

# The Discourse of Risk and Riskification



4.

## Discourse and Risk

We live in a 'risk society' that is increasingly preoccupied with identifying and managing risks. However, we have a very narrow understanding of what risk is and how to deal with it because of the **dominant discourse of risk**. As a result, certain ways of identifying and addressing risk are seen as self-evident – completely natural and normal, regardless of how well they work or whom they disadvantage. Meanwhile, other ways of dealing with hazards and harms, which may be more effective or more egalitarian, are ignored, forgotten or marginalized.

Our understanding of discourse owes a lot to the prominent twentieth-century French philosopher, Michel Foucault (1926–1984). He describes a discourse as a collection of texts and practices that give shape and meaning to an object or idea, be it gender, globalization, crime, health or risk. Of interest here is his focus on dominant discourses, which exist when the texts and practices that constitute them converge and reinforce each other to produce widely shared, taken-for-granted meanings. In this situation, institutionalized bodies of knowledge gain the status and currency of 'truth', and alternative discourses that might challenge or resist the status quo are squeezed out. A dominant discourse is therefore extremely powerful: it shapes our understandings of ourselves and others, our ability to determine what is true from what is false, and our understanding of what is right and wrong.

## The Dominant Discourse of Risk

In the case of risk, the dominant discourse underpins the **realist** approach to risk (capsule #2) and is the source of the power relations that permeate the risk cycle (capsule #3). It emphasizes mathematical and scientific methods to calculate and manage risk – turning unknown hazards into knowable and predictable risks. It is constituted by a structured collection of texts and practices that systematically bring 'risk', as an object of knowledge, into existence.

Examples of texts include: scientific articles, textbooks on risk assessment and risk management, ISO risk guidelines,

emergency procedure manuals, emergency preparedness handbooks, aggregated risk data reports, accident reviews, inquiry reports, submissions to public hearings, compliance reports, actuarial reports, media stories, and government legislation. Examples of practices include: use of probability and statistical techniques, preparation of risk matrices, carrying out event tree/fault tree analysis, calculating risk-benefit ratios, preparing emergency preparedness plans, filling in emergency preparedness checklists, rehearsing accident protocols, conducting emergency simulations, monitoring for early warnings, auditing, completing accident or incident reports, holding hearings, calling witnesses, drafting inquiry reports, and processing data to update actuarial tables.

These texts and practices refer to each other in well-established, convergent ways, leading to widely shared, taken-for-granted meanings, such as:

Risk is the probability of an adverse effect or negative event of some magnitude – a harm, hazard or danger of some kind that can be managed if the likelihood of its occurrence and nature of its effects can be accurately assessed.

Risk assessment is understood as 'science' – evidence-based, fact-based, and value-free.

Risk management is understood as 'policy' – values-based, with trade-offs among multiple objectives.

These texts and practices produce a body of risk knowledge that is assumed to be 'true.' By employing this body of knowledge, it is possible to calculate risks. In other words, risks exist 'out there'. They are real, fixed, and bounded, and they can be identified, classified and organized through scientific measurement and analytical reasoning.

The dominant discourse of risk also produces a set of clearly delineated, recognizable identities. Some of these identities have authority over others. Some play a role in reducing or removing risk; others produce risks. Some are responsible for discovering and handling risks, while others are exposed to it.

Risk assessors determine the nature, level and probability of harm, damage or loss.

Risk managers are responsible for reducing risk to some acceptable level.

Risk producers engage in actions that generate hazards or cause harms, damage or losses.

Risk bearers are those who are harmed or bear damage or losses when hazards materialize.

Risk arbiters are responsible for overseeing responses to risk incidents as they unfold in real-time.

Risk adjudicators review incidents where risks have materialized to determine, after the fact, what happened and what should have happened.

The dominant discourse of risk prioritizes certain identities over others and relies on particular forms of knowledge. When trying to identify risks prospectively, risk assessors and risk managers are authorized to determine whether a risk exists and, if so, how to deal with it, by relying on expert risk knowledge in the form of facts, correlations and causal models. When risks materialize in real-time, risk arbiters, such as senior managers, compliance officers or oversight panels, typically take charge. They oversee the implementation of previously produced plans, scripts and protocols and ensure compliance from workers and others on the ground. Risk adjudicators lead inquiries and reviews to evaluate how risks have been handled in the past, and are given license to assign blame and decide what should change in the future, based on retrospective accounts. So, depending on the mode of organizing risk – prospectively, in real-time, or retrospectively – certain individuals and certain bodies of knowledge are taken for granted as being more important than others.



## Resisting the Dominant Discourse of Risk

If the taken-for-granted way of organizing risk is seen as inadequate, attempts may be made to resist the dominant discourse and introduce different ways of understanding risk.

One way to resist is to introduce an **alternative discourse** to counter the effects of the dominant discourse. An example is the use of the *precautionary principle*. Emphasizing the discourse of precaution, found in texts and practices in environmental legislation, helps to resist the exclusive reliance on scientific experts in deciding whether or not a risk exists and the tendency to defer any action until the risks have been unequivocally 'proven' through scientific means. Instead, the discourse of precaution acknowledges the limitations of scientific research and allows for action to be taken on *potential harms*, as in the following example.

### Example 1

*The Stockholm Convention on Persistent Organic Pollutants (POPs) is a global treaty that came into effect in 2004. It incorporates the precautionary principle, which allows dangerous chemicals to be regulated based on their potential harm to human health and the environment. On this basis, chemicals are restricted or even eliminated. It also specified a process whereby other chemicals could be regulated in this way in the future. Incorporating the precautionary principle into this regulatory framework lowers the burden on regulators to 'prove' that risks exist, enabling governments to take global action on chemicals even when there is scientific uncertainty regarding their harmful effects. It also gives greater voice to non-government organizations and the public to express concerns about risks.*

**Improvisation** resists the dominant discourse by incorporating the experiential knowledge of locally situated risk assessors-cum-managers-cum-bearers. These are the front line workers who bear the consequences of a risk that is materializing around them. They are also responsible for assessing and managing this risk in real-time in order to control and contain it. These workers have 'local' knowledge that

risk arbiters, who oversee events from a distance, do not. As a result, they may resist the prearranged plans and normal authority channels associated with the dominant discourse of risk in order to address risks that materialize in unexpected and unfamiliar ways, as in the following example.

### Example 2

*Facing a potential nuclear meltdown after a massive tsunami hit Fukushima Japan, senior TEPCO executives were reluctant to vent the reactor. They faced two unknowns. Firstly, venting this emergency core cooling system had never been carried out in Japan. Secondly, they had never imagined they would need to vent without electricity. Despite the views of his superiors, the plant manager decided to proceed with the vent, and galvanized workers in the control room to figure out how to do so manually. The plant manager ignored his superiors further, when he pumped in seawater to cool the reactor. By resisting orders from above, the plant manager and many other workers, known as the 'Fukushima 50', managed to avert an even greater catastrophe.*

The **self-management of risks** resists the expert-oriented, top-down regulation of risk by giving more power to individuals to deal with the risks that affect them personally. It occurs in different ways, for example, through 'vigilant consumption', where people undertake their own research on products to make sure they are safe before buying them. It also can be used to deal with the risks of chronic illnesses, when individuals engage in their own lifestyle management. Rather than being told what to do by scientists or other experts or having access to risky products and activities regulated by government agencies, individuals take control of assessing and managing risks themselves, as in the following example.

### Example 3

*In 2001, the UK government published a document called 'The Expert Patient: A New Approach to Chronic Disease Management for the 21st Century'. It argued that individual knowledge and experience of risks is a resource that can be drawn on in managing risks associated with chronic illnesses: "Many GPs who care for people with chronic conditions say that the patient often understands the condition better than they*

*do. This is not surprising – many patients become experts as they learn to cope with their chronic conditions". Expert patients can use their skills and knowledge to lead a full life by taking responsibility for managing medical risks. In this way, 'self-care', "led, owned and done by the people themselves" can be introduced (Department of Health, 2005)*

## Resistance leads to Riskification

While these forms of resistance mitigate some aspects of the dominant discourse of risk, they also help to reinforce and extend it. We call this process **riskification**. Three of Foucault's concepts – intensification, discipline and governmentality – explain how it works.

With *intensification*, new forms of knowledge provided by the alternative discourse are folded into existing body of risk knowledge. For example, the discourse of precaution has been extended to terrorism, where the future is conceived, not simply in terms of a negative event that may be more or less likely, but as an impending *catastrophe*. This is used to justify unprecedented action regardless of how much (or how little) is known about the possibility and nature of the 'catastrophe'. Government agencies use precaution to justify intervening more aggressively and more broadly e.g., not only against individuals categorized as potential terrorists but also against members of the general population (airline travellers, tourists, certain ethnic groups) to defend society in the name of potential – and unproven – security risks. If terrorist suspects cannot be clearly identified through intelligence and profiling, even wider forms of surveillance are employed. For certain categories of people, governments no longer need to demonstrate that these individuals pose risks – individuals have to prove that they do not.

The irony of intensification is that instead of risk being a way to turn an 'unknowable' future into a predictable, manageable and known event, it becomes harnessed to raise fears. Authorities can then fall back on draconian risk management actions precisely because the magnitude of the risk and likelihood of it occurring are unknown.

In the case of *discipline*, front-line workers who improvise to manage risk more effectively may face adverse consequences. Discipline affects individuals in three ways. It bears down on employees from the past through the predetermined policies and protocols that employees are expected and trained to execute. It bears down on employees in the present through line authority. It even bears down on employees from the future in that employees who do improvise may be found at fault in subsequent reviews. For example, the 'Fukushima 50', who put their lives on the line to prevent a meltdown through a range of improvised measures, faced a number of disciplinary sanctions. TEPCO muzzled them to avoid further discrediting the company, while the Japanese government ignored them for over 18 months.

The irony of discipline is that even if individuals believe protocols and orders to be inappropriate ways of dealing with a risk that is materializing in unexpected ways, it may be less risky for them to comply rather than risk punishment at a later date for deviating from them.

*Governmentality* means that populations of individuals are classified in relation to risk, then encouraged or coerced to take greater responsibility for those risks as with, for example, risks associated with retirement, pensions, health, employment, etc. Governmentality appears progressive insofar as individuals are free to manage their own risks. However, this does not mean that institutional interference recedes from their lives – far from it. Even if the state pulls out of bearing the risks of old age, illness, poverty, etc. (often placing additional stress on vulnerable members of the population), other organizations continue to intervene. In the self care example above, an expert patient is defined as someone who is confident and in control, willing to work with health healthcare professionals, able to communicate effectively, and uses their skills and knowledge to lead a full life. Not many people fulfill these criteria, especially those dealing with a chronic illness. So, organizations are created, and charged with training individuals to meet these standards. Individuals must submit to them to ensure they are categorized as an expert patient. Those who fail to do so become patients

who are 'at risk' from themselves or even risk 'producers' because of their inability to self-manage risk.

The irony of governmentality is that attempts to empower individuals to manage their own risks require them to submit to a wide range of organizations for training, education and auditing purposes. Those not able to manage their risks are at the mercy of even more aggressive interventions since they have been judged to pose risks, rather than simply bearing them.

## New Directions for Organizing Risk

Conventional ways of viewing and organizing risk are not necessarily the best. There may be other ways of identifying and dealing with the harms and hazards of every day life. Riskification shows that resisting the dominant discourse of risk is difficult. Nonetheless, if we understand how the dominant discourse of risk works, we are better placed to develop new ways of thinking about risk that rely on different forms

of knowledge and value diverse voices, without creating fears of a future that can never be fully known or controlled.

## Acknowledgements

Prepared by Cynthia Hardy, University of Melbourne (chardy@unimelb.edu.au) and Steve Maguire, McGill University (steve.maguire@mcgill.ca).

This research was funded by the Australian Research Council (DP110101764) and the Social Sciences & Humanities Research Council of Canada (435-2014-0256).

For further information and references, please see: "Organizing Risk: Discourse, Power and Riskification" by C. Hardy & S. Maguire, *Academy of Management Review*, 41(1): 80–108, 2016.

## Reference

Department of Health, *Self Care* February 2006, Gateway Ref: 5411. <http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/expert-patients-programme.aspx>

## Learning points

Here are five suggestions for how organizations can ensure more robust and integrated risk management by engaging critically with the realist approach to risk:

1. Recognize that the dominant discourse of risk shapes our understandings of ourselves and others, our ability to determine what is true from what is false, and our understanding of what is right and what is wrong.
2. Be sensitive to instances when alternative discourses and approaches to risk are being 'squeezed out' of risk management in your organization, resulting in fewer rather than more insights. Is your organization so focused on risk that it has forgotten about innovation? Is it so preoccupied with measuring risks that it is ill equipped to act on them?
3. Ask yourself 'what other discourses would enhance my organization's ability to deal with risk?'. Would 'precaution' enable you to prepare more effectively for uncertain or unfamiliar risks? Would

'democracy' help to include more people in assessing whether a risk exists? Would 'empowerment' help individuals in the organization act more effectively on risks?

4. Develop ways to encourage resistance from employees or other stakeholders to the way your organization currently deals with risk. Use it as an opportunity to reflect upon and learn more about the specific risks your organization faces as well as how best to manage them. Consider how you can protect those who do resist so they are not penalized for doing so.
5. Be aware of 'riskification' and its effects. You can't escape it but you can mitigate it. If you adopt a new discourse, monitor its use to make sure it doesn't lead to a more draconian approach to risk. If you encourage improvisation, make sure you don't punish employees at a later date. If you introduce forms of self-management, reflect on how you treat the people who successfully self-manage risk, as well as how you treat the people who don't.