of methods, and/or their parts, should take into account that they must serve the subject's

aims of self-knowledge and self-regulation in a participative, dialogical and reflective manner. In this respect the existence has already been stressed of different trends of participative methods within the areas of action research, social anthropology, operational research, feminist research, system thinking, etc.

12.3 Participation, or the Reordering of Society Through Political and Ethical Unfolding

The third stage concerns the actions of the subject upon others, the realisation of intersubjective relationships, the process for making the subject's voices heard and for making connections with others, in order to arrange platforms of change and to deploy the required actions in order to reorder social reality; in other words, this is the process of ethical and political unfolding. It implies thinking about and defining the purposes of our actions. This implies thinking about the nature of the actions to be carried out regarding the effectiveness of the relation means/ends, about the forms of struggle, their tactical and/or strategic character, and about the morality of our actions. The purposive, political, and ethical dimensions of our actions, therefore, come to the fore at this stage. It should clearly materialise the diverse claims for social justice within a conception that reconciles equality with plurality. This conception of unfolding does not imply a resort to a universal truth nor to rational consensus. It should be the result of local and ethical agreements, negotiation, and ethical decision-making between different forces: that is to say, it should be the expression of the constitution of relations of force, of the relations between their respective rationalities

and ways of doing things, and of the possibilities of more pluralist and participative[98] ways of making decisions.

It is by acting from a tactical or strategic perspective, and within the boundaries of force relations, that the different cognitive, political and aesthetic (ethical) truths of the subjects unfold. Thus, the claims (truths) of different subjects are unfolded through the creation and display of a relation of force capable of building a new power situation and/or of acting upon constituted power relations to improve the problematic situation or radically changing the demands. Thus, unfolding does not suppose rational consensus but political (tactical or strategic), ethical and local consensus, and decision making. Moreover, it is the nature of the relation of forces and of the concrete situation that defines the form that the struggle will take, such as ethical dialogue or other forms of political action. However, this choice must not be understood in a positivistic way, but in terms of the choices of decentered subjects.

Methods or their parts should be explored and chosen depending on the perspectival (purposive), strategic, or ethical character of the actions to be performed. Methods, then, should be oriented more towards action. Following Midgley (1997b), they should encourage debate, campaigning, negotiation, consensus (ethical) formation and compromise. In this sense, a set of methods or their parts could draw from, for instance, syntegrity (White, 1998), critical systems heuristics (Ulrich, 1983; Midgley, 1997b), Midgley's (1997b) model for direct political action and campaigning, Taket

[98] In this case, to participate does not mean to take part in rational, scientific or communicative and univeral ways of decision making, but to make ethical decisions, that is, decisions in which the view points of others are taken into account.

and White's (1994) community operational research's model of working with 'difference.'

12.4 The role of Dialogue

As regards dialogue, the relations between researcher and subject (expert, practitioner, client) can change according to the stage of the process of research and their circumstances. Thus, at the level of unfolding in reverse, it can be oriented more towards speaking, listening, seeing, and reading; in the stage of folding it might be more co-intentional, of committed involvement, or of co-investigators in dialogue, and oriented towards the production of knowledge (Freire, 1972) and self-regulation; and in the stage of unfolding, it might be orientated more towards making connections, to promoting the subjects' social, cultural and political voices, in order to arrange platforms of change, and to facilitate political and ethical (solidarity) action.

12.5 The Iterative Character of this Approach to Evaluation

Critique (or unfolding in reverse) discloses the initial perceptions and points of resistance of the subjects about the effects of a health program; it defines the problems to be confronted. The promotion of subjectivity or folding settles in specific selected subjects and promotes their actualisation (differentiation) by deepening their views and reactions about the program and by empowering them in their cognitive and

power abilities, their ethical attitudes and, by creating in this way the possibilities for deploying and spreading their perceived truths and actions. Participation in reordering social reality is the process through which the subjects ethically and politically unfold their decentered, historical, cultural, perspectival and strategic truths in order to fight, negotiate, make agreements or make decisions, and to engage in making their voices heard and in deploying the actions to be carried out with others (intersubjective relationship) in order to improve or change the problematic situations uncovered.

Even though for the sake of description I have separated the whole process into different stages, and even though every stage reflects a certain emphasis on specific aspects, they are interconnected through complex iterations. Thus, instead of the inevitability of totalization or of universality, there is the motivation for an always changing process of "critical re-examination" and problematization.

12.6 Conclusion

With these proposed methodological guidelines for a critical, systemic and pluralist conception of the evaluation of social justice in Colombian health services, we have arrived at the final objective of this research. I have made connections between the elements of a non-foundational, non-universal methodological rationale and the discussions developed in the previous Chapter, about the combination of methods or their parts, the role of expert and lay knowledge, among others, regarding an evaluative perspective that encourages equality and plurality.

CHAPTER 13: CONCLUSIONS

In concluding this thesis I will start by recalling the five aims of this research:

(1) To explain how a judgement on social justice in health services might be possible without universal scientific (empirical and theoretical), political, and moral foundations.

(2) To define the theoretical basis for a non-foundationalist, non-universal evaluative judgement on social justice (equality) in health and health care.

(3) To explain how, from an egalitarian and pluralist perspective, it might be possible to challenge the negative effects of the role of dominant relations of power and knowledge in universalising a judgement about social justice in health services.

(4) To show how the logic of this judgement without universal foundations might be used from a critical and systemic methodological perspective of evaluation.

(5) To design the methodological guidelines and to show some of the possible methods to be used in a critical and systemic, non-foundationalist approach to the evaluation of social justice in Colombian Health Services to encourage equality and pluralism.

Each of these aims, and how they have been met, will be discussed in turn.

13.1 A Judgement about Social Justice Without Universal Foundations

The first aim of this thesis was to explain how a judgement on social justice in health services may be possible without universal, scientific (empirical and theoretical), political and moral foundations.

The argument provided in support of this aim took as its starting point empirical and theoretical evidences and reflection about the possibility of a non-foundationalist interpretation of social justice.

This demonstrated that some considerations such as my description of the Colombian reform of health services, the debate about the analysis of health inequalities and the evaluation of social programs, and Foucault's historical analysis of the European experience concerning the emergence and mutations of different rationalities and practices of government such as nosopolitics and police, biopolitics and welfare state, and neo-liberalism (risk society and managerialism), seem to point into this direction.

These considerations provide theoretical evidence about the recurrent constitution of different and changing rationalities and practices of governing the social, in particular health and health services, on the basis of the convergence of specific viewpoints and interests around particular perspectival and strategic positions comprised in different

domains of knowledge, technologies of government, and moral theories. These descriptions also provide evidence about the constitution, by well-established economic and political powers, of dominant and changing rationalities and practices of governing Colombian health and health services. These rationalities and practices have been moulded through the choice of strategic positions developed in the domains of economics, public health, moral theories, management, social insurance, among other knowledge, technologies and techniques of power.

Therefore this is an argument that acknowledges, through concrete experience, the existence of diverse and changing trends, conceptions and practices of social justice and of its evaluation as well as the perpetual struggle between them. However, some of them have been universalised as the result of the social struggles and of their convergence with strategic positions within different domains of knowledge and technologies of power. In this way, for instance, since the middle of the twentieth century the right to equal and free access to medical care was consolidated and generalised by the triumph of worker's political parties, trade unions, and other social movements in several European countries (see Foucault, 1976, p. 152-154), and in connection with this achievement a particular way of analysing health inequalities has emerged. Since the beginning of the 1990s the Colombian and international elites have imposed a conception of social security which is driven by the principles of efficiency, universality and solidarity (Presidencia de la Republica, 1991), and they evaluate the system using the techniques of the economic outcome model.

From the stand point of theory, I have found the best explanation of these phenomena in post-structuralist thought. In particular, the explanations of Foucault (1967, 1973, 1974, and 1980a, etc.) about social justice have allowed me to assume social justice as a changing program, and a changing claim, of individual and/or collective action articulated in a scientific, political, and moral discourse by an oppressed class or social group, or by a political or economic power. This articulation reflects the struggle among those forces and their choice of different strategic positions at the level of the relations between knowledge, power and morality, within the boundaries and possibilities of a more general scientific and technological development, and of the demands and availability of material resources in a society.

I stress that in the case of health, a conception of social justice more orientated towards pluralism demands a conception of equality that points to the means of health instead of pointing towards health as a substantive result. That is to say, we must claim for equal access and use of health care and other accepted means of health, instead of claiming for equal health. This is because, to respect pluralism, decentered subjects retain the right to make choices about the lifestyles they adopt which might have differing health effects.

However, it is neither the rational, universal normative implication of the truth of a particular science, nor the universal law of a monological or discursive moral reasoning, that in the end defines social justice, but the contingent, historic, ethical, and political awareness of the social struggle and of other human experience; that is to say, equality over the means of health becomes the result of the interplay between a

diversity of forces in shaping a particular dominant rationality and mode of governing others. In this sense, what should be considered as the means of health is an ethical concern regarding other viewpoints, rather than the scientific general truth of a particular rationality.

I make clear, by using Foucault's ideas, that a non-foundationalist conception of social justice should be understood on the basis of the changing interactions between three main domains of human action: knowledge (scientific and popular knowledge), power (technologies and techniques of government and political practice), and morality (ethics). I also assert that this would correspond to the expression of what Foucault (1997d, p. 117) calls the three fundamental elements of any human experience: "a game of truth, relations of power, and forms of relations to oneself and to others."

13.2 A Non-foundationalist, Non-universal Evaluative Judgement on Social Justice

The second aim of this thesis was to define the theoretical basis for a non-foundationalist, non-universal evaluative judgement of social justice in health and health care.

I acknowledge that, from a pluralist perspective, the challenge of adopting a non-foundational and non-universal way of valuing is to avoid absolute relativism. To elude this problem it has been necessary, first, to assume a *sceptical* position about the

necessity of universals in the production of knowledge and moral rules of behaviour; and second, to adopt a decentered conception of the subject and to encourage the promotion of changing forms of subjectivity. This does not mean that we must deny universality *per se*, or be against consensuality as a principle, but rather to challenge the negative effects upon the subject of atemporal and universalizing modes of reasoning. Thus, from this perspective it is not that anything goes, that there are no ethical and political criteria for judging what is right or wrong, but that those criteria are local and historical, related to specific rationalities and practices in terms of specific and historical contexts (see Foucault, 1998b and 1998c; Kelly, 1994, and Allan, 1996).

I assumed a Foucauldian perspective in this matter because I have concluded that his three elements of human experience provide a starting point for an understanding of a non-foundationalist way of valuing social justice without slipping on absolute relativist positions. This implied the assumption of a new way of valuing based on accepting as convincing Foucault's analysis of knowledge, power, morality, and their relations.

The first step was to adopt a situated (decentered) conception of truth concerning the analysis of the social. That is to say, the acknowledgement that plurality, multiplicity, diversity, heterogeneity, uncertainty and change are essential to discursive truth, to the empirical and theoretical forms of knowledge, and to the mechanisms that try to unify them and universalise the truth resulting from their connections: force relations. It was

also proposed to acknowledge the non-existence of a universal or transcendent subject which is, however, decentered and embodied.

The second step was to assume a similarly decentered conception of truth concerning morality. In this sense the main argument which I accepted was that the notion of obedience to a system of transcendental or universal moral rules, law, or other foundations, has been strongly challenged (at least in Western culture), and that a new ethics conceived as an aesthetics of existence can take its place (Foucault, 1988a). This argument also works in the direction of diversity and heterogeneity in matters of moral rules and behaviour. In my view, however, this does not signify that anything goes in these matters. What should be understood is that no longer should a universal and ahistorical moral system of rules elaborated by a transcendent or universal moral subject or consciousness govern our behaviour, but the rules elaborated by embodied subjects, capable of self-mastery and of creating situated and changing systems of moral rules, and/or of choosing, in a judicious way, their own rules and norms of behaviour in interaction with those already existing in their culture.

The third step was the acknowledgement of power as a common element to both knowledge and morality, and its influence in terms of generalising particular truths and of affecting the autonomy of the subjects. This does not mean that power, knowledge, and morality are the same, but that in spite of their difference in nature, the affinity between them is constituted by force relations. It is this affinity that explains the formation and mutations of the complex of power-knowledge-morality interacting in a dynamic way as a multiplicity of conflicting rationalities, or

converging as a more general and dominant rationality through the integration of different forces.

To assume that these three elements should constitute the theoretical ground for a non-foundationalist way of valuing at the same time implies the assumption of the Foucauldian thesis that subjection is the main negative effect of the modes of valuing of the modern dominant complex of knowledge-power-morality and, at the same time, accepting his contentious way of rejecting them by promoting subjectivity. On the one hand, it implies the assumption of the way of analysing the effects of subjection (objectification and normalization, totalization and individualisation) and of rejecting them. His way of valuing starts from the criterion that, in opposition to those negative effects, what should be encouraged as a whole is diversity and autonomy, life and solidarity. However, he has also made clear that to fight successfully against subjection it is also necessary to fight against oppression and exploitation.

On the other hand, to preserve and to reproduce diversity, autonomy and solidarity, implies the promotion of new forms of subjectivity. This means to problematize the modes of objectivation of the subject by universalising structures of knowledge, to problematize subjugating practices of government over others and over the self and, simultaneously, to promote the autonomous self-constitution of the subject by means of a way of valuing that takes the form of an aesthetic of existence. I conclude that to evaluate becomes a complex, dynamic and multiple iteration between the critique of the negative effects of the constitution of the subjects by external forces or

rationalities (complex of knowledge-power-morality) and their autonomous self-constitution (self-knowledge and self-regulation).

Thus, evaluation may be the result of a plural logos that first, problematizes the present in terms of making a critical judgement about the effects of games of truth, practices of government and moral norms of a health program and, secondly encourages an aesthetical process that helps to constitute a subject capable of resisting the constraints of power and knowledge, and of actively creating or uncovering views and ways of doing things as alternatives to those of the dominant rationalities and practices of government, through self-knowledge, self-mastering, free choice, and participation. From this point of view, decisions and choices should be the result of an ethical process of "deliberation," "persuasion," "thought," and "prudence," instead of a consensus imposed by the imperative of universal moral laws and scientific truths, or by other universalising modes of reasoning.

13.3 Resistance to the Effects of the Complex Power-Knowledge-Morality

The third aim of this thesis was to explain how, from an egalitarian and pluralist perspective, it may be possible to challenge the negative effects of the role of dominant relations of power and knowledge in universalising a judgement about social justice in health services.

I undertook this challenge by setting out from the Foucauldian conceptions of problematization and aesthetics of existence. Nevertheless, it was essential to study the concrete methodological ways in which the effects of the relations between power, knowledge and morality could be explored, uncovered, and criticised. I thought that by taking into account the two following Foucauldian methodological tools this aim might be fulfilled: first, an attitude of scepticism towards universal truths, and secondly, the adoption of his method of reversal for analysing the rationality of a health program, the respective practices of government, and the memories or present views of struggles of the people against the effects of subjection, oppression, and exploitation.

I have concluded that discourse (everything that is said in a formal or informal way), practices (everything that is done), and the memories of people's (local) struggles, are the objects that materialise the analysis of the effects of the complex of power-knowledge-morality in relation to which Foucault's method of reversal (the opposition between the truth of a complex knowledge-power-morality and the truth of a specific affected subject) operates in the way of a genealogical analysis (a tactic which by joining erudite and lay knowledge opposes local discursivities against the effects of dominant relations of power and knowledge). Even though it may be considered that archaeology and genealogy are two separate methodological aspects in so far as the analysis of discourse (formal or informal) has been carried out by Foucault through archaeology, and the analysis of the memory of local struggles through genealogy, it has been made clear nevertheless that archaeology and genealogy "are both necessary and complementary to each other" (Freundlieb, 1994, pp. 154-155).

I emphasised that, in contrast with deconstruction, which focuses mainly on what has been suppressed within a text, Foucault's (1972) archaeological analysis refers to everything that has been said in a discourse (formal or informal), its relations, regularities and transformations. In the same way, I also stressed two aspects of Foucault's genealogical analysis: first, his emphasis on using subjugated knowledge and local memories, and on making connections between erudite and popular discursivities in the struggle against the coercion of a unitarian, formal, scientific or theoretical discourse. Second, the confrontation of the tactical role of power in universalising a scientific and theoretical discourse as the weapon of a class, a coalition of social groups, or any kind of social, economic, cultural or political hegemony, by rousing subjugated knowledge (or counter-knowledge) against them.

I have underlined that this analysis should be performed not only on specific macro-levels such as, for example, those of health, health care or social security in general, but also by tracing specific resistances to relations of power, knowledge and morality at different micro-levels, for instance, at the level of the relation doctor-patient, by pursuing the "antagonism of strategies" between the policies of the state and other institutions and the views of specific affected individuals, communities and social groups, and by taking into account the local patterns of people's cultural, ethnic, economic, social and political traditions.

Another important idea that I have learned and taken from Foucault's work is that we must resist the effects of power and knowledge not only by connecting subjugated

knowledge and local struggles, but also by developing general strategies of resistance through the integration of a multiplicity of local strategies against the strategies of domination. This conception can bring into being opportunities for constituting alternative relations of forces that may be capable of reordering social reality based on methods that promote participation, open-ended dialogue, ethical decision making and ethical consensus based on local interpretations.

13.4 A Non-foundationalist and Critical Systems Perspective of Evaluation

The fourth aim of this thesis was to show how the logic of a judgement without universal foundations could be used from a critical and systemic methodological perspective of evaluation.

After the exploration of a series of authors and ideas in this field I concluded that the works of Ulrich (1983, etc.), Midgley (1989, 1997a, 1997b, etc.), Taket and White (1993, 1996, 1997, etc.) and White and Taket (1994, 1996, 1997a, etc.) offered illuminating ideas on how to match Foucault's thought with the developments of Critical System Thinking.

I rejected the still universalising underpinning of Ulrich's work. However, my reflection on this work has given me the possibility of constituting three general categories that might help to open up a space for a critical and systemic evaluation of health programs from the perspective of decentered and embodied subjects, and make

it possible to understand the process of the making and evaluation of health policy as a mainly political process, whose decisions (agreements) concerning others should be governed by an ethical attitude instead of a scientific or moral universalising horizon. Thus, by using ideas such as unfolding in reverse, folding, and ethical and political unfolding, I try to provide critical and systemic methodological criteria for a conception of the evaluation of social justice in health services that encourages diversity, autonomy and expressions of solidarity in the pursuit of equal access to the means of health.

I emphasise Midgley's (1989) concern with partitioning and combining working methods and techniques by separating them from their initial methodological contexts on the basis of a strategy that includes a critical and systemic rationale and the researcher's perception of reality gained through dialogue. I thought that his notions of decentered 'moral' knowledge opened up the door to a more dynamic and pluralist conception of systems, I also realised that his model of boundary and marginalization constituted a useful tool for uncovering the effects of domination (for instance, marginalization) of practices of government.

The three elements seem to me Midgley's most valuable methodological contribution to the constitution of a critical and systemic approach closer to a non-foundationalist position. However, it seems to me that in dealing with coercion, he still has too narrow a view of political action, restricted to creating conditions for dialogue. I also try to use the dynamic of his duality subject/knowledge, but from the perspective of a

multiple relationship between subjects (decentered power-knowledge relations) in resisting a centralised complex of dominant rationalities and practices.

Taket and White's pragmatic pluralism and, in particular, their strategy of 'mixing and matching' and of 'doing what feels good' in matters of methodological choice, and their modes of resisting totalization by preserving difference in the social context and by dropping the role of theory and the traditional notion of expertise, seem to be at the centre of a conception that demonstrates clearly a post-modern underpinning. However, I discuss the difficulties that can arise from a strategy based only on promoting difference when it comes to opposing and defeating well-established and asymmetric relations of power.

Thus, by using Foucault's conception of knowledge and power, particularly, the possibilities that strategic and subjugated positions of theory and expertise offer for resisting dominant power and knowledge relations, I claim that a more dynamic and flexible view about the role of erudite knowledge and expertise is required. In this sense, I propose to extend the strategy of "mixing and matching" to the relations between lay and expert subjects in resistance, and to the relations between erudite and lay subjugated knowledge. This would help to integrate the multiplicity of local voices into a more general strategy of resistance, and to constitute a new relation of forces capable of fighting successfully against entrenched systems of domination.

Thus, I conclude that Foucault's strategy for analysing the effects of power and knowledge relations upon the subject, his promotion of the autonomous self-

constitution of the subject, and his ethical conception of decision making and consensus (locally determined), together with the achievements of critical systems thinking which I have described, can constitute the grounds for a perspective of the evaluation of social justice in health services that promotes plurality and equality.

13.5 Methodological Guidelines for a Critical, Systemic and Pluralist Perspective of Evaluation of Social Justice in Colombian Health Services

The final aim of this research was to design methodological guidelines for a critical and systemic, non-foundationalist approach to the evaluation of social justice in the Colombian Health Services which would encourage equality and pluralism.

The methodological guidelines of this critical and systemic approach to the evaluation of social justice in Colombian health services have been designed as a strategy encouraging critique, plurality and equality. In this sense, critique is resistance to situations of oppression, exploitation, subjugation, and the search for alternative answers to the demands of a problem situation; plurality is the promotion of subjectivity (diversity, autonomy, solidarity) as a condition for an effective participation and ethical decision making in the process of health program evaluation and health policy formation; and equality is the expression of a more general ethical and political position in terms of the access and use of the means of health.

In this way, the general rationale of evaluation includes three main methodological guidelines: critique (unfolding in reverse), the promotion of subjectivity (folding), and participation (ethical and political unfolding).[99] The first element is the necessary starting point of any process of evaluation, and has among its objectives the definition of the problem situation. It specially encourages the participation of subjects in resistance to the negative effects of a health program. The following element focuses on encouraging self-knowledge regarding the construction of a decentered, perspectival and historical truth, and self-regulation, the starting point for a decentered constitution of moral rules and solidarity. The last element defines the ways in which the subjects act regarding others. It specially encourages ethical and political decision-making. These three elements interact in a process of complex iterations and interrelations according to the demands of the problem situation and the requirements for change perceived by the subjects. The search for the autonomous self-constitution of the subjects (plurality, autonomy, solidarity) and equality, is enhanced through processes of critical reflection, viewpoints formation, ethical self-regulation, and ethical and political decision-making.

The whole process is supported in giving voice to and looking for connections between subjugated, expert and lay knowledge, and the memories of local struggles, through a dialogue encouraging resistance, subjectivity, diversity, choice, and solidarity. Dialogue can change according to circumstances and to the situation and demands of the subjects. Thus, for instance, in unfolding in reverse it might be more

[99] I have called these three elements unfolding in reverse, folding, and ethical and political unfolding in an effort to maintain the link with the works of Churman and Ulrich. However, I acknowledge that critique, the promotion of subjectivity, and participation are more "user friendly" terms.

orientated to speaking, listening and seeing in order to promote resistance and critique. In folding it might involve more the role of co-investigators in the production of knowledge to promote subjectivity. In political and ethical unfolding it might be more orientated to developing platforms of change that make possible the committed involvement of different subjects (intersubjective relationship) in social, cultural, political and ethical actions aimed at reordering society as it is perceived by the subjects. The process should include the exploration, choice and combination of methods and/or their parts, and of strategic positions in scientific and ethical discursivities, by thinking critically and acting in a situated and participative way. A diversity of methods can be chosen by following the main demands of the subjects.

13. 6 Conclusion

In concluding this thesis I must say that it has mainly been a theoretical-reflective effort which has opened up a new methodological view for action in matters of social justice and health in Colombian conditions. Even though many theoretical challenges still remain unanswered, it seems to me that it is time to put into practice what has been achieved and to engage, once more, with the participation of others, in finding new answers to the same or new problems. In particular, I think that it is in practice, and in a participative way, that the creation, choice and combination of methods should be defined. This will be the subject of future research.

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