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Overcoming Resistance to Surveillance: A Genealogy of the EAP Discourse

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Abstract

Through an examination of employee assistance programs we address Foucault's contention that the pervasive surveillance characteristic of disciplinary control is facilitated by a discourse claiming therapeutic rather than punitive aims. By characterizing poor job performance as evidence of substance abuse or other 'behavioral-medical' illness, the EAP discourse endeavors to overcome the reluctance of supervisors to identify poor performers, for whom job loss is the frequent consequence of failure to improve. Following Foucault's view that power effects occur without express intention to exercise power, we analyze the web of institutional and professional disciplinary mechanisms that effect heightened supervisory surveillance.

Keywords: discourse, Foucault, employee assistance programs, genealogy, surveillance

At a large corporation's New York headquarters a janitor takes a seat in the office of the Employee Assistance Program counselor. The counselor leans over his desk and solemnly asks: 'Miguel, have you had a drink since the last time we met?'

When the janitor casually replies 'Yeah,' the counselor leans forward, lowers his voice and, with even greater solemnity, asks: 'Can you tell me what happened?'

'Well, last week, my wife and I were at my in-laws'. My father-in-law and I were watching the Mets game, and he asked me if I wanted a beer.'

'Go on, what happened then?'

'We watched the game,' the janitor responds.

'Did you have any more to drink?'

'I told my father-in-law what had happened — that I'd been drunk on the job a few weeks ago and been sent to see you. I told him I was trying to cut down. He had a second beer, but I didn't.'

'Have there been any other times since we last met that you've had a drink?'

'Last night. We were at my in-laws' again, and I had a beer with my father-in-law while we were watching the Mets game. He had two or three, I just had one.'

'You know, Miguel, alcoholism is a funny disease. I understand your job performance has been fine these past weeks, but you never know. Sometimes you drink a beer and

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nothing happens, and the next time maybe, you take one drink and you can't stop. So I hope that the next time we meet here and I ask you "Have you had a drink since the last time we met?" your answer will be "no". Now, I wanted to ask you, Miguel, have you done anything concerning that conversation we had last time, about your looking to advance yourself in this organization. You're a bright young man with a wife and a baby — you don't want to be a janitor forever. Did you look into that posting for a job at our airport office?'

'Actually, no.'

'Why's that? Don't you think it's important to try to advance yourself?'

'Well, my wife and I talked about it, and if I took the job out at the airport, I'd be spending an extra hour and a half on the subway every day. Right now, I can be home with the baby when my wife's at work, but we couldn't work that out if I took that job.'

'Miguel, I hope you'll discuss this with your wife again, and you and I can talk about this again next week.'

A handbill distributed outside a union meeting in Schenectady, New York, read in part:

Have Martucci and Mongin FingereD YOU Yet?

The Labor Party has gotten direct documentation from workers: so-and-so used to be in a caucus, used to bitch against management and union alike. But he was forced in this Alcoholic's program, and he just came back; he doesn't bitch anymore. Get the picture? Brainwashing! Across the country, CIA agents Woodcock and I. W. Abel are pushing slave-labor relocation and brainwashing. Right here, IUE 301's Martucci and GE's Mongin sit together on the Board of Directors of the Alcoholic Council. Also Russell Sage College-Cornell School of Labor Relations hold brainwashing group classes for the local labor leaders. These labor KAPOs are acting as Rocky's cops inside the factory to insure that slaves stay slaves.

The counseling session and handbill excerpted above (from interview and archival data from research reported in Weiss 2003) seem inconsistent with the usual portrayal of job-based alcoholism programs — now typically known as 'employee assistance programs.' Not only literature written for practicing managers, but also organization theorists' analyses of EAPs (Bacharach et al. 2000; Beyer and Trice 1984) generally have treated them as nonproblematic; an organizational behavior textbook (Greenberg and Baron 2000) characterizes EAPs as 'an increasingly common form of worker benefit.'

That EAPs are common is beyond dispute: 95% of US employers with more than 5000 employees use EAPs (Lippman 1999), and in the UK they have been estimated to be used by 25% of the FTSE-100 companies (Maitland 2000). Journalists in the US and the UK *have* disputed, however, whom they benefit: Dobbs (1999: D4) contended that EAP should stand for 'employer assistance program' and stated that companies use them 'as a surrogate for disciplinary action.' MacErlean (1997: 10) warned of employers using EAPs 'to play Big Brother. ... The most devious employers use them as an instrument of control,' and noted that 'some managers see counseling as a surveillance program.'

The tenor of these accounts, as well as the specific language used, suggests Michel Foucault's perspective. Although many of his writings have important implications for organizational analysis, this article's focus is *Discipline and Punish* (1977), a genealogical analysis of prisons that has been described (McKinley and Starkey 1998) as his most significant writing on organizations. To compare the contributions of the Foucauldian and mainstream viewpoints to understanding EAPs we offer a genealogy that builds on Foucauldian organizational analyses including Newton's (1995) brief adumbration of the covert disciplinary functioning of EAPs, Townley's demonstration (1994, 1998) that the humanization narrative in management has merely clouded the role of personnel policies in increasing the calculability of employee performance, and Ball and Wilson's (2000) examination of computer-based performance monitoring as an instantiation of panoptic control.

Discipline and Discourse

In *Discipline and Punish* Foucault contended that the resistance provoked by overt, physically repressive exercise of power had led to an historical shift in strategies of controlling prison inmates. Such coercion had been supplanted, he averred, by 'disciplinary control,' a term that played on two senses of the word discipline: as the enforcement of obedience, and as an occupation's body of knowledge. Occupations such as medicine and psychological counseling, in his view, created obedient, docile bodies through application of knowledge, not only that particular to members of their occupation, but also knowledge gathered about subjects.

Foucault argued (1977: 218) that these controls had spread to the workplace — due to 'the growth in the apparatus of production, which was becoming more and more extended and complex' — necessitating a shift from the owner's control to that 'carried out by clerks, supervisors and foremen,' who were 'agents, directly dependent on the owner.' Under those circumstances, Sewell and Wilkinson (1992: 275) suggested, organization structure serves analogously to *Discipline and Punish's* panopticon: 'The pyramid (hierarchy) rather than the circle (Panopticon) became necessary to maintain the "disciplinary gaze"; the capitalist needed relays.' Whether the 'mechanism that coerces by means of observation' (Foucault 1977: 175) was Bentham's panopticon or a corporate bureaucracy, however, Foucault considered surveillance (as Sewell and Wilkinson 1992: 272 noted) 'the connective tissue in the Power/Knowledge relationship.'

Surveillance, Giddens (1985: 183–184) has contended, was another term with a dual meaning for Foucault. The first of these, 'surveillance in the sense of direct supervision,' involves highly detailed observation: Foucault (1977: 174) described the introduction of disciplinary control as accompanied by surveillance that took into account not only the quantity and quality of output, but also 'the activity of the men, their skill, the way they set about their tasks.' The second meaning is 'surveillance in the sense of information keeping, especially in the form of personal life-histories held by administrative authorities.'

A structure facilitating both direct supervision and detailed information keeping could provide the basis for power effects influencing supervisory personnel as well as subordinates. Foucault argued (1977: 176–177):

‘Although surveillance rests on individuals, its functioning is that of a network of relations from top to bottom, but also to a certain extent from bottom to top ... with effects of power that derive from one another: supervisors, perpetually supervised.’

For Foucault, a key both to relaying this surveillance throughout the organization and then to actualizing the power effects made possible by acquiring detailed knowledge of the subject is discourse. He employed this term to convey the notion that because language shapes individuals’ sense of the world, control can be exercised by the repeated use of particular language to foster a taken-for-grantedness that in turn generates truth effects (Alvesson and Karreman 2000). According to Foucault (1977: 102), when widely seen as true, such language provides a ‘recipe for the exercise of power,’ seeking ‘the submission of bodies through the control of ideas.’

As Clegg (1994: 156) has pointed out, Foucauldian disciplinary practices ‘are “discursive practices”: knowledge produced through practices made possible by the framing assumptions of that knowledge.’ *Discipline and Punish* described how the discourses of medicine and psychological counseling facilitate ‘the submission of bodies through the control of ideas’ (Foucault 1977: 102). Disguising the punitive role of their putatively therapeutic regimes, they portray pervasive, close surveillance as aiding quick identification and referral to treatment, and thus as benefiting disease victims. Punishment, as Foucault (1977: 9–10) noted, is portrayed as ‘intended to correct, reclaim, “cure”’ — such that it becomes ‘the most hidden part of the penal process.’

Clegg (1994: 156) further has noted that Foucauldian disciplinary practices ‘are knowledge constituted not just in texts but in definite institutional and organizational practices.’ One such practice, the examination, was illustrated earlier; producing knowledge that justifies both close surveillance and the accumulation of detailed personal information, it provides a ritualized form of ‘surveillance that makes it possible to qualify, to classify and to punish ... In it are combined the ceremony of power ... the employment of force and the establishment of truth’ (Foucault 1977: 184–185).

Key to the examination’s effectiveness is the discursive cloaking of discipline in the language of therapeutic institutions and professions:

‘The examination has always been and still is an intrinsic element of the disciplines. Of course it seems to have undergone a speculative purification by integrating itself with such sciences as psychology and psychiatry ... But we must not be misled; these techniques merely refer individuals from one disciplinary authority to another.’ (Foucault 1980: 142)

Even disciplinary controls as forceful as the examination’s ritualized surveillance, however, may meet with resistance, as was evident from the handbill excerpted earlier. According to the Foucauldian view, however, ‘resistance merely serves to demonstrate the necessity of that discipline that provokes it ... It becomes a target against which discipline may justify its necessity by virtue of its lack of omnipotence’ (Clegg 1994: 156).

We examine here the EAP discourse's contribution to overcoming resistance to surveillance through organizational practices that have, as Foucault (1977: 306) argued, enabled 'the growth of the disciplinary networks' such that 'medicine, psychology, education, public assistance, "social work" assume an ever greater share of the powers of supervision and assessment.'

The Unfolding of the EAP Discourse

The Early Thesis

From its founding in the 1930s, Alcoholics Anonymous (AA) promoted the view that overconsumption of alcohol was a permanent, irreversible and (in the absence of a therapeutic intervention) fatal disease of the mind, body and spirit. In 1939 an AA member employed by E. I. DuPont began working with the company medical department to facilitate other employees' initiation into AA. Supervisors, the relays of disciplinary control, were instructed that alcoholics were to receive the same assistance as victims of other diseases, and were trained to refer subordinates exhibiting signs of alcohol abuse (such as trembling hands) to the medical department. The training promoted a discourse maintaining that detailed observation of subordinates' behavior was needed to identify victims of the disease of alcoholism and get them to treatment as expeditiously as possible.

This policy was emulated by only a handful of companies (consistent with Foucault's view of the circumstances calling for disciplinary control, all were large corporations), as supervisors resisted the role of medical diagnostician — particularly when asked to assign coworkers to such a stigmatized status. Convincing supervisors that deviant drinking subordinates were indeed victims of a genuine illness therefore became central to the next generation of programs, the Yale Center for Alcohol Studies' Yale Plan for Business and Industry (Henderson and Straus 1953). Case finding was not, however, allowed to hinge entirely on winning supervisors over to the disease perspective; rather, employees were identified as alcoholics primarily on the basis of high absenteeism, after which:

'Paycheck indorsements were examined to see if the checks had been cashed in taverns or bars. Foremen, who ordinarily would not be inclined to report heavy drinkers, were questioned directly and specifically about these men. Finally, visits were made by the plant nurse to the homes.' (Straus 1952: 496)

For employees identified as alcoholic under a Yale Plan-based policy, O'Brien (1949: 275) explained, 'a minimum of 175 items of information are available for an individual diagnosis,' including information on 'hobbies and leisure time activities, quality and quantity of work, character and personality traits.' O'Brien lamented the reluctance to inquire into church attendance.

Such procedures (consistent with Foucault's emphases on the role of direct supervision and information-keeping) opened these policies to charges that they amounted to 'witch-hunts' (see Luthans and Waldersee 1989) — they nevertheless were typical of 1960s-era programs, particularly those developed

by the National Council on Alcoholism (NCA), a voluntary organization that carried out public relations activities proscribed by AA's 'twelve traditions.'

The NCA was aware of supervisors' continuing skepticism about their claims, for example that alcoholics were 25% less productive in the early stage of the disease and 75% less productive by the late middle stage, and that this loss resulted from problems including: 'absenteeism, poor judgment, erratic performance, excessive material spoilage, decrease in productivity, poor interpersonal relationships, lateness and early departures' (Von Wiegand 1974: 83). Consequently, they used the disease model to justify bypassing supervisors, averring that only a doctor is qualified to identify disease victims: 'the Supervisor is not a doctor, neither should he be cast in the role of amateur diagnostician' (Presnall 1967: 191). Further, the NCA contended that once the 'folklore' that alcoholism is a moral weakness was replaced with the 'facts' that it is a real disease, employees would refer themselves (Presnall 1967).

Constituting 'Constructive Coercion'

The NCA's approach never quite overcame supervisory resistance. Subsequently, a more aggressive 'job-based intervention program for problem drinker employees was first formalized by Harrison Trice (1962)' (Mulford 1990: 125). Claiming that individuals affiliating successfully with AA tended to have 'hit bottom,' Trice (1966) called for accelerating that process by firing poorly performing deviant drinkers. Arguing that the two major characteristics of alcoholics' behavior were poor job performance and denial of the problem, he maintained that 'crisis precipitation' through use of 'the job threat' were justified by the former and necessary to break through the latter.

Recognizing that giving up on efforts to overcome supervisors' resistance had limited the NCA's success, Trice contended that company programs 'have floundered [sic] on one shoal: the reluctance of line managers to refer alcoholic employees' (Trice and Belasco 1965: 7). Instead of attempting to convince supervisors that alcoholism is a disease, Trice and his student Roman contended that doing so 'may serve to "lock in" the deviant role assignment' (Roman and Trice 1968: 248).

Proceeding from 'the assumption that the individual cannot perform a role in the work place adequately if he is impaired, and [in which] the consumption of alcohol or the presence of a hangover is defined as impairment' (Roman and Trice 1968: 249), Trice proposed what he called 'constructive coercion':

'the confrontation of any employee who shows evidence of drinking on the job or who comes to work with a hangover ... involves a simple statement that repetition of this act will lead to termination. There is no referral to a medical department or introduction into therapy because such referrals are not necessary.' (Roman and Trice 1968: 249)

Trice maintained that the supervisor: 'needs only to be alert to the signs of impaired performance ... There is no doubt that evidence of alcohol or drug abuse will typically become obvious in impaired performance' (Trice and Roman 1972: 171).

Although diagnosing alcoholism on the basis of deteriorating job performance was consistent with supervisors' job description, gainsaying its status as a pitiable disease undercut the ethics of making such a diagnosis. Explaining why supervisors *should* refer alcoholics to the program, Trice and Beyer (1984: 251) emphasized '(1) the legitimacy of employers' expecting adequate work performance as part of an employee's role; (2) observations that alcoholics tended to show certain behavioral characteristics. Chief among these was a determination to deny that a problem existed.' Perhaps owing to the first notion's patent management bias, however, more emphasis was placed on denial. Trice contended that alcoholics would never receive the help they needed unless supervisors mandated the participation of subordinates whose work performance was substandard (i.e. alcoholics) because 'the early stage alcoholic or deviant drinker is unable or extremely reluctant to recognize his difficulties and do something about them' (Roman and Trice 1968: 248).

Further undercutting the sympathy for deviant drinkers that EAP proponents saw as inclining supervisors to engage in what O'Brien (1949) labeled a 'cover-up,' rather than to identify poor performers as likely alcoholics, was Roman and Trice's (1968) assertion that in addition to a propensity toward denial, alcoholics exhibited irresponsibility. Describing deviant drinking as within an individual's control, Trice defined 'the use of alcohol and drugs in conjunction with the job as inappropriate behavior rather than "sick" behavior' (Trice and Roman 1972: 174) and argued (Roman and Trice 1968) that medical treatment should be reserved for 'genuine sickness.'

Trice's plan to overcome supervisors' reticence extended to surveillance of supervisors themselves. He and Roman explained (1972: 175) 'the supervisor who fails to take appropriate action toward deviant employees may be subject to disciplinary action himself,' and called for 'a chain of confrontations' moving 'up the organizational hierarchy.'

Medicalization Redux

Trice's approach was widely disseminated; an insurance company brochure (Rouse n.d.) quoted him as explaining that 'alcoholism is simply repeated poor work because of the way the employee uses alcohol.' In practice, however, the EAP discourse-in-use often blended Trice's perspective with the NCA's and AA's traditional medical disease model. For example, Ravin (1975: 199–200) praised 'Professor Trice's manual ... in particular, the principle of "constructive coercion,"' because AA principles alone were 'not satisfactory or effective because they primarily exclude the coercive features, and only focus on the constructive aspects of dealing with alcoholism' (Ravin 1975: 195). He admitted that union officials felt 'we were "starting a purge" to rid the company of "loafers" and "trouble makers" under the guise of medical treatment' (Ravin 1975: 208), and that many of them 'felt a strong emotional reaction from "suspensions" and "firing"; and it was, and still is, most difficult to convince them that "early treatment" for alcoholism is the humane and effective approach just as early treatment of cancer' (1975: 207).

EAPs clearly could not rely on the taken-for-grantedness of alcoholism as a medical disease to overcome the agency dilemma that Trice had identified — supervisors' resistance to serving as relays of authority by carrying out surveillance and referral. That companies using his scheme nevertheless typically softened it by promoting a professional discourse that featured this disease concept suggests their hope that the guise of medicalization help to deflect the suspicion that these programs' covert purpose was social control. Citing Coch and French's (1948) classic study entitled, 'Overcoming resistance to change,' Clegg (1989: 101) has argued: 'Ideally ... such relays should be without resistance, offering no impedance whatsoever, no "problem of obedience." Rarely, if ever, will it be the case that this is so.' A steel manufacturer's description of their program (from research described in Weiss 2003) illustrates how a medical discourse and intense surveillance of job performance were combined to reduce this crucial 'problem of obedience':

'The supervisor will report to the plant surgeon as to any employee who was diagnosed as having alcoholism ... The report will include facts on attendance, promptness, accidents and job performance ... In most cases of alcoholism, properly administered discipline will be the most effective single tool available.'

The NIAAA's Synthesis

Trice and Beyer (1984: 252) acknowledged that EAP managers 'needed a more euphemistic way to package their efforts in order to reduce stigma' and explained that 'adverse reactions to the word "coercion" had led to changing the strategy's name to "constructive confrontation"' (Trice and Beyer 1982: 29). Trice's requirement that supervisors heighten surveillance so that poor performers could be told either to work harder or face termination still engendered resistance, which was attacked by a refinement of the EAP discourse, in which the US government's National Institute on Alcoholism and Alcohol Abuse (NIAAA) melded Trice's approach with that of the NCA.

From its creation in the early 1970s, the NIAAA has acknowledged its debt to 'research findings on the effectiveness of [EAPs] by eminent scientists such as Harrison Trice and Paul Roman' (Gordis 1999: 4). Their approach did owe much to Trice's views about the centrality of denial and deteriorating job performance as diagnostic criteria, and of crisis precipitation as a social control motivating recovery. As a result of the agency's decision, however, to portray alcohol overconsumption primarily as a medical disease ('alcoholism'), and only secondarily as a behavioral choice ('alcohol abuse'), to be subjected to social controls, they 'medicalized the constructive confrontation approach, originally founded on social control principles' (Mulford 1990).

Adopting a more moderate version of a view largely shared by Trice and the NCA, the NIAAA (1976: 7) maintained that alcoholism was a ubiquitous condition that, 'even in the earlier stages, generally results in an alteration in an employee's work performance.' They acknowledged (1976: 7) that 'alcoholism is not the only reason that an employee may suffer a change in performance. It may also arise from an emotional disturbance, various forms of drug abuse, or other personal problems.' They nevertheless concluded (1976: 8) that 'in about half of the cases the employee's problem will be

alcohol related.’ Further, they asserted (Quick 1985: 3) that ‘persons who abuse drugs and/or alcohol work at approximately 67% of their capacity.’

The NIAAA’s revision of the EAP discourse espoused Trice’s position that supervisors were ideally situated to identify individuals with those symptoms and that, because of alcoholics’ ‘denial,’ supervisory referrals remained necessary. Allowing that half of poor performers were not alcoholics decoupled identification from diagnosis — supervisors making referrals no longer were, in effect, labeling subordinates alcoholics. By restoring the medical perspective, supervisors might be less likely to feel complicit in punishing subordinates. Whereas under Trice’s plan all referred employees received the same ‘treatment’ — a ‘motivational interview’ explaining that failure to improve job performance would lead to being fired — a poorly performing employee referred under the NIAAA’s approach met with a counselor who determined the problem’s cause, and how the organization could facilitate recovery. Supervisors were told that referred employees would not be fired for having the disease of alcoholism, nor even for performing poorly; termination was reserved for those who refused to cooperate with the treatment offered by the company (less frequently explained was that non-cooperation was proved by a lack of remission of the disease’s putative symptoms — most importantly, poor job performance).

The criteria for diagnosis in the NIAAA’s discourse still did not include direct evidence of alcohol abuse among any of the 50% of poorly performing employees they claimed were alcohol abusers. Concern with this logical lacuna appears to be reflected in their curiously worded statement (NIAAA 1976: 6) that the goal of EAPs was to facilitate identification of ‘a maximum number of employees at all levels whose performance, *it could be statistically assumed*, was being adversely affected through their use of alcohol’ [emphasis added]. Employees insisting their poor performance was not caused by alcoholism were to be dealt with by what Newton (1995) referred to as the ‘Catch-22 dynamic’ of the EAP discourse: denial. As Owen (1984: 4) stated: ‘protestation on the part of an alcoholic in question that he or she is not an alcoholic is ... one allowable criterion for diagnosis of alcoholism.’

This remedicalized EAP discourse did not, however, represent a shift away from using EAPs as instruments of managerial discipline. Rather, it was an adjustment to disguise discipline as cure: for example, the job loss that resulted when clients failed to improve performance was now medicalized as ‘therapeutic firing’ (Roman and Blum 1987a).

By combining the NCA’s medicalization approach with Trice’s social control perspective the NIAAA’s EAP discourse synergized two bases of power, the professional expertise of the medical doctor and the authority vested in functionaries of formal organizations. The *Wall Street Journal* (Greenberger 1983: 1) described this discourse’s use as a disciplinary mechanism on an executive whose poor performance caused suspicions he was an alcoholic:

‘They called a surprise meeting, surrounded him with colleagues critical of his work and threatened to fire him if he didn’t seek help quickly. When the executive tried to deny that he had a drinking problem, the medical director ... came down hard. “Shut up and listen,” he said. “Alcoholics are liars, so we don’t want to hear what you have to say.”’

The EAP discourse apparently convinced this executive's coworkers that the appropriate approach to dealing with someone they merely suspected was a victim of this disease was to threaten termination and shout down his attempt to give his side of the story.

Constructive Cooptation

As Wiener (1981: 143–144) noted: 'it has taken the process of redefining (i.e., promulgation of the disease concept) to convince management to instigate these programs.' Conrad and Schneider (1992) noted that the medical model of alcohol problems 'has become part of the taken-for-granted wisdom.'

Trice initially opposed reintroducing medicalization, inveighing against 'the rush to treatment' (Trice and Roman 1980). His antipathy to treatment was consistent with his portrayal of deviant drinkers as irresponsible violators of a widely held belief that management's expectations are fair, and who deserve a 'shape up or ship out' ultimatum rather than medical attention.

He soon moderated his opposition, however, contending that his plan had always been part of a compassionate, helping tradition. He claimed that it 'gave equal emphasis to crisis precipitation and to the constructive offering of a well-planned alternative to drinking' (Trice and Beyer 1982: 29). In fact, Trice's original 'constructive offering' of an alternative was: 'a simple statement that repetition of this act will lead to termination ... [with] no referral to a medical department or introduction into therapy' (Roman and Trice 1968: 249).

Trice's opposition now was not to treatment, *per se*, but to surrendering control of EAPs to professions focused on treatment rather than social control. Maintaining that EAPs already were 'the most clearcut and direct expression of the broadening of compassion' (Trice and Beyer 1984: 256), he warned that 'proponents of the EAP movement run grave risks if they succumb to cooptation by the "helping professions"' (1984: 289).

Although the NIAAA program of combining medicalization with constructive confrontation fostered EAP adoption, supervisors' resistance to placing their subordinates under strict surveillance and referring substandard performers still constituted a very central problem. Trice and Roman's comments in 1980 about reluctances to use the program were echoed by Foote, who observed (1990: 231) 'many supervisors are continuing a practice of cover-up for poor performers.'

Commentary has focused on two reasons supervisors resist referring problem employees. First is their perception of the potentially injurious consequences of program participation for their subordinates. Ralfs and Morley (1990), for example, stated: 'the supervisor doesn't want that employee to lose his or her job' and 'supervisors don't want their staffs to think they are on a witch-hunt.' Wrich (1992: 551) noted the second reason; that 'supervisors are often unwilling to take action because they are afraid of having workers labeled as alcoholics or drug abusers, if in fact, they are not.'

Diagnosing Deviance as Disease

Given questions about the accurate diagnosis of alcoholism EAPs, could choose from a number of validated scales or, as was done in the 1950s, interview family members or coworkers. Rather than collect information that might reduce the number of employees under the EAP's gaze, however, programs adopted an approach with the potential to help overcome skepticism about the accuracy of diagnoses, while still justifying the extension of constructive confrontation. As Trice had long recommended (Trice and Belasco 1965), EAPs broadened their concerns to include 'problem employees in general, of which the alcoholic is one.'

The NIAAA discourse had acknowledged that problems other than alcoholism could impair performance, primarily to assuage concerns about overdiagnosis of alcoholism. Trice (1986: 30), however, contended that 'anything that interferes with performance on the job provides the employer with a legitimate reason to intervene' and that, ideally, EAPs' 'overall strategy is designed to alter the behavior of employees defined as problems' (Trice and Beyer 1984: 254). To enhance this broadened purview's credibility, the EAP discourse medicalized personal problems, most readily drug abuse, which was paired with alcohol abuse as the disease of 'substance abuse.' The job performance approach, however, allows EAPs to cast an even wider net. Trice and Beyer (1984: 260), for example, recommended constructive confrontation for victims of clinical depression, 'another widespread emotional disorder that can disrupt job performance.'

The modification of Trice's widely used definition of alcoholism to maintain consistency with this broader reach is evident in the suggestion of Pierce et al. (1977: 8) that poorly performing employees be included whether their deficiencies are 'due to alcoholism, drug abuse, emotional or other concerns. This policy recognizes that these are treatable illnesses.' A chart they provided showed these illnesses as having precisely the same signs and progression as the NCA had long attributed to alcoholism: by the end of the 'late middle phase,' 'troubled employees' — those suffering from any of these various 'behavioral-medical problems' — were claimed to lose three-quarters of work efficiency. It is no longer unusual that the US Department of Labor (1998) similarly views all personal problems as having much the same consequences:

'The signs and symptoms of substance abuse are sometimes identical to those of other performance problems such as marital, family, financial or gambling issues ... Supervisors should look for mistakes, errors in judgment, inability to meet deadlines, sick leave usage, and absenteeism patterns (e.g. Mondays, Fridays, following paydays, etc.).'

The EAP discourse's characterization of absenteeism is especially illustrative of the medicalization of poor performance. From its relatively modest use a half century ago as an indicator of problem drinking, absenteeism became, in addition, an indicator of the diseases of 'emotional or other concerns,' as well as family and financial 'issues.' More recently, absenteeism has become an illness in its own right, as supervisors are urged to document

carefully the 'signs of developing absenteeism patterns,' among which is 'excessive absenteeism' (Inova Employee Assistance 2003).

Recent Refinements

Justifying crisis precipitation for poorly performing employees without having to diagnose them as alcoholic might well reduce resistance from supervisors who are skeptical about the accuracy of diagnoses. Less successful have been efforts to overcome the other source of supervisors' resistance — their frequent observation of punitive consequences of program participation. In the 1990s the EAP discourse therefore shifted again, with programs taking on tasks less related to social control. Bjornson (1999) noted that 'EAPs are about creating user-friendly systems for identifying and solving "human factor" workplace problems,' by providing services such as 'legal and financial consultations, dependent care referrals ... and the list could go on.'

Using EAPs for services with tenuous links to employee productivity has de-emphasized their disciplinary function; as a result of this shift, the majority of EAP clients now enter voluntarily. Prince (1998: 15) has explained, however:

'for employers, the most important use of an EAP is for employees referred to them by supervisors. Consisting of about 20% of all EAP patients, these people are the ones deemed by managers as having problems but failing to take action on their own. Supervisors refer these workers to EAPs, where they can receive counseling. Employees who refuse may face dismissal.'

Although the EAP discourse has evolved primarily in response to dilemmas of resistance to acceptance by internal personnel, the most recent change has resulted from institutional pressures. EAPs ran afoul of the profit-oriented managed care organizations; previously many clients were placed into residential treatment facilities — which offered proof of a genuine concern for employee health (as well as the opportunity, according to Smith (1991), for kickbacks as high as \$1800 per referral). Managed care organizations, however, rarely approve these expensive placements.

Illustrative of EAP practitioners' desperation to stake out a turf in this changed environment is the suggestion (Maloof et al. 1997) that EAPs expand their services to include: 'recognizing scholarly, athletic, and community service achievements among local elementary and high school students.' The approach EAPs adopted, however, is once again more consistent with viewing them as mechanisms of discipline. As Yandrick (1998) noted, 'to keep its practices distinct from those of the counseling professions,' the members of the Employee Assistance Professionals Association 'stand squarely behind' Roman and Blum's (1985) list of what it is that EAPs, but not other helping professions, do. This 'core technology of EAPs' entails using poor job performance to identify clients, and engaging in constructive confrontation.

Decades of Discourse

These recent developments suggest the EAP discourse's continuity over six decades. At its core has been the idea that EAPs aid employees whose performance is suffering as a result of behavioral-medical illness, and who would otherwise deny having these problems. When, in the 1940s, supervisors resisted engaging in surveillance to identify victims of the disease of alcoholism, the discourse emphasized the programs' rehabilitative, non-punitive focus, in an attempt to convince employees to enter them voluntarily. When this failed, the discourse returned to reliance on supervisors' surveillance, claiming their participation was necessitated by alcoholics' characteristic 'denial.' Rather than demand supervisors make medical diagnoses, however, the revised discourse asked them only to identify poor performers — the EAP would identify the problem's cause. When many employees entered the EAP because of poor performance that could not be attributed to overconsumption of alcohol, the discourse attributed the deficiencies to other personal foibles, such as drug abuse. These additional diagnoses were characterized as illnesses with the same symptoms as alcoholism, and the EAP discourse maintained that all were best treated with discipline, including 'therapeutic firing.' Punitive consequences of program participation continued to engender supervisors' resistance to carrying out surveillance; the discourse adjusted by broadening EAPs' purview to more benign issues. 'Constructive confrontation' nevertheless remains EAP professionals' core competence.

Alternative Discourses

There is an additional body of writing about EAPs, which is not directed toward program clients. Do these alternative discourses agree with key elements of the EAP discourse: that the programs help employees; that the problems they purport to treat impair job performance; that individuals referred to them actually are suffering from behavioral-medical illnesses; and that the presence of these illnesses is determined accurately by their victims' denial of their presence?

Do Employee Assistance Programs Assist Employees?

Harris and Heft's review of the academic literature on EAPs concluded: 'there is no rigorous proof they are cost effective' (1992: 255). The widespread adoption of EAPs despite the dissensus concerning their benefits for companies could be interpreted as indicating that they are intended as benefits for employees; cost data are irrelevant if they never had been designed to save costs.

Yet, according to *The Economist* (1994) there was good reason for cynicism about EAPs — at least back in the 1970s (when, for example, the US Labor Party handbill excerpted earlier was distributed). Noting that the EAP perspective of that era 'smacks of Big Brother,' it explained:

'... the danger was real. Then "employee assistance" often meant a hunt for problem workers by rummaging through personnel files and looking for patterns, such as a pronounced tendency to be ill on Mondays or the day after getting paid (both of which were supposed to be tip-offs for alcoholism). Nowadays, EAP administrators are more respectful.' (*The Economist* 1994: 65)

Skepticism about EAPs' beneficence nonetheless does not appear to be entirely obsolete. For example, although *The Economist's* view was that dubious lists of symptoms had been abandoned, Maynard (2000) offered 'Monday/Friday absences, day after payday absences' as substance abuse's warning signs.

That EAPs may be more likely to assist employers than employees frequently has been asserted. Steele (1995: 426) described 'the control of employee job performance' as 'in fact, the primary motivation' for starting EAPs. Hingson et al. (1985) suggested that claims of the salutary effects of EAPs on accident rates might have less to do with rehabilitation than with increased 'disciplinary oversight,' and wondered whether EAPs are 'too unpalatable for the vast majority of these employees to use' (1985: 303). Hood and Duphorne (1995) found supervisors more likely than others not only to know about the EAP, but also to view it as punitive. Makela et al. (1981: 105) concluded that 'notwithstanding the medical vocabulary adopted by [EAPs], they usually also imply a more continuous surveillance and control by the employer.'

Do Behavioural-Medical Problems Cause a Reduction in Job Performance?

A primary element in the effort to overcome supervisors' resistance to monitoring employee performance and identifying clients for the EAP has been the idea that, even in their early stages, behavioral-medical problems cause substantial performance decrements. According to Foote (1990: 234), however, decades of studies have demonstrated that 'alcoholism in the early stages does not appear to produce job performance deficits.' Not only do the job performance symptoms not appear early in its progression, the assertions that absenteeism among alcoholics and other substance abusers occurs disproportionately on Mondays and Fridays and that it is sixteen times higher than average (e. g. Moriarty and Field 1990) are rebutted by a considerable body of research. Ames et al. (1997) reported no significant differences in absenteeism between drinkers and abstainers, nor between heavy drinkers and non-heavy drinkers. Mangione et al. (1999) reported that frequency of drinking to get high was marginally related, and alcohol consumption was unrelated, to a composite variable of work performance problems that included absenteeism and tardiness.

Supervisors interviewed by Ames and Delaney (1992) explained *why* alcohol addiction seems not to cause poor performance: long-term heavy drinkers typically 'know how to cover their drinking' (1992: 182). Similarly, Worklife Report (1998) noted that: 'many heavy drinkers have developed "a physical tolerance and social mechanisms" that mask the impact of their drinking.'

How, then, can EAPs be regarded as successful in reducing job performance problems when research indicates that such behaviors are not indicative of alcoholism? Wiese et al. (2000: 898) reported that:

‘of all alcohol-related problems in the workplace ... 87% are caused by light-to-moderate drinkers ... The primary morbidity that affects light-to-moderate drinkers is the hangover, not the long-term consequences of alcohol abuse ... Chronic alcoholism is responsible for only a small proportion of the total societal cost of alcohol use.’

The success of EAPs thus may result from labeling as alcoholic employees whose performance suffered as a consequence of a hangover.

Are EAP Clients Ill?

To encourage supervisors’ cooperation, the EAP discourse characterizes those who need the program’s aid as ill, rather than as overindulgent or badly behaved. However, the findings noted above are consistent with Luthans and Waldersee’s (1989) conclusion that EAPs’

‘high success rates may be produced by diagnosis of persons who are not really ill. For example, the witch-hunt confrontative aspect of EAPs (Shahandeh 1985) may lead to the mislabeling of any heavy, but not problem, drinker as alcoholic. Part of the success rate will then derive from the treatment of persons who were never truly alcoholic.’

True alcoholics, according to the EAP discourse, are victims of the disease of alcoholism, characterized by progressively greater ‘craving’ and ‘loss of control,’ and as being permanent and irreversible (Mann 1958). Reviewing an extensive literature, however, McKay and Schare (1999) reported the consistent finding that individuals hospitalized for alcoholism crave, and lose control over, beverages they have been told contain alcohol, no matter their actual content. Walters (1999) cited literature indicating that, rather than deviant drinking being invariably progressive, permanent and irreversible, individuals move into and out of deviant alcohol consumption patterns as circumstances change. It is not that authors outside of the EAP discourse deny that the human body has some role in the etiology of alcohol problems; Li (2000) has explained that, rather than some individuals having been preprogrammed to drink uncontrollably, individuals vary in ability to ‘hold their liquor,’ rendering some more capable of consuming the large amounts of alcohol required to become addicted.

The EAP discourse’s persistent championing of the traditional medical disease model of alcoholism puts it in conflict not just with evidence regarding the nature of addiction, but also with evidence of the effectiveness of ameliorative strategies that assume social and psychological factors influence alcohol consumption. For example, a literature review by Macdonald et al. (1999) concluded that boring and unsatisfying work contribute to the development of alcohol problems, suggesting the value of employers engaging in primary prevention, which focuses on ‘modifying factors that may contribute to alcohol-related problems, and taking action against such problems before

they occur' (Ames 1993: 19). Despite evidence that this works — for example, Bennett and Lehman (1998) found that promoting teamwork reduces employee alcohol problems — the EAP discourse continues to focus on 'identifying, referring, and treating individuals with drinking problems after they occur' (Ames 1993: 19). Dickens (1999) illustrates the discourse's very different view of primary prevention: he recommends distributing substance abuse awareness literature in company break rooms.

Denial and the Troubled Employee

Pivotal to the EAP discourse overcoming supervisory resistance to forcing this disease's victims to accept help is the claim that denial is a major symptom of the disease of alcoholism — and of the diseases of drug abuse, depression, 'behavioral-medical problems,' 'other emotional concerns,' absenteeism, and so on. Consistent with Foucault's argument regarding the use of ideas that serve disciplinary control, this claim has been repeated so frequently and authoritatively that 'like alcoholism itself, the existence of denial is often a "taken-for-granted"' (Landeem 1978), 'self-evident, fact' (Brissett 1988). So widely acknowledged is denial as evidence of pathology that the executive (discussed above) who tried to refute his colleagues' suspicion that he was alcoholic quickly found, as Brissett (1988: 394) stated, 'to argue that one is not alcoholic in these circumstances is only to confirm the fact that one is. Disagreement, in this instance, constitutes pathological denial.'

Despite the wide acceptance of denial as a symptom of the diseases EAPs are said to treat successfully, there nonetheless is, Brissett (1988) noted, a 'paucity of literature on denial in alcoholism.' It is unclear that substance abusers or those with behavioral-medical problems are any more or less likely to deny the accusations against them than employees suspected of, say, embezzling or sexual harassment. The only data available to address the notion of denial oppugns it; Trice found that deviant drinking employees 'readily and meekly admitted their problem, tending to throw themselves on the mercy of the boss if they were confronted with concrete evidence' (Trice 1964: 23).

Alternating Discourses

The alternative discourses adumbrated above do not indicate that individuals referred to EAPs actually are suffering from behavioral-medical illnesses, that the problems EAPs purport to treat impair job performance, that they help employees, nor that the presence of such illnesses are determined accurately by their victims' denial of their presence. Yet, years after his research debunking denial among alcoholics, having subsequently devised a scheme in which mandatory referrals are justified by the claim that alcoholism is characterized by denial, Trice told human resource practitioners that 'the element most commonly associated with substance abuse is denial,' and that substance abusers 'hide their condition from themselves and others. When forced to recognize it, they take refuge in devious explanations' (Trice 1986: 31).

Trice's about-turn on denial is not the only example, however, of authors moving back and forth between mutually exclusive positions, depending on the discourse in which they are taking part. Trice and Beyer (1984: 288) told academics 'there are no scientific data on the effectiveness' of EAPs. Writing for academics, Sonnenstuhl took the (remarkably Foucauldian) position that EAPs illustrate that 'discipline is the principal form of social control used in the workplace to ensure conformance with job standards, and since the 1880s, the sanctions used to discipline employees have become less punitive and more therapeutic' (Sonnenstuhl 1986: 4). Writing for practitioners, however, Sonnenstuhl and Trice (1990: 54) stated 'EAPs have a good track record for handling employees' alcohol, drug, and emotional problems.' Noting 'the diversity and variety of past studies of alcoholism programs,' they expressed 'confidence in their common finding that these programs were quite successful' (1990: 56).

Roman and Blum (1987a: 67) told an academic audience 'the knowledge base for both EAPs and wellness/health promotion programs is thin.' In a NIAAA brochure, however, Blum and Roman wrote of 'an impressive accumulation of evidence ... about EAP effectiveness' (1995: 12–13), and 'a variety of published and unpublished studies, conducted with different methodologies, that indicate the cost-effectiveness of EAPs' (1995: 28).

Roman (1980) described EAPs in an academic journal as insidious forms of control. Noting that 'at first blush these programs appear both constructive and benign,' he explained that a closer look reveals: 'as has happened with other seemingly democratic systems of social control, employee assistance programs are most easily implemented among the lower socioeconomic classes' (Roman: 1980: 409). Blum wrote for academics that concentrating organizational power, 'even in the hands of benign and well-meaning EAP workers as agents of organizations ... poses a serious threat to democracy' (Blum 1990: 339).

Consistent with their finding that heavier drinkers had less absenteeism and tardiness than lighter drinkers (Blum et al. 1993), Roman and Blum expressed skepticism that EAP clients suffer from alcohol, drug, or any such problems. Rather, they told an academic audience, 'the "problem" common across EAP clients is that they are unable to function on the job at an acceptable level' (1987a: 58). They characterized medicalization as a disciplinary mechanism, noting that an emphasis 'on the "disease" aspects of behavioral problems pervades EAPs,' such that not only deviant drinking or substance abuse fall under the rubric of disease, but that 'problems of deviant behavior, poor job performance, and marginally acceptable lifestyles among employees in workplaces are in the process of being medicalized' (1987a: 59). They characterized this strategy as an 'ideological alliance with medical and parapsychiatric practice among EAP practitioners' (1987a: 58), illustrating 'institutional psychiatry,' whose practitioners they defined as employees 'of an institutional structure concerned with the maintenance of order' (1987a: 60). Writing for the NIAAA, however, Blum and Roman stated (1995: 38) 'the concept of EAP referral as conflictual and coercive is not supported.'

Reporting on a survey (Opinion Research Corporation 1976) in which concern over poor job performance ranked third as a reason for starting an EAP, and social responsibility ranked seventh, Roman and Blum told an academic audience: 'The data do not support the placement of EAPs directly within a corporate social responsibility framework' (1987b: 214). Roman's report on that same survey for the NIAAA described concern over job performance as unimportant and averred that 'corporate social responsibility remains the single, most prominent reason' (Roman 1982).

A major source of this remarkable variability in views as scholars move from one discourse to another seems to be the NIAAA's dependence on the medical disease model. For decades Trice, who had argued that medical treatment should be reserved for 'genuine sickness,' had been the preeminent proponent of the view that deviant drinking resulted from workplace factors such as stress (see, for example, Trice and Roman 1972). Speaking to a NIAAA conference, however, Beyer and Trice dismissed 'speculation' that deviant drinking might be associated with such factors, rather than resulting entirely from physiology. Noting that, even if true, 'such ideas would call for changing the workplace,' Beyer and Trice, whose monograph *Implementing Change* (1978) described the successful implementation of an alcoholism policy, now denied that effective organizational change was possible:

'There is little evidence to date that the great bulk of efforts directed toward changing workplaces for any of a variety of objectives have been successful (Jackson and Morgan 1978). Thus, to repeat such attempts in an effort to prevent alcohol abuse is to adopt a strategy with scant likelihood of success.' (Beyer and Trice 1982: 192)

Directly defending the medical disease model, Beyer and her colleagues (1988: 486) dismissed as ignorant a scholar who criticized EAPs emphasizing the disease model: 'The idea that alcoholism is a disease has graduated from ideology to established fact among informed people.' That same year Faulkner et al. had described 'a steady accumulation of research data directly contradicting the assumptions of the disease paradigm' (1988: 318), and the US Supreme Court had concluded that alcoholism was not a disease, but rather 'willful misconduct' (Taylor 1988). With no room in the remedicalized EAP ideology for explanations of the development of deviant drinking blaming anything other than physiology, Trice's new approach to primary prevention (1981) was to have managers refrain from alcohol and instead drink Perrier.

Conclusion: Treat Or Trick?

That a number of scholars tailor their position to their audience suggests the Foucauldian view that the EAP discourse is best understood not as representing 'truth,' but rather as a tool of disciplinary control by which management promotes intense surveillance of employees' behavior by promulgating the idea that doing so is crucial to their health.

Not only Foucauldians view the EAP discourse as using the medical and psychological professions for the welfare of employers rather than employees.

Dixon (1984: 49), for example, contended ‘it was inevitable that psychiatrists and other mental health professionals would try to penetrate the workplace with this very conservative ideology of mental disorder. ... The EAP is merely the latest vehicle for accomplishing this; industrial psychologists long have been trying to control workers.’ O’Toole (1980: 52) contended: ‘The move to bring the intricacies of psychological assistance inside the corporation has laid the groundwork for the day when employers could own their employees body and soul.’

Foucault’s perspective, however, accounts more satisfactorily for features of the EAP discourse, such as *why* management would seek alliances with medicine and psychology. The medical profession has preferred to delegate alcoholism to semi-professional ‘addiction specialists.’ Psychologists characteristically have viewed alcoholism as merely reflecting a ‘deeper’ problem, whereas the EAP discourse’s traditional disease model insists that it is a primary diagnosis. Forging such alliances is nevertheless consistent with Foucault’s position that locating problems within employees’ body and soul advances disciplinary control by legitimizing the application of a medical or psychological rhetoric that, by disguising managerial discipline as therapy (e.g. ‘therapeutic firing’), facilitates a more subtle social control that engenders less resistance.

Also understandable, if these programs are instruments of disciplinary control, is that despite their supposed concern for employees’ physical and mental health, after 60 years the extant data on EAPs’ effectiveness is addressed almost entirely to cost effectiveness, with information on their impact on employees’ health virtually nonexistent.

As described here, in the decades since their origin, EAPs have had only limited success in imposing disciplinary control. It appears that concerns over the accuracy of the putatively medical diagnoses and the punitive consequences of cooperation have led to supervisors’ and subordinates’ continuing recalcitrance. One resultant adjustment to the EAP discourse, extending the disease model to a wide range of behavioral-medical problems — thereby facilitating the disciplining of an expanded range of individuals — follows the Foucauldian prediction that resistance to disciplinary control will be used to demonstrate the need for its intensification.

Presenting EAPs as ‘user-friendly systems’ might seem a retreat from their role in disciplinary control. Because the payoff, however, is recognized to be the identification of the 20% of clients who are mandatorily referred, this new wrinkle is entirely consistent with a strategy, identified by Foucault (1977: 9–10), of cloaking punishment so that it becomes ‘the most hidden part of the penal process.’

Some scholars supported by the NIAAA have taken umbrage at portrayals of the EAP discourse as an instrument of discipline, contending (Beyer et al. 1988: 486) ‘the founders of AA and NCA and their dedicated followers did not promulgate the conception of alcoholism as a disease in order to serve managers.’ The Foucauldian perspective, although seemingly having an opposing view, would nevertheless have no disagreement with their defense of those involved in developing these programs. From Foucault’s

perspective, intentionality of the sort Beyer et al. categorically denied is not a requisite for the occurrence of power effects; he maintained that the pervasiveness and subtlety of the power effects resulting from disciplinary control rendered any search for intentions irrelevant. Power, he argued, 'does not build itself by means of wills (individual or collective), nor does it stem from interests,' rather it 'comes from everywhere' (quoted in Merquior 1985: 111).

'Central to Foucault's conception of power,' Clegg (1994: 158) observed, 'is its shifting, inherently unstable expression in networks and alliances'; such ephemeral relationships are illustrated by the US Labor Party's handbill excerpted in the introduction, which claimed a conspiracy among management, union, and academics 'to insure that slaves stay slaves.' In practice, however, although the EAP discourse argues that these programs' core competence is the ability to orchestrate a system of punishing poor performers, they typically are run by social workers or recovering substance abusers, who appear to maintain a fairly therapeutic focus. Similarly, unions (as Ames and Delaney (1992) have noted) are primarily concerned with preserving their members' jobs, rather than getting them fired. The accusation that Trice and his colleagues were involved in 'brainwashing' as part of this plot is plausible in light of their inconsistent statements; however, their varying positions may merely reflect academic career strategies. The numerous contributions to the peer-reviewed literature by Trice, his student Roman, their spouses Beyer and Blum, and other collaborators, provided the basis for their impressive personal successes. Their contradictory writings may reflect simply their relationship with the NIAAA; using the funding that agency repeatedly gave them to advance the understanding of alcohol-related problems, these scholars (although declining to research whether EAPs helped troubled employees) enlarged the organization theory literature on issues such as the relationship between organization size and horizontal complexity (Beyer and Trice 1979).

The EAP discourse has woven together the words and behaviors of academics with those of physicians, psychologists, social workers, unionists and managers such that, without conscious conspiracy, their joint actions could nevertheless eventuate in power. In doing so they illustrate why (as stated by Clegg 1994: 159) Foucauldian analysis 'does not focus on "Capital" or the "ruling class" as the embodiment of power,' but rather 'on the historical range of professional discourses.'

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