Embodied Agency: Reconsidering the body as a source of competent action

Research Aim
The human body is not a common topic in organizational research. But, when it is studied, researchers generally focus on how peoples’ bodies are harmed by their experiences in organizations. For example, work stress has physical manifestations, sometimes causing long-term damage to health (Cooper, Dewe, O’Driscoll, 2001). People with non-normative bodies – women in male-dominated environments, people of color in primarily white environments – sometimes attract harmful discrimination and harassment (e.g., Fitzgerald, Swan, Fischer, 1995). In both these examples, the human body is implicitly viewed as a passive receptacle of peoples’ negative experiences in organizations.

My dissertation considers an alternative possibility: I investigate how the human body contributes to competent action in organizations. I study people who act as agents, taking on responsibility for another person or group and then advocating on their behalf within organizations. I propose that agents rely on their bodily competence, or their knowledge and use of their own and others’ bodies, to act on behalf of others in organizations. For example, agents may rely on bodily cues (e.g., their own “gut” feelings, others’ crying or blushing) to know how to build a relationship with the people for whom they need to advocate (Heaphy, 2006). While many people overlook such bodily cues (Loewenstein, 1996), I suggest that people are likely to rely on bodily competence in situations that are highly relational, emotional and ambiguous. In relationships, people rely on bodily cues to communicate and discern meaning (Goffman, 1959). In highly emotional situations, people may be especially likely to experience feelings, which are experienced at least in part as sensations in one’s own body (Mumby and Putnam, 1992; Sandelands, 2003). In ambiguous situations, people cannot solely rely on cognitive rules, but draw multiple senses, including bodily senses (Benner, 2000), to perceive and act (Polanyi, 1967).

My dissertation research demonstrates that agents rely on their bodily competence to form relationships and evaluate others’ concerns, which in turn allows them to act effectively on their behalf. In contrast to the predominant view of the body, this research suggests that the body is not only a passive receptacle of individuals’ experiences in organizations, but is an important vessel of competent action in organizations.

Research Design
Because I am developing theory, I have chosen an extreme case (Eisenhardt, 1989) and use multiple methods to study a job that is relational, emotional and ambiguous. I study hospital-employed patient advocates, a type of ombudsman, who identify and resolve patient and their family members’ complaints. Patient advocates interact with the patients and family members, discern what the problem is, evaluate those complaints, and then navigate the hospital system to resolve them. The majority of their work occurs in interactions with others, often with people who are extremely emotional about their complaint. The complaints, and resolutions for the complaints, are often steeped in ambiguity about goals, desires and motives of all parties involved in the complaint. I compare patient advocates at teaching hospitals and Veterans Administration (VA) hospitals to compare how the institutional (e.g., regulatory environment) and cultural contexts (e.g., military vs. civilian) affect how patient advocates use their bodies in agency relationships.

I use qualitative methods to elicit narrative, observational and archival data about how patient advocates rely on their bodies in their work. My research proceeded in three stages. First, I collected archival materials and interviewed over 15 educational administrators, professional association leaders and hospital executives to understand the occupational context of the role. In the second stage, I interviewed 30 (15 each at VA and teaching) patient advocates to understand their own interpretations of their work, and was a participant observer at a national conference of both groups. Finally, I will interview and shadow members of patient advocate offices (3-5 patient advocates per office) in one teaching hospital and one VA hospital to elicit observational and interpretive data about patient advocates work. Together, this data provides an account of the institutional and cultural context of patient advocates’ work (stage 1), their own interpretations of their work (stage 2), as well as observational data of their practice (stage 3).

Theoretical and Practical Implications
By considering the human body in agency relationships, my research is one step towards creating new links between the study of the body and organizational research. Consistent with the recent scholarly emphasis on relational processes, this dissertation suggests that by examining the role of the
human body in interpersonal interactions, we can expand the ways the organizational scholars theorize about the human body. While others have noted that the human body is largely absent in organizational research (Acker, 1990) or its role is underestimated because of cognitive biases (Loewenstein, 1996), I suggest that people rely on their bodies for competent action. My dissertation expands research on work feelings, which suggests that being attuned to one’s own feelings is a form of competence (Mumby and Putnam, 1992). This is in contrast to research on emotional labor (Wharton, 1999), which describes emotions as a commodity to be exchanged for the organization’s benefit (Hochschild, 1983).

This research also contributes to research on agency relationships, a specific form of work relationships, to expand our ways of thinking about how effective agency relationships are formed and enacted. Prior research has focused on external motivations and on the cognitive biases that affect their actions (e.g., Heath, 1999; Coleman, 1990). While literature on caregivers (Kahn, 2005), a similar job, discusses the emotional and relational processes of being in helping relationships, less attention is given to how the caregiver acts on others’ behalf. More broadly, this research contributes to the study of work relationships by articulating how peoples’ bodies contribute to relational processes. Prior research has indirectly focused the nonconscious use of the body in relationship processes (e.g., Sanchez-Burks, 2002; Tiedens & Fragale, 2003). However, by investigating agents’ conscious use and felt experience of the body in the context of work relationships, I suggest that bodily competence is a form of knowing in practice (Orlikowski, 2002) that contributes to competent action in organizations.

References