



Professions at the margins

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Introduction

The professions have become well-established at the centre of public life over the last one hundred and fifty years, both as a mode of organization and as a discursive episteme (Perkin, 1989; Adams, this issue). However, due to social, political, cultural, economic, geographical and epistemological influences, the professions also bear an intrinsic relation to the margins. These margins are *contested*: they mark the points at which jurisdictions of professional practice are fought over, lost and won. The margins are *unstable*: what counts as peripheral to a profession is constantly being modified by institutional reform, political restructuring and wider economic trends. The margins are *liminal*: they are the places where professionals encounter and negotiate with other professionals, non-professionals, clients and the state. Finally, the margins are *perilous*: they indicate the threshold of ethical conduct across which trained practitioners have, time and again, had occasion to pass. In this editorial, we will – in the tradition of *ephemera* being a marginal journal itself (see e.g. Spoelstra et al., 2007) – reflect on the relation between the professions and the margins in order to introduce the special issue.

We begin by considering some of the reasons why certain professions remain at the margins while others come to reap significant social and economic rewards. We then move on to examine marginalized groups within the professions, which raises important questions about gender, race and class in relation to modes of occupational practice. Finally, we explore issues around inter-professional competition and struggles for professional legitimacy through the theoretical lens of jokes and humour – a marginalized approach within the literature on the professions. Taken together, these avenues of inquiry will allow us to contextualize the contributions to this Special Issue under the broad theme of professions at the margins.

Marginal professions

While some occupational groups have succeeded in achieving high levels of social recognition, others have found themselves languishing at the margins and striving to legitimize their work as professionals. Examples of such marginalization include the way that medical doctors have attained a prestigious professional status, whereas radiologists, nurses and midwives have struggled to acquire the same kind of social and economic rewards from their work (Freidson, 2007; Scott, 2008). Similarly, airline pilots have managed to secure for themselves an esteemed professional image – which continues today even though most of the actual flying is fully automated – whereas cabin personnel and air traffic controllers have found it difficult to gain respect for their work, although they are also responsible for a great deal of the safety in the air (Ashcraft, 2005; 2007; Hopkins, 1998). We tend to agree with commentators who suggest that the study of professions at the margins may offer considerable insight into issues around occupational development, regulation and closure. As McKenna notes (2007: 208), ‘the specific reasons behind the institutional failures of these potential professions are far more instructive than the subsequent explanations of institutional success’. This is because the progress of thriving professions, such as medicine or piloting, can be misleading because the process of professionalization for these occupational groups seems inevitable and unproblematic. Examining professions at the margins, by contrast, serves to illuminate the kinds of institutional power struggles, social inequalities, and race- and gender-based exclusions that lie at the heart of the system of professions.

Broadly speaking, we see three major reasons for the marginalization of certain professions in relation to others. First, some occupations have established large and influential associations to represent practitioners and secure professionalization through certification and state recognition, while other occupations have been unable to collectively organize along similar lines. Second, gender dynamics within the professions have resulted in typically male-dominated occupations (e.g. law, accountancy) accruing power and status at the same time as those occupations with a greater number of women in their ranks (e.g. social work, nursing) fail to gain the same kind of symbolic and economic rewards. Finally, a number of occupations find themselves at the margins due to the social stigma that is attached to practitioners due to the nature of their work or the image of their professional practice. Let us take each one of these in turn in order to map professional marginalization in its various forms.

Certifying professionals

Some occupations have been more successful than others in collectively organizing to exert influence over a field of work. In this respect, it is clear that certain occupations have benefitted greatly from possessing a body of knowledge that can be systematized to a high level of abstraction. After all, it is on this basis that entry into the profession can be regulated by educational establishments and professional practice controlled by representative bodies (Millerson, 1964). Lawyers, accountants and medical doctors all have

very clear fields of expertise that practitioners need to master in order to be perceived as professionals by other practitioners and potential clients. In fact, none of these occupational groups are allowed to practise their work unless they have demonstrated a certain amount of professional knowledge and acquired formal certification, which involves going through a lengthy period of training and passing a series of exams.

While occupations such as law, accountancy and medicine have easily identifiable bodies of expert knowledge, widely accepted standards of qualification and well-trodden routes into professional practice, other types of contemporary 'knowledge work' – such as management consultancy, personal coaching or project management – are not characterized by quite the same degree of epistemological formalization or state-backed regulation. Without possessing a unified cognitive base, such occupations find themselves unable to establish accepted modes of formal training or implement universally recognized certification, even if they have managed to reap enormous economic rewards in recent times (Alvesson and Johansson, 2002; Brotman et al., 1998; Cicmil, et al., 2009). Likewise, although many knowledge workers will be university educated, it is not illegal – nor indeed uncommon – to engage in professional practice without a degree or an equivalent qualification. Often despite the best efforts of practitioners, fledgling professions like management consultancy, personal coaching or project management have had limited success in developing the kind of 'professional projects' launched so effectively by engineering and accountancy in the late nineteenth and early twentieth century, which typically involves seeking to restrict access to professional practice and monopolizing the rewards that accrue as a result of occupational closure (Larson, 1977).

The case of the Institute of Consulting in the UK is instructive in this regard. Founded in 1962 as the Institute of Management Consultancy (IMC), the association for practitioners was founded with the explicit aim of gaining professional status for management consultants based on the model provided by more established professions such as law and accountancy. This involved developing a formal body of knowledge, a programme of training, qualifying examinations and a code of conduct with the intention of acquiring a Royal Charter; ultimately, it was hoped that this would allow the IMC to exert regulatory influence over the field of management consultancy and provide the first step towards gaining legal protection for the term 'management consultant' (Tisdall, 1982; Kipping and Saint-Martin, 2005). However, by the time the association became integrated within the Chartered Management Institute in 2005, the knowledge base of management consultancy remained broad and fragmentary; a common code of ethics was still voluntary for practitioners; certification was not universally recognized by clients; and written examinations had been abandoned soon after they were first introduced. This tells us that management consultancy, despite attempts by the IMC to control access to occupational practice, still lacks some of the key traits that characterize more established professions (Kipping et al., 2006; Kipping, 2011).

What is interesting about the case of management consultancy is that the inability to professionalize has not acted as an obstacle to its phenomenal growth over the last few

decades. Indeed, private corporations and public-sector institutions are increasingly coming to be shaped and transformed by an elite ‘consultocracy’ of global professional service firms (Hodge and Bowman, 2006; Saint-Martin, 2000). Although some newer occupational groups such as personnel specialists have managed to gain chartered status in recent years (Watson, 2001), there is a sense in which professionalization itself is becoming marginalized as a process by which occupations gain status and privilege in an era of deregulation and flexible accumulation (Leicht and Lyman, 2006). This reveals something about the shift in power from qualifying associations to large multidisciplinary professional service firms in regulating professional expertise and skilled labour, resulting in the rise of a ‘commercialized’ professionalism that relies less on barriers to entry and monopolies of practice and more on a market-based entrepreneurial approach to professional practice (Hanlon, 1996; Muzio et al., 2011). In the state sector, too, the logic of managerialism is coming to shape the professional identities of practitioners outside traditional forms of collegial organization (Parding et al., this issue), and as we see in Rehn (this issue) certification can even lead to professional critique. Full professionalization, with its emphasis on external regulation and occupational closure, may therefore no longer be the surest means of securing social and economic advancement for occupational groups like consultants, coaches or project managers under contemporary conditions of capitalism.

Gender and the professions

When it comes to the gendered aspects of the professions – including both the discourse of professionalism and the process of professionalization itself (see Dahle, this issue; Sullivan, this issue) – critical research has focused on how women, as well as other minority groups, have been excluded from power bases in occupational practice (Sinclair, 1991; Witz, 1992; Wright, 1997). The main analytical interest in this body of research is to examine how certain professions have developed as ‘women’s work’, which effectively serves to render an occupational practice ‘semi-professional’ or ‘non-professional’ and therefore less highly regarded in social terms (Hearn, 1982). While Sullivan (this issue) and Dahle (this issue) are concerned respectively with massage therapists and social workers, other examples of such feminized professions include care assistants, midwifery, nursing and preschool teaching – all occupations, notably, that are centred on care-work that were once performed primarily in a domestic environment. Due to the historical split between the male breadwinner and the female care-giver (Medved, 2009), work that involves personal care has typically been associated with household duties whereas the professional label has been reserved for occupations that historically take place outside of the home. This gender divide has been widened by the exclusion of women from certain types of higher education, which provided the entry routes into male-dominated professions in the nineteenth and twentieth century. Women were instead encouraged to undertake vocational training in care-related areas, such as social work (see Dahle, this issue).

Recent diversity initiatives in organizations as well as campaigns by educational establishments have attempted to reduce such division. However, due to the deeply rooted split between what is assumed as ‘women’s work’ and ‘men’s work’, progress has been

slow (Eaton, 2003). The discursively constructed gender stereotype still guides the overall expectation that women are caring, nurturing, understanding and listening, and thus naturally skilled in care-work, while men are viewed as rational, decisive, strategic and action-oriented, thus inherently suited for professional work. While there have been efforts to increase diversity in male-dominated professions through affirmative action initiatives, critics have noted that such interventions do not always translate into meaningful change and may in fact serve to reinforce the marginal status of minority groups (Kugelberg, 2006).

Stigmatized professions

Some occupational groups have become marginalized due to the negative social meanings that have become attached to their work. Hughes (1962) coined the term 'dirty work' to conceptualize the way in which certain types of professional practice are stigmatized due to their physical, social or moral character. An example of a physically stigmatized occupational group is butchers, whose physically dirty work – i.e. the handling of raw meat, blood and intestines – is often viewed with some disdain (Meara, 1974). The same can also be said of sewage workers and refuse collectors, who both engage in work that is seen as physically grubby and therefore low in status. Other occupational groups are rendered marginal due to the undesirable social, rather than physical, character of their work. Perhaps the most well-known case involves correctional officers, who deal primarily with convicted criminals in prisons (e.g. Dick, 2005; Lemmergaard and Muhr, 2012; Tracy, 2004). Correctional officers, whose work takes place literally behind closed doors and out of sight, can in this light be contrasted with certain types of police officers who perform community-oriented functions that are often visible to the public at large. The stigma attached to correctional officers is further strengthened by the way they are portrayed in popular culture as rough and sadistic, compared to the (by and large) serious and upstanding image of police officers. Finally, some occupational groups are stigmatized as a result of the moral judgements that are made about their work. For example, massage therapy can be described as 'dirty work' in a moral sense because of the sexual connotations that some erroneously associate with this profession (Sullivan, this issue). We might note that other medical professionals, such as doctors and nurses, are not stigmatized to the same extent even though their work puts them in close proximity to patients' bodies. A similar example can be found in Hong and Duff's (1977) brilliant analysis of 'taxi-dancers' (i.e. women who are paid to dance with men in dance halls) and the way they fight the sexual stigma that has coalesced around their work.

As a result of such stigma – whether physical, social or moral – dirty workers often find it difficult to justify themselves to others as 'professionals' since their work is perceived as unseemly or lacking in dignity (Ashforth et al., 2007). Nonetheless, as many forms of dirty work are important for the maintenance of social institutions and large-scale organizations (consider, for example, the chaos caused by refuse collectors' strike in Naples in 2007 and 2008), such occupations are not eradicated within the system of professions but rather kept at the margins (Ashforth and Kreiner, 1999). Social stigma also exerts a cost on

practitioners in terms of the tension between their sense of self as highly-trained professionals and the frequently negative associations attached to their work (Tracy, 2004; Sullivan, this issue). Working in 'dirty occupations' is thus most often accompanied with a constant struggle to defend occupational identity in the attempt to secure a meaningful sense of self (Chiappetta-Swanson, 2005; Lemmergaard and Muhr, 2012). Due to this constant identity struggle, many dirty work occupations suffer from high employee turnover, high burn-out rates or early retirement (Bakker and Heuven, 2006; Schaufeli and Taris, 2005).

Marginalized groups within the professions

Professions are also faced with issues of marginalization from within. Traditionally dominated by middle-class white men, many professions have long been accused of excluding those who come from a different class, gender or race that do not conform to the stereotypical masculine, heteronormative culture (Fournier and Smith, 2006). Professional groups such as pilots (Ashcraft, 2005), police officers (Boogaard and Roggeband, 2010), medical doctors (Allen, 2005), and management consultants (Meriläinen et al., 2004) have all received critical attention in this regard.

According to Ashcraft et al. (2012), there are two major explanations for such marginalization from within the professions. The first (and predominant) view proposes that some professions have historically been constituted through a process whereby certain groups have been excluded from attaining professional status (Ahuja, 2002; Dick and Nadin, 2006). This has occurred, for example, by refusing to allow women or people of colour from entering university and gaining degrees that would allow them to access certain professions. Although admission policies have of course changed over time, the historical legacy of such institutional exclusion – as we noted above – still exerts a strong influence over the make-up of the professions and acts to prevent certain minority groups from becoming practitioners (Dreher, 2003). When women do achieve the qualifications required, alternative forms of exclusion arise. In the legal profession, for example, women are often excluded from partner positions (Bolton and Muzio, 2007). Similarly, Hochschild (2003) speaks persuasively of the sacrifices women have to make in academic careers; the unequal distribution of labour at home means female academics are less likely to have children and, when they do, they tend to have fewer than their male colleagues. This approach applies equally to the question of ethnicity and race, whereby migrant workers for example are particularly susceptible to marginalization. Here we witness African and middle-eastern employees being excluded from certain professions or bypassed for promotion within certain occupations, no doubt in part due to the continuing effects of colonial discourse (Muhr and Salem, forthcoming; Van Laer and Janssens, 2011).

Where the view above attempts to explain gendered and raced occupations in terms of historical exclusion, an alternative view emphasizes the tacit inclusion on which many professions have been founded (Ashcraft et al., 2012). Instead of focusing on how certain

groups are excluded from a profession, this perspective suggests that such exclusion is based on the fact that the profession itself is defined by the selective inclusion of certain types of bodies (i.e. white, male, heterosexual). Such bodies come to define an occupation as 'professional' in contrast to other occupations that are deemed as non- or semi-professional (Hearn, 1982). The perception of professionalism is therefore linked to a form of normative embodiment rather than to the actual work undertaken by practitioners (Kenny and Bell, 2011). On this view, we can understand the limitations of affirmative action initiatives: even though minority groups within a profession may increase in number, they would still be marginalized due to the centrality of the white, male, masculine body that defines the standard of professionalism.

Professions and humour

The study of humour has featured as a rather marginal concern in the sociology of professions, but there is a case to be made that it offers an insight into important aspects of professional life. Indeed, while none of the contributions to this special issue deal in a systematic way with issues around humour in relation to the professions, we think it could serve as a potentially useful conceptual framework to analyze various occupational groups such as massage therapists (Sullivan, this issue), teachers (Parding et al., this issue) and social workers (Dahle, this issue). Industrial sociology and organization studies have long been concerned with joking relationships in different types of workplaces – from hospitals (Coser, 1959) and department stores (Bradney, 1957) to call centres (Taylor and Bain, 2003) and advertising agencies (Kenny and Euchlar, 2012) – but it is less common to find analyses of humour in relation to a specific profession. This is a significant omission since the way occupational groups tell jokes to each other and engage in jocular bantering in the workplace is not extraneous to issues around professional identity, social status or the demands of particular types of work; in fact, it is arguably central to them. For example, social workers, psychiatric nurses and medical professionals are known to employ 'gallows humour' in organizational contexts that are highly unpredictable and demanding (Sullivan, 2000; Sayre, 2001). Such humour serves as a coping mechanism in stressful jobs and a way of letting off steam under difficult conditions. This suggests that while joking relationships are on the periphery of debates around professionalism, they can play a crucial role for certain occupational groups in their everyday working lives.

Humour certainly plays a role in the daily activities of practitioners, but it can also tell us something about the kind of divisions and disputes that exist between different occupational groups. If, as Freud (2002) suggested, jokes are rarely ever innocent or innocuous but frequently contain certain tendencies, such as permitting the expression of aggression and hostility that is otherwise deemed socially unacceptable, then we might productively see occupational jokes as part of the attempt by one set of expert practitioners to undermine other (invariably competing) professional groups. To this extent, inter-professional competition is not only enacted through struggles for control over a body of

knowledge (Abbott, 1988); it is also manifested in comic stories, witticisms and gags. Consider the following:

Four doctors went duck hunting together. Together in the duck blind, they decided that instead of all shooting away at the same time, they would take turns as each duck came by. The first to have a shot would be the general practitioner, next would be the internist, then the surgeon, and finally the pathologist.

When the first bird flew over, the general practitioner lifted his shotgun, but never fired, saying, 'I'm not sure that was a duck'.

The second bird was the internist's. He aimed and followed the bird in his sights, saying, 'It looks like a duck, it flies like a duck, it sounds like a duck...', but then the bird was out of range and the internist didn't take a shot.

As soon as the third bird appeared, flying up out of the water only a few feet from the blind, the surgeon blasted away, emptying his pump gun and blowing the bird to smithereens. Turning to the pathologist, the surgeon said, 'Go see whether that was a duck'. (Cited in Cohen, 1999: 13)

There are several points to note here. First, this joke functions in a similar way as the typical 'Englishman, Scotsman and Irishman' jokes: each individual is tasked to perform the same action with a slight modification in each case, with increasingly amusing consequences. While the general practitioner is mocked for his or her perceived inability to diagnose the illness, the internist is portrayed as being overly concerned with diagnosis at the expense of intervention and cure. However, it is the surgeon who serves as the true butt of the joke, even more so than the humiliated pathologist; the joke denigrates surgeons, albeit in a comically exaggerated way, by suggesting they 'cut first and then diagnose' (Cohen, 1999: 14). Essentially, the joke plays on the idea that surgeons exert control over a technical field of expertise that is rooted in trial-and-error, rather than possessing an abstract body of knowledge that is founded in systematic theory. Since the latter acts as the basis on which practitioners are usually able to lay claim to legitimacy and status, the gag challenges the very standing of surgeons (in comparison to other types of doctors) as 'professionals' in a strict sense. Far from being marginal to the kinds of conflicts and tensions that run within and between professional groups, humour provides a novel perspective from which to view these frictions and hostilities. Just as Wittgenstein envisaged an entire book of philosophy written in the form of jokes (Malcolm, 2001), so we might imagine the sociology of professions analyzed solely from the perspective of occupational humour.

Perhaps one of the most intriguing comic depictions of professionalism occurs in Chris Morris' 2000 television series *Jam* (based on his earlier radio series *Blue Jam*) (see Randall, 2010). To call this programme a 'comedy' would be to overlook the unnerving effects it has on the viewer, produced by its mix of bleak humour, surreal interludes, nightmarish characters and woozy ambient soundtrack. The programme plays on our collective fears of medical professionals abusing their positions of authority and renegeing on the bond of trust we establish with them. *Jam*, among other things, is a case study of professionalism gone awry: the GP who cures every ailment in his patients, including

malaria and hepatitis, by ‘kissing it better’; the hospital physician who diagnoses a ‘symptomless coma’ in apparently healthy individuals and medicates them with benzodiazepine until they eventually pass away; and the acupuncturist who uses nine-inch nails to treat her patients and who claims that ‘the treatment is very successful – I’ve never had a patient come back’. Here, humour takes its starting-point from the fact that such characters – oddball clinicians and crackpot therapists, all played with impeccable detachment and reserve – are located at the heart of institutional life and occupy positions of status and privilege, even as their medical interventions lay on the very fringes of professional practice; our uneasy laughter thus arises from the comic incongruity between our expectations of professional conduct (i.e. trust, ethics and expert knowledge) and the reality we are presented with (i.e. inappropriate behaviour, professional misconduct and dangerous incompetence). The joke is funny, in other words, insofar as we are aware of the social standing of medical practitioners and the level of autonomy and independence they normally enjoy in their working lives.

Sometimes humour has the potential to damage the reputation of a profession and may reinforce negative stereotypes associated with certain occupations (e.g. jokes about lawyers or management consultants) and minority groups within the professions (e.g. sexist, racist and homophobic jokes). To this extent, humour plays a role in reproducing the stigmas that can undermine the status of a given profession. In Sullivan’s analysis of massage therapy (this issue), the popular depiction of practitioners as sex workers – especially in sitcoms such as *Seinfeld*, *Friends* and *Sex in the City* – casts a long shadow over the profession and its aspiration to be viewed as a respectable occupation on a par with medicine. As Sullivan writes: ‘While these programs offer humorous accounts, they also keep the stereotypes surrounding sexuality alive’ (this issue: 277). It is no surprise that massage therapists take active steps to counteract the set of assumptions, often comical in tone, that are made about them in the mass media. This might involve giving themselves different professional titles (such as ‘myotherapist’), wearing medical scrubs, or adorning their offices with typically ‘clinical’ symbols such as anatomy wall-charts and life-size skeletons (this issue: 283). To this extent, comic portrayals of certain professions can change the way practitioners view themselves, carry out their work and engage with clients. We would therefore be mistaken to think of humour as a trivial concern in the sociology of professions; indeed, it seems to play a rather notable role in the ongoing negotiation of professional identity and occupational conduct, and for this reason has the potential to serve as a useful grid of intelligibility for studying contemporary trends in professionalization.

Introducing the papers

In the first paper in this special issue, Katie Rose Sullivan reflects on the material and discursive resources employed by a specific marginal profession – massage therapy – to develop an occupational identity that is free from sexual connotations common in popular representations of such work. This relatively new profession finds itself stigmatized by being implicitly compared to the ‘oldest profession’ (namely, prostitution) and so part of

the task for practitioners is to develop, through modes of bodywork and styles of self-presentation, an altogether different set of professional associations. Drawing on extensive participant observation of and in-depth interviews with practitioners in the US, Sullivan finds that male and female massage therapists have different techniques for dealing with this issue, which points to an important gender divide in the quest for professional legitimacy.

Karolina Parding, Lena Abrahamssons and Anna Berg-Jansson continue to explore the theme of professional identity in the following paper in the special issue, which looks at changes in the teaching profession in line with New Public Management (NPM) initiatives in Sweden. The authors discuss the way that different logics – i.e. professional and organizational – influence the working lives of practitioners and impact on their sense of self. They find that professional autonomy, discretion and collegiality are becoming eroded by the increasing managerialism within the school system in the wider context of social, political and economic transformation. However, the authors are careful to note that '[s]ome of these changes can be seen as resulting in marginalization of the teaching profession, while others in renewing of the profession' (this issue: 303). The task for the authors, then, is to draw out the various effects of these complex and competing logics on the culture of the teaching profession and the identity of its practitioners.

The next paper in the special issue, by Rannveig Dahle, takes a historical look at the professional development of social work in Norway. The author finds that in the context of the post-Second World War welfare state, social work struggled for professional legitimacy due to the fact that it had its roots in the unpaid charity work by women in the private sphere and was comprised chiefly of female practitioners. This speaks of the inherent gender bias in the system of professions, which the 'malestream' literature has largely neglected. Dahle goes on to argue that professionalization itself has an in-built mechanism of gender-exclusion that serves to diminish the social status of female-dominated occupations. As she notes, the notion of 'profession' is 'a concept of elite masculinity aimed at describing the work of men within a realm of possibilities to which women have no access' (this issue: 321).

In the final full paper in the special issue, Kiely Adams argues that 'professionalism' functions as a Foucauldian episteme. At the heart of her argument is the idea that professionalism is best understood as a field of knowledge and set of practices that shape our conceptualization of and engagement with the world. This approach, Adams suggests, allows us to take into account the way that professionalism – as a discursive formation – has spread into domains beyond the traditional workplace, such as popular culture and the family. This theoretical *tour de force* concludes by suggesting that the professionalism episteme cannot fail to constitute various modes of subjectivity through an interplay between organizational power and expert knowledge, which implies that 'non-professional' identities (e.g. the queer, the feminine, the local) will be marginalized in the process (this issue: 337).

In his research note, Alf Rehn addresses the problematics of professionalism by discussing how professions make sense of success and status. Rehn uses the case of top-level chefs to argue that the internal hierarchies of a professional field are much more complex than is often assumed. He shows that the best-known and most successful chefs are commonly seen as something less than role models, and that more marginal positions become celebrated as the apex of culinary professionalism. Here the margins of the field, rather than the core, become idealized and praised – at least by ‘indie’ chefs.

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