

Manufacturing Responsibility: The Governmentality of Behavioural Power in Social Policies

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Responsibilisation is commonly associated with a neoliberal transfer of responsibilities from state to social actors. However, it also covers the construction of responsibility where it does not exist yet – where citizens need socialisation to manufacture responsibility so they become economically and socially active, healthy, and productive subjects. This article aims to bring more conceptual clarity in these practices. Based on an analysis of literature on contemporary welfare state policies, three different techniques are discerned: reciprocal governance in welfare state services; training and treatment of vulnerable citizens through support and structure; and choice engineering by working upon the unconscious and psychological triggers underlying decision making. These techniques of behavioural power seek responsibilisation by working upon people's understanding of responsibility as a moral imperative and upon the rational or psychological mechanisms that constitute the choices they make and the attitudes they have.

Keywords: Responsibilisation, governmentality, behavioural power, social investment state, mindpolitics.

Introduction

The concept of 'responsibilisation' has become a familiar way to understand transformations in contemporary social policies (Rose, 1996a). The idea that citizens should take a bigger role in reducing welfare state dependency, improving standards of public health, and creating safer neighbourhoods has also become a staple of governmental discourse in countries such as the Netherlands (Peeters, 2013a, 2013b), Canada, the US, Sweden, Italy (Verhoeven and Tonkens, 2013), and the UK (Perri 6 *et al.*, 2010). However, responsibilisation threatens to become a catch-all phrase, incorporating a neo-liberal ideal of a larger individual responsibility for self-care and for free choice in the marketplace of welfare services, as well as a communitarian/republican ideal of a larger responsibility for the social through participation in communities, volunteer works, (local) government, or schools (Hurenkamp *et al.*, 2012). This article aims to bring some conceptual clarity by distinguishing responsibilisation of people who are, in principle, willing and able to play their role as responsible citizens, and of people who, either because of unwillingness or inability, fail to spontaneously show responsibility with regard to their self-care (Gradin Franzén, 2014).

Responsibilisation is often associated with 'governing at a distance' (Rose and Miller, 1992). However, when we focus on government efforts to 'manufacture civility' (Peeters, 2014) rather than simply transfer tasks, literature shows a large variety of techniques that intervene in a more up close and personal way. Social marketing of

healthy lifestyles, rearranging the choice architecture in canteens and supermarkets, rehabilitation programmes for juvenile offenders, outreach support to individuals in need of care, or mandatory activation strategies in welfare state policies all indicate that efforts to make people act 'responsible' involve a wide variety of techniques that emphasise governing up close and personal, psychological triggers, socialisation, and mandatory participation (e.g. Goddard, 2012; Cantillon and Van Lancker, 2013; Phoenix and Kelly, 2013). This analysis is preceded by a theoretical framework based on Foucault's notions of 'governmentality' (Foucault, 2007) and 'biopolitics' (Foucault, 2008), and by an analysis of the responsabilisation discourse. I conclude with outlining the concept of 'behavioural power' to gain a fuller understanding of the way 'the conduct of free individuals is shaped in the direction of civility' (Rose, 1999: 73).

Late-modern governmentality

An analysis of techniques of government is, in Foucauldian terms, an analysis of governmentality (Foucault, 2007). We can understand responsabilisation as part of an advanced liberal governmentality, which seeks to work 'upon the ways in which individuals regulate their *own* behavior to ensure this is consonant with the interests of the state' (Pierson, 2004: 75).¹ The objective is to make individuals conduct and evaluate themselves into alignment with political objectives (Rose, 1996b: 155). To this end, governmental techniques work on both the level of the individual and the level of the population. 'Anatomic' techniques focus on individuals and the individual body, as exemplified by the disciplinary power exerted over people in schools, prisons, hospitals, and factories. 'Biological' techniques treat humans as part of a population. Interventions take place on the level of the entire population, where humans are subject to regulations and policies that aim to mould them into productive elements of an economical order and manageable elements of a public order (comprising such topics as public health, crime, and welfare²). Through the two tiers of anatomo-politics and bio-politics, governments aim 'to shape conduct by working through our desires, aspirations, interests and beliefs' (Dean, 1999: 11) to be healthy, successful, and safe.

Governmentality in liberal states emphasises voluntary obedience over coercion. Liberal governments are concerned with 'getting people to act' (ibid.: 119) in specific, productive ways, for instance by promoting an educated labour market and by providing social insurances against poverty (e.g. Ewald, 1991). Moreover, individuals must also come to recognise themselves as free and responsible individuals that shape their own lives through conscious choices about their future and their potential (Rose, 1999: 68). Liberal techniques are not limited to economic policies, but can be applied to any domain in which governments seek to use freedom as an instrument of political power. Instead of discipline, liberal governments pursue techniques of 'security' that allow 'freedom of circulation' (Foucault, 2007: 49) and stress prevention over correction. Instead of state control, they pursue mechanisms of self-regulation that make people act 'responsibly' of their own accord. Techniques to control and manipulate behaviour are built into people's daily lives to mould their conduct, such as surveillance in the public domain, designing policies that ensure high levels of economic productivity (education, infrastructure, health care, etc.), and the implication of non-state experts and other actors (psychologists, planners, social workers, entrepreneurs) to manage social life.

The idea of ‘individual responsibility’ is at the core of liberal government: ‘[...] a unitary, responsible self-agent must be supposed to exist because it is intellectually, juridically, and morally necessary’ (Douglas, 2005: 220). In its various conceptions, individual responsibility has been used as the prime mechanism for demarcating the role of government. In a liberal governmentality, the responsibility of the individual and the responsibility of the state are tightly linked. Changes in conceptions of individual responsibility legitimise changes in governmentality. Ewald’s (2002) historical analysis on shifting interpretations about individual responsibility provides a useful framework to understand how each interpretation is accompanied by a specific governmental intervention repertoire,³ as described below.

Responsibility paradigm. Closely related to the emerging nineteenth century night-watchman state is the notion that ‘one person cannot transfer to another the burden of what happens to him’ (Ewald, 2002: 274). In accordance with this paradigm, the state refrained from intervening in society to correct inequality, illness, or poverty. It did, however, lay the foundations of a criminal justice apparatus which had its philosophical basis in the assumption of individual responsibility and the attribution of individual guilt.

Solidarity paradigm. The twentieth century welfare state was justified by defining the limits of which risks could reasonably be seen as beyond the control or responsibility of an individual. Poverty and illness were now seen as consequences of externalities, such as economic production processes and epidemic diseases, which were to be compensated through collective insurance and social security (Ewald, 2002: 280).

Preventative paradigm. Late-modern risks, whether in the form of technological and environmental risks or in the form of social risks (such as welfare diseases), cannot be contained through the mechanisms of the welfare state (Beck, 1986). At the end of the twentieth century, a new paradigm emerges in which ‘[t]he problem is no longer so much to multiply the responsibility for risk and to organize the solvency of those who are liable through insurance, but rather to prevent certain risks from being taken’ (Ewald, 2002: 296). The establishment of a link between individual behaviour and collective problems triggers an interpretation of responsibility in which responsible behaviour is something that can and should be trained and manufactured. Individual responsibility is not assumed to be naturally present in all people – as is the case in the responsibility paradigm – nor is it assumed to be completely out of reach.

The preventative paradigm is the governmental response to more recent social changes. The sour fruits of progress (cf. Beck, 1986; Giddens, 2009) have sparked the emergence of welfare diseases, new forms of insecurity, concerns about the financial viability of the welfare state, and climate change – to name just a few. In contrast to most of modernity, we are now facing a conflict with the systems we have created ourselves to improve our standard of living (Palsson *et al.*, 2013: 8). Giddens (1991) associates late-modernity with the end of the age of emancipation and the beginning of the age of lifestyle: instead of a struggle for universal protection by the welfare state, reflection on proper behaviour takes centre stage. Human choices are perceived as inherently problematic and the classic tools of government – institution building, legislation, communication – fail to intervene on this level of social life. In a quest for new forms of social control,

governments are increasingly tapping into people's potential for self-government and behavioural change.

Developments in public health policy provide an interesting case in point. A recent study of Dutch public health policy reconstructs the governmental response to the rise of welfare diseases in terms of the dominant policy techniques (Peeters and Schuilenburg, 2016). During the 1970s and 1980s, unhealthy habits such as smoking and drinking were mainly tackled through rational persuasion (i.e. objective information campaigns so citizens could make rational choices). The 1990s saw the rise of more regulatory mechanisms, such as taxation and age limits, which were designed as a supportive measure next to informing the public. Since the turn of the century, however, government abandoned the idea that a healthy lifestyle was purely a matter of rational choice. Instead, it focused on the psychological mechanisms of individual choice and used techniques such as 'nudging' (Thaler and Sunstein, 2009) to alter behaviour.

Responsibilisation as a transfer from state to society

Within the preventative paradigm, the notion of 'responsibilisation' has become a powerful indicator of contemporary governmental efforts to reframe responsibility and include citizens in the governing of late-modern social risks (Rose, 1996a: 331). In its original neoliberal conception, responsibilisation is the process of transferring responsibility from one actor to another, usually from state agencies to individual social actors (Wakefield and Fleming, 2009: 276). This definition of responsibilisation rests on two specific assumptions, which are described below.

Linking personal and social responsibility

In the context of late-modern problems, social actors are to be included in the pursuit of public value and the mitigation of risks (Juhila *et al.*, 2017: 6). They are expected to self-regulate former state-controlled tasks (privatisation) or they are mobilised for the realisation of policy goals (e.g. Miller and Rose, 1990; Donzelot, 1991; O'Malley, 1996). In the context of social policy, citizens and social actors – parents, consumers, planners, investors, managers, educators, etc. – are implicated as partners 'in a game of collective self-management and modulated social adjustment' (Walters, 2004: 35). Schools monitor their pupils for purposes of wellbeing and crime prevention (e.g. Garland, 1996), food producers adapt pre-made meals to fight obesity (e.g. Peeters, 2013a), and private security companies complement public efforts (e.g. O'Connor *et al.*, 2008). Government no longer acts through grand plans, bureaucracies or institution-building, but 1) organises the conditions (regulations, standards, inspections) within which social actors can assume responsibility; 2) works together with social organisations and experts through contracts, covenants and public-private assemblages; and 3) stimulates citizens to use their capacity to 'judge themselves and act upon themselves to make themselves better than they are' (Rose, 2001: 18).

Assuming the potential of self-governance

Bearing the responsibility for reducing risks – such as illness, criminal behaviour, addiction, and unemployment – is thought of as an individual matter. For instance,

welfare state reforms shift the logic of individual entitlement to 'no rights without responsibilities' (Giddens, 1998) – such as a commitment to life-long learning, and a willingness to relocate or re-train to find work (Kemshall, 2002). In public health, individuals are expected to internalise healthy lifestyle choices (Rose, 2001: 6). And delinquents in rehabilitation programmes are expected to engage in introspection and take full responsibility for their lives and their actions (Garland, 1997; Phoenix and Kelly, 2013). This characteristic of responsabilisation has been referred to as 'the death of the social' (Rose, 1996a; O'Malley, 1999), implying that social risks are less explained through social circumstances and managed through welfare, and more perceived as a matter of individual responsibility: 'Disadvantage and exclusion are re-framed as matters of choice and not of structural processes' (Kemshall, 2002: 43). Responsibilisation implies 'expecting and assuming the reflexive moral capacities of various social actors' (Shamir, 2008: 7; cf. Rose, 2000: 334). The responsible citizen is a 'homo prudens' (Adams, 1995): 'not to engage in risk avoidance constitutes a failure to take care of the self' (Hunt, 2003: 182). Responsibilisation is the process by which individuals are made to recognise that social risks, such as unemployment, illness, and poverty, are their own responsibility and a matter of 'self-care' (Lemke, 2001).

Responsibilisation as the construction of civility

However, not all people will spontaneously express the desired self-governance. In the literature on responsabilisation, it is understood that a different repertoire of techniques must be deployed for these cases. Rose (1996c: 60) has referred to this as 'ethical reconstruction', which involves training, counselling, community action, and empowerment, or punishment for those deemed unwilling or incapable of taking responsibility. However, early theorists of responsabilisation have not elaborated much on this topic. Only more recently have scholars begun to identify and analyse the specific techniques that governments deploy to actively construct responsible attitudes. Moving beyond a strictly neo-liberal interpretation of responsabilisation, we have seen the emergence of a more interventionist governmentality.

For instance, efforts to rehabilitate criminal offenders and support people with personal problems are pursued through techniques that carefully try to manufacture responsibility (e.g. Goddard, 2012; Peeters, 2013a; Phoenix and Kelly, 2013). Furthermore, the recent emergence of psychological-behavioural techniques such as nudging is based on the premise that people do not act rationally but are driven by psychological processes that can be manipulated through choice architecture (Thaler and Sunstein, 2009). And new welfare state policies introduce incentives for people to behave more responsibly: in exchange for access to welfare support, social security, or social housing, citizens are required to comply with certain conditions such as arranging social support, mandatory re-education, or house rules (e.g. Cantillon and Van Lancker, 2013).

Responsibilisation is, therefore, not necessarily a simple transfer of tasks from state to social actors. It can also imply the construction of responsibility where it does not exist yet. This builds upon the idea that there are two sides to responsabilisation (Van Houdt and Schinkel, 2014). On the one hand, it assumes 'a pre-existing autonomous citizen, a citizen already properly socialized, only to be mobilized and called into active service' (ibid.: 61). On the other hand, there are citizens that require socialisation and the mobilisation of the state 'to act-very-close in the homes, minds and bodies of

people' (ibid.). This second form of responsabilisation can be defined as manufacturing attitudes and manipulating choices to make citizens assume responsibility for self-care in accordance with governmental objectives.

Even though there is already a considerable amount of empirical studies on governmental efforts to construct responsibility, there is a lack of theory-building. By grouping both forms of responsabilisation together, our understanding of their fundamental differences is clouded. Responsibilisation as 'the construction of civility' is underdeveloped in terms of conceptualising the variety of techniques that governments use. In the following, I present the analysis of a literature review of contemporary welfare state policies that can be linked to this latter form of responsabilisation.⁴ The results are divided into three types of techniques to get a clearer understanding of how responsibility is manufactured in domains of health, welfare, and security.

A. Reciprocal governance

A first type of techniques is situated in the context of the development of the classic welfare state into a 'social investment state' (e.g. Giddens, 1998; Taylor-Gooby, 2008; Morel *et al.*, 2012; Pintelon *et al.*, 2013), which shifts attention from providing protection against externalities, such as poverty, to the way citizens use the opportunities the welfare state gives them. Through work incentives, life-long learning, training, and early childhood protection, governments try to activate citizens socially and improve their employability instead of merely providing a social safety net. Passive benefits such as cash transfers are cut back in favour of social investments that improve citizens' opportunities rather than compensate them for harm (Brettschneider, 2008: 20).⁵ The social investment state's discourse emphasises responsibility, active citizenship, participation, and self-efficacy – notions that make clear what kind of behaviour is expected from citizens. The state backs up this objective by making welfare state entitlements conditional on the behaviour of recipients. This 'quid pro quo' logic (Cantillon and Van Lancker, 2012) implies a form of reciprocity in exchange for access to social services: mandatory job applications in exchange for social security, commitment to behavioural change in exchange for family support, strict house rules in exchange for social housing, and financial responsibility in exchange for debt relief (e.g. Peeters, 2014). The key element of this technique is the introduction of both positive and negative incentives in welfare schemes to elicit different choices or different behavioural patterns.

An example of a 'socially useful reciprocity' (Corra, 2013: 63; my translation) is volunteer work or community service, through which recipients of social security can prove themselves capable of taking responsibility and learn how to be a good citizen (Warburton and Smith, 2003). Failure to meet government-set conditions can lead to a partial or complete cut in benefits. Recent social assistance reforms in England and the Netherlands are imprinted with this logic. They are imbued with the notion that social support is, above all, the personal responsibility of citizens. This includes the responsibility of disabled and elderly people to arrange the necessary support they need from friends, family, and neighbours. Only if that proves insufficient, government and professional support enter the picture (Verhoeven and Tonkens, 2013). Across the OECD-countries, this contractual form of reciprocity is used in a variety of areas (Goodin, 2002): as a mandatory condition for access to professional support for problematic debts, substance abuse, domestic violence or parenting, people are

required to alter the behavioural patterns that got them into trouble in the first place (Tonkens and Verplanke, 2013). If people fall back into their old habits, support may be terminated.

B. Training and treatment

A second type of techniques targets people who usually do not ask for care of welfare support, but are – according to professional assessment – in need of support to alter self-destructive behaviour, to rehabilitate after a prison sentence, to increase employability, or to become a functional family. The core element of this technique is the training of people with the assumed potential of responsibility. Interventions are usually up close and personal and organised at ‘the margins of the welfare state’ (Juhila *et al.*, 2017).

In social security policy, welfare recipients are targeted for welfare-to-work and work-for-the-dole programmes which have become common in such diverse countries as the US (Korteweg, 2006), Australia (Bessant, 2000), and the Netherlands (Kampen *et al.*, 2013). This includes interventions towards groups such as (partially) disabled, single parents, long-term unemployed, low-skilled workers, and adolescents. This can take the form of ‘job clubs’ in which people receive assessments and training for job applications (Korteweg, 2006) or the form of personal assistance programmes for people to acquire basic skills or deal with their personal and emotional issues (McDonald and Marston, 2005). There are special programmes for people with a longer distance to the labour market, such as long-term unemployed or people with disabling personal problems (alcoholism, for instance), designed to render a person ‘job ready’ (*ibid.*). The discretionary space of case management is used to ‘shape the dispositions, attributes and aspirations of unemployed people’ (Marston *et al.*, 2005: 142). Case managers use a variety of strategies to work upon their clients’ attitudes, including motivation, moral instruction (counselling, punctuality, etc.), and coercion (penalisation, surveillance, mandatory appointments, etc.).

Examples in security policies⁶ include treatment in detention for juvenile delinquents and repeat offenders, early detection of risk adolescents (e.g. Keymolen and Broeders, 2013), intensive probation programmes (e.g. Kemshall, 2002), and outreach family support programmes (e.g. Welsh and Farrington, 2006). As fieldwork in rehabilitation practices points out, efforts often revolve around a tension between the objective to make people self-governing and responsible on the one hand, and the acknowledgement that they require discipline and obedience on the other hand (Gradin Franzén, 2014). Furthermore, assuming responsibility for one’s life is far from a purely rational decision. Even for people without personality disorders (which constitute a large part of the prison population), how they view their own responsibility for what happens to them is a psychological process (Maruna, 2004) that requires active manipulation by professionals (Fox, 1999).

Whereas crime prevention focuses on risk citizens, welfare focuses on at-risk citizens – even though this distinction is often blurred in practice. People who pose a threat for their own health or wellbeing are not merely left to take responsibility for themselves, but are approached through outreach interventions. Of particular interest for government are families, since they are the locus of childhood risks from a preventative perspective and of childhood opportunities from a social investment perspective (Parton, 2006). ‘Whole family’ approaches focus on good parenting and aim to identify and help children growing up in a dysfunctional family (Morris and Featherstone, 2010) – be it a socially excluded

family (unemployment, low income, poor housing, family breakdown, bad health) or anti-social family (criminal or otherwise socially burdensome) (Murray and Barnes, 2010). Other examples of interventions are rehab support for addicts, protection for victims of domestic violence, and weight loss support for obese children (Peeters, 2013a). Through an 'assertive and persistent' attitude, professionals try to get people to accept support and be there during the entire process towards more self-care (Batty and Flint, 2012: 346).

C. Choice engineering

A third type of technique aims to influence people's behaviour by working upon the psychological mechanisms underlying the choices they make. Its most prominent application is in the field of public health, which has responded to the rise in welfare diseases by emphasising endogenous health threats – those caused by lifestyle choices – over the exogenous threats that triggered the late nineteenth century public hygiene movement and twentieth century health care systems (e.g. Petersen, 1997; Wilkinson and Marmot, 2003; Pomerleau and McKee, 2005; Keller, 2008; Mackenbach and Van der Maas, 2008). This has made the responsibility of people for their own health a focal point of policymaking. However, it also urged governments to influence the way people make their 'free' choices. Manipulating choice architecture, social marketing of healthy lifestyles, and social shaming of smokers are among the techniques that favour psychological and emotional mechanisms over rational or instructive ones. It marks a break with the previously held policy assumption of man as a 'rational actor' and an acknowledgement of the fact that most of our daily behaviour is based on instinctive and emotional rather than deliberative and logical thinking (Kahneman, 2011). Crawshaw (2013) speaks of a 'behavioural turn' in public health methodologies, and Peeters and Schuilenburg (2016) speak of the birth of 'mindpolitics'.

The concept of 'nudging' provides a theoretical touchstone for policymakers (Thaler and Sunstein, 2009). Nudging is intervening in the physical and socio-cultural 'choice architecture' in which people make their daily decisions regarding exercising, drinking, smoking, and eating. The assumption is that humans behave less like a rational 'homo economicus' and more in accordance with group pressure, impulses, desires, and emotions (cf. Thaler, 2000; Grüne-Yanoff and Hansson, 2009). The way society is structured – fast food on every street corner, motorised transportation, an economy of non-physical labour, etc. – makes it difficult to live a healthy life. Therefore, government sees it as its responsibility to 'make the healthy choice the easy choice' (Peeters and Schuilenburg, 2016). A typical 'nudge' is placing healthy products at eye-level of supermarket shelves or at the beginning of the aisle in office canteens, or reducing plate sizes in self-serve restaurants (Kallbekken and Sælen, 2013). Among governmental nudge-like interventions are 'social marketing' of a healthy lifestyle (i.e. promoting healthy choices as easy, fun, and cool), design the living environment to separate smokers from non-smokers, reduce availability of tobacco and alcohol, and de-normalise smoking through normative health campaigns. Governments also cooperate with social partners to reduce portion sizes of microwave meals and offer healthier products in vending machines.

Failure of self-care requires compensation – not by imposing external control, but by using psychological manipulation to alter people's choices. Nudging is a form of governing at a distance and of promoting the 'entrepreneurial self' (Crawshaw, 2012), albeit with a twist. What sets choice engineering apart from the previously discussed techniques

of behavioural power is that it is assumed to be impossible to construct individual responsibility. Instead, eliciting responsible behaviour requires permanent behavioural manipulation. Nudging targets the unconsciousness, whereas other techniques focus on making people more conscious of the decisions they make. Not the assumption of the rational actor, but that of a fundamentally irrational one lies at the foundation of choice engineering.

Conclusion: behavioural power

Responsibilisation can refer to the transfer of responsibilities from state agents to social actors. As such, it has become a standard element in critical analyses of neoliberalism's privatisation and welfare state retreat discourse. However, responsibilisation can also refer to a very distinct set of interventions. Where social actors do not take up their newly assigned task, complementary government interventions are necessary. This is especially the case when government appeals to the individual responsibility of citizens to take part in mitigating late-modern society's social problems, which range from welfare diseases to climate change and from public security to unnecessary welfare state expenditures. This second form of responsibilisation – the construction of civility – has been less clearly conceptualised than the transfer of state tasks to social actors. The aim of this article was to provide more conceptual clarity of the various techniques that make up the construction of civility through a literature review of contemporary welfare state policies.

In the previous pages, we have identified choice engineering, training and treatment, and reciprocal governance as the main techniques to make people lead a healthy life, to participate in society and economy, and to express self-care by working upon their willpower and willingness. These three techniques differ in the sense that they are targeted at three different interpretations of people's potential for responsible behaviour. Reciprocal governance focuses on control: it introduces 'quid pro quo' incentives and disincentives in welfare state schemes so rational actors will 'voluntarily' choose for compliance with government conditions for (continued) access to public services. Training and treatment stress the importance of care: providing support and structure for individuals and families as they are guided towards full and independent participation in society and economy. Finally, choice engineering opts for psychological interventions as it builds upon the premise that people are (in certain aspects) more driven by unconscious psychological triggers than rational choice.

What binds these three techniques together is their normative and interventionist outlook on 'responsibility'. As a conceptual marker, I propose the term *behavioural power* to refer to governmental techniques that seek to realise behavioural change by working upon people's understanding of responsibility as a moral imperative and upon the rational or psychological mechanisms that constitute the choices they make and the attitudes they have, as described below.

Responsibility as a moral imperative. Individual responsibility is not understood as holding people accountable for their actions (as is the case under the aforementioned responsibility paradigm that underscores classic criminal justice) (cf. Hart, 1968), but as a call to an active ex ante assessment of the possible consequences of our actions. This is responsibility as a virtue, which 'emphasises acting in the present and preventing undesirable situations and events' (Bovens, 1990: 35; translation RP). Under a preventative

paradigm of government, individual responsibility is linked to social responsibility: people are made to understand that their individual actions and choices are not isolated from social problems, but intrinsically interconnected with them. Interventions are not meant to correct behaviour, but to make sure people do not err in the first place. Neither are they meant to expand rights and opportunities (as under the solidarity paradigm), but to influence the way people use their rights and opportunities in socially and economically useful ways.

Mindpolitics to manufacture responsibility. The mechanisms through which we – either consciously or unconsciously – make our choices are the object of intervention to manufacture responsible behaviour. In governmental terms, these are not mechanisms of juridical power (such as criminal law or social rights) or of disciplinary power, which seeks to deprive individuals of their freedom to choose (Foucault, 1976, 2004). Instead, we can understand them as extension of ‘biopolitics’, or the management of social relations, such as the government of children, souls, communities, families, and the sick (Foucault, 1983: 221). Techniques of behavioural power focus on how we make decisions. They can, therefore, be seen as ‘mindpolitics’ (Peeters and Schuilenburg, 2016) – the advanced liberal version of biopolitics that stresses the opportunity of choice, but links it to economic and social objectives such as productivity and welfare state expenditures. Behavioural manipulation is not imposed by an external force such as imprisonment, regulation or surveillance, but is elicited through people’s ‘internal’ triggers for behaviour. Techniques of behavioural power – reciprocity, unsolicited care, nudging – function as ‘pedagogies of government’ (Pykett, 2012).

An analysis on the level of techniques of government – one that transcends the boundaries of different policy domains – can lead to a fuller understanding of patterns in contemporary government. The concept of behavioural power adds a deeper understanding of responsabilisation and looks at the efforts to manufacture responsibility that go beyond a mere transfer of tasks. Responsibilisation is often associated with ‘governing at a distance’ (Rose and Miller, 1992), but our analysis suggests this is only half the story. While it may hold truth when it comes to citizens that are already ‘properly socialized’ (Van Houdt and Schinkel, 2014: 61), it is an unsatisfactory term to describe the governmental approach towards citizens who have yet to be subjected to socialisation. The moral coalescence of welfare state dependency, poor health, and anti-social behaviour with moral failure is not an argument for rolling back the state, but for new forms of intervention.

The flipside of the neoliberal ‘governing from a distance’ is the piercing gaze of the engineers of human choice, attitude, and self-care. These engineers can be found on both the level of policymaking as on street-level. In this article, I have mainly looked at responsabilisation from a policy-analytical perspective, but the impact policies have on street-level workers and citizen-state encounters seems considerable (e.g. Liebenberg *et al.*, 2015). In the neoliberal conception of responsabilisation, social actors are assumed to take over government responsibilities. The forces of the free market – guided by regulation – take care of the rest. Responsibilisation as behavioural power, however, requires the cooperation of social actors and street-level workers. In many ways, their adoption of this strategy follows the same logic as the responsabilisation of citizens: either they voluntarily make it their own, or they are incentivised to do so through government intervention. A common tactic is the use of performance contracts for social

workers, which stipulate targets and commitments in exchange for government funding. Furthermore, we see various new forms of professionalism at the local level, such as outreaching social work, social support consultants, and enforcement of conditional cash transfers (Peeters, 2013a; Juhila *et al.*, 2017). The emergence of this new repertoire is more than an implementation issue – it reflects the move of the traditional welfare state into a more preventative paradigm, where new risks and new vulnerabilities are tackled through a new constellation of policies and practices. Here too, a new ‘welfare mix’ is being constructed (Ascoli and Ranci, 2002) – not of the governance of privatised welfare, but of manufacturing responsibility.

Notes

1 Historically speaking, the process of governmentalisation coincided, according to Foucault, with the foundation of the modern state. From the moment states laid claim on a sovereign power over a certain territory, the population came into play as a force to be reckoned with for the survival of the state. No longer could kings suffice with legitimising themselves as appointed by divine intention, nor could they afford to limit their focus to a Machiavellian struggle for power against rivalling rulers. These Medieval forms of rule gave way to mechanisms for the extraction of voluntary obedience from the population that inhabited a ruler’s sovereign territory. Moreover, the strength of a population – size, wealth, health, and so on – became closely linked to the strength of the state itself.

2 In *The Birth of Biopolitics* (2008), Foucault emphasises the economical biopolitics of (neo-)liberalism and how the ‘homo oeconomicus’ is constructed in modern society. In conceptual terms, however, biopolitics stretches out over many different areas – even though economic reasoning has become a dominant characteristic of many public policies.

3 These paradigms do not exclude each other, but have come to exist next to each other. The solidarity paradigm underpinning social security is complemented by efforts to improve welfare recipients’ employability. The objective is not to dismantle the welfare state, but to improve system-level economic efficiency and prevent unnecessary welfare state expenditures by introducing behavioural incentives. Furthermore, the responsibility paradigm is still deployed to respond to criminal behaviour. This repertoire is, however, sometimes replaced or accompanied by efforts to change the lifestyles of those deemed corrigible and willing to become responsible participants in society and economy.

4 Even though the nature of welfare states varies significantly (see Esping-Andersen, 1990, for a distinction between social democratic, corporatist, and liberal welfare states), many are going through similar changes in their response to new social risks and neo-liberal paradigms (Gilbert, 2000; Shaver, 2002; Handler, 2003).

5 Even though a minimum income protection is left in place (Hemerijck, 2015).

6 Security studies have often stressed the increased emphasis on control and repression in policymaking. A ‘punitive turn’ (Garland, 2006; Downes and Van Swaaningen, 2007) in many western countries has pushed an agenda of increased incarceration (Phelps, 2012), led to a decline of the rehabilitative ideal (Garland, 2006), triggered the expansion of the state’s punitive repertoire in the public domain (Graham, 2010), popularised a culture of zero tolerance and ‘penal populism’ (Pratt, 2007), and led to new forms of marginalisation and exclusion of vulnerable, yet risky population groups (Young, 1999; Wacquant, 2008). Moreover, the ‘securitization of society’ (Schuilenburg, 2015) has spilled over to a ‘securitization of social policy’: many social issues, and especially those related to problematic families, are now seen and acted upon through the lens of security (Parr, 2009). There is, however, also a different story to tell. Security can, conceptually, be understood as constructive and inclusive as much as it can be repressive and exclusive. (Schuilenburg *et al.*, 2014; Ronel and Segev, 2015). This is reflected in the coalescence between local social policies and crime policies – if social policy is criminalised, then crime policy is also ‘socialised’ through preventative strategies that focus on capacity building and supporting citizens to alter their criminal or otherwise anti-social behaviour (Peeters, 2015: 176).

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